

HOUSING and HOMELESSNESS TASK FORCE

Ensuring a coordinated, sustainable approach
to preventing and ending homelessness in Grand Traverse County



Traverse City Record-Eagle/ Jan-Michael Stump



NORTHWEST MICHIGAN
COALITION
TO END
HOMELESSNESS

A STRATEGIC VISION
created by and for our community

Submitted June 17, 2026

TABLE OF CONTENTS

Message from the Director	2
Background and Context	4
Introduction	6
Our Mission	8
Key Goals	9
Understanding Homelessness	12
Housing First	13
Street Outreach	15
Diversion	16
Emergency Shelter	17
Chronic Homelessness	22
Permanent Supportive Housing	25
Deeply Affordable Housing	27
Grand Traverse County Homeless Response System	28
Inflow & Outflow	29
Homeless Response System Goals	30
Provider Profiles	31
Task Force Structure & Focus Areas	38
Collaborative Mindsets	44
Recommendation Funnel	45
One-on-One Interviews, Public Feedback & Listening Sessions	46
Inclusivity and Transparency	50
Task Force Recommendations	51
Projected Budget for Recommendation	88
Conclusion	91
Appendix	92

MESSAGE FROM THE DIRECTOR

Over the past year, our community has come together in a way that is both inspiring and necessary to create a strategic vision to prevent and end homelessness in Grand Traverse County.

I want to begin by expressing my sincere gratitude to the leaders in our community who made this possible. A special thank you to Rotary Charities, the City of Traverse City, and Grand Traverse County for their leadership, investment, and commitment to long-term solutions.

I also want to recognize the providers who step up every single day to do the incredibly important work of serving people experiencing homelessness. To develop the recommendations in this vision, many of these providers took time away from their daily responsibilities to work together, bringing their expertise and experience to identify solutions that will have the greatest impact. That commitment matters.

This work would not have been possible without the dedication of more than 100 participants who contributed their time, expertise, and lived experience to this process. I am especially grateful to Rick Bellingham, whose facilitation, coaching, and steady guidance helped us navigate complex conversations, build trust, and stay focused on what matters most.

Over the course of 15 months and more than 50 meetings, this Task Force worked through differing perspectives, limited resources, and the urgency of a growing housing crisis. Along the way, we saw real progress, stronger alignment across partners, a shared understanding that homelessness is fundamentally a housing issue, and a clear path forward grounded in data and best practices.

This strategic vision centers on three key priorities:

- Expanding deeply affordable housing and permanent supportive housing so people have access to the long-term stability needed to exit homelessness.
- Strengthening the front end of the system through diversion, outreach, and coordinated services to reduce the number of people entering homelessness and ensure quicker resolutions.
- Creating a sustainable, coordinated emergency shelter system that provides immediate safety while serving as a pathway to permanent housing.

Through this process, two major system needs became clear: Grand Traverse County needs approximately 30 additional emergency shelter beds and 178 more permanent supportive



housing units in order to effectively respond to the current level of need and create a path toward ending chronic homelessness in our community.

Together, these recommendations represent a shift from managing homelessness to ending it, and they reinforce what we know to be true: *housing is the solution to homelessness*.

It is important to be clear: we must invest in both housing and shelter at the same time. Emergency shelter plays a critical role in providing immediate safety, but it is not a solution on its own. Even a well-designed or expanded shelter system, no matter how significant the investment, cannot end homelessness without expanding housing opportunities and ensuring people have the support needed to maintain that housing. A balanced system ensures people move quickly from homelessness to housing.

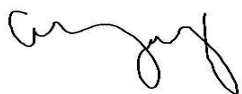
This document is intentionally a strategic vision, not a detailed implementation plan. It outlines what is needed and why. The next phase which is focused on how we do it, will be developed as funding is secured and partnerships are formalized.

At its core, this is also a resource allocation issue. The solutions outlined in this strategic vision are achievable, but they require meaningful and sustained investment—particularly from local government. Without that level of commitment, this vision cannot become a reality. Aligning public resources with what we know works will be critical to making measurable progress.

Looking ahead, our next steps include working with partners such as OrgCode Consulting to validate key assumptions and help refine our shelter system design. At the same time, we will continue building the public and private support necessary to move these recommendations forward and double down on what we know is the ultimate solution to homelessness—housing.

We are at a pivotal moment. With continued collaboration, sustained investment, and a shared commitment to solutions, we have the opportunity to make homelessness in Grand Traverse County rare, brief, and one-time.

Thank you for being part of this work.



Ashley Halladay-Schmandt, Director
www.housingandhomelessnesstaskforce.org

BACKGROUND AND CONTEXT



In the summer of 2023, the City of Traverse City initiated a clear cutting of dense vegetation in an area known as “The Pines,” a homeless encampment located in a city park on the corner of Division and 11th Streets. The work was intended to improve emergency access for first responders, reduce wildfire risk from accumulated brush, and support the long-term restoration of the site as public space.

For the first time, the dire conditions of the encampment were exposed to the community at large. There was unprecedented concern from local government and private philanthropy, and support grew for coming together to create a comprehensive strategy to prevent homelessness.

In this context, Rotary Charities and the Grand Traverse Regional Community Foundation convened the “Homelessness Collective” in April 2024. The Collective included approximately 20 stakeholder groups representing local government, nonprofit service providers, and neighborhood representatives and was established to develop a strategic vision to eliminate the need for encampments such as “The Pines” and expand year-round shelter capacity for people experiencing homelessness.

This was a welcome development for key service providers including Goodwill Northern Michigan, the Northwest Michigan Community Action Agency, and Northwest Michigan Supportive Housing who had developed an effective and efficient process for guiding individuals through the homeless response system over the years. They understood that a more coordinated, region-wide approach was necessary to achieve even greater impact. Direct and intentional support from local leadership was crucial, as they knew from other communities who were models in preventing and addressing homelessness.

The Homelessness Collective began meeting regularly, and the results were immediate. By summer 2024, the Grand Traverse Regional Community Foundation initiated efforts to provide essential sanitation and solar charging benches near The Pines, in partnership with the City of Traverse City. The City enhanced its support through additional safety measures, funding for community policing and social workers, and staffing for our local emergency shelter and day services. Most notably, they secured critical funding to transition 27 people experiencing homelessness into housing with on-site case managers at East Bay Flats.

In November 2024, the Grand Traverse County commission voted to fund additional units of permanent supportive housing and allocated the final support needed for Safe Harbor, a seasonal overnight shelter, to operate year-round with funding for two years. This initiative significantly reduced the number of people experiencing street homelessness in our parks and public spaces.

During this time, local city and county government officials were becoming increasingly frustrated with piecemeal requests coming from different homeless service providers. They asked the Coalition to lead an initiative with City and County staff to develop a comprehensive strategic vision—*along with a budget*—for preventing and ending homelessness.

As we moved forward, we established this Task Force to address these concerns, as well as to continue and broaden the work of the Homelessness Collective. Our mission was to develop a comprehensive strategy that addresses safety, prevention, intervention, day services, basic needs and outreach, emergency shelter, and housing support. This strategic vision relies on data-driven metrics, realistic budgets, and potential funding scenarios to create a coordinated system of care for individuals and families facing homelessness.

Through our shared compassion and understanding, collaborative efforts, and generous support from both private donors and public funding, we are advancing toward our goal of ensuring that homelessness becomes a rare and brief experience for Grand Traverse County's most vulnerable neighbors.

INTRODUCTION



Leadership Team Members (Left to Right): *Rick Bellingham-Facilitator, Christie Minervini, Ashley Halladay- Schmandt, Nate Alger, Benjamin Marentette, and Sakura Takano (not pictured: Ryan Hannon)*

The City of Traverse City and Grand Traverse County both requested that the Northwest Michigan Coalition to End Homelessness create a comprehensive strategic vision of what it would take to effectively prevent and end homelessness in our community. After 15 months and 50-plus official task force meetings with over 100 participants, the process is finally complete.

It is important to recognize that this document is a strategic vision, not an implementation plan. The purpose of this vision is to establish a shared direction for the community based on data, research, stakeholder engagement, and public input. It identifies the outcomes our community is working toward and the strategies that can help us get there. While the recommendations in this document are intended to guide future decision-making and align community priorities, they do not assign responsibility, establish timelines, commit funding, or define operational details. Those elements will require additional planning, partnership development, feasibility analysis, and community discussion through a future implementation planning process.

The Housing and Homelessness Task Force has charted a unified, end-to-end strategic vision through seven interconnected goals anchored in three focus areas: Safety Net Services, Emergency Shelter and Services, and Housing Solutions. From May through December 2025, work groups met (at least) monthly to deliver a comprehensive framework that includes funding and policy recommendations with a clear emphasis on preventing homelessness before it begins, coordinating services across agencies, and ensuring measurable progress through transparent reporting and accountable governance.

The Task Force prioritizes long-term solutions to the factors that often precipitate homelessness, while simultaneously strengthening prevention and early intervention. The strategy seeks to optimize funding by coordinating federal, state, and local resources to reduce duplication and close gaps, with progress monitored through monthly metrics and public dashboards. Service coordination will be reinforced by collaborating with existing groups such as Street Outreach and the Traverse City Quick Response Team (now RESILIENCE), and community engagement will be sustained through regular listening sessions and opportunities for public input, ensuring that community voices guide awareness, education, and strategy.

A core objective is policy reform at local and state levels to expand deeply affordable housing, align community efforts for a compassionate, effective, and lasting regional response, and remove regulatory barriers that hinder those experiencing homelessness. The Task Force recommends a unified strategy that aligns efforts across agencies to deliver shared goals, streamline services, and maximize resource efficiency so that every initiative contributes to preventing and ending homelessness. By coordinating across sectors and establishing clear, common objectives, the strategic vision aims to reduce fragmentation and ensure that progress is cohesive, purposeful, and capable of delivering maximum impact.

Addressing systemic barriers is central to this vision. The Task Force has examined housing affordability, mental health services, addiction treatment, and economic stability to design durable, long-term solutions that reduce the risk of homelessness. This approach recognizes that sustainable progress requires not only a stable shelter but also the supports and opportunities that enable individuals to exit into stable housing over time.

To maximize impact, the strategic vision calls for strengthened coordination of federal, state, and local funding, closing service gaps, and advocacy for additional resources to meet rising demand for housing and supportive services. It envisions bringing together housing providers, healthcare systems, and social services to ensure individuals receive the right help at the right time. Progress will be tracked through measurable goals and regular evaluations, fostering transparency and continuous improvement, while community perspectives and stakeholder input—gathered through public sessions and collaboration with community leaders—will shape awareness, education, and effective strategies.

Looking ahead, the Task Force will pursue policy solutions that expand deeply affordable housing options, increase funding for essential services, and remove regulatory obstacles

hindering those experiencing homelessness. The overarching aim is a coordinated, compassionate, and effective regional response that aligns efforts across agencies, reduces fragmentation, and ensures that every action advances the shared mission of preventing and ending homelessness.

OUR MISSION

The Housing and Homelessness Task Force brought together representatives from government, homeless and social service providers, healthcare, housing development, law enforcement, and other key sectors to align efforts, maximize resources, and drive long-term solutions for safe and stable housing.

This Task Force was created to...

- Build better trust among service providers to increase consistency and efficiency
- Lobby government officials for housing-friendly public policies and zoning changes
- Work with rental property owners and developers to set aside 0-30% Average Median Income (AMI) housing units
- Promote Brownfield TIF and Land Bank opportunities
- Leverage developer fees, Medicaid, and Behavioral Health funding to support folks after they move into permanent supportive housing,

This Task Force was...

- A strategic, time-limited group focused on long-term housing solutions that prevent and end homelessness
- Grounded in the belief that homelessness is a housing problem—and that housing is the solution
- Focused on sustainable, systems-level planning to make homelessness rare, brief and one-time
- Committed to data-driven strategies that build the right mix of shelter, supportive housing, and deeply affordable units
- A space where diverse voices came together to solve shared challenges and remove barriers to housing

It was not...

- A general poverty task force or forum to address all social service needs
- Focused primarily on food, clothing, transportation, or employment (though we recognize their importance)
- A group creating or expanding ongoing direct service programs for people that are not focused on ending their experience of homelessness
- A long-term committee or advisory board; our goal was to produce a housing-focused strategic vision with clear next steps

The Task Force’s mission was to assess current gaps, identify best practices, and develop actionable strategies. Their 8 key recommendations will guide implementation efforts starting in mid-2026—ensuring a coordinated, sustainable approach.

TASK FORCE GOALS



KEY GOALS

#1 Develop a Unified Strategy

- **Conduct a Stakeholder Mapping Exercise:** Identify all relevant agencies and organizations involved in homelessness prevention and services.
- **Organize Initial Workshops:** Facilitate meetings to establish shared goals and objectives among all stakeholders.
- **Draft a Unified Strategic Vision:** Create a comprehensive document outlining the collective vision, mission, and strategies for the Task Force.
- **Establish Communication Channels:** Set up regular communication protocols to keep all parties informed and engaged.

#2 Address Systemic Barriers to Housing

- **Conduct a Needs Assessment:** Analyze data on housing affordability, mental health services, addiction treatment, and economic stability in the community.

- **Identify Systemic Barriers:** Document specific challenges faced by individuals experiencing homelessness in accessing housing and services.
- **Research Best Practices:** Investigate successful models from other regions that have effectively addressed systemic barriers.
- **Develop Targeted Recommendations:** Create actionable strategies to overcome identified barriers, focusing on collaboration among sectors.

#3 Maximize Funding and Resources

- **Inventory Current Funding Sources:** Review existing federal, state, and local funding streams available for housing and homelessness services.
- **Identify Funding Gaps:** Assess where additional resources are needed to meet community demands.
- **Formulate Advocacy Strategies:** Develop proposals to advocate for increased funding at local, state, and federal levels
- **Create a Resource Sharing Platform:** Establish mechanisms for agencies to share resources and funding opportunities.

#4 Enhance Service Coordination

- **Map Existing Services:** Create a comprehensive directory of current housing, healthcare, and social services available in the region.
- **Facilitate Interagency Work Groups:** Organize regular meetings among service providers to discuss client needs and service integration.
- **Promote the Coordinated Entry System:** Encourage participation in the HMIS streamlined process for individuals to access services based on their needs.
- **Establish Guidelines for Service Provision:** Provide training for service providers on collaboration and best practices in service delivery.

#5 Track Progress and Accountability

- **Establish Measurable Metrics:** Define specific, quantitative goals for the Task Force's initiatives (e.g., reduction in homelessness rates, increased housing placements).
- **Develop a Data Collection Plan:** Create a system for tracking progress and outcomes related to housing and homelessness initiatives.
- **Schedule Regular Evaluation Meetings:** Plan for periodic assessments of progress and strategy adjustments as needed.
- **Publish Progress Reports:** Regularly share updates on achievements and challenges with stakeholders and the community.

#6 Incorporate Community Perspective and Stakeholder Input

- **Plan Public Input Sessions:** Organize community forums to gather feedback from residents and those with lived experiences of homelessness.
- **Collaborate with Community Leaders:** Engage with local leaders and advocates to ensure diverse perspectives are included in planning.
- **Develop Educational Materials:** Create resources to inform the community about homelessness issues and the Task Force's efforts.
- **Liaise with the Advisory Council:** Liaise with the Advisory Council to provide ongoing input and guidance, and communicate back to the individual work groups.

#7 Advocate for Policy Solutions

- **Research Policy Barriers:** Identify existing policies that hinder access to affordable housing and services.
- **Draft Policy Recommendations:** Formulate proposals for policy changes that support affordable housing and funding for services.
- **Engage with Policymakers:** Schedule meetings with local and state officials to advocate for proposed policy solutions.
- **Mobilize Community Support:** Launch campaigns to raise awareness and rally community support for policy changes.



UNDERSTANDING HOMELESSNESS



Traverse City Ticker/ Beth Milligan

Understanding the services, programming, policies and interventions surrounding housing and homelessness is important when considering how the system currently works and how we can make it better.

Homelessness among adults is a spectrum, not a single condition. It includes people living on the streets (unsheltered), those staying in shelters, and individuals who are couch-surfing or otherwise unstably housed. Each form reflects different levels of exposure to risk and varying access to safety, privacy, and basic services. In examining these experiences, it's important to recognize how systemic factors—like shortages of affordable housing, gaps in mental health and physical health care, and economic instability—shape whether someone moves from temporary displacement to persistent chronic homelessness.

Effective responses center on housing as a foundation, paired with flexible, person-centered support. Approaches like Housing First prioritize immediate, permanent housing without prerequisites, then connect people to voluntary supports such as health care, case management, disability services, and substance-use treatment as desired. Interventions should

address both the housing need and underlying disabilities, including access to disability benefits, continued medical and mental health care, and supports for daily living. Preventing relapse into chronic homelessness requires coordinated systems—housing subsidies, scalable supportive housing options, and community integration—so individuals who have experienced long periods of homelessness and disabilities can achieve stability, dignity, and better health outcomes.

HOUSING FIRST

Housing First is an evidence-based approach that prioritizes helping people experiencing homelessness move directly into permanent housing without preconditions such as sobriety, employment, or completion of treatment programs. The approach is based on the understanding that people are better positioned to address health, behavioral health, substance use, employment, and financial challenges once their basic needs, including safe and stable housing, are met.

Housing First also emphasizes client choice in both housing selection and participation in supportive services. Supportive services are offered to help people maintain housing stability and improve well-being, but participation is voluntary. Research has consistently shown that services are often more effective when people choose to engage rather than being required to participate as a condition of housing.

There is a large and growing body of evidence demonstrating that Housing First is an effective solution to homelessness. Individuals in Housing First programs access housing more quickly and are more likely to remain stably housed compared to treatment-first approaches. This is true across both Permanent Supportive Housing (PSH) and Rapid Re-Housing programs. Locally, PSH programs in our community have achieved a one-year housing retention rate of 98 percent.

Housing First has also been shown to reduce the use of costly emergency systems, including emergency rooms, law enforcement, crisis services, and jails. The National Low Income Housing Coalition estimates that supportive housing interventions can save communities an average of \$31,545 per person over two years while improving housing stability and overall well-being.

STREET OUTREACH

Street outreach is a cornerstone of the homeless response system, serving as the primary point of contact with individuals who are not yet connected to the homeless response system. By locating people in encampments, parks, and other public spaces, outreach teams establish initial trust and assess immediate needs, creating a bridge to creating a bridge from unsheltered homelessness into safe, stable housing..

Communities who have successfully reduced unsheltered homelessness emphasize the importance of ensuring their homeless response system is effective, efficient, and equitable. Achieving this goal involves addressing homelessness as soon as it happens – and swiftly providing housing—through safe and appropriate interventions, all while preserving the dignity and resilience of those facing housing crises.

Housing-focused street outreach is an approach that prioritizes helping people move quickly from unsheltered homelessness into safe, stable housing. Rather than only meeting immediate needs, outreach workers build relationships while also helping individuals navigate housing assessments, documentation, coordinated entry, benefits, and connections to permanent housing opportunities.

This approach recognizes that outreach is most effective when it is directly connected to a broader housing response system, ensuring people experiencing homelessness have a clear pathway from the street to shelter, housing, and ongoing support.



DIVERSION

WHAT IS HOMELESS DIVERSION?

Problem Solving Conversation and Support



- **Helps people explore immediate, safe alternatives to shelter**
- **Focuses on strengths, supports, and resources people already have**
- **May include: conflict resolution, transportation or temporary financial help**
- **Does NOT mean denying help or moving homelessness to other communities**

Diversion is an intervention designed to immediately address the needs of someone who has just lost their housing and become homeless. Diversion is a client-driven approach; its goal is to help the person or household find safe alternative housing immediately, rather than entering shelter or experiencing unsheltered homelessness. It is intended to ensure that the homelessness experience is as brief as possible, to prevent unsheltered homelessness, and to avert stays in shelter.

Diversion is an intensive service intervention. Through an interactive problem-solving conversation with the client, diversion workers seek to:

- understand what caused a person's housing crisis
- explore what immediate solutions to the crisis may be possible
- help them pursue a solution(s)

The idea is to immediately get the client into a safe housing alternative, which may be short- or longer-term. Some of these options may include:

- a negotiated return to their previous housing
- short-term, non-shelter accommodation
- apartments or homes (including shared housing)
- a return to family

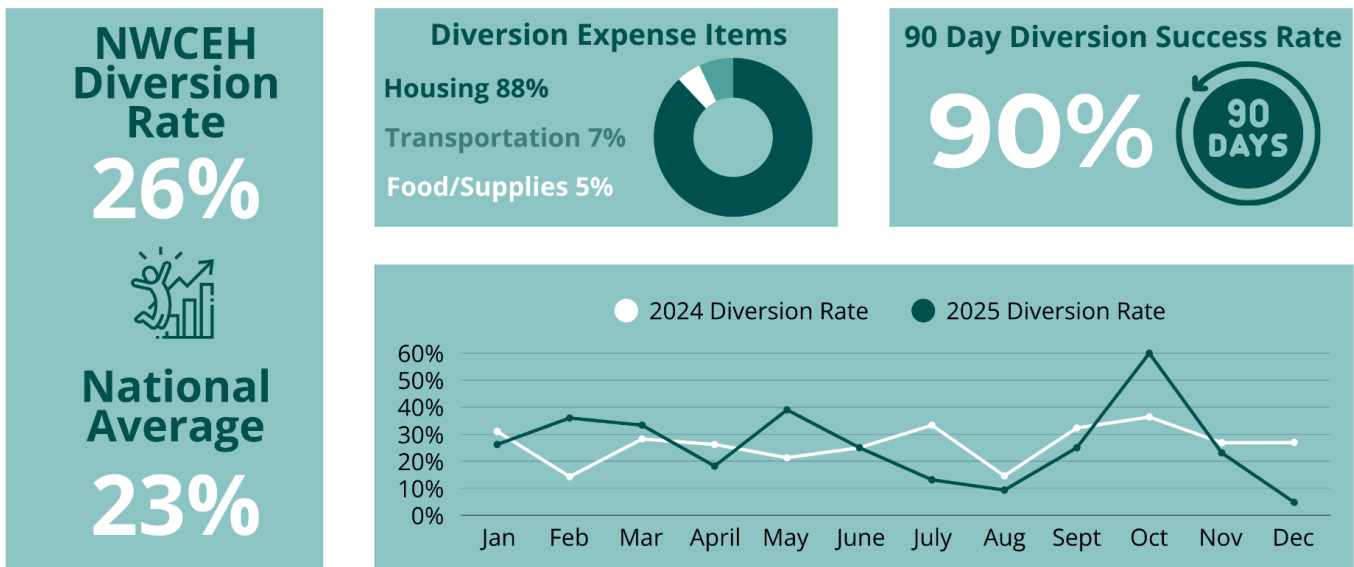
Emergency shelter plays an important role in the homeless response system; however, it is not the most appropriate or effective intervention for every individual (or household) every night. Prioritizing diversion allows communities to match people to the least intensive, most appropriate solution that resolves their immediate housing need.

Some data show that people who enter shelter experience longer periods of homelessness than those who are diverted from it. No matter how well-run shelter is, clients prefer to be in housing, and housing is more likely to improve their well-being.

Likewise, being unsheltered has a high risk of negative health outcomes and involvement with the criminal justice system (such as being ticketed or fined for sleeping on the streets).

Diversion is also a much more effective intervention from the perspective of homeless services systems and ending homelessness. Diversion stems the inflow into shelter; every person diverted makes a shelter bed available for someone else who needs it.

LOCAL DIVERSION STATS 2024-2025



EMERGENCY SHELTER

Emergency shelters, both during the day and overnight, are a critical component of a comprehensive homeless response system. They provide immediate safety and a stable base from which people can avoid exposure to extreme weather, violence, and health risks. Daytime drop-in shelters offer a predictable space for rest, hygiene, meals, and access to information and staff who can connect individuals with benefits, medical care, and housing resources. Overnight shelters offer a secure, protected environment that reduces the dangers of sleeping outdoors and helps prevent incidents of assault, hypothermia, and unsafe practices that can arise from prolonged street exposure.

Emergency shelters play an important role in helping people move quickly from homelessness to housing stability. In addition to providing immediate safety, housing-focused shelters create a centralized place where staff and partners can help people problem-solve housing barriers, complete housing assessments, connect to coordinated entry, obtain documentation, and navigate available housing opportunities as quickly as possible. For many people, shelters are the first step in a pathway toward housing stability, offering case management, housing plans, and referrals tailored to individual barriers. Well-run shelters emphasize dignity, trauma-informed care, privacy, and culturally responsive practices to build trust and encourage engagement with longer-term solutions.

Effective shelter systems are not ends in themselves; they are channels to permanent housing and stability. This requires adequate bed capacity, predictable operations, diversion efforts and strong coordination with housing programs, rental subsidies, and supportive services. Day and overnight shelters should align with a Housing First approach, prioritizing rapid transitions to permanent housing while ensuring ongoing access to health care, safety planning, and daily living supports. Policymakers and providers must also address negative experiences within shelters—crowding, stigma, and safety concerns—through staff training, safety protocols, and transparent governance to preserve trust and encourage utilization as a stepping stone toward stable housing and improved health outcomes.

The purpose of emergency shelter is to:

- provide safety from the elements
- engage in diversion to explore all alternatives before admitting someone to shelter
- initiate housing plans with guest immediately upon shelter entry
- Prevent chronic homelessness; shorten shelter stays by facilitating exits to permanent housing

Emergency shelter is *NOT*:

- long term-housing
- meant for indefinite stays or year after year
- solely a provider of food and beds—it's an intervention to end homelessness

THE FIVE KEYS TO EFFECTIVE EMERGENCY SHELTER



HOUSING FIRST APPROACH

Align shelter eligibility criteria, policies, and practices with a Housing First approach so that anyone experiencing homelessness can access shelter without prerequisites, make services voluntary, and assist people to access permanent housing options as quickly as possible.



SAFE & APPROPRIATE DIVERSION

Provide diversion services to find safe and appropriate housing alternatives to entering shelter through problem-solving conversations, identifying community supports, and offering lighter touch solutions.



IMMEDIATE & LOW-BARRIER ACCESS

Ensure immediate and easy access to shelter by lowering barriers to entry and staying open 24/7. Eliminate sobriety and income requirements and other policies that make it difficult to enter shelter, stay in shelter, or access housing and income opportunities.



HOUSING-FOCUSED, RAPID EXIT SERVICES

Focus services in shelter on assisting people to access permanent housing options as quickly as possible.



DATA TO MEASURE PERFORMANCE

Measure data on percentage of exits to housing, average length of stay in shelter, and returns to homelessness to evaluate the effectiveness of shelter and improve outcomes.

Why is it important to determine the need for emergency shelter?

- Ensures resources match actual community need — not too few and not too many
- Supports equitable access by preventing bottlenecks or oversupply in certain areas
- Provides a shared baseline for planning across agencies and jurisdictions
- Strengthens data-informed decision-making and accountability
- Aligns with HUD/ System performance measures for efficient use of shelter

How do we determine the need for emergency shelter?

To determine the need we used 3 different formulas to estimate the number of shelter beds for **single adults** we need in our community:

- Number of Goodwill beds + Number of Safe Harbor beds + Number of unsheltered
- Point In Time (PIT) Count: Number of sheltered + Number of unsheltered
- 2-year PIT count average and surge estimate: Number of sheltered (2 yr avg.) + Number of unsheltered (2 yr avg.) x 1.15 (unexpected surges over the year)

EMERGENCY SHELTER AND SERVICES DETERMINING THE NEED: HOW?

1) # of Goodwill beds + # of Safe Harbor beds + # of unsheltered **$64 + 74 + 30 = 168$**

2) PIT Count: # of sheltered + # unsheltered (2-year average) **151**

Adults Only	Shelter	Unsheltered	Total
2024 PIT Count	130	17	147
2025 PIT Count	127	29	156
2-Year PIT Average	128.5	23	151.5

3) 2 year PIT count average and surge estimate:
of sheltered (2 yr avg.) + # of unsheltered (2 yr avg.)
x 1.15 (unexpected surges over the year)
 $128.5 + 23 \times 1.15 = 174.25$

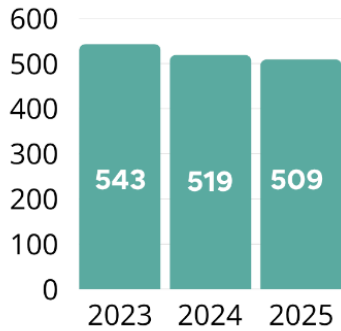
AVERAGE OF THE THREE
 $168 + 151 + 174 = 493 \div 3 = 164$

Key Metrics for Individual Adults in Shelter

→ GRAND TRAVERSE COUNTY 2025 STATUS REPORT

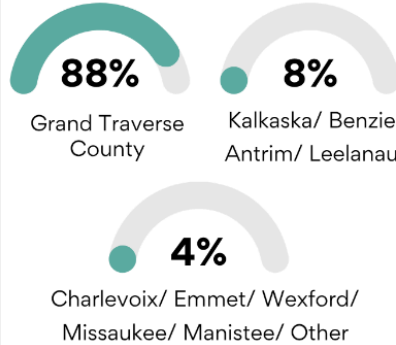
Adults in Shelter

Thanks to the efforts of our partners, the **total number** of people in shelter **dropped by 7%** from 2023 to 2025.



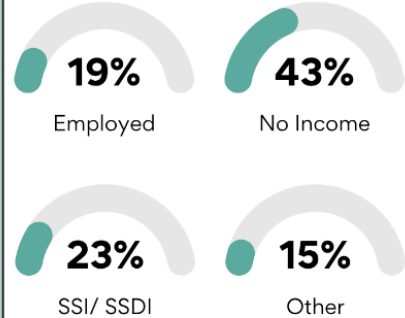
Last Permanent Zip Code

96% of people experiencing homelessness are from the **five-county region**.



Income Source

57% of people experiencing homelessness have **some form of income**.



Total Number of Beds

160

beds in all three emergency shelters combined.

Average Length of Stay



125



106

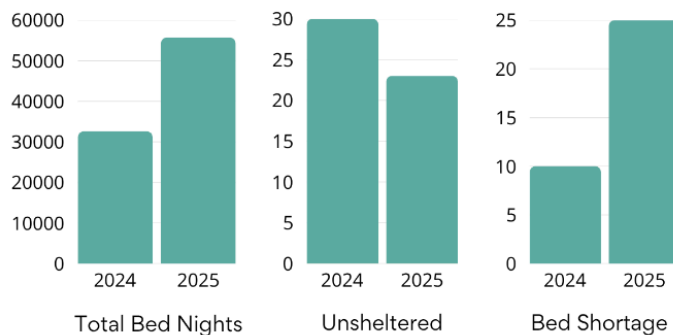


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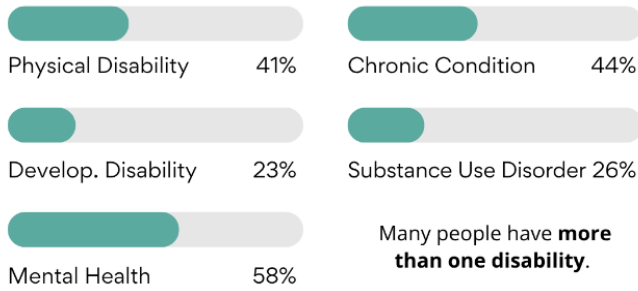
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Shelter Usage

When Safe Harbor successfully moved to year-round overnight operations, the total **bed nights provided increased by 70%**. The total number of **unsheltered individuals shrunk by seven**; and the shelter **bed shortage increased by 15**.

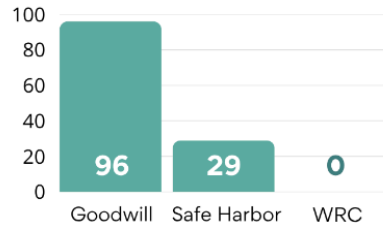


Disability Status



Shelter Diversion

125 people were successfully **diverted** from emergency shelter last year.

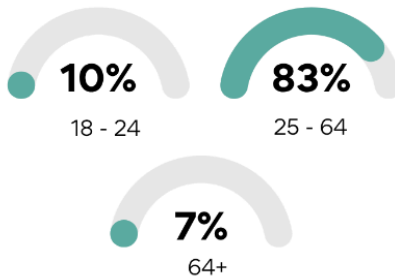


The Women's Resource Center does not practice diversion due to safety concerns of their population.

Gender



Age



Domestic Violence

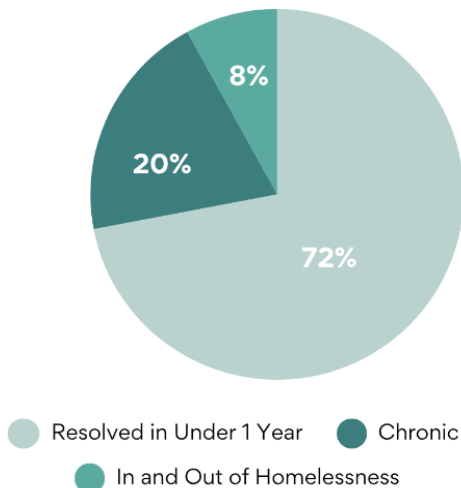
57%

of all women experiencing homelessness stated **domestic violence** was the **primary cause** of their homelessness.

Time Spent in Homelessness

72% of people experiencing homelessness **exit in under a year** and don't return.

126 individuals exited emergency shelter into **permanent housing** in 2025.



2025 Deaths



people experiencing homelessness **died last year.** They have a life expectancy of **just 48 years.**

Community Cost



The combined cost to run our emergency shelter system last year:

\$3 Million

CHRONIC HOMELESSNESS

The HUD definition of chronic homelessness describes the experience of those who have been homeless while struggling with a serious mental illness, substance use disorder, or physical disability. These individuals live in impermanent and inhabitable places, and have been unhoused for at least a year, or four episodes over the last three years.

Homelessness is an issue that can cost the health, safety, and lives of those who experience it. Experiencing chronic homelessness can change the entirety of a person's life. From ability, to cognitive perception, to communication, the wellness of an individual is often severely impacted from being chronically homeless for an extended length of time.

Overall, people experiencing homelessness have an increased likelihood of being a victim of injury or violence and are up to 11.5 times more likely to die than the general population. Their life expectancy is just 48 years.

Those experiencing chronic homelessness make up less than 20% of a community's homeless population, yet rely heavily on homeless services due to the compounding effects of health conditions, mental illness, substance use disorders, physical disabilities, or other effects of deteriorating wellness.





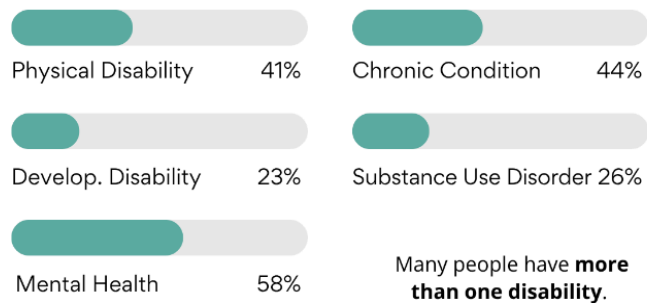
2025 Grand Traverse County Housing and Homelessness Status Report

→ KEY METRICS FOR ADULTS IN CHRONIC HOMELESSNESS

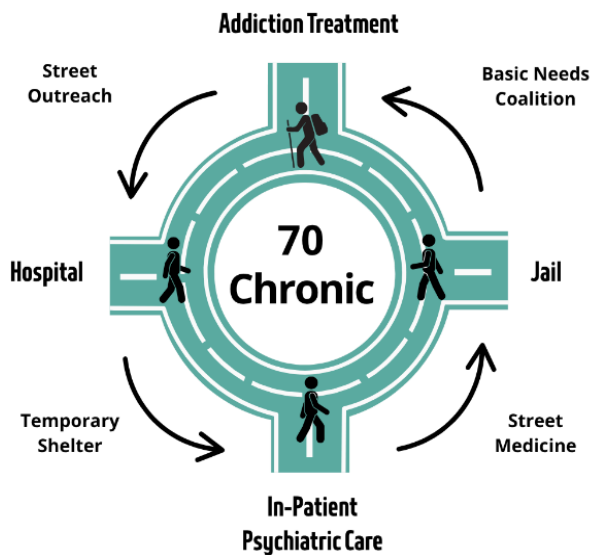
'Chronic' Definition

The United States Department of Housing and Urban Development defines chronic homelessness as **struggling with a serious mental illness, substance use disorder, or physical disability** while living in impermanent and inhabitable places, for **at least a year**, or four episodes over the last three years.

Disability Status of People Experiencing Homelessness



Cycle of Chronic Homelessness



Community Cost

The cost to our community to **maintain 70 chronic individuals in homelessness** in 2025:

\$2.45M

City of Traverse City Resolution

The City formally supports the Coalition's mission to **end chronic homelessness** in our region by 2028. "Every person deserves **safe, stable, and permanent housing**... and permanent supportive housing as a cornerstone of this effort."

2025 Deaths

7 
 people experiencing homelessness **died last year.**

Permanent Supportive Housing

Permanent Supportive Housing (PSH) combines **affordable housing with supportive services** to help individuals and families who are chronically homeless or have disabilities achieve and maintain housing stability.



What is 'Housing First'?



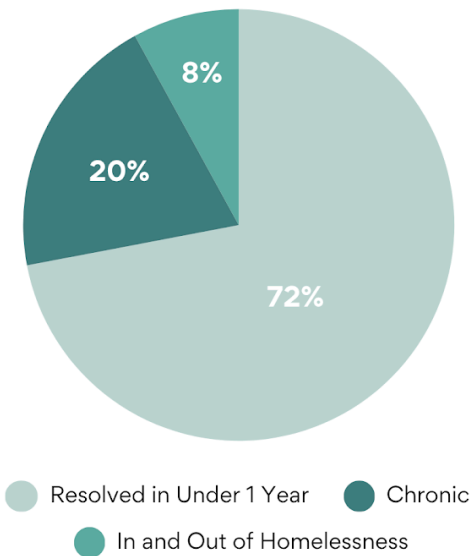
Housing First ends homelessness — not by requiring people to change before getting housing, but by **providing housing** as the foundation for **recovery, stability, and dignity**.

PSH Units

Grand Traverse County currently has **268** units for Permanent Supportive Housing (PSH) and Rapid Rehousing.

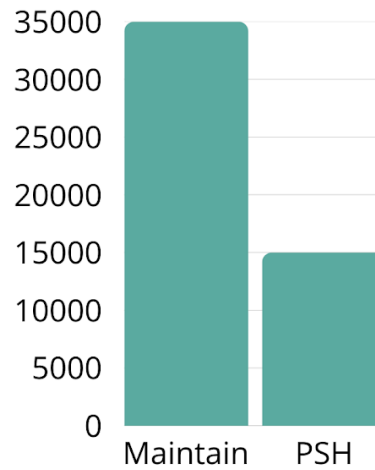
Time Spent in Homelessness

72% of people experiencing homelessness **exit in under a year** and don't return.



Win-Win with PSH

Each year, it costs **\$20,000 more to maintain someone in chronic homelessness** than it does to provide them with **housing and support**.

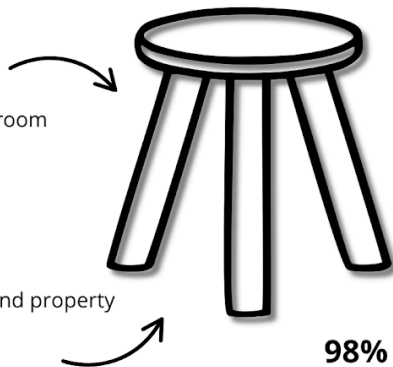


Costs to maintain someone in homelessness include hospitals, emergency services and jail.

Three-Legged Stool: Housing with Support

UNIT
Studio/ 1 Bedroom

SUPPORT
On-site case and property management



RENTAL SUBSIDY
Clients pay no more than 30% of income



PROVEN FORMULA
98% CLIENT SUCCESS

Housing Success



people experiencing **chronic homelessness** moved into permanent supportive housing in 2025.

PERMANENT SUPPORTIVE HOUSING

Permanent supportive housing (PSH) is a housing model designed to help people who experience chronic homelessness or severe housing instability, often coupled with complex needs such as mental health challenges, substance use issues, or disabilities. It combines long-term, lease-based housing with voluntary, flexible supportive services available on-site or nearby. The core principle is that stable, affordable housing is a foundation for recovery, health, and well-being, rather than a temporary stopgap. PSH typically uses a Housing First approach, prioritizing immediate access to housing without requiring participants to meet stringent treatment or sobriety criteria first. This shift from a housing-first stance to sustained tenancy aims to reduce barriers to entry and encourage engagement with support services over time.

The housing component of PSH guarantees a durable place to live, with rents often subsidized to make housing affordable relative to income. This stability reduces the chronic stress and periodic relocation that can exacerbate health problems and disrupt access to services. Tenants have leases, which affirms their rights as residents and provides a predictable, stable environment.

Supportive services are the other essential pillar of PSH. These services are voluntary, client-centered, and tailored to individual goals. They may include case management, health care coordination, mental health and substance use treatment, employment support, life skills coaching, and benefits enrollment. The intensity and mix of services are flexible, allowing staff to adjust to changing needs. Importantly, services are designed to be non-coercive and trauma-informed, recognizing that past experiences with systems can shape trust and engagement. The aim is to help residents stabilize their health, access necessary resources, achieve personal goals, and avoid returning to homelessness.

PSH works because it addresses both housing security and ongoing needs in a holistic, integrated way. The stable home reduces exposure to hazards, improves adherence to medical and treatment plans, and creates a platform for meaningful relationships and community integration.

Data from the National Alliance to End Homelessness shows higher housing retention rates, improved health outcomes, and reduced emergency department visits and shelter use among PSH participants compared to other housing interventions. While challenges remain—such as

funding cycles, geographic availability, and the need for culturally competent services—PSH offers a proven, humane pathway from homelessness to stable, healthier lives.

Calculating the need for PSH

We currently have 125 PSH units dedicated to the chronic population and 70 people experiencing chronic homelessness:

Category	Estimate
People Currently Chronically Homeless	70
New Chronic Cases (over 3 years)	252
Total People Needing PSH	322
Total PSH Placement Capacity	144
Gap – Additional PSH Units Needed	≈178 units



DEEPLY AFFORDABLE HOUSING

Deeply affordable housing refers to housing that is affordable for extremely low-income households, typically those earning 0-30% of the Area Median Income (AMI). At this level of income, housing costs can consume a majority of a household’s limited budget, making it nearly impossible to cover essential expenses like food, healthcare, and transportation if rent is not specifically tailored to this income band. Deeply affordable units are often subsidized through a combination of public funds, deep subsidies, and nonprofit or government-led development programs to ensure rents are set well below market rates. The goal is to prevent housing insecurity and homelessness by providing stable, long-term housing options that people can actually afford on their limited incomes.

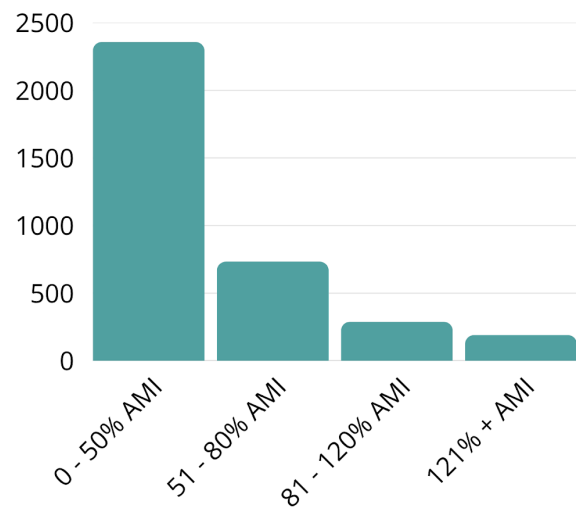
In practice, deeply affordable housing typically includes rental units with monthly rents that align with a percentage of the renter’s income, commonly 30% or less. For households at 0-30% AMI, this often translates to rents that are subsidized to a level well under market-rate equivalents, sometimes with the renter paying a share based on income and the rest covered by project-based subsidies, vouchers, or other public funding streams. Because these properties must remain affordable for the long term, they usually include stronger oversight, caps on rent increases, and mandates to prioritize tenants who earn within the target income band. The result is a safety net that reduces the risk of cost burdens and housing instability for the most vulnerable residents.

HUD Fair Market vs. Actual Rents

Type	HUD	Actual	Difference
Studio	\$1,045	\$1,277	\$232
1 Bedroom	\$1,143	\$1,417	\$274
2 Bedroom	\$1,357	\$1,774	\$417
3 Bedroom	\$1,747	\$1,904	\$157

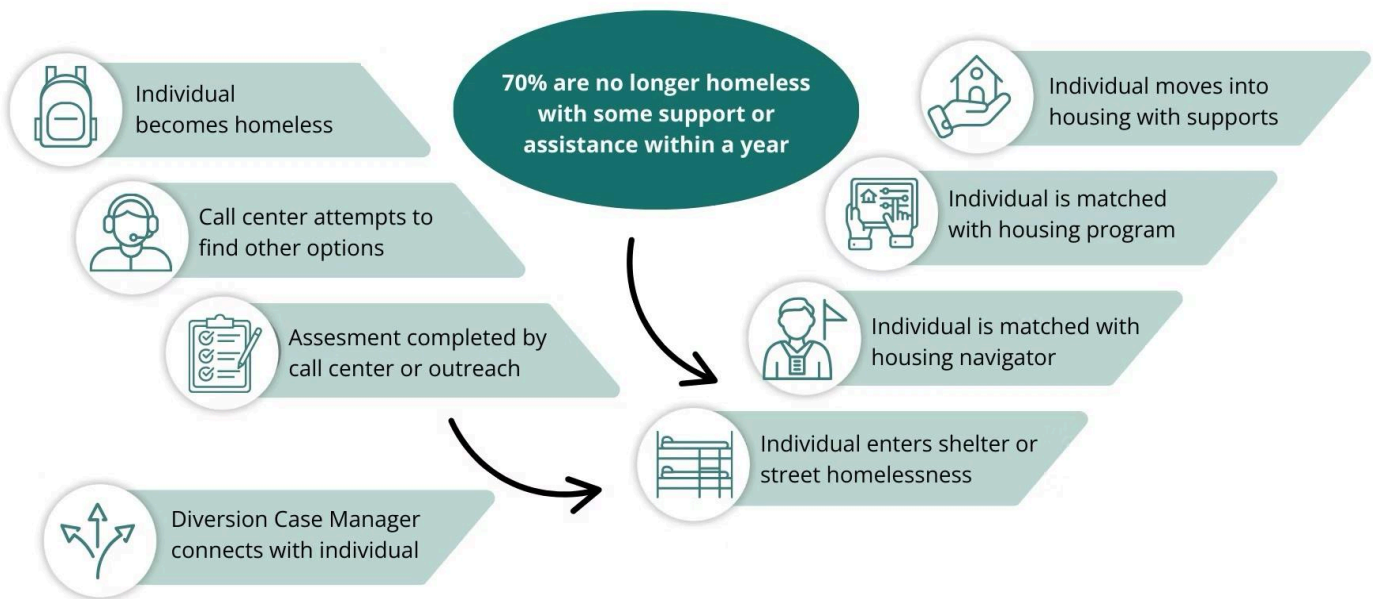
Source: HUD and Apartments.com/GT County

Rental Housing Needed



Source: Housing North Housing Needs Assessment

GRAND TRAVERSE COUNTY HOMELESS RESPONSE SYSTEM



Grand Traverse County’s homeless response system is organized as part of the Northwest Michigan Coalition to End Homelessness (NWCEH)—a regional alliance that coordinates housing and services for people experiencing homelessness. The NWCEH brings together day and overnight shelters, emergency services, government agencies, nonprofit providers, and faith-based groups to streamline access to resources. The system typically uses a Coordinated Entry process to assess need and route individuals to appropriate housing options, whether that’s emergency shelter, rapid re-housing, or permanent supportive housing. Data sharing through a Homeless Management Information System (HMIS) helps track need, inventory, and outcomes to improve service delivery, while funding from HUD, state programs, and local sources supports emergency shelter, case management, and housing-first initiatives.

An effective homeless response system is housing-focused, coordinated, and person-centered. Rather than operating as isolated programs, providers and partners work together to assess needs, prioritize resources, share information, and create clear pathways to permanent housing. The goal of the system is not simply to manage homelessness, but to reduce the length of time people experience homelessness and prevent it from happening again.

INFLOW & OUTFLOW

One of the clearest ways to evaluate the effectiveness of a homeless response system is by comparing inflow into homelessness with outflow out of homelessness. Inflow represents the number of households newly entering homelessness, while outflow reflects the number of households exiting homelessness each month. Long-term reductions in homelessness require communities to reduce inflow while increasing outflow through coordinated prevention efforts, housing interventions, and supportive services. The following table provides average monthly inflow and outflow data by population for each year.

3-YEAR COMPARISON GRAND TRAVERSE COUNTY AVERAGE MONTHLY INFLOW & OUTFLOW

Population	2023 Monthly Inflow	2023 Monthly Outflow	2024 Monthly Inflow	2024 Monthly Outflow	2025 Monthly Inflow	2025 Monthly Outflow
General Population	32	31	37	31	41	45
Youth	5	5	5	5	4	5
Families	5	5	6	6	6	6
Veterans	3	3	2	2	2	2
Chronic	5	4	8	8	7	6



HOMELESS RESPONSE SYSTEM GOALS

1. Help people resolve their housing crisis as quickly and safely as possible
2. Reduce the number of people entering and returning to homelessness
3. Use limited resources by prioritizing permanent housing solutions

HOMELESS RESPONSE SYSTEM PROVIDERS

Call Center	Day Shelter	Emergency Shelter	Diversion	Supportive Housing
	 CENTRAL UNITED METHODIST CHURCH TRAVERSE CITY, MICHIGAN			
Street Outreach	JUBILEE HOUSE	SAFE HARBOR 		
		 WOMEN'S RESOURCE CENTER		

Special thanks to Mobile Med and TC Street Medicine, Community Mental Health, Traverse City Police Dept. Quick Response Team (now RESILIENCE), and Addiction Treatment Services for their contribution and dedication to serving people experiencing homelessness.

PROVIDER PROFILES

Northwest Michigan Community Action Agency (NMCAA)

Northwest Michigan Community Action Agency (NMCAA) is a longstanding nonprofit organization dedicated to fostering positive change and promoting self-sufficiency. Guided by its mission and vision, NMCAA works to strengthen communities by improving quality of life and expanding opportunities for individuals and families.

NMCAA serves a diverse range of community members across its ten-county region, including children, seniors, veterans, and households seeking greater stability. Its programs provide essential support in areas such as early childhood education, housing assistance, food and nutrition services, and financial support services.

Through a comprehensive network of services, NMCAA helps residents access the resources they need to achieve greater independence. These efforts include supporting families in their educational journeys, offering tools that promote financial well-being, and connecting individuals with housing and basic-needs assistance.

Collaboration is central to NMCAA's approach. The agency partners with community organizations, businesses, volunteers, donors, and public entities to expand its reach and strengthen outcomes. NMCAA is guided by a diverse Board of Directors representing public, private, and consumer sectors, and its work is supported through a blend of federal, state, and local funding, as well as community contributions.

Northwest Michigan Supportive Housing

Northwest Michigan Supportive Housing (NMSH) is a nonprofit committed to ending homelessness by providing permanent supportive housing for individuals living with homelessness and mental illness. Deeply rooted in the community, NMSH believes that every person deserves not only a safe, permanent home but also the dignity, stability, and opportunity that come with it. Through trauma-informed, person-centered care, NMSH walks alongside each resident with compassion and respect—ensuring that the people served have real choices, meaningful support, and a clear path toward long-term stability and well-being.

Building on this mission, NMSH serves adults and families across Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties who are navigating behavioral health conditions, substance use disorders, trauma histories, and long-term housing instability. Through personalized, home-based case management and rental assistance, NMSH helps participants rebuild stability, strengthen daily living skills, and connect to community resources. While housing provides the foundation, NMSH's individualized support is what helps that foundation become lasting and life changing.

To ensure every participant has what they need to move forward, NMSH relies on strong community collaboration. The organization works closely with local landlords, healthcare providers, behavioral health agencies, community nonprofits, and the Northwest Michigan Coalition to End Homelessness to create a coordinated network of support. These partnerships expand housing opportunities, improve care coordination, and strengthen the region's collective response to homelessness. Whether working with property owners to secure safe, stable units or teaming with service providers to address complex needs, NMSH's collaborative approach is essential to creating long-term impact.

Supporting this work is a dedicated team of case managers, operations and program staff, and organizational leaders who bring deep expertise in supportive housing, trauma-informed practices, and community engagement. NMSH's funding comes from a blend of federal, state, county, and city grants, as well as community partnerships, philanthropic gifts, and local donations. This diversified funding model helps ensure long-term sustainability while allowing the organization to remain responsive to evolving needs in the region. Together, NMSH's staff, partners, and supporters form a compassionate, mission-driven network committed to helping individuals and families build stable, connected, and fulfilling lives.

[Goodwill Northern Michigan](#)

For more than 50 years, Goodwill Northern Michigan has developed innovative solutions to the region's most complex social challenges. As an autonomous nonprofit organization, they are governed by a volunteer board of directors who live and work in our region.

Goodwill Northern Michigan brings food to neighbors, helps vulnerable people find home, and provides empowering employment through its community-supported social enterprise and collaborative partnerships.

They employ 250 people and operate community programs that are supported through charitable contributions and revenue from nine thrift stores. The thrift stores they run for a social purpose cover the administrative costs of their housing, homeless, and food programs, ensuring that grant and philanthropic dollars go directly to increase housing and food security.

Goodwill Northern Michigan's mission focuses on two interconnected initiatives: Food Rescue and Housing and Homeless Services. Food Rescue distributes 2.6 million pounds of nutritious food each year to more than 70 food pantries and community meal programs across a five-county region.

Annually, their Housing and Homeless Services team helps over 1,500 people in Grand Traverse County move out of homelessness into safe, stable housing—including people living with mental illness, physical disabilities, and chronic health conditions. They provide diversion services and street outreach to connect people with help before or as crises develop; emergency shelter at the Goodwill Inn and at Patriot Place for veterans; and housing with

wraparound supports at Carson Square, East Bay Flats, Brookside Commons, Keystone, and other locations.

At the center of this work is the housing with supports model itself: stable housing, on-site case and property management, and rental subsidies — three elements that must work together for vulnerable neighbors to remain successfully housed. Goodwill Northern Michigan operates a portfolio of housing with supports in the region and they are committed to expanding it significantly as part of a broader community shift from emergency response to lasting solutions.

Safe Harbor of Grand Traverse, Inc.

Safe Harbor of Grand Traverse is a non-profit, volunteer-run year-round emergency shelter with 78 beds. They serve single adults experiencing homelessness in the Grand Traverse County region.

As part of a continuum of care, they also focus on community partnerships in order to better collaborate on long-term solutions to ending homelessness in our region. They are guided by a working board and a steering committee of area churches and community volunteers.

Safe Harbor provides food, shelter and hope for those experiencing homelessness. Doors open at 6:00 pm every night and guests must leave the shelter by 9:00 am the following morning. A meal is served every night by volunteers. Showers and laundry service is also provided along with hygiene items and some clothing. Their staff refers guests to various partner agencies to deal with their individual needs and to put them on a path to permanent housing.

As a primary partner with QRT (now RESILIENCE), they increase Police Social Worker follow-up and engagement with partner agencies. They also can refer participating guests for wrap-around services.

Safe Harbor strategically aligns with the Goodwill Inn in order to maximize the number of beds utilized on any given evening, particularly during Code Blue nights, when they become a warming center. Goodwill Street Outreach is also available to do casework with the most needy and fragile guests.

To assure that there is a warming area open during the daylight hours in the winter, we reach out to both Jubilee House and Central United Methodist Church to maximize the number of sheltered hours available for the unsheltered.

Healthwise, the Mobile Medical Unit, an extension of Munson Healthcare and Munson Family Practice, visits Safe Harbor every Tuesday. They are also in touch with Munson caseworkers if a guest has been hospitalized and is ready for discharge, and Munson Crisis Center or Community Mental Health for those who suffer from mental illness and need acute intervention or hospitalization. Narcotics Anonymous and Alcoholics Anonymous hold monthly meetings at the shelter, and Addiction Treatment Services and BDHI use it as well (this is only a partial list).

Safe Harbor is currently funded by donations, grants, and public money from Grand Traverse County and the City of Traverse City. In 2025, Safe Harbor was asked by community leaders to operate year-round. To do that they needed financial support from the city and county and various organizations and companies. Much of that additional money was tied to a two-year commitment. Safe Harbor will need a sustainable revenue source to remain open year-round in 2027 and beyond.

Women's Resource Center (WRC)

The Mission of the Women's Resource Center for the Grand Traverse Area (WRC) is to protect, shelter and empower all people impacted by domestic and sexual violence. Started in 1975, the WRC was the first organization in our community to open an emergency shelter for survivors. In 1999, they began providing transitional housing for survivors and today they remain the sole provider of free and confidential services 24/7/365 for survivors of domestic violence.

The emergency shelter provides safe housing for survivors fleeing domestic and sexual violence. Open, staffed, and surveilled 24/7/365, the shelter also supports residents with meals, laundry facilities, and hygiene products.

Sales from the two WRC Thrift Shops contribute over 50% of WRC gross income and offer free clothing and essentials to survivors and members of our community in need.

The transitional housing program bridges the gap between emergency shelter and a permanent home, offering safe, affordable housing to survivors from as low as \$1/month up to \$400/month for up to two years.

The 24-hour crisis line connects callers to trained advocates who offer immediate crisis intervention and safety planning. Empowerment Services include one-on-one advocacy and peer-based support groups.

WRC advocates help survivors complete Personal Protection Orders and navigate the legal system by preparing for hearings and accompanying survivors to court, offering emotional support throughout the legal process.

The WRC connects families to a wide network of community partners to promote long-term stability and well-being. They provide individual and group support, working alongside employers, landlords, utility companies, medical systems, schools, and other agencies to develop innovative, community-based solutions.

The WRC has 30 full-time staff, 16 part-time staff, 38 active/trained volunteers, 13 board

members. Funding comes from a diverse stream including: Thrift Shop revenues, private contributions, foundation grants, and state/federal grants.

Jubilee House

Jubilee House is a ministry of Grace Episcopal Church, and the daytime drop-in shelter located in the City of Traverse City. It is open Monday through Friday 10:00 - 5:30 pm in partnership with Safe Harbor of Grand Traverse and Central United Methodist Outreach to ensure that shelter is available 24/7. Jubilee House is open to the public and serves individuals who are actively homeless—both sheltered and unsheltered—as well as those who have been housed or who are at risk of homelessness.

Like other partners in the continuum of care, Jubilee House offers those who are newly-homeless access to the Homeless Response System and its resources, while also helping them form a plan to stay safe and to make progress in meeting their needs.

For basic needs, Jubilee House offers seasonally-appropriate outerwear/footwear and other clothing essentials; showers; laundry; computer and internet access; a hygiene pantry for home and self-care; locked storage totes; bus passes; Goodwill vouchers; snacks, coffee, and some microwaveable food; and more.

The Jubilee House community is staffed by a team of 20 weekly volunteers and two full-time staff, all working to meet guests where they are. In doing so, they make connections to resources, supporting everything from searches for employment or housing, to finding help with Social Security Disability Income or Medicaid, to accessing mental health or substance use treatment. There are plans to offer more comprehensive case management and housing search assistance in the near future.

They are open during regular business hours, so it is a convenient spot for guests to connect with their caseworkers. Partner organizations like Goodwill Street Outreach, Traverse City Police Department Quick Response Team (now RESILIENCE), and Community Mental Health know to contact Jubilee staff for help seeking their clients. The drop-in shelter serves more than 300 guests every year, with an average of 70 individuals per day, so they are perfectly poised to connect guests with their caseworkers.

Additionally, since staff regularly spends time with guests, they notice changes in substance use, mental health, and/or behavior and can advocate for their care with partners, more promptly meeting guests' changing needs for better health outcomes.

The Jubilee House is funded by a mix of grants, local philanthropy, and goods services donated by the community (clothing, food, and volunteer hours). In addition, Grace Episcopal Church provides the building at 325 Washington Street and a small endowment.

Central United Methodist Church

Central United Methodist Church's Community Outreach program provides essential, relationship-based support to adults and families in the Traverse City area who are experiencing homelessness, housing instability, food insecurity, financial hardship, or barriers to accessing community services. Many participants face compounding challenges such as mental-health concerns, lack of identification, limited income, transportation barriers, and difficulty navigating complex social-service systems. Central Outreach includes volunteers from varying faiths and the community at large.

The program offers direct assistance, individualized case coordination, and structured resource navigation through initiatives such as the Housing Lab, volunteer support teams, and ongoing one-on-one support. Services include help obtaining identification and benefits, completing housing applications, connecting with employment resources, coordinating transportation, and accessing basic needs. Basic needs provided include breakfasts, Thursday lunch, showers, fresh socks and underwear, and bus passes for medical appointments. Central Outreach also provides a mail service for people with no address to receive mail.

The Central Outreach Schedule unfolds with a steady morning routine on weekdays, beginning each day with a shared breakfast, showers, and mail from 8:30 to 10:30 am. On Mondays, the focus during this time frame includes the Addiction Treatment Services through the Program Outreach team, who come to engage with participants and offer outreach around treatment opportunities.

Tuesdays feature two distinct outreach activities: the Thomas Judd Care Center provides HIV prevention education and testing, while the Northwest Community Action Agency handles Homeless Response System intake and referral, guiding individuals to appropriate next steps and resources.

Wednesdays highlight the Housing Lab's activities, alongside continued Homeless Response System intake and referral services provided by the Northwest Community Action Agency. Additionally, there are haircuts available twice monthly, offering a practical grooming service as part of the outreach.

On Thursdays, TC Street Med is in operation, delivering medical-related outreach. In addition, Catholic Human Services participates twice monthly with Peer Recovery Outreach, connecting individuals to recovery resources and sharing information.

Fridays round out the weekday schedule with a consistent, supportive presence.

Beyond the regular weekdays, Saturdays, holidays, and emergency weather events are marked by on-site breakfast at Safe Harbor Homeless Shelter, ensuring there is still a structured, nourishing start to the day during these special circumstances.

Central Outreach operates as a collaborative partner within the region’s care network. The program works closely with local nonprofits, shelters, healthcare providers, landlords, government agencies, and faith-based organizations to ensure coordinated support for participants. By serving as a trusted connector and advocate, Central Outreach strengthens community capacity, reduces duplication of services, and helps individuals move toward stable housing, improved well-being, and long-term self-sufficiency.

The staffing model features a Director, a Kitchen Manager, and custodial support. Central United Methodist Church covers the staffing and facilities costs, while the food and basic needs are funded through private donations.



TASK FORCE STRUCTURE AND FOCUS AREAS



LEADERSHIP TEAM

The Leadership Team was responsible for providing strategic direction, oversight, and accountability for the community-wide Task Force’s efforts to prevent and end homelessness. They were in charge of setting the overall vision, guiding the development of the community strategic vision, and ensuring that work groups had the resources and support they needed to succeed.

To kick off this process, the Leadership Team conducted a stakeholder mapping exercise to identify key participants, engaged with community leaders and policy makers, and organized the initial work group meetings. From there, they helped develop recommendations for the draft strategic vision, facilitated interagency collaboration, published month progress reports, planned public input sessions, and mobilized community support.

Participants

Nate Alger, Grand Traverse County
Rick Bellingham, Facilitator

Ashley Halladay-Schmandt, Northwest Michigan Coalition to End Homelessness
Ryan Hannon, Central United Methodist Church
Benjamin Marentette, City of Traverse City
Christie Minervini, Northwest Michigan Coalition to End Homelessness
Sakura Takano, Rotary Charities

ADVISORY COUNCIL

The Advisory Council included the Leadership Team, Work Group chairs, community leaders, local and state officials, and subject matter experts. They reviewed progress from each work group, and offered input on proposed solutions.

Their primary responsibility was to remain informed and to consult both the work groups and the Leadership Team on the development of targeted recommendations, the formulation of advocacy strategies, collaboration with community leaders and research on policy barriers.

In the future, it is hoped that this group will help secure the resources and policy support needed to implement the community strategic vision.

Participants

Nate Alger, Grand Traverse County
Chris Barsheff, Garfield Township
Nikki Basch, Great Lakes Housing Services
Becca Binder, Northwest Michigan Supportive Housing
Dan Buron, Goodwill Northern Michigan
Warren Call, Traverse Connect
Randy Fewless, Grand Traverse County Sheriff's Dept.
Karl Fulmer, Traverse City Housing Commission
Ashley Halladay-Schmandt, Northwest Michigan Coalition to End Homelessness
Ryan Hannon, Central United Methodist Church
Jennifer Holm, Traverse City Police Dept. Social Work
Michele Howard, Traverse Area District Library
Sarah Hughes, Northwest Michigan Community Action Agency
Terri LaCroix-Kelty, Munson Medical Center
Deb Lake, Goodwill Northern Michigan
Bailey LaPan, Goodwill Northern Michigan Street Outreach
Jen Leaf, Michigan State Housing Development Authority
Pat Livingston, Safe Harbor of Grand Traverse
Benjamin Marentette, City of Traverse City
Alison Metiva, Grand Traverse Regional Community Foundation
Angela Mikula, Lived Experience of Homelessness

Connor Miller, Aspire North

Christie Minervini, Northwest Michigan Coalition to End Homelessness

Chief Matt Richmond, Traverse City Police Dept.

Kendall Rodriquez, Networks Northwest Offender Success

Sakura Takano, Rotary Charities

Chief Jim Tuller, Traverse City Fire Dept.

Megan Wick, Community Cares Coalition

WORK GROUPS

Under the guidance of the Leadership Team, local nonprofit leaders, service providers, and subject matter experts collaborated in three work groups: Safety Net Services, Emergency Shelter and Services, and Housing Solutions.

The strategic focus of the **Safety Net Services** Work Group was to decrease inflow into homelessness by strengthening diversion efforts and ensuring that individuals receive necessary services while they work toward secure, stable housing.

The **Emergency Shelter and Services** Work Group concentrated on the practical infrastructure and policies needed to sustain shelter capacity, including determining shelter bed counts, selecting service providers, outlining day and emergency shelter locations and services, developing an extreme weather policy adopted by local government, and creating a funding plan for the shelter system.

The **Housing Solutions** Work Group shifted the focus to ending homelessness by expanding permanent housing opportunities, particularly for those with the greatest needs. It sought to determine the number of permanent supportive housing (PSH) units needed annually to end chronic homelessness, identify funding sources for unit development, calculate the total cost of required support services, and plan housing development for households at 0-50% of area median income (AMI).

Together, these groups coordinated prevention, immediate shelter, and long-term housing development to create a comprehensive path out of homelessness.

Safety Net Services

The Safety Net Services work group developed recommendations to strengthen support systems that prevent homelessness and assist those currently experiencing it. Focus areas included access to healthcare and mental health services, crisis intervention, diversion and prevention efforts, and essential resources.

Goals

- Strengthen and expand support systems that prevent individuals and families from falling into homelessness
- Coordinate with diversion efforts
- Provide necessary services to people while they are experiencing homelessness and are working toward housing

Responsibilities

- Define a role in the response system
- Identify collaboration opportunities and reduce duplication
- Prioritize Housing First principles
- Research best practices and collect relevant data
- Develop operational budgets
- Advocate and educate the public on key issues

Questions to Consider

- Where do people most commonly fall through the cracks?
- Which services are hardest to access for people experiencing homelessness?
- Are there coordination challenges between systems that make it easier for people to fall back into homelessness (health, legal, benefits, etc.)?

Participants

Jennifer Holm, Traverse City Police Dept. Social Work - Co-Chair

Bailey Lapan, Goodwill Northern Michigan Street Outreach - Co-Chair

Joe Barkman, Northern Lakes Community Mental Health

Dr. David Klee, Munson Family Practice

Paula Lipinski, Addiction Treatment Services

Tara Peck, Northwest Michigan Community Action Agency

Emergency Shelter and Services

Goals

- Ascertain the number of beds our community will need for year-round shelter
- Determine location and scope of services for day shelter and emergency shelter
- Develop an extreme weather policy that is adopted by the county to help support
- Create a funding plan for the shelter system

Responsibilities

- Define a role in the response system
- Identify collaboration opportunities and reduce duplication
- Prioritize Housing First principles
- Research best practices and collect relevant data
- Develop operational budgets
- Advocate and educate the public on key issues

Questions to Consider

- What system gaps are preventing people from accessing or exiting shelter effectively?
- How can we strengthen coordination between shelters, outreach, and housing services?
- What changes (policy, funding, training, design) would improve shelter outcomes?
- What services need to be included in an effective Day Shelter program that is focused on helping people exit homelessness?

Participants

Dan Buron, Goodwill Northern Michigan - Co-Chair

Patrick Livingston, Safe Harbor - Co-Chair

Ryan Hannon, Central United Methodist Church

Jessica Hamilton, Community Cares Coalition

Hannah Wescott, Grace Episcopal/ Jubilee House

Ashley Halladay-Schmandt, Northwest Michigan Coalition to End Homelessness

Housing Solutions

Goals

- Ascertain the number of PSH units needed each year to get to zero chronic
- Determine how many units we'll need each year to end chronic homelessness
- Explore funding sources needed to develop more units
- Establish support services funding
- Focus on housing development for 0-50% AMI

Responsibilities

- Define role in the response system
- Identify collaboration opportunities and reduce duplication
- Research best practices and collect relevant data
- Develop operational budgets
- Advocate and educate the public on key issues

Questions to Consider

- What are the barriers to creating or accessing deeply affordable housing locally?
- How can we increase housing opportunities for people with complex needs?
- What incentives, partnerships, or policy changes could engage landlords and developers?
- What models of housing (e.g., PSH, RRH, shared housing) are most scalable here?
- How can we align funding streams to expand and sustain housing interventions?

Participants

Becca Binder, Northern Michigan Supportive Housing - Co-Chair

Karl Fulmer, Traverse City Housing Commission - Co-Chair

Dan Buron, Goodwill Northern Michigan

Maxwell Cameron, Grand Traverse County

Shelly Charron, Housing North

Nora Dunlop, Goodwill Northern Michigan

Julie Ellalasingham, St. Vincent DePaul

Sarah Hughes, Northwest Michigan Community Action Agency

Seth Johnson, Cunningham-Limp

Claire Karner, East Bay Township

Paula Lapinski, Addiction Treatment Services

Tony Lentych, Michigan State Housing Development Authority

Craig Patterson, Woda Cooper Companies, Inc.

Juliette Schultz, Women's Resource Center

Jon Stimson, Homestretch

Shawn Winter, City of Traverse City



COLLABORATIVE MINDSETS



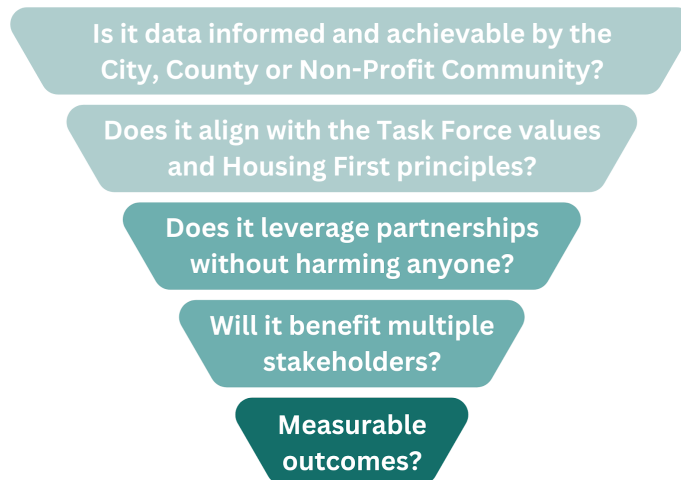
Early in the planning process, we adopted a model of “Collaborative Mindsets” to help shape our group discussions. We felt this was essential when bringing together the diverse backgrounds and perspectives that shape our housing and homelessness work.

Collaborative Mindsets created a safe, open space where ideas were put on the table and explored with curiosity and respect. Practices like paraphrasing helped ensure shared understanding, while attending to both self and others balances voices and perspectives.

Presuming positive intentions and providing data to inform the conversation fostered trust and constructive dialogue. By inviting thoughtful questions that illuminated implications and pausing to reflect before deciding, we created room for deeper insight and more deliberate collaboration.

Together, these habits supported inclusive, collaborative problem-solving, clearer reasoning, and stronger collective buy-in for decisions and next steps. As we worked across differences, we strengthened our ability to identify practical solutions that honored the needs of all community members and moved us toward meaningful, lasting impact.

RECOMMENDATION FUNNEL



There were almost too many great ideas that came out of the work group meetings, so we knew that we would need to screen them for feasibility and impact. This Recommendation Funnel proved very valuable in narrowing down nearly 45 recommendations to the eight found later in this document.

The Recommendation Funnel asks whether a proposed initiative is data-informed and achievable by the City, County, or a non-profit community, aligns with the Task Force values and Housing First principles, leverages partnerships without harming anyone, benefits multiple stakeholders, and delivers measurable outcomes. In essence, it ensures that a recommendation is practical, values-aligned, collaborative, inclusive of diverse beneficiaries, and trackable through clear metrics.

Decision making in this context relies on a structured, inclusive process that uses the recommendation funnel as a guiding framework. The funnel acted as a set of evaluative criteria to systematically filter ideas, ensuring our decisions were data-informed, values-aligned, collaboration-friendly, and outcome-driven. By applying the funnel at defined checkpoints, our stakeholders converged on clear recommendations, documented trade-offs, and built shared understanding before committing resources.

Once a recommendation passed through the funnel, work groups utilized a template to refine details, addressing: "What does this mean in practice?" "What is already in place?" "Where are the gaps?" "What steps would help implementation?" and "What would success look like?" This process ensured that the recommendations were clearly defined, actionable, and aligned with the Task Force's overarching goal: *preventing and ending homelessness in our community.*

ONE-ON-ONE INTERVIEWS, PUBLIC FEEDBACK AND LISTENING SESSIONS WITH PEOPLE EXPERIENCING HOMELESSNESS

In addition to the regular feedback we received from our 50+ task force members, we actively sought out the opinions and expertise of others. Task Force Coordinator Christie Minervini conducted nearly 20 one-on-one interviews with community members who generously shared their personal and professional perspectives on local housing and homelessness issues.

Once the draft recommendations were approved by the Advisory Council and the Leadership Team, the task force hosted two public feedback sessions. Public feedback was vital to developing this plan because it centers the voices of those affected, and builds legitimacy and trust across the community. It also helps identify overlooked barriers, validates emerging solutions, and uncovers unintended consequences before policies are implemented.

There was broad support for our priorities at both sessions, and an eagerness by many to further engage in advocacy around our goals. The primary concerns were for funding sustainability, plan implementation, coordination and management.

Involving people with lived experience of homelessness alongside the general public in developing the strategic direction was essential for grounding our work in reality. The task force hosted three listening sessions with guests who were currently utilizing the homeless response system. People who have directly faced homelessness bring nuanced insights into what strategies are actually feasible, what barriers persist, and which supports make a real difference on a day-to-day basis. Centering lived experience allowed us to identify concrete service gaps, barriers to access, and potential negative repercussions, such as stigma or geographic inequities.

When we combined the feedback of non-profit professionals, community leaders, those with lived experience, and the broader community—we benefited from diverse viewpoints, leading to more innovative, inclusive, and effective solutions that are better poised to reduce barriers to housing, support recovery, and ultimately end homelessness in the community.

Session Dates:

- July 17, 2025 at the Central United Methodist community breakfast (8:30 am)
- September 11, 2025 at the Jubilee House day shelter (10:30 am)
- October 29, 2025 at the Goodwill Inn overnight shelter (6:00 pm)
- January 21, 2026 at the Governmental Center (2:00 pm and 6:00 pm)

KEY FEEDBACK FROM INTERVIEWS AND SESSIONS

Housing access and affordability

- Clarify eligibility pathways: streamline income, rental history, and voucher processes; reduce friction in applying for housing subsidies and units.
- Stability-focused models: expand options that combine long-term affordable housing with wraparound supports (case management, energy assistance, wage supports) to prevent recurrences of homelessness.
- Data-informed targeting: use real-time data to identify geographic or demographic gaps (e.g., high-need neighborhoods, veterans, families with children) and prioritize units and resources accordingly.
- Affordability alignment: advocate for pricing that aligns with local income levels, cap rent at sustainable percentages of income, and ensure quick access to subsidies during transitions.
- Tenant protections: strengthen anti-eviction practices, front-end legal support, and mediation services to avoid housing loss due to legal or bureaucratic issues.
- Cultural and accessibility considerations: ensure units are culturally appropriate, accessible for people with disabilities, and support multilingual outreach and intake.

Shelter design, conditions, and safety

- 24/7 access with dignity: ensure around-the-clock availability, private spaces where feasible, and predictable routines that reduce stress.
- Safety and accountability: implement clear codes of conduct, transparent complaint processes, and independent oversight to address harassment, safety concerns, and misuse of authority.
- Privacy and autonomy: design spaces that respect privacy while enabling case management, with options for family housing, women-only or trauma-informed areas, and quiet zones.
- Integrated supports on-site: colocate case management, health screenings, and social services to minimize burdens of moving between locations.
- Hygiene, food, and basic needs: guarantee reliable access to clean facilities, nutritious meals, laundry, and storage, recognizing these as foundational stability drivers.
- Transition pathways: outline clear, humane transitions from shelter to permanent housing, including timelines, expectations, and support withdrawal plans.

Transportation, mobility, and housing proximity

- Proximity planning: prioritize sites near employment centers, schools, healthcare, and social services to reduce travel barriers and support stability.
- Transit reliability and funding: preserve essential routes (e.g., local loops), reduce wait times, and explore partnerships to subsidize or extend passes for guests.

- Mobility tools: provide accessible transportation options (bus passes, bike programs, ride-sharing vouchers) and safe, well-lit access routes to housing and services.
- Coordinated schedules: synchronize service pickups, shelter handoffs, and housing appointments to minimize missed connections.
- Community integration: support walking distances to groceries, pharmacies, and community centers to foster independence and social inclusion.

Integrated health, supports, and service connectivity

- On-site and linked health services: integrate mental health, addiction treatment, primary care, and preventive services with housing programs; ensure seamless referrals and follow-up.
- Harm reduction with scalability: expand harm-reduction options alongside access to evidence-based treatment, ensuring services meet varied stages of readiness.
- Care coordination: assign dedicated care coordinators to help residents navigate medical, behavioral health, and social service systems, including benefits and subsidies.
- Chronic condition management: provide proactive management for chronic illnesses, medications, and care continuity during housing transitions.
- Data sharing and privacy: develop consent-based data sharing among partners to improve service connectivity while protecting resident privacy.
- Telehealth and digital access: expand digital literacy and access to telehealth for those in housing programs, including devices and training.

Outreach, engagement, and service coordination

- Proactive housing-focused outreach: deploy outreach teams to identify reachable, unstably housed individuals, screen for housing options, and quickly link to units with supports.
- Cross-agency collaboration: establish formal coordination agreements among housing authorities, health systems, social services, shelters, and non-profits to reduce duplications and gaps.
- Rapid onboarding: streamline intake processes, expedite eligibility determinations, and provide immediate short-term housing while longer-term options are secured.
- Case management continuity: ensure consistent case managers across transitions (shelter to housing to community) to preserve trust and continuity of care.
- Preventing churn: implement early-warning indicators for risk of housing loss and intervene with timely supports (landlord mediation, financial assistance, legal aid).
- Resident leadership: involve people with lived experience in outreach design, intake review, and ongoing program evaluation to keep approaches grounded in reality.

Dignity, voice, and community inclusion

- Lived-experience governance: create guest advisory boards that influence policy decisions, program design, and evaluation metrics; ensure compensated participation.
- Equity and anti-stigma actions: implement public education campaigns and provider training to reduce blame, bias, and discriminatory practices.
- Partnerships for trust: strengthen collaborations with faith-based organizations, community groups, and culturally specific organizations to reach diverse populations.
- Transparent communication: publish progress reports, service maps, and decision rationales in accessible language; invite ongoing community feedback.
- Cultural humility and accessibility: ensure materials and meetings accommodate linguistic diversity, disabilities, and varying literacy levels; offer interpreters and accessible venues.
- Family and youth focus: tailor housing solutions to the needs of families and youth, including reunification supports, school stability, and age-appropriate services.



INCLUSIVITY AND TRANSPARENCY

While our meetings weren't always open to the public, the Task Force Leadership Team made an early decision to be as inclusive and transparent as possible with our communications.

- 5-page Task Force overview document for commissioners and partners
- 1-pagers for the individual work groups and Advisory Council
- Regular check-ins and presentations to the City and County Commissions
- Monthly Progress Reports
- Regular check-ins with work group co-chairs
- Press releases for the Task Force launch and important updates
- Listening sessions with people experiencing homelessness
- Public input sessions for sharing and feedback on the draft plan
- Task Force goals and structure, research and data, presentations, reports, resources, media coverage, draft recommendations, etc. included on the website: housingandhomelesnesstaskforce.org

The screenshot shows the website header for the Northwest Michigan Coalition to End Homelessness. The main content area features a photograph of a man presenting a slide titled "RECOMMENDATION FUNNEL". The slide lists five criteria for recommendations:

- Is it data informed and actionable by the City, County or Non-Profit Community?
- Does it align with the Task Force values and Housing First principles?
- Does it leverage partnerships without harming anyone?
- Will it benefit multiple stakeholders?
- Measurable outcomes?

To the right of the photo is a large heading "Housing and Homelessness Task Force" with the subtext "Ensuring a coordinated, sustainable approach to preventing and ending homelessness". Below this is a graphic of a house icon and a button labeled "Task Force Overview".

TASK FORCE RECOMMENDATIONS

SAFETY NET SERVICES

Goal: Strengthen support systems that prevent homelessness and assist those currently experiencing it. Focus areas include access to healthcare and mental health services, crisis intervention, diversion and prevention efforts, and essential resources.

Strategic Aim: Stabilize and Strengthen the Safety Net

Core objective: Ensure people at risk or experiencing homelessness for the first time can access coordinated, equitable and trauma-informed supports that prevent homelessness and reduce long-term episodes of homelessness

EMERGENCY SHELTER AND SERVICES

Goal: Improve crisis response systems to ensure immediate, safe and supportive shelter. Including enhancing emergency shelter, day services and housing navigation efforts.

Strategic Aim: Build a Strong and Responsive Emergency Shelter System

Core Objective: Ensure immediate access to safe, consistent, and supportive emergency shelter services that stabilize people experiencing homelessness and quickly connect them to housing.

HOUSING SOLUTIONS

Goal: Expand deeply affordable housing options for people exiting homelessness by securing funding, partnering with developers and landlords, and advancing supportive housing models like Permanent Supportive Housing, and other effective housing solutions.

Strategic Aim: Expand and sustain housing solutions that end homelessness

Core Objective: Increase access to deeply affordable and supportive housing by aligning funding, engaging developers and landlords, and expanding housing models that permanently resolve homelessness.

RECOMMENDATION #1

STRENGTHEN COORDINATED SYSTEM NAVIGATION AND OUTREACH TO REDUCE INFLOW AND RETURNS TO HOMELESSNESS.

What does this mean in practice?

- Equity-focused outreach and navigation
 - Ensure equitable community outreach across all areas; enhance homeless response system navigation with the Resilience (new name for Quick Response Team) and expanded Street Outreach coverage county-wide
 - Expand street outreach with additional workers to serve vulnerable people who are homeless or at risk, including those not qualifying for QRT
- Mobile health access and regional implementation
 - Increase access to mobile health and mental health services (Mobile Med, Crisis Center) and develop a scalable regional implementation model
- Service coordination and wrap-around supports
 - Improve navigation and inter-agency coordination within the homeless response system
 - Provide wrap-around services beyond city limits, expanding QRT to the county and ensuring warm handoffs to community partners
- Collaboration and partnerships
 - Strengthen Grand Traverse collaboration with extension beyond the county; build more connections with community and local development partners
- Quality, efficiency, and funding
 - Prioritize quality-driven care that is accessible to the most vulnerable
 - Improve cross-jurisdictional care quality; reduce hospital utilization through more efficient, comprehensive services
 - Advocate for increased state funding and prevent funding competition between agencies serving the same population
 - Not competing for funding between agencies serving the same population
- Scope and scope management
 - Expand current QRT program in city limits to provide wrap-around services for at-risk and experiencing homelessness, substance use, and mental health crises

What is already in place?

- Governance and network structure
 - The Quick Response Team (QRT) is a 60+ agency shared network coordinating wrap-around services; voluntary participation with a shared release of information
 - Agencies serve multiple counties; strong cross-agency coordination (Crisis Center, QRT, Street Outreach)
- Intake, triage, and service access
 - Intake information for basic needs and shelter
 - From nearly 500 QRT referrals in 2025, ~90% involve homelessness-related crises
 - Street Outreach: 5 workers focused on engaging homeless and at-risk individuals
- Outreach and service delivery
 - Street outreach for chronic homelessness; expansion and collaboration with Traverse Health and TC Street Medicine across multiple locations
- Care coordination and information sharing
 - Coordinated care across agencies; shared release of information for individuals using multiple services
 - Crisis Center acts as a hub for crisis contacts

Where are the gaps?

- Access, intake, and triage
 - Separate housing navigation from general population outreach; ensure clear pathways for at-risk individuals
 - Lower response times for phone-based inquiries and intake
 - Process and guidelines for handling positive homelessness screens at partner agencies
- Training, staff capacity, and funding
 - Better training for homeless response system staff
 - Funding for system navigation and housing navigators; training around coordinated entry; HMIS; expand training through organizations like Goodwill and NMCAA
 - Agency capacity to serve the at-risk and most vulnerable; capacity to scale with increased referrals

- Coordination, information sharing, and tools
 - One communication tool for interdisciplinary resources to link clients efficiently
 - Release of medical information across jurisdictions; common release form for non-QRT participants
 - Clear understanding of differences and roles between QRT and street outreach; define when each is applicable

- Program scope and eligibility
 - Crisis Center Living Room model has limitations; reassess scope and alternatives
 - Eligibility criteria for QRT; should avoid excluding people without co-occurring disorders; broaden access to meet diverse needs

- Community engagement and trust
 - Buy-in from the homeless community; trust-building efforts across programs

- Service capacity and funding streams
 - Sustained funding to support QRT, street outreach, and partner agencies to handle increased referrals and capacity needs

What steps would help implementation?

- Governance, coordination, and data
 - Identify groups needing coordination (shelters, access sites, Housing Lab, NMCAA call center, Diversion, etc.) and establish a single coordination hub
 - Integrate services across key partners (Munson Medical Center, Crisis Center, Addiction Treatment Services, Community Mental Health, Jail, etc.)
 - Universal shared records across systems; standardized data sharing and real-time updates
 - One coordinator (plus 2–3 staff) to oversee county-wide implementation; establish a regional operational model
 - Flowchart or process map for intake, referrals, and care transitions
 - Improve internal communications tooling (centralized staff messaging and collaboration tools)

- Access, intake, and triage
 - Live answers and increased staffing for better access and intake
 - Outreach for intake (set time and location) to capture underserved populations
 - Point-of-care engagement tool (risk assessment and navigation resource) to connect people earlier

- Service delivery and capacity

- Expand QRT model county-wide to cover eligible individuals and provide wrap-around services
- Add capacity: define GT County needs (e.g., 250–280 capacity in surrounding counties); two additional beds at Addiction Treatment Services for transitional stays
- Increase mobile capacity: extend mobile med coverage from 3.5 to 5 days/week; cover additional mobile crisis outreach and de-escalation that is not tied to police
- Cover costs for additional resources (e.g., ½ rig for mobile services)
- Discharge planning and prevention
 - Coordinate and prevent discharges to homelessness (especially jail or nighttime releases) by ensuring early linkage to housing and services
 - Coordinated releases for services across partner agencies
- Navigation, housing, and community resources
 - Funding and staffing for outreach with housing navigation services
 - One-stop navigation tools (e.g., FindHelp-style app) to assess homelessness risk and engage resources; navigation charts for pathways
 - Relationships with housing partners and ongoing collaboration with other regions implementing similar models
- Health, crisis, and de-escalation
 - Mobile crisis outreach and de-escalation team available across populations; align with ICSS transitions
 - Ensure access to healthcare and crisis services without police reliance where possible
- Evaluation and knowledge
 - Survey knowledge of systems and access methods to identify gaps and tailor outreach
 - Establish metrics and feedback loops to monitor implementation progress and outcomes

What would success look like?

- Access, intake, and wait times
 - Shorter wait times for interventions
 - Shelter bed availability transparency with daily updates
 - After-hours shelter entrance procedures and expanded shelter capacity and transportation
 - No-barrier warming hut or safe alternative for those who will not enter shelter

- Navigation, coordination, and system access
 - Resource coordinator role to improve service coordination
 - Universal access across providers to understand next steps (HMIS-enabled)
 - Clear protocol for partner agencies when someone screens positive for homelessness
 - Coordination of care for vulnerable people at risk or experiencing homelessness (including co-occurring disorders)
 - More connections to the homeless response system for faster engagement and diversion
 - One team of collaboration: city and county working together
 - Training all staff on policies to connect clients with navigators at every agency

- Housing and housing access
 - Everyone is talking about housing; prioritize housing as a central outcome
 - Faster completion of doc-ready housing applications; address new encampments quickly

- Data, measurement, and feedback
 - Survey people experiencing homelessness for ideas to improve access
 - Universal access to providers to understand the next steps (linked to data/HMIS)

- Service delivery and front-line supports
 - Sufficient frontline staff for the homeless response system
 - In-person field supports to respond directly in communities
 - Cross-system, trauma-informed training across agencies (implied by existing coordination efforts)

- Transportation and access to resources
 - All BATA bus fares free for people experiencing homelessness to improve access to housing resources, documents, and employment

RECOMMENDATION #2

INVEST IN TARGETED PREVENTION AND HOUSING STABILIZATION TO REDUCE FIRST-TIME HOMELESSNESS.

What does this mean in practice?

- Prevention and early detection
 - Upstream prevention and early detection of homelessness risk
 - Primary and secondary prevention to maintain housing stability
- Trauma-informed care and resilience
 - Integrate trauma-informed practices into behavioral health and resilience-focused approaches
 - Develop and implement a standardized trauma-informed screening tool and assessment
 - Trauma-informed training across agencies; focus on de-escalation and practical application
 - Trauma-informed care embedded in daily practice
- Housing access and support
 - Build hope in tangible ways to increase housing access
 - Support services that stabilize housing
- Interagency coordination and collaboration
 - Systematic agency coordination and cross-system collaboration
- Staff legitimacy and client trust
 - Staff demonstrate genuine care and concern; improve client perception of staff
- Conflict resolution and de-escalation
 - Better conflict resolution and de-escalation across all systems
- Utilities and crisis support
 - Utility support and crisis assistance as part of overall housing stability

What is already in place?

- Training and competency
 - Trauma-informed care training across agencies and the justice system

- Mental Health First Aid training through CMH
- Trauma-informed care embedded in ongoing agency practices
- Governance, auditing, and accountability
 - Audit to demonstrate adherence to stated commitments
 - Standardized records for case management
- Program structure and collaboration
 - Multiple agencies involved with broad client enrollment in QRT; Broad cross-agency collaboration beyond QRT
- Resource awareness and outreach
 - Educational posters, business cards, and NWCEH website educating about available community resources
 - Independent funding sources (MDHHS-SER, Father Fred, St. Vincent de Paul, ACTS)
- Screening and data collection
 - Hospital screenings include housing status questions
- Interagency connectivity
 - Community agencies are connected and willing to collaborate; existing QRT networks with potential for broader collaboration

Where are the gaps?

- Data, records, and information sharing
 - No shared records outside of QRT; need interoperable data system and centralized access
 - Knowledge gaps about existing resources among staff and clients
- Screening, risk identification, and care connection
 - Fragmented homelessness risk screening; unclear connections to care after positive screen
 - Need standardized screening tool and clear care navigation pathways
- Trauma-informed care
 - Inconsistent understanding of trauma-informed care across roles
 - Absence of a standardized trauma-informed assessment tool
 - Inconsistent trauma-informed training; no single adopted model
 - Need a coherent, organization-wide approach to trauma-informed practice
- Client-centered planning and resilience

- Limited client-centered goal setting in assessments and planning
- Policies may not consistently foster resilience
- Capacity and capacity-building
 - Insufficient capacity of referral-receiving agencies (e.g., mental health) to serve high-risk individuals
 - Insufficient coordination capacity across agencies
 - Basic-needs services inaccessible or limited
- Governance, accountability, and funding
 - Limited system-wide buy-in from stakeholders
 - Resource allocation inefficiencies and inter-agency competition/blame dynamics
 - Governance gaps: unclear accountability for trauma-informed implementation and shared practices

What steps would help implementation?

- Governance, coordination, and leadership
 - Establish a single clearinghouse (quarterback) to coordinate agency efforts; designate one agency or individual to oversee all navigation and coordination
 - Implement a shared database and one-record system; ensure data standards and real-time updates
 - Create a centralized algorithm/tool to identify those at risk of homelessness and to triage needs
 - Maintain shared funding streams with clear guidelines; align budget cycles across agencies
 - Create a 211 model to serve as the primary connectivity hub for referrals and information
- Housing, shelter, and diversion
 - Add two transitional beds at Addiction Treatment Services to cover short-term housing gaps between jail and treatment or other solutions
 - Expand diversion efforts (e.g., rent for first three months, assistance in obtaining a trailer/camper) and place diversion workers in community agencies for on-call support
 - Increase housing access capacity and align with Housing First principles across all service systems
 - Expand Quick Response Team (QRT) coverage and capacity beyond city limits to a broader region
 - Develop resources for housing-based case management beyond current programs
- Outreach, engagement, and access

- Hire two additional full-time street outreach workers to engage across GT County, focusing on non-chronic individuals
- Increase boots-on-the-ground presence to reach underserved populations and reduce barriers
- Ensure warm handoffs and seamless referrals between outreach, housing, health, and social services
- Health and trauma-informed care
 - Improve access to mobile health and mental health services (Mobile Med, Crisis Center) with a scalable regional implementation model
 - Integrate physical and mental health services; reduce fragmentation of behavioral health care
 - Expand comprehensive trauma-informed training across the entire homeless response system
- Data, assessment, and quality
 - Implement a program assessment tool to evaluate effectiveness and guide improvements
 - Move toward a unified data approach: one tool, shared database, and cross-agency analytics
 - Gather data to compare outcomes for general population vs. chronic homelessness and use findings to adjust strategies
- Discharge planning and continuity of care
 - Coordinate hospital and jail discharge processes; ensure follow-up care plans are in place during business hours
 - Prevent service gaps by ensuring continuous engagement and reconnection with the homeless response system after discharge
- Communications and accountability
 - Establish clear accountability mechanisms, timelines, and performance metrics across agencies
 - Promote ongoing collaboration to prevent agency disconnects and ensure consistent client experiences

What would success look like?

- Prevention and early identification
 - Use a prevention-based screening tool for community agencies to identify those at highest risk of homelessness
 - Funding to prevent loss of housing before homelessness occurs
- Unified language, tools, and measures

- Develop common language, common assessment tool (housing risk), and common measures/outcomes for both at-risk individuals and those currently experiencing homelessness
- Shared funding pool with clear guidelines for use across agencies
- Coordination, navigation, and data sharing
 - Each agency has a navigator contributing to a shared database; one coordinator oversees all navigators
 - 211 system functioning effectively; navigators connect at-risk populations with agency providers
 - All services operate through a trauma-informed lens, with agencies trained accordingly
- Housing access and permanence
 - Increased capacity for housing access and ongoing housing support
 - Medical, mental health, and housing advocates collaborating simultaneously
 - Improved housing options, community integration, and retention
- Health care integration and equity
 - Integration of physical and mental health services
 - Mental health care less fragmented; more unified behavioral health pathways
 - More equitable health access for the most vulnerable
 - Improved mental and physical health outcomes
- System-wide capacity and accountability
 - Establish standards of care across agencies with accountability
 - Capacity enhancement to meet growing needs
 - Multiple systems working together in a trauma-informed way
- Staffing, training, and on-the-ground presence
 - Increased education and training across the board
 - More boots on the ground to engage and assist individuals
 - Enhanced trauma-informed training for all staff and partners
- Client experience and resilience
 - Meaningful daily activities and opportunities for clients
 - Grief resources linked to trauma-informed care
 - Fostering resilience and providing intentional support

What would success look like?

- Prevention and early identification
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RECOMMENDATION #3

MAINTAIN YEAR-ROUND SHELTER OPERATIONS WHILE PLANNING FOR CONSOLIDATION WITH KEY PARTNERS (SAFE HARBOR, GOODWILL NORTHERN MICHIGAN AND THE COMMUNITY CARES COALITION) FOR 24/7, 365-DAY SHELTER WITH 165 BEDS. LIKELY, THE MOST FEASIBLE OPTION IS AT KEYSTONE ROAD; IF THIS PROVES UNWORKABLE, OTHER ALTERNATIVES INCLUDE A NEW LOCATION OR ADDING 30 BEDS AT SAFE HARBOR'S CURRENT FACILITY.

What does this mean in practice?

- Clear, shared plan
 - Defined roles and responsibilities for all shelter providers
 - Shared goals, timeline, and success criteria
- Feasible site and access
 - One (or prioritized) site plan selected to minimize barriers
 - Transportation, safety, and accessibility considerations integrated
- Unified service model
 - Coordinated emergency shelter and day services under a single operations framework
 - Standard operating procedures for intake, bed assignment, and service delivery
- Streamlined client flow
 - Joint scheduling, intake, and case management to reduce duplication
 - Unified client pathways with a single intake form and shared case notes (privacy compliant)
- Standardized services and referrals
 - Core services defined (case management, hygiene, meals, health supports)
 - Clear referral pathways to housing, health, and benefits
- Governance and coordination
 - Unified governance structure with decision rights and escalation paths
 - Regular, transparent communication and coordinated meetings
- Funding and budgeting
 - Joint operating budget and cost-sharing arrangements
 - Agreed funding sources and contingency funds

- Performance and accountability
 - Measurable indicators for occupancy, throughput, time-to-housing, and client satisfaction
 - Regular progress reviews and quality assurance processes
- Client experience
 - Streamlined navigation, reduced wait times, and clear service information
 - Focus on privacy, dignity, and respectful care
- Sustainability and risk management
 - Strong community partnerships and funding diversification
 - Contingency planning for surge demand, including backup sites and mobile services

What is already in place?

- Shelter capacity and availability
 - Current state: two existing shelters, with one operating 24/7
 - Bed target: agreement on 165 shelter beds needed
- Shelter locations and access
 - Agreement on the most feasible location for an emergency shelter
 - Identification of feasible site(s) that balance safety, access, and community impact
- Day services and operations
 - Maintain or optimize two existing day services sites
 - Ensure day services complement 24/7 shelter operations to support transition and housing stability
- Decision governance and next steps
 - Establish a feasibility assessment framework (safety, zoning, funding, partnerships)
 - Schedule inclusive stakeholder input to finalize location and operational plan
 - Develop a phased implementation plan with clear milestones and responsibilities

Where are the gaps?

- Capital funding gaps
 - Need for funds to consolidate shelters or construct a new shelter
 - Uncertainty around project financing and timing

- Operating cost funding gaps
 - Insufficient ongoing funding to sustain staffing, utilities, and programmatic services
 - Dependence on uncertain or grant-based revenue
- Inadequate transportation resources
 - Limited options to transport clients to shelter and to essential services
 - Gaps in accessible transportation for chronically homeless or disabled individuals
- Risk of dwindling volunteer support
 - Uncertainty about continued contributions from existing volunteers and supporters
 - Reliance on volunteer labor without sustainable pathways
- 24/7 operations gaps
 - Not all shelters able to operate 24/7 (e.g., Safe Harbor limitations)
 - Need for extended hours to meet demand and provide continuous coverage
- Jubilee House funding and feasibility
 - Jubilee House funding ending creates viability gaps
- Jubilee House location sustainability
 - Current location may be unsuitable; potential relocation challenges
- Zoning and regulatory barriers
 - Township zoning differences impede site development
 - Permitting delays and compliance requirements
- Lack of long-term shelter capacity plan
 - Unclear future bed counts, placement strategies, and phasing
- Alignment on site roles and relationships
 - Need clarity on how shelter sites fit into broader housing and social service system
- Gaps in coordination between shelters and service providers
 - Health, housing, and social services not fully integrated with shelter operations
- Stakeholder alignment and communication
 - Need for better cross-sector planning, event sequencing, and information sharing

- Compliance gaps
 - Ensuring safety, accessibility, and licensure standards across sites
- Environmental and community impact considerations
 - Addressing neighborhood concerns and mitigation plans
- Data and planning gaps
 - Lack of up-to-date data on bed availability and occupancy
- Project governance gaps
 - Unclear accountability for shelter consolidation or new build projects

What steps would help implementation?

- Funding and financial planning
 - City/county long-term operational funding support
 - Capital funding secured for a consolidated shelter development
 - Funding plan detailing ongoing costs and sustainability
- Leadership and governance
 - Leadership team support for identifying and endorsing the most feasible shelter options
 - Clear decision-making authority on preferred location and provider
- Site selection and service mix
 - Determined location for consolidated shelter
 - Identified provider for day services and integration with shelter operations
- Implementation readiness
 - Timeline and milestones aligned with funding approvals
 - Risk assessment and mitigation planning for the consolidation effort

What would success look like?

- Capacity and hours
 - Year-round shelter beds sufficient to meet current demand
 - 24/7 shelter operations across suitable sites
- Day services and drop-in
 - Day services and drop-in centers provided to meet the needs of the unhoused community
 - Integration of day services with overnight shelters to streamline access and

transitions

- Access and coordination
 - Ensure seamless access between shelter, day services, and linkages to housing and health resources
 - Align staffing and funding to maintain continuous, reliable capacity
- Planning and oversight
 - Monitor occupancy, flow, and demand to adjust bed counts and hours as needed
 - Establish governance for sustaining 24/7 operations and day services long-term
- Efficiencies and cost savings
 - Identify overlapping services to consolidate roles and reduce duplication
 - Implement shared procurement, staffing models, and data systems to lower operating costs
 - Leverage economies of scale in maintenance, utilities, and program supports

RECOMMENDATION #4

CREATE A SUSTAINABLE BUDGET AND FUNDING PLAN FOR EMERGENCY AND DAY SHELTER SERVICES.

What does this mean in practice?

- Funding strategy
 - Develop a coordinated, system-wide budget for shelter operations
- Funding sources and diversification
 - Blend federal, state, philanthropic, and local government funding for long-term stability
- Budget components
 - Include staffing, training, facility operations, and supportive services in the budget
- Sustainability and oversight
 - Establish cross-agency budgeting governance and regular financial reviews to ensure alignment with outcomes

What is already in place?

- Budget transparency and disclosure
 - Budgets disclosed to Task Force staff for Jubilee House, Safe Harbor, Goodwill Inn, and Central United Methodist
 - Ongoing visibility of shelter financials to key stakeholders
- Fundraising and revenue
 - Independent fundraising operations continue for all shelters
 - Diversified fundraising strategies across sites to reduce reliance on a single source
- Governance and leadership collaboration
 - Cooperation among leadership of day and night shelters
 - Joint planning and coordination across shelters to maximize impact

Where are the gaps?

- Funding stability and structure

- Reliance on time-limited city and county funding
- Budgets are not unified across shelters; lack of a coordinated fiscal framework
- Overall underfunded relative to needs and demand
- Revenue mix and sustainability
 - Heavy reliance on private donors and volunteer labor
 - Limited diversification of funding streams to ensure long-term resilience
- Governance and planning
 - Fragmented budgeting processes across shelters
 - Need for centralized financial governance to align priorities and maximize impact
- Risk and contingency
 - Vulnerability to funding shocks due to reliance on short-term sources
 - Insufficient reserves or contingency planning

What steps would help implementation?

- Funding assessment and mapping
 - Map current funding sources across providers
 - Identify funding gaps and associated system needs
- Shared budget and costing
 - Develop a shared budget reflecting true system-wide costs (staffing, operations, facilities, services)
 - Align budgets across shelters to enable coordinated planning
- Long-term funding strategy
 - Create a 3–5 year funding strategy for local government and external funders
 - Include scenarios, risk assessments, and contingency plans
- Diversification and resiliency
 - Identify opportunities to diversify funding streams (grants, philanthropy, public-private partnerships)
 - Establish reserves and financial buffers for sustainability
- Governance and accountability

Define governance structures for joint budgeting and oversight

 - Implement regular financial reviews and performance-linked funding
- Communications and outreach
 - Develop clear messaging for funders on system costs and outcomes

- Prepare dashboards and reports to demonstrate impact and need

What would success look like?

- Funding and sustainability
 - Fully fund year-round emergency and day shelter/drop-in operations
 - Reduce reliance on crisis fundraising and one-time grants
 - Ensure stable budgets to support staffing, operations, and services
- Workforce and compensation
 - Provide fair wages and benefits for shelter staff
 - Invest in training and professional development to retain quality staff
- Capacity and service expansion
 - Expand shelter capacity and range of services to meet community needs
 - Align capacity planning with demand data and housing pathways
- Governance and accountability
 - Establish ongoing budget monitoring and performance reviews to ensure sustained operations
- Efficiency and cost management
 - Identify efficiencies in operations (shared services, bulk purchasing) to support year-round funding

RECOMMENDATION #5

DEVELOP AND ADOPT CONSISTENT SERVICE STANDARDS ACROSS ALL EMERGENCY AND DAY SHELTERS TO ENSURE HIGH-QUALITY, TRAUMA-INFORMED, EQUITABLE, AND HOUSING-FOCUSED SERVICE DELIVERY.

What does this mean in practice?

- Standards and definitions
 - All shelters adopt a common definition of “shelter” to guide practices
 - Baseline criteria and performance standards required for access to city/county funding
- Data, reporting, and systems
 - Shelters adhere to uniform reporting standards via Coalition to End Homelessness
 - All shelters use HMIS and Coordinated Entry consistently
- Quality, accountability, and improvement
 - Shelters participate in quarterly guest listening sessions to inform quality improvement
 - Each shelter receives ongoing technical assistance and consultant-led assessments
- Trauma-informed operations
 - Staff complete annual trauma-informed care training
 - Guests are welcomed with dignity and presumption of good intent, balanced with safety
 - Incidents addressed with trauma-informed interventions
- Service standards and best practices
 - Shelters operate from a common set of service standards created by local providers and aligned with best practices

What is already in place?

- Data and systems in place
 - Shared definition of emergency shelter
 - HMIS adoption advancing toward full use at both shelters

- Coordinated Entry participation underway at both shelters
- Diversion and intake practices
 - Diversion practices currently implemented at both shelters
- Coordination and governance
 - Joint alignment on data sharing and entry processes between shelters
 - Ongoing collaboration to standardize practices across sites
- Consolidation planning
 - Representatives from Safe Harbor, Goodwill Northern Michigan, the Community Cares Coalition, and the Northwest Michigan Coalition to End Homelessness are meeting with OrgCode consultants to complete a feasibility plan for consolidation

Where are the gaps?

- Standards, policies, and governance
 - No Coalition-level policies governing operational standards
 - Different guest entry, exit, and ban policies across shelters
 - No unified, cross-provider service standards
- Funding and capacity
 - Limited and inconsistent funding
 - Inadequate number of shelter beds
 - Limited staff training and capacity to implement standards
- Coordination and information sharing
 - No shared waiting/referral list across shelters
- Implementation readiness
 - Need for centralized framework, oversight, and phased rollout to harmonize practices across providers

What steps would help implementation?

- Funding and finance
 - Secure consistent and adequate funding for shelter operations
 - Tie funding to adherence with service standards and performance metrics
- Standards and governance
 - Adopt system-wide service standards through the Coalition
 - Ensure flexibility to adapt standards as needs evolve

- Coordination and access
 - Develop one unified waiting/ referral list for all shelters
 - Align processes across shelters to streamline entry, triage, and placement

What would success look like?

- Coordination and access
 - One coordinated waiting/referral list used across all shelters
 - Ensure consistent intake pathways and triage across sites
- Capacity and access
 - Sufficient shelter beds to meet community demand
 - Align capacity planning with real-time demand data
- Guest experience and equity
 - Consistent, trauma-informed, and equitable guest experience regardless of shelter
 - Standardized guest rights, safety, and service expectations
- Workforce and culture
 - Staff training, fair wages, and clear, standardized policies across shelters
 - Supportive supervision and opportunities for professional development
- Governance and accountability
 - Clear accountability for quality and outcomes across the entire system
 - Regular performance reviews and public reporting of metrics

RECOMMENDATION #6

ALIGN LOCAL FINANCING TOOLS AND DEVELOPMENT INCENTIVES TO INCREASE THE PRODUCTION OF DEEPLY AFFORDABLE HOUSING, INCLUDING THE USE OF INNOVATIVE FINANCING MECHANISMS AND HOMELESSNESS-INFORMED DEVELOPER INCENTIVES DURING PROJECT PLANNING.

What does this mean in practice?

- Explore financing mechanisms such as variable Payments In Lieu of Taxes (PILOTs) tied to Average Median Income (AMI), Brownfield Housing TIF, affordable housing millage, etc.
- Financing tools and allocation
 - Use Housing TIF funds for deeply affordable housing ($\leq 50\%$ AMI)
 - 0-3% PILOTs aligned to target AMI levels
 - Explore Grand Traverse County Housing millage to create a Housing and Homelessness fund
 - Consider Progressive Real Estate Transfer Tax for high-value properties (requires state action)
 - No-cost review processes to reduce barriers
- Adopt an incentives toolkit and developer checklists that consider homelessness and encourage deeply affordable housing during the planning stages.
- Housing mix and project design
 - Mix General Occupancy (GO) and Permanent Supportive Housing (PSH) in developments
 - Embrace Housing First in project design and implementation
- Land and property utilization
 - Make vacant/underutilized city/county land available for deeply affordable housing (land gifts or favorable terms)
 - Build up the Land Bank to accelerate site acquisition and development
- Development capacity and partnerships
 - Encourage more homeowner developers to include ADUs and expand to duplexes/quadplexes
 - Promote State MEDC workshops to build local capacity and knowledge

- Policy and advocacy
 - Promote a favorable policy environment to attract diverse funding and implement land-use tools
 - Engage state partners to enable regulatory changes (e.g., transfer tax)
- Access and review
 - Streamline non-financial barriers (e.g., remove review fees) to accelerate approvals

What is already in place?

- Planning tools and zoning
 - Housing North zoning atlas (reference and alignment across townships)
 - ADU discussions at City level focusing on owner-occupied requirements
 - By-right development opportunities; City Master Plan zoning reforms for affordable housing
 - East Bay Township updated zoning aligned with Housing North best practices
 - Neighborhood Enterprise Zones: potential city enactment to address housing
 -
- Financing tools and incentives
 - PILOT developments: 2023 legislation allows local PILOT control even without tax credits
 - PILOT ordinance template for the City
 - Housing TIF: needs vote in the City
 - Brownfield TIF currently utilized in Garfield and East Bay Townships
 - Michigan Housing Accelerator Fund
 - County PACE financing tool
 - Community Development Block Grant monies
- Legislative and policy actions
 - AHFA (Attainable Housing Facilities Act) and RHFA (Residential Housing Facilities Act): City ordinances not yet enacted
 - AHFA/RHFA adoption potential to enable housing facilities
- Leadership and governance
 - Garfield Township leading regional affordable housing efforts
 - Coordination between City, County, and townships to implement best practices

Where are the gaps?

- Financing and capital
 - Gap funding needed for development capital stacks; high upfront costs
 - Not clear how to stack PILOT and TIF on the same project; policies conflict

- High land, labor, and material costs; cost pressures on developers
- Market and affordability
 - Affordable rental units approaching market rates; limited affordability gap
 - MSHDA limits by number of bedrooms affecting project feasibility
- Land use and development
 - Not enough infill development in the City
 - Township fees are the same for single-family homes and apartments; inefficient cost structure
 - Community land trust perceived as inadequate
- Tax and policy burden
 - Developers and homeowners overwhelmed by taxes
- Policy clarity and standards
 - Not enough clarity on policy/standards adoption; unclear process
- Capacity and workforce
 - Worker shortage; labor development and housing accommodations for workers
- Education and outreach
 - Education needed to build support and understanding among public and policymakers
- Governance and coordination
 - Need clearer pathways to align PILOT, TIF, and funding with housing goals

What steps would help implementation?

- Attach AMI requirements to PILOTs; define AMI thresholds (e.g., 30%, 50%, 80%) tied to pilot eligibility; tie PILOT terms to affordability metrics and annual reporting
- Implementation
 - Align Housing North atlas for cohesive regional planning
 - Identify priority parcels and implement sequential pilots to test tools (ADUs, by-right, PILOTs)

What would success look like?

- Process design and incentives
 - Transparent, expedited permitting and development processes

- Incentives targeted at deeply affordable housing (0-50% AMI)
- Regional coordination and governance
 - Regional consistency across City, County, Townships, and Villages
 - More proactive county leadership and county-wide alignment
- Access, navigation, and information
 - Easy access to services; streamlined navigation of information and resources
- Land use and asset utilization
 - Limited remaining public land used intentionally for deeply affordable housing (e.g., sale at \$1)
- Planning goals and social outcomes
 - Clear articulation of goals: economically diverse community as a priority
 -
- Stakeholder engagement and political will
 - Strong political will from local governments to support housing initiatives
 -
- Developer guidance and tools
 - Developers receive clear guidelines and understanding of available tools
 -
- Housing targets and capacity
 - 2,300 additional units for households >50% AMI
 - Ensure programs focus on addressing deeply affordable housing without dilution
 -
- Focus and prioritization
 - Ensure programs remain focused on housing issues rather than broad, multi-faceted reforms

RECOMMENDATION #7

STABILIZE AND EXPAND PERMANENT SUPPORTIVE HOUSING BY SUSTAINING EXISTING HUD-FUNDED PSH, DEVELOPING NEW DEEPLY AFFORDABLE UNITS, AND INVESTING IN INTEGRATED CARE SUPPORTS.

What does this mean in practice?

- Permanent Supportive Housing funding and stabilization
 - Sustain HUD-funded PSH for 1 year while a long-term plan is developed
 - Establish emergency continuity funding (city/ county funds, marijuana tax, opioid settlement) to offset potential HUD reductions
 - Create a multi-year PSH sustainability plan with diversified funding streams (local, philanthropic, healthcare partnerships)
- Housing supply and development
 - Expand deeply affordable housing availability and increase PSH unit capacity
 - Develop plans to increase and sustain PSH units to meet targets
 - Align city/township land-use policies to support PSH development
- Integrated care and service delivery
 - Implement Integrated Care Team (ICT) / Assertive Community Treatment (ACT) for PSH residents
 - Embed behavioral health, Substance Use Disorder (SUD) treatment, nursing/medical care, and tenancy support in a unified team
 - Maintain high-acuity supports during funding disruptions; continue integrated care model
- Funding and resource management
 - Use local funding to fill development/service gaps for project completion
 - Create clear resource allocation structures and accountable roles
 - Ensure sustainability of ICT staffing with system-wide funding alignment
- Housing management and tenancy support
 - Housing-based case managers focused on tenancy, stability, and referrals (not clinical functions)
- Partnerships and advocacy
 - Deepen partnerships with medical systems, hospitals, clinics, and Community Mental Health (CMH) leadership

- Coordinate advocacy with local government, providers, and state partners to protect PSH resources during transitions
- Planning, data, and governance
 - Develop cost-per-household analyses and efficiency/shared services opportunities
 - Establish staffing qualifications and long-term funding expectations for ICT/ACT
 - Set up performance metrics and regular reporting on PSH outcomes

What is already in place?

- Integrated Care Team/Assertive Community Treatment staffing and qualifications
 - Local providers with qualifications for ICT/ACT-level services
 - Seasoned service providers ready to implement PSH
 - Housing-based case managers focusing on tenancy and stability
- Local care collaboration and funding
 - Multi-partner care models using existing resources (e.g., Dann's House) with no major new funding
 - Established Housing First fidelity across projects (NWCEH)
- Funding sources and allocations
 - HUD-funded PSH with 2024 local government supplements
 - Community Development Block Grants (CDBG)
 - Payment in Lieu of Taxes (PILOT)
 - Brownfield TIF
 - Marijuana tax revenue and Opioid Settlement monies
 - American Rescue Plan Act (ARPA) and related local investments (GT County, City of TC)
- Partnerships and governance
 - Strong relationships with Michigan Balance of State Continuum of Care (CoC); experience in coordinated funding
 - Housing Solutions Task Force: 178-unit PSH goal for end of 2028
- Program models and replication
 - Local examples of multi-partner care without major new funding
 - Models from other communities that can be replicated
 - Housing First fidelity maintained across all PSH projects (NWCEH)
- Planning, capacity, and outcomes
 - Existing PSH programs sustaining through 2024 funding
 - Fidelity to Housing First and PSH standards across projects

- Ready-to-scale models aligned with city/county investments and outcomes

Where are the gaps?

- Funding and sustainability
 - Contingency funding gaps: no reserves to sustain PSH if HUD cuts occur
 - Limited local emergency/short-term stabilization funding mechanisms
 - No unified long-term PSH sustainability plan beyond HUD resources
 - Not enough funding for essential support services
 - Not enough voucher funding; TIF not designed to reach 0-50% AMI populations
- Financing and development risk
 - Brownfield Housing TIF barriers: required public vote and implementation policy impedes use
 - Capital stack funding gaps; high development costs (lumber, land, labor)
 - Unpredictability in development timelines and feasibility
 - High risk for developers with 100% PSH; limited private-sector interest
 - Financial institutions/equity providers rarely work with PSH and 0-50% AMI
- Capacity and workforce
 - CMH capacity constraints and prioritization issues; structural constraints
 - Insufficient ICT/ACT-level funding and staffing
 - Provider shortages and limited clinical workforce willing to work in-home
- Housing supply and policy
 - Not enough units to meet deeply affordable demand; impact on PSH
 - No formal city/county policy to commit to PSH expansion
 - Poor landlord protections; tenancy risk without robust protections
- Partnerships and ecosystem
 - Not enough partnerships for extensive in-housing service support
 - Community perception that services already exist; demand/risk not clearly recognized
- Governance and oversight
 - Lack of unified sustainability plan and coordinated policy direction

What steps would help implementation?

- Advocacy and policy
 - Local and state advocacy to secure funding and supportive policies
 - Pursue matching funds and flexibility for supportive services from

state/philanthropy

- Financing, funding, and sustainability
 - Pass a Grand Traverse County millage to support deeply affordable housing
 - Develop a blended funding plan (local, state, federal) for PSH
 - Launch a joint city/county PSH fund; designate one-year stabilization funding for HUD shortfalls
 - Explore gap financing policy changes; ability to leverage future TIF income for lending
 - Maximize impact of existing funding (CDBG, marijuana tax, opioid settlement) for bridge funds
 - Consider a PSH Service Provider Consortium to share admin costs and align with CoC limits
- Zoning, land use, and development policy
 - Zoning changes and predictable building standards/processes for developers
 - Identify parcels for development via land bank
 - Protect existing assets while enabling new development tools
- Governance, coordination, and oversight
 - Finalize PSH unit goals and timelines
 - Convene PSH providers to develop sustainability and transition plans (operations, staffing, funding diversification)
- Health, services, and partnerships
 - Align supportive services funding and provision (CMH, Medicaid when able, Traverse Health Clinic)
 - Engage CMH leadership to explore funding carve-outs or priority initiatives
 - Secure commitments from health systems to co-develop and support integrated teams
- Implementation planning
 - Present a clear current state vs. future state case for investment to city/county leaders
 - Establish a coordinated roadmap with milestones, owners, and metrics

What would success look like?

- Funding and sustainability
 - No households in PSH lose housing due to HUD funding reductions
 - One-year stabilization period for providers to sustain PSH operations
 - Clear, community-endorsed sustainability plan for PSH funding within 12 months

- Local funding commitments institutionalized (annual city/county allocations)
- City and County formal commitments to fund/support PSH annually
- Predictable outcomes for municipalities and developers
- Housing capacity and distribution
 - Expand housing availability; reach 178 additional PSH units in three years
 - PSH units geographically distributed and integrated into the community
 - Functional zero reached for chronic homelessness
- Health and resilience outcomes
 - Higher housing retention and stability in PSH
 - Residents experience improved behavioral and physical health
 - Increased housing stability and service connection rates for PSH tenants
 - More people progress out of PSH due to improved wellness and independence
 - Better alignment between housing and healthcare sectors, reducing crisis service utilization
- Workforce and operations
 - Housing-based case managers experience less burnout and turnover
- Collaboration and stakeholder engagement
 - Good relationships among developers, landlords, and service providers
 - PSH for the most vulnerable with reliable and stable services
 - Build community support for a comprehensive PSH program including political support, funding mechanisms, support services, landlord recruitment/retention, and incentives for developers
- Geography and integration
 - PSH units geographically distributed and integrated into the community
- Monitoring and accountability
 - Establish measurable milestones and quarterly reporting on PSH outcomes

RECOMMENDATION #8

ADVANCE ZONING AND LAND USE POLICIES THAT ALLOW FOR INCREASED DENSITY AND FLEXIBILITY TO SUPPORT DEEPLY AFFORDABLE HOUSING DEVELOPMENT.

What does this mean in practice?

- Planning and governance
 - Establish County Task Force for Low-Income Housing (involving renters, service providers, landlords, developers, school districts, public health)
 - Develop comprehensive county-wide by-right standards for affordable housing
- Data, mapping, and transparency
 - Research baseline data: affordable units, rents, vacancy rates, at-risk stock; map geographic distribution
 - Develop a public dashboard with quarterly community updates
 - Evaluate PILOTs with independent review; report municipality impacts and tipping points
- Financing and incentives
 - Create County Affordability Fund; identify initial local, state, federal funding sources
 - Align financing: streamline MSHDA/MEDC coordination; county predevelopment support; establish a clear, transparent application process
- Preservation, development, and pilots
 - Launch preservation pilots: grants for rehabilitation of existing affordable units; registry to monitor at-risk properties
 - Implement by-right affordable housing pathways where feasible; pilot a select number of units with strong affordability covenants and monitoring
 - Roll out enhanced tenant protections: Fair Housing Act protections, just-cause eviction, relocation assistance, tenant rights
- Oversight, evaluation, and governance
 - Set up independent evaluation of incentives and protections; adjust based on outcomes
 - Create monitoring mechanisms for affordability, occupancy, and impact on communities

- Implementation milestones
 - Phased rollout with clear milestones for Task Force formation, data dashboards, funding commitments, pilots, and policy deployments

What is already in place?

- Planning approaches and geography
 - Move toward by-right housing in older residential districts (duplexes/triplexes) as part of long-range plans
 - Density near services and transit-oriented development (TOD) where bus routes intersect growth areas
 - Traverse City planning emphasizes walkability, infill, and housing near infrastructure and environmental considerations
 - Townships balancing rural character with housing diversification; density expansion is parcel-specific or development-specific
- County-wide standards and implementation
 - Aiming for comprehensive county-wide missing-middle by-right standards (not yet fully in place)
 - ADU changes implemented or considered in the Traverse City area (attached/detached ADUs with streamlined requirements)
 - Some townships have smoother permitting pathways to encourage housing production
- Pilot programs and incentives
 - PILOTs or amendments exist in Traverse City; Garfield and East Bay Townships currently more active in housing incentives than the City
- Collaboration and data gathering
 - Ongoing collaborations among Traverse City, the county, and surrounding townships through planning efforts and regional housing discussions
 - Housing North is collecting housing and permitting data
- Data to inform decisions
 - Collecting data on density, permitting timelines, and adoption rates across jurisdictions to guide decisions
- Implementation considerations
 - Align incentives, permitting processes, and zoning to support county-wide housing diversification

Where are the gaps?

- Zoning policy and regulatory tools
 - Limited zoning tools; height restrictions and city-specific TIF vote requirements
 - Fear-based or restrictive regulations that hinder housing development
- Policy making approach and risk management
 - Policy makers trying to solve every problem rather than focusing on priority gaps
 - Limited protections against displacement and unintended turnover of affordable units
- Affordability and housing supply
 - Insufficient mechanisms to ensure new and preserved units serve households at $\leq 80\%$ AMI; uneven neighborhood distribution
 - Risk of affordability loss due to turnover, redevelopment, or rent escalation; weak protections for at-risk stock
- Financing and implementation
 - Limited county-wide affordability funding; slow access to gap financing
 - Unclear coordination with MSHDA/MEDC programs
- Data, metrics, and accountability
 - Poor data and metrics for low-income housing; limited monitoring of outcomes and equity
- Utilities and equity implications
 - Policy and regulatory changes (e.g., electrification) may impose cost burdens on the most vulnerable if not carefully mitigated
- Coordination and planning
 - Need for better cross-jurisdiction coordination to align zoning, funding, and preservation strategies

What steps would help implementation?

- Zoning and land use tools
 - Allow low-income housing by-right in core neighborhoods; upzone near transit and services
 - Expand ADUs; explore density bonuses and incentives; leverage mobility-oriented housing
 - Enact parking reforms; streamline permitting; remove navigation barriers
- Financing, incentives, and value capture

- Create density bonuses and incentives; use TIF locally for predevelopment, infrastructure, or site assembly
- Leverage MSHDA and MEDC gap financing and incentives
- Explore conceptually appropriate value-capture approaches with community safeguards
- Utilities, costs, and affordability
 - Reduce utility costs (electrification and efficiency measures)
 - Incentivize low-income housing; ensure utilities and operating costs are affordable
- Process simplification and access
 - Simplify entitlement processes; establish clear, non-subjective standards for low-income housing
 - Remove barriers for easier navigation; streamline permitting
- Housing preservation and displacement protections
 - Include anti-displacement provisions: tenant protections, relocation assistance, right-to-return, preservation funding
- Governance and oversight
 - Establish County Housing Advisory Committee (renters, landlords, businesses, schools, service providers)
 - Pilot programs with phased rollout and outcome reporting
- Intergovernmental coordination
 - Coordinate across townships and state level; address non-PRE taxes affecting long-term housing
- Community engagement and equity
 - Require robust community input and safeguards for value-capture and zoning changes

What would success look like?

- Development quality and diversity
 - Higher quality housing with greater diversity of developers
 - Value-engineering to maximize quality and cost-efficiency
- Deeply affordable housing acceleration
 - Accelerate low-income housing via county-driven affordability toolbox (funding, covenants, inclusionary design)
 - County Housing Advisory/Steering structure to coordinate Traverse City and all

townships

- Governance and coordination
 - Intergovernmental coordination across jurisdictions
 - Regular data, monitoring, and accountability to inform decisions
- Workforce and capacity
 - Workforce training and recruitment for skilled trades
- Housing supply and affordability
 - Increased supply of naturally affordable and income-targeted housing
 - Ensure housing growth is well-planned, context-sensitive, and preserves neighborhood character
- Infrastructure alignment and community impact
 - Align infrastructure, services, and schools with growth to maintain quality of life
 - Tenant protections and displacement prevention
- Oversight and accountability
 - Ongoing data collection, performance metrics, and transparent reporting

PROJECTED BUDGET FOR RECOMMENDATIONS

Recommendation	Budget	Potential Funding Source/s
<p>#1: Strengthen coordinated system navigation and outreach to reduce inflow and returns to homelessness</p>	<p>4 FTE Housing Navigators</p> <p>\$280,000/yr</p>	<ul style="list-style-type: none"> - Reallocated HUD CoC Funding - Marijuana Tax
<p>#2: Invest in targeted prevention and housing stabilization to reduce first-time homelessness</p>	<p>2 FTE Diversion Staff</p> <p>\$140,000/yr</p>	<ul style="list-style-type: none"> - Reallocated HUD CoC Funding - Marijuana Tax
<p>#3: Maintain year-round shelter operations while planning for consolidation with key partners (Safe Harbor, Goodwill Northern Michigan and the Community Cares Coalition) for 24/7, 365-day shelter with 165 beds. Likely, the most feasible option is at Keystone Rd.; if this proves unworkable, other alternatives include a new location or adding 30 beds at Safe Harbor’s current facility</p>	<p>Total capital cost and operating budget to be determined with OrgCode Consulting.</p> <p>*Estimated Cost of Consolidated Shelter operations: \$3M/yr</p> <p>*Inclusive of daytime drop-in services located at the consolidated shelter</p>	<ul style="list-style-type: none"> - General funds of County and City - Marijuana Tax - Opioid Settlement - CDBG - State funding - Township funds - County millage for emergency shelter - Community Cares Coalition; Private donations
<p>#4: Create a sustainable budget and funding plan for emergency and day shelter services</p>	<p>This is included in the contract with OrgCode Consulting and is being paid for with existing Coalition funding</p>	<p>Existing Coalition funding</p>
<p>#5: Develop and adopt consistent service standards across all emergency and day shelters to ensure high-quality, trauma-informed, equitable, and housing-focused service delivery</p>	<p>This is included in the contract with OrgCode Consulting and is being paid for with existing Coalition funding</p>	<p>Existing Coalition funding</p>

<p>#6: Align local financing tools and development incentives to increase the production of deeply affordable housing, including the use of innovative financing mechanisms and homelessness-informed developer incentives during project planning</p>	<p>2.5M/yr</p>	<ul style="list-style-type: none"> - County millage for deeply affordable housing - Existing government programs and nonprofit funding opportunities
<p>#7: Stabilize and expand Permanent Supportive Housing by sustaining existing HUD-funded PSH, developing new deeply affordable units, and investing in integrated care supports</p>	<p>HUD Funded PSH Stabilization: PSH projects could be at risk starting in 2028 due to COC merger with MIBOSCOC.</p> <p>Integrated Care Team: <i>*this could change depending on level of partnership and potential billing of services through Medicaid</i></p> <ul style="list-style-type: none"> - (.5 FTE) Psychiatric Prescriber (NP/PA): \$100,000 - (2 FTE) Mental Health Counselor: \$160,000 - (2 FTE) Substance Use Disorder Counselor: \$140,000 - (2 FTE) Peer Support Specialists: \$80,000 - Care Coordinator: \$60,000 - (2 FTE) Housing Based Case Managers: \$140,000 <p>Estimated Total: \$1M/yr</p>	<ul style="list-style-type: none"> - County millage for Integrated Care Team - Medicaid billing through partnership with Traverse Health Clinic), ATS, CMH (future), Munson Healthcare

<p>#8: Advance zoning and land use policies that allow for increased density and flexibility to support deeply affordable housing development</p>	<p>Paid through existing government funded positions</p>	<ul style="list-style-type: none">- Create County Affordability Fund; identify initial local, state, federal funding sources- Align financing: streamline MSHDA/MEDC coordination
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CONCLUSION

This strategic vision is grounded in a clear and shared understanding: if we are serious about ending homelessness, we must focus on what works. And what we know works is housing.

Throughout this process, our community has moved closer to that understanding. We are more aligned than we have ever been—across providers, local government, philanthropy, and community members—and around the need for a coordinated, housing-focused response. The foundation is in place. The partnerships are strong. And the path forward is clear.

At the same time, we must be honest about what it will take to move from vision to reality.

This plan is achievable, but it will require meaningful, sustained investment and intentional alignment of resources. Ending homelessness is not a question of whether we know what to do, it is a question of whether we are willing to invest in the solutions at the scale required. That includes continuing to strengthen our shelter system while making significant progress in expanding housing opportunities and the supports that help people remain stably housed.

The opportunity in front of us is real. We have the data, the expertise, and the community will to create a system where homelessness is rare, brief, and one-time. What is needed now is continued commitment from all of us to move this work forward together.

The path is clear. It is now up to us to align our resources with what we know works.

APPENDIX

Grand Traverse County 2022 Snapshot

Population: 96,464

Number of Households: 39,581

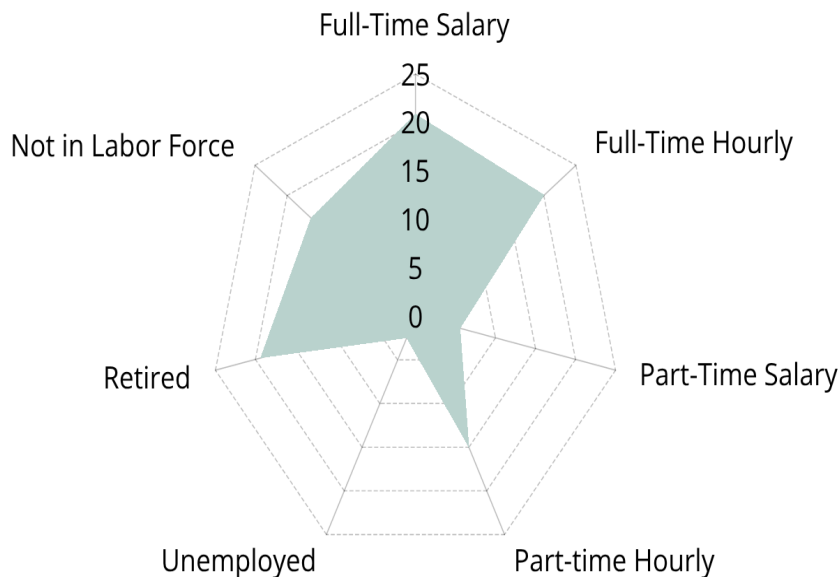
Median Household Income: \$74,344 (state average: \$66,986)

Labor Force Participation Rate: 64% (state average: 62%)

ALICE Households: 19% (state average 28%)

Households in Poverty: 12% (state average 13%)

2022 Grand Traverse County Employment



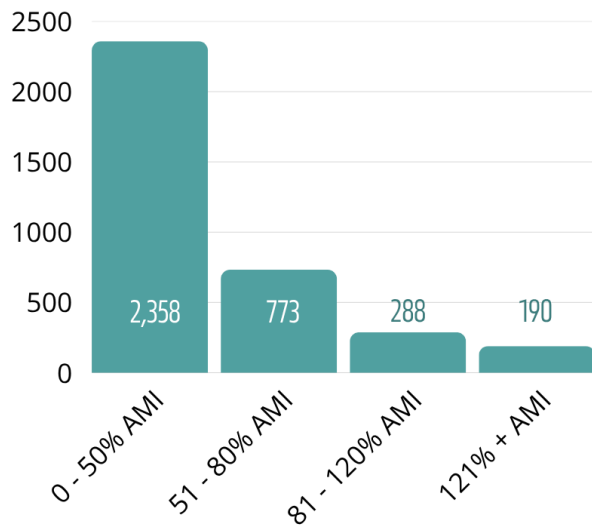
2022 Grand Traverse County Survival Budgets

Monthly Costs and Credits	Single Adult	One Adult, One Child	One Adult, One In Care	Two Adults	Two Adults Two Children	Two Adults, Two In Care	Single Adult 65+	Two Adults 65+
Housing Rent	\$535	\$606	\$606	\$606	\$699	\$699	\$535	\$606
Housing Utilities	\$163	\$258	\$258	\$258	\$310	\$310	\$163	\$258
Childcare	\$0	\$216	\$577	\$0	\$433	\$1,244	\$0	\$0
Food	\$459	\$778	\$698	\$841	\$1,415	\$1,250	\$424	\$776
Transportation	\$462	\$596	\$596	\$703	\$1,113	\$1,113	\$398	\$575
Health Care	\$174	\$383	\$383	\$383	\$601	\$601	\$512	\$1,024
Technology	\$86	\$86	\$86	\$116	\$116	\$116	\$86	\$116
Misc.	\$188	\$292	\$320	\$291	\$469	\$533	\$212	\$336
Tax Payments	\$352	\$726	\$800	\$491	\$948	\$1,118	\$415	\$740
Tax Credits	\$0	(\$210)	(\$217)	\$0	(\$420)	(\$433)	\$0	\$0
Monthly Total	\$2,419	\$3,731	\$4,107	\$3,689	\$5,684	\$6,551	\$2,745	\$4,431
ANNUAL TOTAL	\$29,028	\$44,772	\$49,284	\$44,268	\$68,208	\$78,612	\$32,940	\$53,172
Hourly Wage	\$14.51	\$22.39	\$24.64	\$22.13	\$34.10	\$39.31	\$16.47	\$26.59

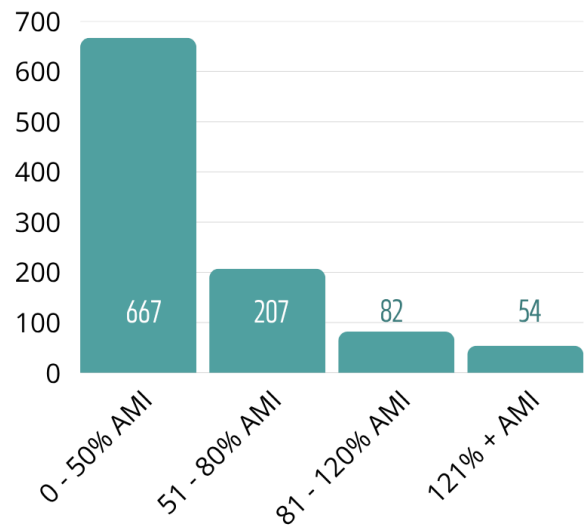
2022 Financial Hardship by Township

County Subdivision	Total Households	%Below ALICE Threshold
Acme Township	1,650	17%
Blair Township	3,264	37%
East Bay Charter Township	4,980	31%
Fife Lake Township	579	41%
Garfield Charter Township	8,447	45%
Grant Township	430	29%
Green Lake Township	2,501	37%
Kingsley Village	7,015	40%
Mayfield Township	260	23%
Paradise Township	1,046	22%
Peninsula Township	2,649	25%
City of Traverse City	7,015	40%
Union Township	260	23%
Whitewater Township	1,046	22%

Rental Housing Needed - GT County



Rental Housing Needed - Traverse City



Source: Housing Needs Assessment

Current Average Median Income Limits

AMI Limits	1 person	2 person	3 person	4 person	5 person
30%	\$20,800.00	\$23,750.00	\$26,700.00	\$31,200.00	\$36,580.00
50%	\$34,600.00	\$39,550.00	\$44,500.00	\$49,400.00	\$53,400.00
80%	\$55,350.00	\$63,250.00	\$71,150.00	\$79,050.00	\$85,400.00

Source: Michigan State Housing Development Authority

Grand Traverse County Permanent Supportive Housing Units

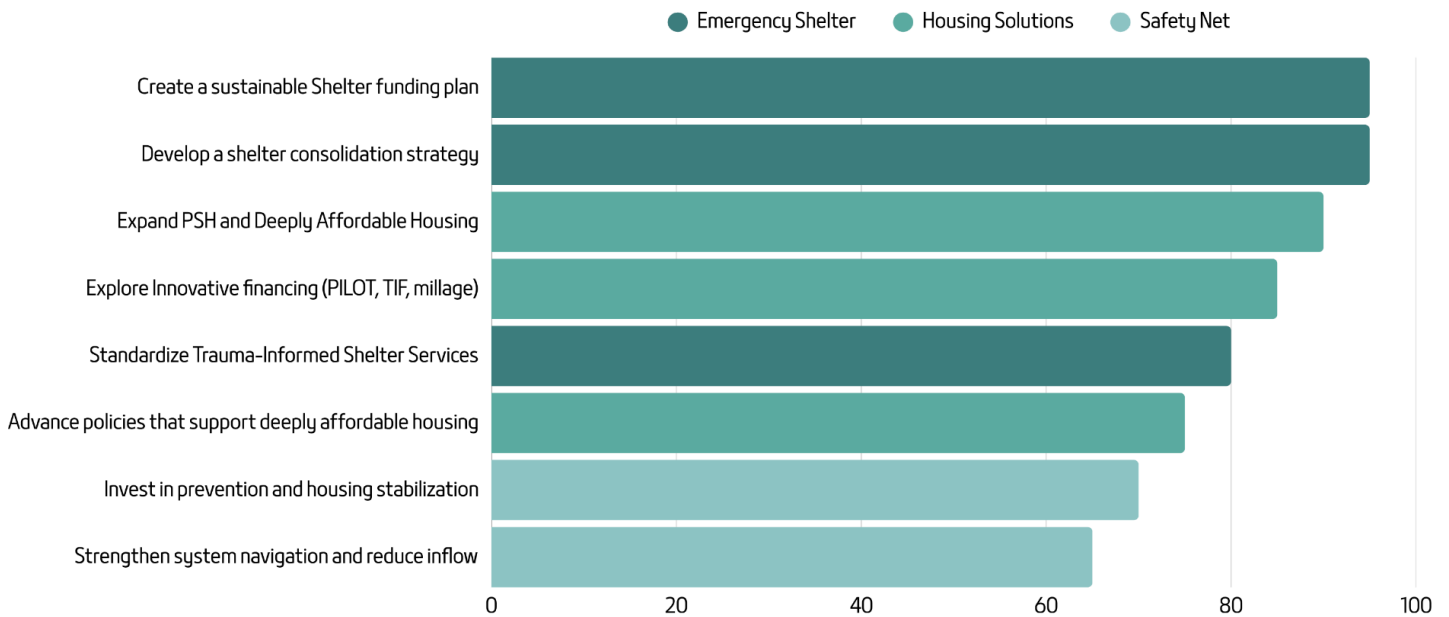
Owner	Lead Agency	Property Name	PSH Units	Studios	1 BR	2 BR	3 BD
Goodwill	Goodwill	East Bay Flats	64	13	51	0	0
WODA	Goodwill	Brookside Commons	24	0	2	15	7
Goodwill	Goodwill	Carson Square	36	0	21	15	0
Homestretch	Goodwill	Keystone Village	24	0	6	18	0
WODA	NMSH	Brookside Commons	2	0	2	0	0
NMSH	NMSH	Woodmere Ridge	11	0	5	4	2
NMSH	NMSH	Bayfront	7	0	7	0	0
NMSH	NMSH	Three Mile	4	0	4	0	0
NMSH	NMSH	12th Street	4	0	4	0	0
NMSH	NMSH	Titus	1	0	0	1	0
NMSH	NMSH	Fair Street	2	0	0	2	0
WODA	Goodwill	Annika Place 2	19	0	14	5	0
TOTALS			206	13	118	64	11

Plus Scattered Site Units: **30-40** PSH Units Managed by NMSH and **31** NMCAA Rapid-Rehousing Units

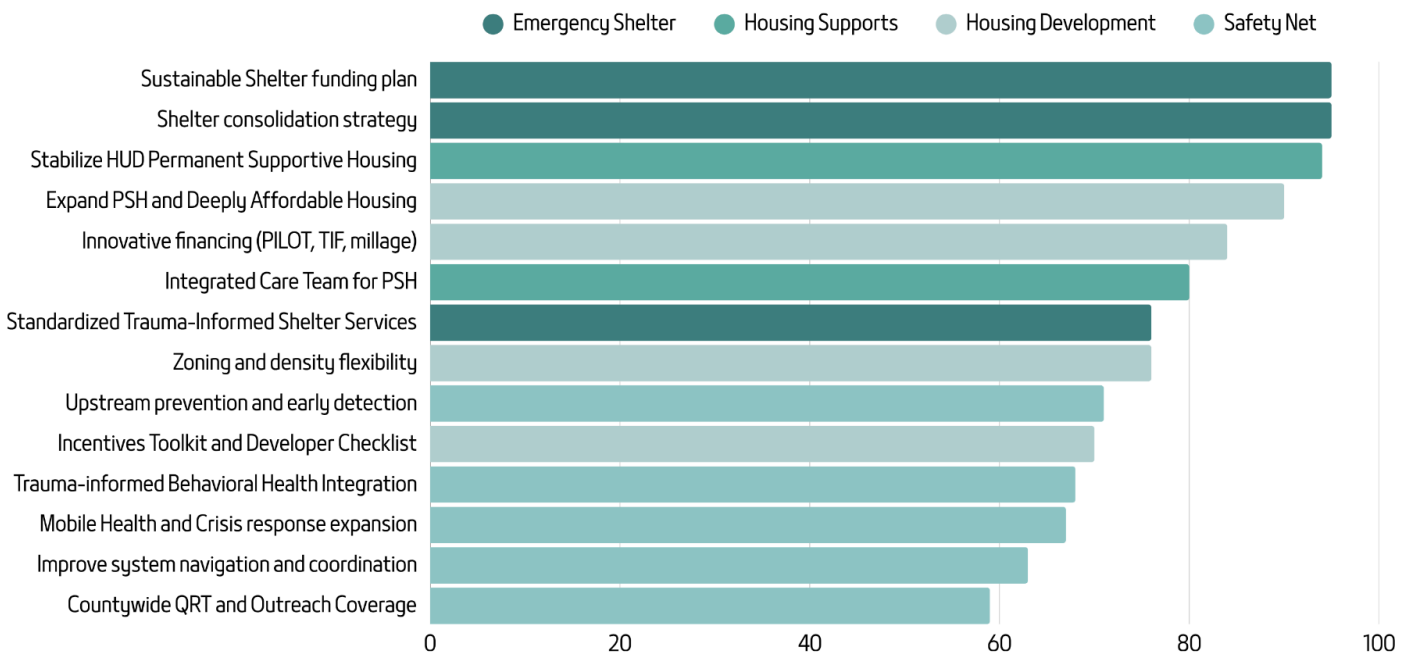
12-Month Timeline

<p>March Coordinate</p> 	<p>Leadership Team meets with NWCEH Steering Committee to help create the Task Force structure, define work groups, and recruit members.</p>	<p>September Draft</p> 	<p>Leadership Team presents draft recommendations including research and trends, system guidance, funding needs, and expected outcomes to the Advisory Council for feedback.</p>
<p>April Organize</p> 	<p>Leadership Team defines objectives and set goals for the individual work groups, and hires a facilitator for the Advisory Council and Public Input meetings.</p>	<p>October Review</p> 	<p>Work Groups review the feedback from the Advisory Council before finalizing their ideas and recommendations for the Leadership Team to create the strategic plan.</p>
<p>May Examine</p> 	<p>Advisory Council is presented with research and data from work groups in order to identify opportunities for better collaboration and efficiency.</p>	<p>November Listen</p> 	<p>Leadership Team considers feedback from Task Force participants, including listening sessions with people who have lived experience of homelessness.</p>
<p>June Strategize</p> 	<p>Work Groups develop strategies for their individual challenges and design systems to coordinate with others in homeless response.</p>	<p>December Pause</p> 	<p>There is a pause on progress until the Task Force can address HUD funding uncertainty, and so work groups can take more time to address significant community issues.</p>
<p>July Problem Solve</p> 	<p>Advisory Council meets to review Work Group progress and assist with prioritization, policies, and potential funding sources.</p>	<p>January Feedback</p> 	<p>An overview of the draft Task Force strategic plan is presented to local government officials, key leaders, stakeholders, and the community at-large for feedback.</p>
<p>August Create Budget</p> 	<p>Work Groups identify key program objectives and funding needs. Leadership Team analyzes potential financial support and creates a comprehensive budget</p>	<p>February Finalize Plan</p> 	<p>The Leadership Team finalizes the plan and begins to introduce it to local community groups, elected officials, and other potential supporters for implementation.</p>

Top 8 Recommendations



Leadership Team Priorities (Importance and Urgency)



HOW DID WE GET HERE?

Fall 2022

Initiative to End Chronic Homelessness planning; intentional meetings with NWCEH Steering Committee and community leaders
 TCPD added a Police Social Worker; Quick Response Team launched

January 2023

Initiative to End Chronic Homelessness formal launch; Leah McCallum contracted to help coordinate

July 2023

Pines clearcutting is announced, starts and is completed by August.; Public awareness shifted; Central Neighborhood meetings convene

September 2023

Record-Eagle begins series of stories on homelessness including coverage of a family with children living in the Pines

The focus on homelessness in our community over time

September 2023

City begins conversations in earnest about year-round shelter
 Interim City Manager Nate Geinzer and County Administrator Nate Alger sign a contract with the NWCEH to work toward a plan for "summer shelter"

November 2023

Garfield, Acme and Paradise Townships continue to enforce their "no camping" ordinances pushing more folks into the Pines

March 2024

No-go on summer shelter Special Land Use Permit for Safe Harbor
 Community Cares Coalition forms

February 2024

Some North Boardman Neighborhood members organize and oppose the Safe Harbor year-round shelter plan in its current location

April 2024

Rotary Charities and the Grand Traverse Regional Community Foundation begin "convenings" by invite only-- later to be called the Homeless Collective

June 2024

The Grand Traverse Regional Community Foundation donates \$50,000 for better sanitation and charging benches in the Pines

July 2024

Community Cares Coalition presents an alternative site plan for year-round shelter to Homeless Collective

September 2024

City Commission Study Session on year-round shelter; introduction to Task Force

Jubilee House receives \$80,000 over two years from the City of Traverse City with ARPA funds

May 2024

Record-Eagle article: "City Kept Safe Harbor Negotiations Mum"

\$360,000 approved by the City Commission to move 27 individuals into PSH at East Bay Flats

August 2024

City commission hears from the community leaders during public comment that year-round emergency shelter is needed to address the Pines

November 2024

Grand Traverse County awards NMSH \$125,000/yr for up to 3 years for Permanent Supportive Housing

December 2024

City commission approves Safe Harbor funding for \$250,000 over 2 years AND a Permanent Supportive Housing resolution from Tim Werner

January 2025

Goodwill, NMSH, Safe Harbor, and Central United Methodist Church receive a total of \$285,000 in Community Development Block Grant funding from the City of Traverse City

Christie Minervini brought on to Coalition team as Task Force Coordinator

May 2025

The Housing and Homelessness Task Force convenes their work groups and Advisory Council meetings

February 2025

County Commission approves Safe Harbor funding request for \$400,000 over 2 years AND supports Task Force information

CASE STUDIES

HOUSTON, TX:

<https://irp-cdn.multiscreensite.com/2d521d2c/files/uploaded/FINAL%20TWH%20Community%20Plan.pdf>

BALTIMORE, MD:

<https://journeyhomebaltimore.org/>

ANCHORAGE, AK:

https://static1.squarespace.com/static/64de5e82411ca838b015a0ef/t/6627d2711992b85d51befe9d/1713885831729/Anchored+Home+23-28_Final+full+report.pdf

DETROIT, MI:

<https://detroitmi.gov/sites/detroitmi.localhost/files/2024-08/BPA%200813%20FINAL%20PLAN.pdf>