

2019 RPI Project Application Form

Region 1B Prosperity Council

The Central U.P. Prosperity Council maintains a collaboratively developed regional plan with a strategy for achieving a prosperous future. The [10-Year Plan](#) is intended to be a roadmap for future success; by completing the Plan’s action items and meeting its objectives, the region will take steps toward achieving the goals that have been identified. Funding from the Regional Prosperity Initiative will help build capacity and add support for the projects that align with this strategy.

Please complete the information below to help the Central U.P. Prosperity Council understand the scope of your project.

General Information	
Project submitter, title, and organization:	Kayla West, CUPPAD Special Projects Coordinator
Project title:	Solutions for Chronically Homeless with Co-Occurring Disorders
Phone and e-mail address:	(906) 226-9285 / (906) 361-4090
Type of funding request:	<input type="checkbox"/> 2019 RPI Project Funds <input checked="" type="checkbox"/> 2018 RPI Remainder Funds
Summary of project (in less than 100 words):	<p>Solutions for the Chronically Homeless convenes UP stakeholders with working models of “best practices” to stabilize and support individuals whose underlying health issues contribute to their homelessness, and who are “frequent fliers” in our emergency rooms, hospitals, courts and jails.</p> <p>By introducing and adapting “best practices” for the chronically homeless here in the UP, we will attract new funding, create skilled jobs, engage higher education, strengthen families, and improve quality of life.</p>
Project Description	
<i>*Be sure to include answers to all questions below to receive full consideration – attach additional sheets if necessary*</i>	
What geographic area does the project cover and who does it benefit?	<p>Nationally, there are 84,000 “chronically homeless” individuals whose co-occurring conditions make it hard to find and retain housing and to live independently. Nationally, this number has declined by 27% over the past 10 years. Here in the UP, however, our chronically homeless population has remained stable or increased. They cycle, uncontrolled, between emergency rooms and hospitals, law enforcement, mental health and addiction services, courtrooms and jail houses, and cost taxpayers millions of dollars every year.</p> <p>Because the chronically homeless are highly mobile, and because resources are dispersed across wide distances, the summit involves the whole UP, and parts of the Northern Lower Peninsula.</p>

	<p>One of the summit’s goals is to begin the process of gathering existing data to observe demographic trends and to confirm our suspicion that the homeless 1) originate in the Marquette area and/or 2) come from all across the UP to access centralized resources, such as—medical and mental healthcare, social services, addiction treatment and housing assistance.</p> <p>A second goal is to highlight gaps in service delivery and begin the process of negotiating system quality improvements to support person-centered care across this wide, rural area.</p>
<p>If the project addresses needs across multiple sectors (e.g. economic development, education, workforce development), explain how.</p>	<p>The summit will catalyze collaborative strategies across sectors to reduce waste, utilize resources more effectively, and strengthen community through “best practice” Housing First strategies with supportive housing and person-centered, trauma-informed, harm reduction support across the following sectors (at a minimum): public and private housing, health care, law enforcement, employment, mental health and substance abuse, faith community and community volunteers.</p>
<p>How does this project relate to strategy items found in the RPI 10-year plan?</p>	<p>This program would impact <i>quality of life for all residents by initiating and supporting new forms of collaboration between community residents, multiple health-related service providers (medical, mental, addiction), law enforcement, nonprofits and housing development organizations to achieve greater efficiency and innovation, and to increase awareness of best practices.</i></p>
<p>How can the success of this project be measured upon completion?</p>	<p>The Upper Peninsula tracks demographic data on the homeless population through the nation-wide Health Management Information System¹ (HMIS.)</p> <p>Nationwide, the chronic homeless population has declined by more than 25%, while in the UP, it has remained steady.</p> <p>According to a local housing resources expert, “As an <u>entire homeless service system</u>, we have to get better at identifying, prioritizing, and serving the Chronically homeless (because it) is one of the chief ... (performance) benchmarks.”</p>

¹ <https://www.hudexchange.info/programs/hmis/>

	<p>Data gathered through the UP’s Health Management Information System² (HMIS) should show a reduction in the numbers of chronically homeless.</p> <p>If evaluation funding is available, reductions should be seen in hospital, health plan, police, and jail time costs, as well as success stories when individuals gain employment and/or transition to more productive ways to engage in their local communities.</p> <p>A real, but unmeasurable outcome is the greater sense of optimism and wellbeing for friends and families of persons that have been chronically homeless.</p>
<p>From your organization’s perspective, what is the priority for this project?</p>	<p>Very high / critical / optimal. Tensions around “the homeless problem” have intensified in recent months, especially in the Marquette area.</p> <p>While many of the chronically homeless have family ties to Marquette County, others are drawn to centralized resources of health care, mental health and addiction services, Veterans’ Affairs, and to resources through the Department of Health and Human Services.</p> <p>The Continuum of Care (HAARA--The Jantzen House and other subsidized housing have waiting lists; Harbor House is only for victims of domestic violence. There is no housing for transient youth. Typical public and “existing supportive housing” facilities are not suited for persons with addiction and mental health concerns, who are unable to thrive independently, and who may pose a risk to themselves or to others.</p> <p>Surrounding UP cities and towns, and even social service organizations, avoid the issue by sending the chronically homeless to Marquette, usually without adequate support once they’ve arrived.</p> <p>The rotating “Room at the Inn” shelter is staffed by volunteers, many of whom are uncomfortable around people with mental health, medical and addiction disabilities, and who have sometimes done time in prison. The Board is fully aware that RATI is a “part time solution to a full-time problem,” and is consumed with a recently-launched capital campaign for a permanent and professionally staffed shelter.</p>

² <https://www.hudexchange.info/programs/hmis/>

	<p>There is an undercurrent of community frustration and eagerness for understanding, inspiration, and solutions that can work effectively across multiple sectors.</p> <p>Meanwhile, across the UP, the Continuum of Care (CoC) for Region I (15 UP Counties) is assessing its own configuration and whether it can better leverage state and federal funding for the chronically homeless.</p> <p>This seems like an excellent opportunity to elevate the conversation to a 20,000 foot view by engaging working models and community leaders that have already been down this road years ago.</p>
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Organization and Partners

<p>Describe how the organization will complete the work outlined in the proposal</p>	<p>Activities throughout the past year have already informed the foundation and the emphasis of the Summit, starting with the UP Health Strategies Spring Summit on Opioids and Addiction, and its sessions on <i>“Harm Reduction, Treatment and Recovery Strategies in the UP”</i> and then <i>“Harm Reduction and the Homeless—When Recovery Hasn’t Worked.”</i></p> <p>There was a desire to include speakers from “Housing First” initiatives, such as San Marcos Apartments in Duluth (See “No Losers.”) However, there was insufficient time on the agenda.</p> <p>More recently, we have learned about a well-developed, 25-year old, multi-faceted Housing First initiative, Avalon Housing, in Ann Arbor, MI. Avalon is in the process of working with Kalamazoo to stimulate more robust Housing First efforts for the chronically homeless. Its staff can present a blueprint to help stakeholders in the UP visualize how they could adapt and maximize resources through collaboration and/or obtain greater resources from state, national and local sources.</p>
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<p>Explain skills, experience, and capacity of your project team. List all partners and their roles.</p>	<p>Barb Meyer is the convener for the Continuum of Care (CoC), the regional planning body that coordinates housing and services funding for homeless families and individuals in Alger-Marquette Counties. The Continuum of Care should include major stakeholders to develop a plan that organizes and delivers housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.”</p>
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Barb Meyer is also the Director of Operations for the **United Way** in Marquette County.

Jason Parks, is the **Housing Resource Manager, Community Action Alger-Marquette** (and Housing Assessment and Resource Agency for the UP)

Greg Toutant is the Executive Director of Great Lakes Recovery Centers.

Superior Alliance for Independent Learning, which is doing work to keep individuals with co-occurring disabilities housed.

Lynn Johnson, Pathways Mental Health

Sandy Chapman, Northcare Health Plan

Sheriff Greg Zybert, Marquette County

Doug Russell, Executive Director for the Room at the Inn, a rotating homeless shelter in Marquette, MI.

Kayla West has expertise in stakeholder engagement, public meeting/workshop development, and the development of strategic planning documents.

Other members of the CoC will be invited to fill in pieces of the puzzle.

Finally, new participants will include local hospitals, law enforcement, public health and the faith community.

Sponsors that will be approached include:

Superior Health Foundation—whose mission is to improve health and access to care throughout the Upper Peninsula

Portage Health Foundation—whose mission is similar, but for individuals in the Houghton / Hancock area, where there is no significant initiative for the homeless

Superior Alliance for Independent Living, which is in the process of developing standards to support homeless individuals when they are housed

Great Lakes Recovery Centers, which would like to develop more recovery housing

	<p>UP Health System</p> <p>Upper Peninsula Health Plan</p> <p>Others TBD</p>
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Timeline and Budget

<p>Create a budget that includes general categories of expenses, such as wages, travel, equipment, and materials. Describe any other project funds you expect to receive from sources beyond RPI.</p>	<p>Revenues</p> <p>CUPPAD \$ 4,300</p> <p>Sponsor 1 \$ 750</p> <p>Sponsor 2 \$ 750</p> <p>Speaker Sponsor 1 \$ 1,000</p> <p>Speaker Sponsor 2 \$ 750</p> <p>Tickets \$49 x 70 people \$ 2,940</p> <p>Total \$ 10,490</p>
	<p>Expenses</p> <p>Staffing 35 days x 6 hrs x \$22.5 \$ 4,725</p> <p>Guest Speaker 1 \$ 1,000</p> <p>Guest Speaker 2 \$ 750</p> <p>Guest Speaker 3 \$ 750</p> <p>Meeting Expenses \$40 x 70 people \$ 2,800</p> <p>Materials \$ 465</p> <p>Total \$ 10,490</p>

Provide a timeline that includes project milestones with parties responsible for their achievement. If it is a phased project, be sure to include past or future phases in the timeline.

Project Milestones and responsible person	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
See the attached workplan for a detailed timeline.												
Stakeholder engagement (Kayla West with input)			(x	x	x	x	x) ³	x				
Conference Planning								x				
Summit									x			
Report on Outcomes										x		

³ Prior to grant period

Choose one:

- A partner representing this proposal will be available to present at the Special Meeting of the RPI Council on Thursday, September 27th, 10:00 – 11:30 AM
- The proposal will not include a presentation.