



NORTHWEST MICHIGAN COALITION TO END HOMELESSNESS

HOUSING and HOMELESSNESS TASK FORCE

DRAFT RECOMMENDATIONS • JAN 2026



Recommendation Development Process

The Task Force work groups met **many times throughout 2025**, shifting from **broad idea-generation** to structured development of **concrete recommendations**. Each of the three work groups—Emergency Shelter & Services, Housing Solutions, and Safety Net Services—used the Task Force’s recommendation funnel and template to refine their proposals.

Recommendation Funnel

Each work group began by using the funnel to ensure recommendations consistently meet the following criteria:

- Data-informed and achievable by the City, County, or nonprofit community
- Aligned with Task Force values and Housing First principles
- Leverage partnerships without causing harm
- Benefit multiple stakeholders
- Include measurable outcomes

Recommendation Template

Once a recommendation passes through the funnel, groups use the Task Force 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?
- What would success look like?

This process ensures recommendations are **clearly defined, actionable, and aligned** with the Task Force’s overarching goal: **addressing and ending homelessness in our community**.

Next Steps

After considering all work group recommendations put forward and endorsed by the Advisory Council, the Task Force Leadership Team will decide what form the final will take before bringing it back—along with a budget—to the City and County commissions for adoption.

EMERGENCY SHELTER AND SERVICES

Work Group Purpose and Goals

Purpose: Strengthen the crisis response system to provide immediate, safe, and supportive shelter. This includes enhancing emergency shelters, day services, and housing navigation efforts.

Goals:

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

Recommendation #1: Create a sustainable budget and funding plan for emergency and day shelter services.

The Goal: Move from a patchwork of short-term, unstable funding to a unified, long-term plan that ensures shelters are stable, fully resourced, and equipped to meet community needs year-round.

Why This Matters:

- Current funding is fragmented and unpredictable.
- Staffing, 24/7 operations, and trauma-informed training are underfunded.
- No shared system budget exists across providers.

What Success Looks Like:

- Fully funded, year-round shelter operations with fair wages for staff.
- Reliable mix of federal, state, local, and philanthropic resources.
- A clear 3-5 year funding strategy that reduces reliance on crisis fundraising.
- Expanded services and capacity to reduce unsheltered homelessness.

Key Steps to Get There:

- Map existing funding and true costs across providers.
- Engage government, business, healthcare, and philanthropy in multi-year commitments.

Recommendation #2: Develop a consistent set of recommended service standards across all emergency and day shelters to ensure high-quality, trauma-informed, and equitable services.

The Goal: Create recommendations for consistent service standards across all emergency and day shelters so every guest receives high-quality, trauma-informed, and equitable care.

Why This Matters:

- Shelters are already doing incredible work, but each operates a little differently. Aligning around common standards can reduce confusion for guests, build trust, and help ensure that everyone has access to the same quality of support, no matter where they go.

What Success Looks Like:

- Staff supported with the tools, training, and resources they need.
- A shelter system that feels fair, reliable, and person-centered for everyone.
- Guests consistently welcomed with dignity and compassion.

Key Steps to Get There:

- Continue building on the strong foundation already in place.
- Explore how shared standards could be developed through the Coalition.
- Provide opportunities for ongoing training, technical assistance, and guest feedback.
- Keep flexibility so shelters can adapt to unique needs while moving toward shared goals.

Recommendation #3: Maintain current year round shelter operations in Grand Traverse County while planning for shelter consolidation with key partners such as Safe Harbor and Goodwill Northern Michigan and the Community Cares Coalition for 24/7, 365 day operations with 165 beds (likely, the most feasible option is at Keystone Rd.) If that proves not feasible we will look at other options including a new location or adding 30 beds at Safe Harbor.

The Goal: Create a plan for consolidation that meets the need for additional shelter beds, better serves guests with coordinated on-site services, and allows for increased efficiencies and cost savings.

Why This Matters:

- Aligns capacity with demand: Ensures year-round, 165-shelter-bed capacity and 24/7 operations to meet current and anticipated needs, reducing gaps in housing and day services for the unhoused population.
- Builds collaborative resilience: Requires coordinated planning with Safe Harbor, Goodwill Northern Michigan, and the Community Cares Coalition, leveraging shared resources, funding, and governance to create a sustainable, community-backed solution.
- Addresses feasibility and risk early: Identifies the most feasible location and flags critical gaps (capital and operating funds, transportation, zoning, Jubilee House funding), enabling proactive risk management and a concrete path to implementation or alternative options.

What Success Looks Like:

- Enough year round shelter beds to meet the current demand
- 24/7/365 shelter operations
- Day services/ drop in provided to meet the need

Next steps:

- City/county support for operational funding (long term)
- Capital costs secured for the development of a consolidated shelter

- Support from the Leadership team regarding most feasible options
- Funding plan and determined location and provider for day services

Safety Net Services

Work Group Purpose and Goals

Purpose: 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.

Goals:

- Decrease inflow into homelessness
- Increase diversion efforts
- Provide necessary services to people while they are experiencing homelessness and are working toward housing

Recommendation #1: Expand Quick Response Team and Street Outreach coverage to the entire county to ensure equitable community outreach.

The Goal: Expand the Quick Response Team (QRT) and Street Outreach countywide so all vulnerable people, including those without co-occurring conditions, have access to coordinated outreach and wrap-around services.

Why This Matters:

- Nearly 90% of QRT referrals are homelessness-related, but many individuals are excluded due to eligibility limits. Expanding QRT would ensure equitable access, reduce gaps, and strengthen cross-agency collaboration.
- Providing additional street outreach workers will better serve vulnerable people who are homeless or will be homeless but do not qualify for QRT .

- **What Success Looks Like:**

- Countywide access to QRT services.
- Coordinated support across housing, healthcare, and community agencies.
- Agencies resourced to meet increased demand.
- Flexible funds and transportation available to address immediate needs.

Key Steps to Get There:

- Establish a central “hub” for coordination.
- Provide agency stipends and pooled resource funds.
- Strengthen transportation and train staff on referral pathways.

Recommendation #2: Improve homeless response system navigation and service coordination.

The Goal: Improve navigation and coordination within the homeless response system so people can easily access services, understand next steps, and receive timely, coordinated support.

Why This Matters:

- Better coordination and navigation will ensure faster access, stronger partnerships, and a clearer, more consistent experience for those in need.

What Success Looks Like:

- Enough frontline staff to provide live answers and timely intake.
- Shorter wait times and clearer next steps for clients.
- Consistent language, protocols, and daily shelter bed updates.
- Partner agencies equipped with a clear process when someone screens positive for homelessness.
- More in-person support, after-hours access, and transportation options.
- People with lived experience surveyed to improve access.

Key Steps to Get There:

- Increase staffing and live-response capacity for intake and navigation.
- Strengthen outreach, including set intake times and locations.
- Create clear protocols and flowcharts for referral and screening.
- Fund housing navigation and system coordination roles.
- Prevent discharges to homelessness by coordinating with jails, hospitals, and crisis centers.

Recommendation #3: Integrate trauma-informed practices in behavioral health and resilience-fostering approaches across the homeless response system as a secondary strategy to prevent returns to homelessness.

The Goal: Integrate trauma-informed practices and resilience-building strategies throughout the homeless response system as a form of secondary prevention to reduce returns to homelessness.

Why This Matters:

- Embedding trauma-informed care system-wide can strengthen conflict resolution, build resilience, and support long-term housing stability.

What Success Looks Like:

- All agencies trained and operating through a trauma-informed lens.
- Stronger client-centered goals, daily activities, and resilience-building supports.
- Better coordination across housing, behavioral health, and community systems.
- Fewer people cycling back into homelessness.

Key Steps to Get There:

- Adopt a consistent trauma-informed care model and program assessment tool.
- Provide enhanced training for all homeless response system staff.
- Expand prevention-focused data collection, including risk assessments.
- Strengthen referral capacity to behavioral health and other supports.

Recommendation #4: Increase access to mobile health and mental health services including mobile med and the new crisis center, and create a model for regional implementation.

The Goal: Increase access to mobile health and mental health services (including mobile med and a new crisis center) and develop a regional implementation model through enhanced collaboration, capacity, and coordination across agencies.

Why This Matters:

- Improves access and equity: Mobile health and crisis services bring care directly to vulnerable populations, reducing barriers and fragmentation in the system.
- Enhances quality and outcomes: Integrated physical and mental health care with coordinated partnerships leads to better health outcomes and fewer avoidable hospital visits.
- Fits rural/regional needs and cost efficiency: A regional implementation model expands reach, optimizes resource use, and lowers overall system costs through proactive, community-based care.

What Success Looks Like:

- Integrated care: Seamless coordination of physical and mental health across agencies with warm handoffs.
- Expanded access: More mobile health, mobile crisis, and crisis-center services reaching homeless and rural populations.
- Regional collaboration: Strong county-level partnerships with shared resources and defined roles.
- Measurable outcomes: Reductions in ED visits/hospitalizations, improved housing stability, and better behavioral health metrics.
- Resource efficiency: Increased service capacity (e.g., more mobile days/units) with cost savings for the system and scalable implementation.

Key Steps to Get There:

- Add more capacity; Define the need in GT County plus in surrounding counties
- Increasing time from 3.5 days a week to 5 days a week for mobile med
- Cover the cost of an additional ½ rig
- Mobile crisis outreach and de-escalation team that is not tied to police enforcement

Recommendation #5: Invest in upstream prevention and early detection of high risk of homelessness while supporting programs that help people maintain housing stability.

The Goal: Invest in upstream prevention and early detection of people at high risk of homelessness, while supporting programs that help individuals and families maintain stable housing.

Why This Matters:

Strengthening prevention strategies and early detection reduces the number of people entering homelessness, lowers system costs, and promotes long-term housing stability.

What Success Looks Like:

- A prevention-based screening tool used consistently across agencies.
- A coordinated fund with clear guidelines to provide timely financial assistance (utilities, rent, diversion supports).
- Increased collaboration and reduced “ping-ponging” between agencies.
- Navigators embedded in agencies, linked through a shared database and overseen by a coordinator.
- A 211 system or similar model that works effectively to connect people to resources.

Key Steps to Get There:

- Develop and adopt a screening tool to identify those most at risk of homelessness.
- Create a shared funding pool with clear policies on allowable uses.
- Expand diversion programs and workers to provide flexible, housing-focused solutions.
- Build capacity at local service providers to respond effectively when people screen positive for homelessness risk.

Housing Solutions

Work Group Purpose and Goals

Purpose: Expand affordable housing options for people exiting homelessness by securing funding, partnering with developers and landlords, and advancing supportive housing models like Permanent Supportive Housing, Rapid Re-Housing and other innovative housing solutions.

Goals:

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

HOUSING DEVELOPMENT

Recommendation #1: Expand deeply affordable housing availability and Permanent Supportive Housing (PSH) options.

The Goal: Expand deeply affordable housing options and increase Permanent Supportive Housing (PSH) units to meet the community's goal of 178 new PSH units by 2028, ensuring stability for the most vulnerable and progress toward ending chronic homelessness.

Why This Matters:

Without more deeply affordable housing and long-term commitments from local partners, chronic homelessness will remain unsolved.

What Success Looks Like:

- 178 additional PSH units developed and sustained within three years.
- Predictable local commitments from city and county to support housing and services.
- Strong partnerships with developers, landlords, and service providers.
- Expanded deeply affordable housing opportunities across the region.
- PSH integrated into neighborhoods and supported with reliable services.
- Functional zero for chronic homelessness achieved by 2028.

Key Steps to Get There:

- Advocate for policy changes and sustainable funding at local and state levels.
- Finalize the PSH unit goal and timeline, with identified parcels through land banks.
- Align city and county zoning, planning, and financing policies to support PSH.
- Create a blended funding plan leveraging local, state, federal, and philanthropic dollars.
- Establish a joint City-County fund dedicated to PSH development and services.
- Strengthen service funding partnerships (CMH, Medicaid, health clinics, etc.).
- Protect existing affordable housing and expand through CDBG and other tools.

Recommendation #2: Explore innovative financing mechanisms such as variable Payments In Lieu of Taxes (PILOTs) tied to Average Median Income (AMI), Brownfield Housing TIF, affordable housing millages, etc.

The Goal: Explore and expand innovative financing tools — such as Brownfield TIF, housing millages, and tax incentives — to close funding gaps and accelerate the development of deeply affordable housing and Permanent Supportive Housing (PSH).

Why This Matters:

Traditional funding streams alone cannot meet the region's housing needs. Innovative financing can make projects feasible, incentivize developers, and ensure that housing serves people at 0–50% AMI, including those who need Permanent Supportive Housing.

What Success Looks Like:

- Transparent, streamlined processes for developers with clear incentives.
- Regional consistency across jurisdictions in applying financing tools.
- Local political will and active participation from city, county, and townships.
- Deeply affordable housing units created and sustained through stable funding mechanisms.
- Philanthropy, government, and developers working together to support innovative solutions.

Key Steps to Get There:

- Leverage Housing TIF and ensure funds are used for deeply affordable housing.
- Advance a county housing millage or progressive real estate transfer tax to create a housing and homelessness fund.
- Expand PILOT use (0–3% rates tied to affordability levels) and link incentives to set-aside requirements.
- Reduce or waive development fees and improve equity in Residential Equivalent User (REU) calculations.
- Make vacant city and county land available for affordable housing at low or no cost.
- Engage philanthropy and small developers to utilize state and local development tools.
- Build capacity in land banks to support affordable housing.

Recommendation #3: Advocate for increased density and zoning flexibility to support deeply affordable housing.

The Goal: Advocate for countywide policies that increase density and zoning flexibility to expand deeply affordable housing, paired with strong tenant protections and accountability measures.

Why This Matters:

Current zoning policies across the city and townships can be fragmented and sometimes restrictive, limiting the ability to create housing for households earning $\leq 80\%$ AMI. Without coordinated action, affordable units risk being lost to redevelopment, displacement, and rising rents.

What Success Looks Like:

- More low-income housing built through by-right approvals, and density bonuses.
- Affordable units preserved and protected from displacement through covenants, tenant protections, and relocation assistance.
- Coordinated countywide housing policies, supported by a Housing Advisory Committee with diverse representation.
- A robust affordability “toolbox” with funding, covenants, and clear rules for developers.
- Regular data tracking, public dashboards, and accountability for outcomes.
- Growth aligned with infrastructure, schools, and services to protect quality of life while meeting housing needs.

Key Steps to Get There:

- Establish a County Housing Task Force/Advisory Committee with renters, landlords, developers, service providers, and schools.
- Attach AMI requirements to PILOTs and simplify permitting with clear, non-subjective standards.
- Expand by-right affordable housing in core neighborhoods, near transit, and through ADUs.
- Implement density bonuses, and parking reforms.
- Create an affordability covenant template and pilot preservation programs for at-risk housing stock.
- Secure gap financing through TIF, state/federal programs, and county affordability funds.
- Launch anti-displacement measures such as just-cause eviction policies, relocation assistance, and right-to-return provisions.
- Build public dashboards and conduct independent evaluations to ensure accountability.

Recommendation #4: Adopt an incentives toolkit and developer checklists that consider homelessness and encourage affordable housing during the planning stages.

The Goal: Adopt an incentives toolkit and developer checklists that incorporate homelessness and encourage affordable housing — including Permanent Supportive Housing (PSH) — during the earliest planning stages.

Why This Matters:

While Housing North, the County, and the City have started developing zoning tools and resources, they need to be expanded and refined to explicitly include PSH and homelessness-focused solutions. A clear, consistent toolkit can reduce barriers, incentivize infill development, and help homeowners and developers embrace Housing First principles.

What Success Looks Like:

- A practical toolkit and checklists available to developers, homeowners, and municipalities.
- More small-scale affordable projects like ADUs, duplexes, and quadplexes moving forward.
- Clearer, more predictable development standards that reduce delays and uncertainty.
- Housing North's tools refined to explicitly support PSH development.
- Early-stage planning that consistently incorporates affordability and Housing First principles.

Key Steps to Get There:

- Refine Housing North's zoning atlas and other tools to include PSH development.
- Create developer and homeowner checklists that highlight incentives, funding, and design options.
- Promote MEDC workshops and other state-level resources for builders.
- Strengthen legal protections and predictability by moving toward more by-right development and reducing reliance on subjective approvals.
- Encourage infill development by making processes and incentives transparent and accessible.

HOUSING SUPPORT SERVICES

Recommendation #1: Sustain and Stabilize HUD-Funded Permanent Supportive Housing (PSH) for one year while providers develop a long-term funding plan.

The Goal: Sustain and stabilize HUD-funded Permanent Supportive Housing (PSH) for one year while providers develop a long-term, diversified funding plan to preserve housing stability and momentum toward ending chronic homelessness amidst potential HUD reductions.

Why This Matters:

- Maintains housing stability for vulnerable individuals during funding transitions, preventing homelessness spikes.
- Builds a concrete, multi-year funding plan with diversified sources (local, philanthropic, healthcare) to reduce future reliance on HUD fluctuations.

- Enables continuity of high-quality supports (Integrated Care Team) and preserves progress toward ending chronic homelessness despite national policy changes.

What Success Looks Like:

- No PSH households are displaced or lose housing due to HUD funding reductions during the stabilization year.
- PSH operations remain fully funded and service levels are maintained across the one-year period.
- A formal, community-endorsed multi-year sustainability plan for PSH funding is completed within 12 months.
- Local funding commitments (e.g., annual city/county allocations) are established and institutionalized.
- The region maintains momentum toward ending chronic homelessness, with strengthened partnerships, cost-efficient operations, and readiness to adapt to new federal constraints.

Key Steps to Get There:

- Formalize a one-year stabilization budget and bridge-fund access plan within city/county financial processes, with clear milestones and accountability.
- Convene a PSH Stakeholder Forum to finalize a multi-year sustainability plan, including cost per household, staffing models, and diversified funding streams.
- Establish a bridge-fund pool (CDBG, marijuana tax, opioid settlements) and consider a PSH Service Provider Consortium to share costs and align with CoC limits.
- Maintain the Integrated Care Team and aggressive advocacy to protect PSH resources during the transition, while implementing monitoring to track occupancy and service levels.

Recommendation #2: Expand access to behavioral health and integrated care supports for those residing in PSH through the development of a comprehensive integrated care team.

The Goal: Develop and fund a comprehensive Integrated Care Team — or Assertive Community Treatment (ACT) type model — to provide behavioral health, medical, and tenancy support for people living in Permanent Supportive Housing (PSH), ensuring stability and long-term success.

Why This Matters:

Housing-based case managers are expected to do everything from tenancy support to behavioral health, but they don't have the capacity or specialized expertise to meet all needs. While qualified providers exist locally and models from other communities show this is replicable, gaps in funding, staffing, and buy-in mean PSH tenants often lack the coordinated care they need. Without comprehensive supports, landlords face higher risks, case managers burn out, and tenants are at greater risk of losing housing.

What Success Looks Like:

- More people maintaining housing long-term, with some stabilizing enough to transition out of PSH.
- PSH tenants with consistent access to behavioral health, physical health, and substance use services.
- Healthier residents, fewer crises, and more engagement in daily wellness activities.
- Reduced turnover among housing-based case managers, who can focus on tenancy and referrals.
- Greater confidence among landlords and property managers when renting to high-acuity tenants.

- A fully integrated, community-supported care model operating to fidelity.

Key Steps to Get There:

- Establish and adopt PSH service standards monitored for compliance.
- Build a comprehensive Integrated Care Team by combining funding from city, county, Medicaid, and partner providers.
- Strengthen partnerships with Community Mental Health, Munson Medical Center, Traverse Health Clinic, and other medical teams.
- Pitch to CMH leadership and local governments to secure dedicated funding carve-outs and budget line items.
- Leverage and expand successful models like Mobile Med and the Quick Response Team.
- Ensure visible support from City, County, and health officials to champion the model.
- Expand provider capacity and human resources to sustain the team long-term.