

The Campaign to End Homelessness 2009 Annual Summary



From Sally Harrison

We knew it wasn't going to be easy when we began our journey in 2006 to end homelessness in Michigan. But in reviewing our progress during the past year in preparation for this Annual Summary report, we are truly amazed at the long strides we have taken to advance our cause despite unexpected obstacles.

At the state level we are in the process of updating our 10-Year Plan. It is astonishing to see how far Michigan has come since we submitted our plan to United States Interagency Council on Homelessness (USICH) in the fall of 2006. Changing systems and processes is never easy, but change is necessary if we are to shape new paths and provide crystal-clear direction into new territory. Our partners in the Campaign have helped Michigan broaden and build an infrastructure that supports change and the sharing of new practices. This is evident to me when looking at the line-up of presentations and the willingness of our dedicated supporters to share their successes and learning experiences at our annual fall Summit on Homelessness. No, it hasn't been easy, but when you have so many committed individuals and organizations that share an understanding, and more importantly the ability to improvise when desired outcomes are not reached, you indeed have a winning team and the people and families we serve are the beneficiaries.

It is remarkable to note the number of households that have been made whole again with help from Tenant Based Rental Assistance (TBRA), Homelessness Prevention and Rapid Re-housing Program (HPRP), Homeless Assistance Recovery Program (HARP) and the unprecedented number of Project Homeless Connect events that have been held throughout the state. Our creativity to explore, identify and transition to a new system proves to me and the rest of the nation that Michigan agencies are front runners in ending a social wrong—homelessness. The Campaign also continues to attract new partnering agencies at the state and local level and we welcome them all.

Although Michigan has been and is still severely affected by the recession, our work through The Campaign to End Homelessness has lessened its impact on the public. By significantly increasing funding and establishing a structure to streamline dollars and services, we have housed Michigan's most vulnerable residents. This year's report does show an increase in Michigan's homeless, but I am confident that without the Campaign in place, the needle that measures homelessness would have registered even higher.

In looking through this Annual Summary, take the time to reflect on your own community. What can you do to help right a social injustice? Can you find the time to help us and become champions of this most noble cause. Yes, there will be obstacles. We may encounter a few speed bumps on the road to success but by continuing to shape our path, we CAN bring an end to homelessness in Michigan.



Sally Harrison



Key Findings: Michigan Campaign to End Homelessness Poll*

A new poll shows 85 percent of likely Michigan voters think homelessness is a serious problem.

There is broad recognition of the growing problem. Forty-four percent believe that homelessness has increased in their community over the past six months, and only two percent believe it has declined.

- About seven in ten Michigan residents agree that homelessness is not a lifestyle choice.
- Seven in ten also believe that homelessness can happen to anyone.
- About one in six residents personally knows someone who became homeless in the last six months.
- Homelessness is a huge concern to those with moderate incomes. Almost 40 percent for those earning less than \$25,000 are worried that they or a member of their family may be at risk of becoming homeless.
- There is strong support for strengthening efforts to combat homelessness. While 46 percent believe their community's actions are 'just right,' 40 percent believe more should be done, while only three percent say their community is doing too much.

The poll of 600 likely Michigan voters was conducted June 12–15, 2010 by the Lansing polling firm EPIC-MRA.
Margin of error: plus or minus four percentage points.

** Excerpt from Traverse City Record-Eagle.com, August 26, 2010 by Marta Hepler Drabos*

Annual Summary

We Know. We've Counted.

There are 100,001 homeless people in Michigan.

The Campaign to End Homelessness began in October 2006. Since then, the Michigan State Housing Development Authority (MSHDA) has committed over \$60 million dollars in state and federal resources to ending homelessness.

During calendar year 2009 the Campaign through MSHDA:

- Committed \$6,099,478 for homeless initiatives and assisted 604 households through Tenant Based Rental Assistance (TBRA).
- Implemented the Homeless Assistance Recovery Program (HARP) in all 83 counties in Michigan. Approximately 5,625 households have benefited from rental assistance from this program. MSHDA also provided Housing Case Management grants to each Continuum of Care (CoC) to assist with the HARP process.
- Financed 350 supportive housing units.
- Committed 641 project-based vouchers to make new or rehabilitated units affordable.
- Implemented the \$23 million Homelessness Prevention and Rapid Re-Housing Program (HPRP) in October, 2009. These funds were made available through the American Reinvestment and Recovery Program (ARRA).
- Funded two developments solely for Veterans, and all units have Project-Based Vouchers and supportive services. Silver Star in Battle Creek has 75 units and Piquette Square in Detroit has 150 units.
- Through the Balance of State U.S. Department of Housing and Urban Development (HUD) grant, the Department of Human Services (DHS) provided leasing assistance to 182 households and is funding the cost of 10 housing resource coordinators in rural communities.
- Through another Balance of State HUD grant, the Department of Community Health (DCH) contracted for 581 units of shelter plus care and 295 units of supportive housing for those who were homeless and disabled. Each year these contracts serve over 1,000 individuals. Additionally, outreach was provided for 3,578 people who were homeless or at risk of homelessness and had a mental illness were provided through Projects for Assistance in Transition from Homelessness (PATH).

Support Services:

Campaign Web Site TheCampaignToEndHomelessness.org

The Campaign to End Homelessness in Michigan Web site serves as a one-stop shop for information on various programs and initiatives. The site provides information on best practices, allows providers to share information on experiences and identifies and describes funding opportunities for housing and services to individuals or families who are homeless. The purpose: providing ongoing technical support and capacity-building for local communities. The Web site has the ability to track the progress and implementation of each community's 10-Year Plan to End Homelessness.

- The Michigan Coalition Against Homelessness (MCAH) and the Michigan State Housing Development Authority (MSHDA) partnered to bring 85 AmeriCorps members to the Campaign. From Marquette to Detroit, members are working to fill the gaps in services and improving systems of care. AmeriCorps members link consumers to available housing resources. They also venture into the field, reaching out to homeless persons who are unsure how to obtain assistance. Moreover, members network with other local agencies, coordinating resources for the homeless, generating volunteers for events such as Project Homeless Connect, and follow up with consumers who have been re-housed.
- MCAH has sponsored over 108 Project Homeless Connect (PHC) events, with 50 of these events occurring last year. These events served more than 14,000 people and generated more than 3,100 volunteers. Many communities' PHC events coincide with either their Point in Time Counts, or Homeless Awareness Week.
- The Campaign markets the Michigan Housing Locator, a free online service where landlords list their available rental units so that renters can find an affordable place to live, MichiganHousingLocator.com
- The Corporation for Supportive Housing (CSH) has provided numerous training sessions to bring about systems transformation, from sheltering to housing first. Training in harm reduction, grant management and other key concepts are provided annually.



MSHDA holds an annual Summit on Ending Homeless in the fall. This event allows Michigan providers to share their best practices with others. Speakers who are nationally recognized for their work in ending homelessness also share ideas with attendees.

- The Campaign has developed five workgroups that meet monthly to further develop the initiatives on the state of Michigan's Ten-Year Plan to End Homelessness.
- Through the Campaign, 13 Housing Resource Centers, which represent a one-stop-shop for the homeless, have been established in several Michigan communities.
- Through contracts with 19 programs, Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) was able to provide Transitional Supportive Housing to 1287 adults and children, resulting in 223,260 nights of safe housing in apartments and homes.

The MSHDA Homeless Management Information System (HMIS) allows nonprofit agencies throughout the state to track their performance through the suite of outcome reports. Through the Continuous Quality Improvement (CQI) Initiative, CoC bodies and nonprofit agencies are able to regularly review their performance, determine whether that performance is acceptable by benchmarking with other 'like' providers, and develop strategies to improve where a need is identified.

Through the Campaign, the state of Michigan has been sectioned into eight regions with two regional representatives and one DHS representative per region. This structure allows for broader problem solving capabilities, furthers best practice sharing, and consolidates training efforts.

Testing the Change in Paradigm—HPRP First Grant Year Performance

The First Year Performance of the American Recovery Homeless Prevention and Rapid Rehousing Program

Includes all state and local HPRP fund payments from 7/1/2009 to 6/30/2010.

- 14,892 persons have been helped through HPRP during the initial year of the grant. Because subsidies were designed to be short- or medium-term, providers were asked to screen applicants for those that could be self-sufficient with the limited help authorized by the funds.
- Across Michigan, the majority of recipients, 80 percent, received prevention services designed to help them stay in their existing housing. Twenty percent were homeless households that were rapidly re-housed.
- The program provided a mix of non-financial stabilization services as well as shallow or medium financial subsidies often for rental assistance and utilities. A substantial portion of the clients, 37 percent, were assisted without financial subsidies.

- Family households exceeded single households by nearly one-third. Most families were living in female head-of-household families.
- Nearly one third of adults were working, 31 percent, but the average number of hours was only 27 per week.
- Twenty-six percent had a disability of long duration.
- Eighty-six percent, of the homeless served by HPRP did not have extensive histories of being homeless.
- A relatively high percentage, 35 percent, of those housed at the time of intake had been homeless at least one time in the past.
- More than a quarter, 28 percent, of both homeless and at-risk households reported high medical debt and nearly as many reported an active medical crisis at the time of intake.

Are There Differences Between Those That Are Homeless and Those Merely At-Risk?

All the households asking for help had depleted family, friends and community reserves. Homeless clients were very similar to those requesting prevention assistance with regard to most risk factors. A significant percentage of both groups had experienced evictions, unemployment, lacked basic education, had medical debt and nearly a fourth had an active medical crisis. The homeless were somewhat more likely to have moved frequently in the last year and to have transportation problems that affected their ability to go to work; although a high percentage of both groups also shared these factors.

Risk Factor	At-Risk	Homeless
Have a history of evictions	83%	84%
Moved 2 or more times in the last year	35%	48%
Were recently unemployed	35%	35%
Were unemployed long term	26%	28%
Have transportation problems that impact work	34%	40%
Lack a high school diploma or GED	31%	32%
Have high medical debt	28%	28%
Have an existing medical crisis	24%	20%

Outcomes at Discharge from HPRP:

- Forty-nine percent of participants in the first year have been exited from the program, many after very short stays.
- Eighty-six percent of participants, left after accomplishing the primary goals of the program. Ninety percent of those seeking help to retain their housing, were able to sustain that housing without subsidies at exit. For those homeless that were re-housed with short-term subsidies, 65% were able to sustain housing at exit.
- For homeless persons re-housed, 65 percent, found housing within a month of entering the program.

Methodology

The projection of total homeless persons for 2009 was calculated by multiplying the actual Homeless Management Information System (HMIS) count by the weighted average of the January 2010 coverage estimates provided by each Continuum of Care (CoC). Coverage estimates are used to compensate for the homeless not included in the HMIS count. For example, domestic violence providers are not allowed to report to the system and therefore the actual HMIS count cannot include data from these providers. Coverage has been stable for the last three years ranging between 74 percent and 76 percent. For 2009, the coverage was 74.2 percent. Trending information about the homeless and those at-risk of homelessness is based only on those entered into the HMIS. When estimating coverage, CoCs take the following populations into account.

- Domestic Violence programs are precluded from participation resulting in substantial gaps especially in rural areas where they are often the only shelter.
- While improving, the collection of data from street outreach is incomplete and therefore the count of single persons, especially those who are staying on the street, may be low. We did not include Point In Time (PIT) information from the HMIS in this analysis as it would affect coverage estimates in an unpredictable way.
- Veterans are also under-represented as the federal Veterans Administration (VA) programs are not participating in Michigan and it is common for veterans to not report their veteran status to other types of providers.
- Disability data is based on a sub-set of persons where disability has been assessed during the course of care at discharge.
- Performance data is based solely on those programs that provide services over time and complete a discharge from services.
- 602 agencies statewide are involved in this counting effort. The questions that agencies complete are mainly based on the length of service. Brief service time results in the collection of limited information. Programs that serve over time collect a more complete data set.



Methodology (Continued)

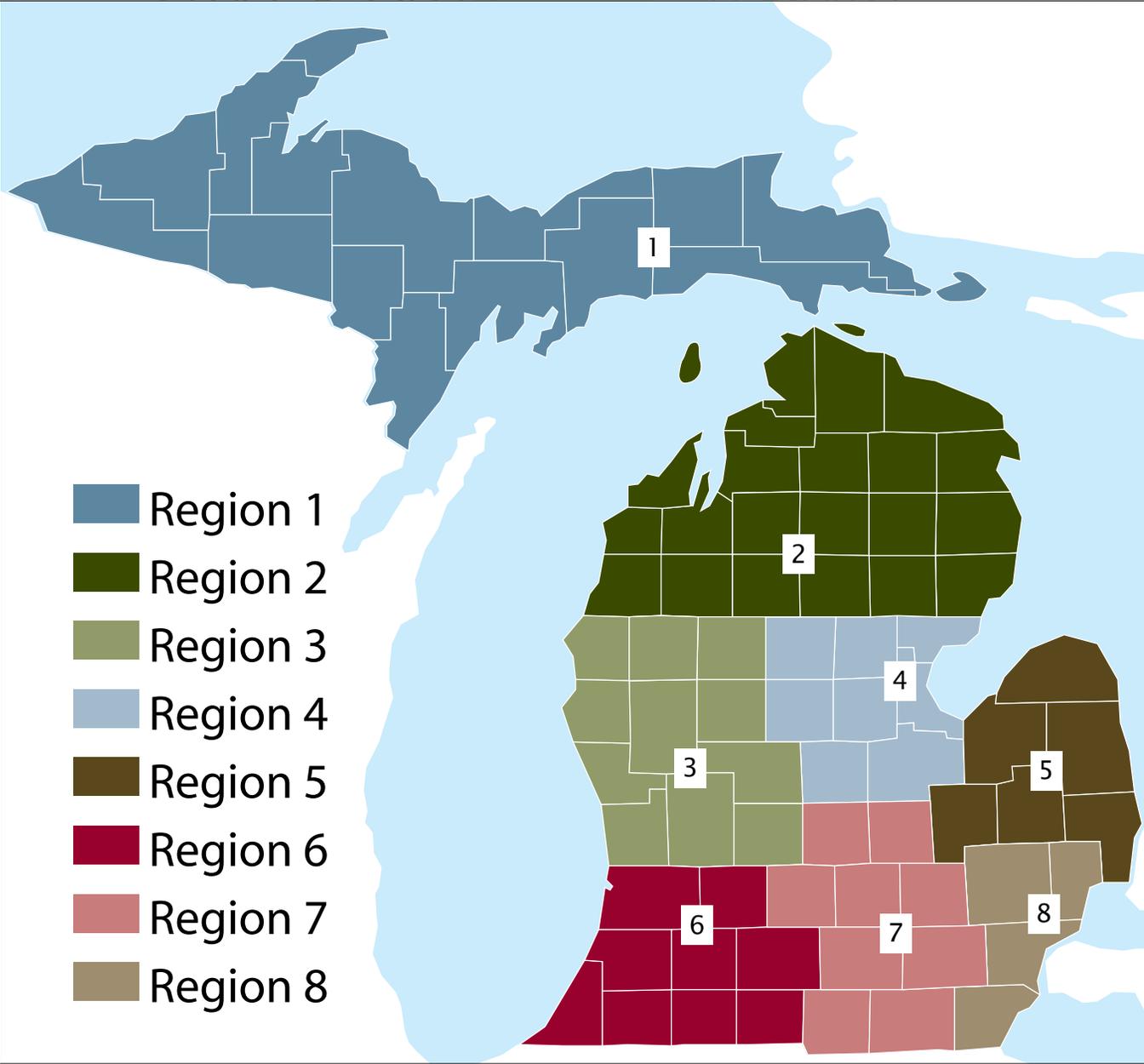
While the basic counting methodology did not change from 2008 to 2009, data for 2008 was re-analyzed in three regions to assure a true comparison due to improvements in the data quality in those regions. All but one CoC are directly reporting into the database. Aggregated counts from Saginaw were provided by local officials and integrated into the HMIS overall and sub-population basic and projected counts. More detailed sub-population information is based solely on HMIS participating CoCs and agencies.

Unduplication—HMIS systems rely on a combination of technology and processes to avoid duplication of records. An algorithm based on each client's name, gender and birth date is generated as identifiers are entered. To support consistency of the data, agency staff requests documentation of identification or the 'name as it is spelled on legal papers.' During 2008, we further stabilized identifying information for those likely to lack documentation by offering picture identification cards through the system. These turned out to be very popular with clients and are used not only to 'scan' clients into services but to help them access other benefits. In 2009, many more consumers were provided scan cards.

Finally, when looking at the summary totals in this report, it is important to remember that the unduplicated total will usually be less than the sum of the regional totals or the sum of the sub-populations (singles, unaccompanied youth, adults in families and children in families). Some clients were served in multiple regions during the year; some clients turned 18 during the year; and finally some presented as both a single and as part of a family during the year.

Please visit mihomeless.org for a complete description of the methodology.

Regional Map



2009 Annual Count Chart

Geographic Location	* Total Homeless in HMIS (Statewide)	** Estimated covered	Projected Homeless (Total/Coverage)	Subpopulation in HMIS (Statewide)	Adult Singles	Chronically Homeless (Subpopulation of singles)	Unaccompanied Youth (Youth who are not in families)	*** Adults in Families	Children in Families	Total Family Households
Region 1	2,063	54.2%	3,804		782	120	19	619	666	453
Region 2	3,937	66.4%	5,931		1,521	366	33	1,209	1,208	871
Region 3	10,152	79.3%	12,798		4,344	754	105	2,971	2,847	2,293
Region 4	3,802	80.9%	4,699		1,710	259	177	797	1,133	247
Region 5	4,920	81.6%	6,029		2,269	707	80	1,192	1,426	992
Region 6	9,634	78.3%	12,309		3,884	768	41	2,813	3,066	2,239
Region 7	13,506	71.4%	18,916		5,425	1,231	188	4,055	4,018	2,982
Region 8	25,847	73.8%	35,019		15,265	5,216	166	5,079	5,560	3,969
Statewide	74,213	74.2%	100,001		35,244	9,581	821	18,822	20,104	14,492

- * Total homeless will be less than the sum of the homeless categories as some clients will be both single and married or turned 18 during the year.
- ** Coverage was calculated by averaging January 2010 Coverage Estimates weighted by count.
- *** Families include only those with minor children.

Comparison Year Projected Counts

Comparison Year Projected Counts

	CY 2008	CY 2009	Change	% Change
Region 1	3,292	3,804	512	15.5%
Region 2	5,219	5,931	712	13.6%
*Region 3	11,769	12,798	1,030	8.7%
Region 4	4,243	4,699	456	10.7%
*Region 5	5,093	6,029	936	18.4%
Region 6	9,865	12,309	2,444	24.8%
*Region 7	15,308	18,916	3,607	23.6%
Region 8	34,642	35,019	377	1.1%
*Statewide 2008	90,286	100,001	9,715	10.8%

* Regional and Statewide data for 2008 was re-analyzed in 3 Regions to assure a true comparison due to changes counting protocols between years.

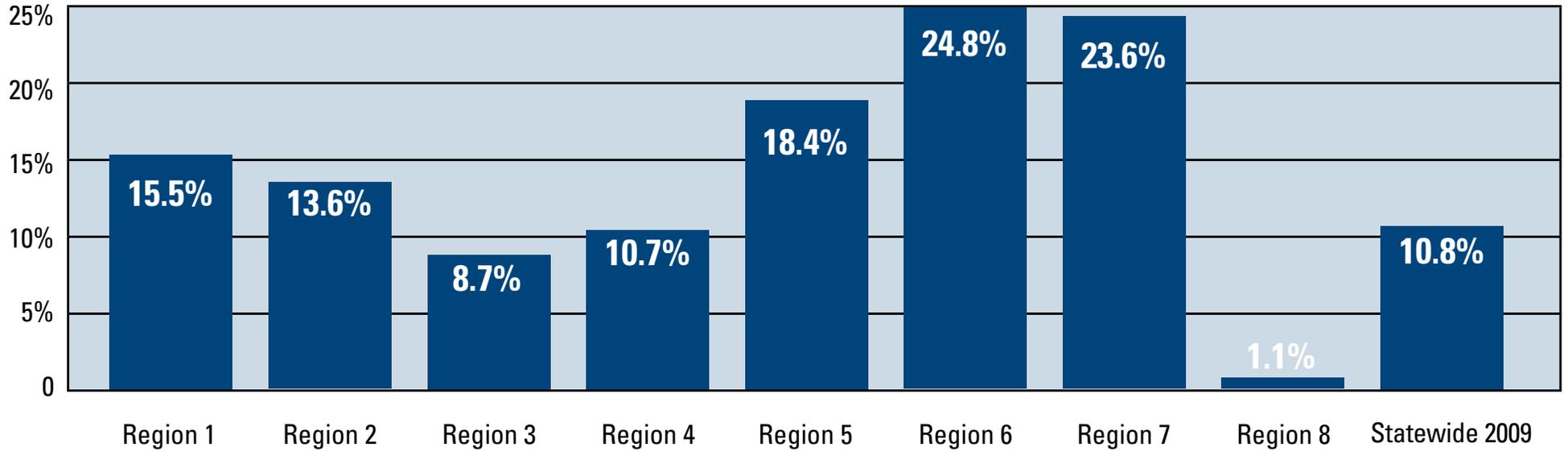
Total Homeless for Chart (2006 to 2009)

Comparison Years	*2006	**2007	2008	2009
Projected 1 Year Count	77,991	78,266	90,286	100,001

* 2006 was calculated by adding Saginaw to the counting report total for 2006.

** The estimate for the total year made in 2007 was about 80,000 however that include Permanent Supportive Housing (PSH) which was removed from subsequent years.

Percent in Change



Percentage increase of families:	10.6%
Percentage increase for single persons:	11.4%

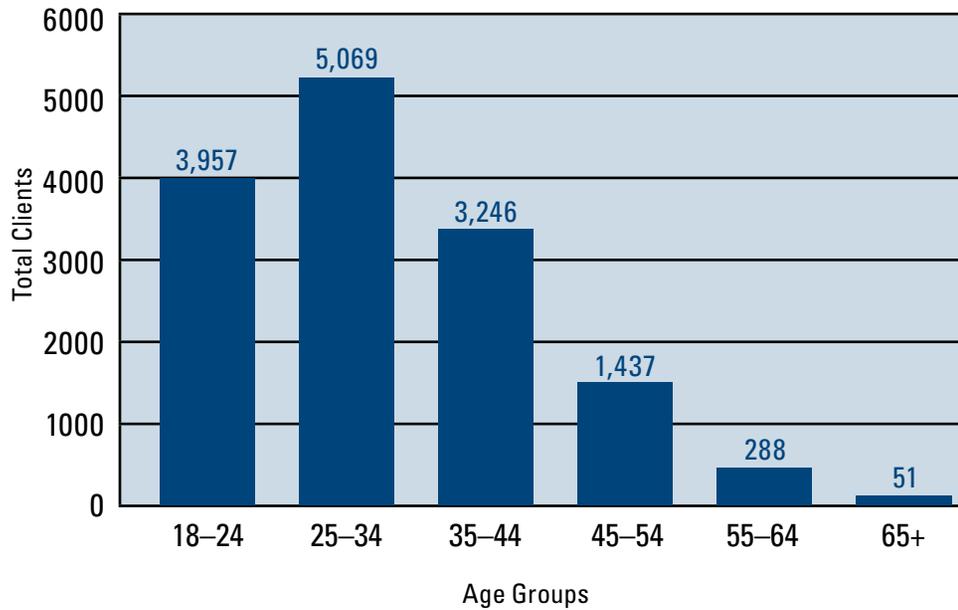
Facts About Families



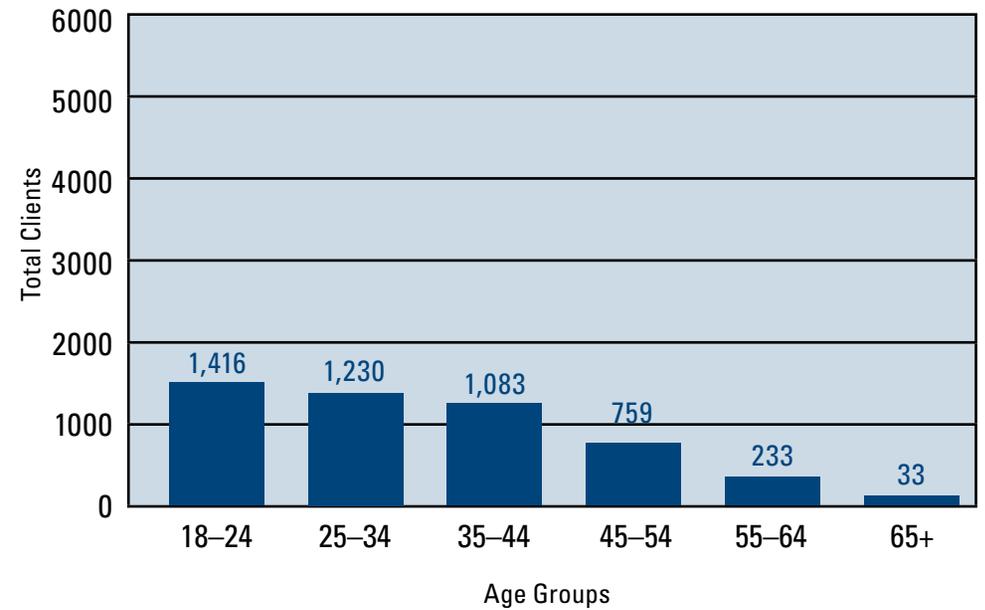
Homeless Families

- About half of the people who are homeless in Michigan, 53 percent, are adults and children in families.
 - Homeless families are largely composed of young women with young children. Some 65 percent of the families who are homeless are headed by women.
 - Nearly 7,000 homeless children are under the age of five and another 6,900 are under the age of 11. The average homeless child is seven years old.
 - Children who are homeless often bounce from school to school and face disruptions and other obstacles that slow their academic progress. Thirty-three percent of their parents had dropped-out of school prior to acquiring a high school education or a GED.
 - In the 2009–2010 school year, Michigan public schools served 22,673 homeless and at-risk students in pre-Kindergarten through 12th grade classrooms.
 - Twenty-nine percent of homeless families are the working poor. Forty-one percent have incomes less than \$500 per month.
- Many homeless families have experienced serious illness, an accident, or lost a job or other source of income. The average monthly income of \$707 for families is so low that a single incident can push them into the streets.
 - There was a 10.1 percent increase in family homelessness between 2008 and 2009, and the problem grew in every region of the state. Fifty-five percent were first time homeless.
 - Between 2007 and 2009, the 2009 Annual Homeless Assessment Report documented a 30% rise in family homelessness nationally. The authors attribute this change to the recession. In spite of being in one of nation's worst state economies, Michigan held the line below the national average at 24% for 2007 through 2009.

Age of Females—Adults in Families



Age of Males—Adults in Families

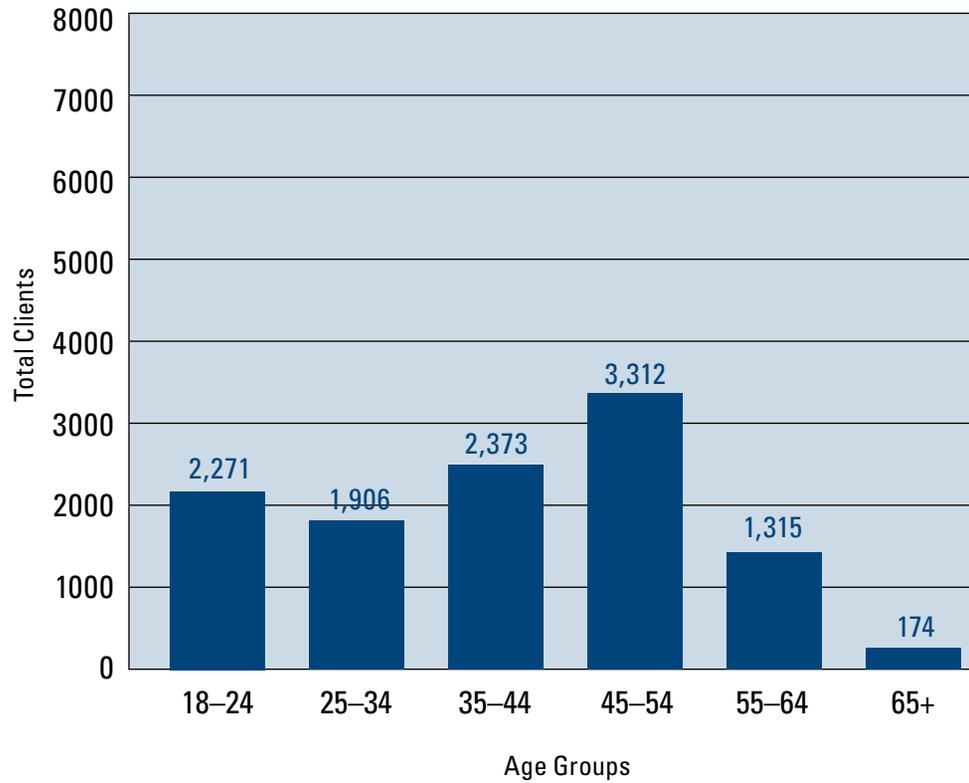




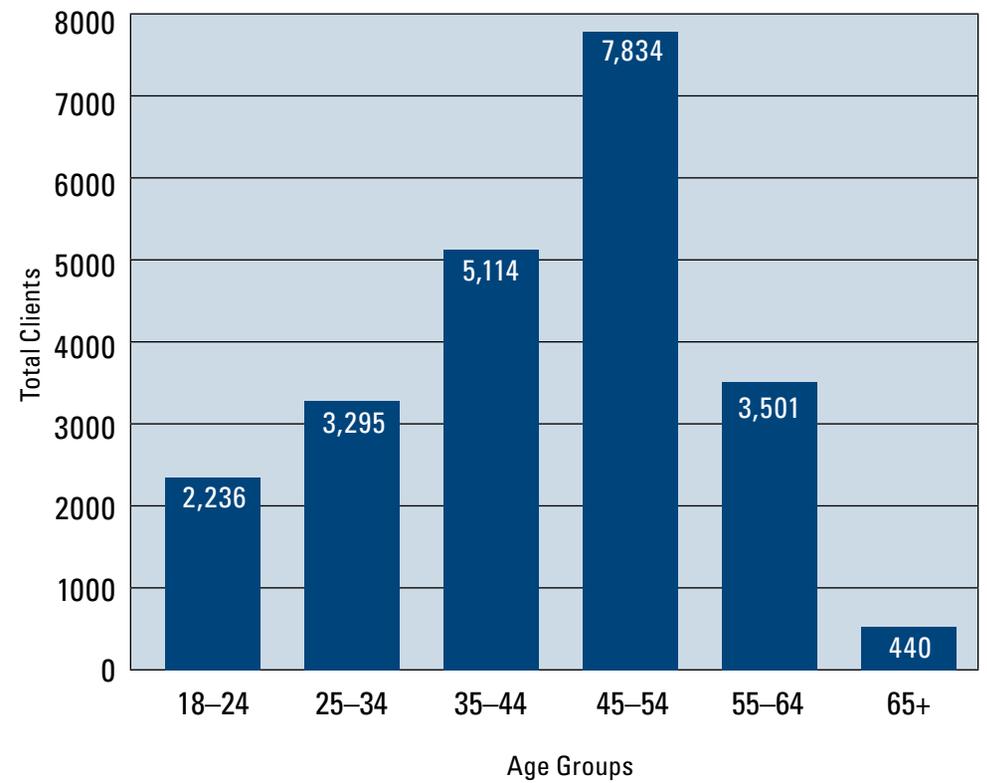
Homeless Singles

- The homeless living in single person households tend to be older and male, 66 percent, with an average age of 42.
- They represent slightly less than half the homeless population, 47 percent, but are frequently the hardest to serve. Many are estranged from their families and lack even the most basic personal support system.
- Sixty-six percent have significant disabilities, most commonly involving mental illness, substance abuse and/or chronic health conditions.
- Very limited public support is available to single persons. Those who cannot qualify for Social Security Income (SSI) are especially vulnerable.
- Seventy percent of homeless singles have incomes of \$500 or less. Reflecting the numbers who have no income other than food stamps, the average monthly income is only \$313.
- During 2009, only 38 percent were homeless for the first time and 62 percent had multiple periods of homelessness. Thirteen percent of those counted met the definition of 'chronically homeless' (extensive periods of homelessness with a co-occurring disability).
- Singles were more likely to be veterans, 10 percent overall, and those defined as chronically homeless were the most likely to be veterans.

Age of Females—Single Adults



Age of Males—Single Adults





More Details About Life Domains

During 2009, nearly ten thousand homeless adults and youth participating in a mix of ongoing programs, including long-stay shelters, transitional and permanent housing, completed Michigan's Self-Sufficiency Matrix at intake and periodically throughout services. Ratings from this tool provided a detailed picture of homelessness across basic needs, health and wellness, functional skills, and family. Analysis of ratings yields a compelling mix of the assets and challenges. It should be noted that the following profile does not represent many who live on the street or only connect to the system through over-night shelters. Beyond housing needs, the following is a profile of what we know about homeless families and singles entering care.

Self-Sufficiency Matrix Profile

Beyond the Need for Basic Housing

Domains	Assets	Challenges
Basic Needs	<ul style="list-style-type: none"> At least some food is available through food stamps, food banks and meals served by shelters. Food stamps are available for both individuals and families. 	<ul style="list-style-type: none"> Consumers are in crisis with regard to income and employment and lack the ability to bridge crisis needs through credit. Access to enough food to meet basic nutritional needs.
Education and Childcare	<ul style="list-style-type: none"> Some safe and affordable childcare is available. Children in families are enrolled and attending school. Most adults have a GED or high school diploma. 	<ul style="list-style-type: none"> While most homeless and runaway teens are enrolled in school, attendance is sporadic and significant behavior problems are affecting their ability to advance. Many adults exhibit deficits with life skills that affect their daily living.
Health	<ul style="list-style-type: none"> Some family members and individuals with disabilities have medical coverage through Medicaid or MiChild. 	<ul style="list-style-type: none"> Adults without disabilities lack access to health insurance.
Family, Friends and Community	<ul style="list-style-type: none"> Family and friends are frequently supportive. 	<ul style="list-style-type: none"> Both public and private transportation are significant challenges. Most are vulnerable with regard to community involvement. Social isolation is common. While supportive, friends and family lack the resources to help financially or with housing.

Children in Public Schools

In 2009, homeless education coordinators worked with 22,673 enrolled children. Homeless children face significant challenges.

“It is critical to keep children and youth in their schools of origin, whenever possible, while they are experiencing homelessness. With each change in schools, students lose four to six months of academic progress. The constant barrage of stressful and traumatic experiences involved in homelessness has profound effects on a child’s development and ability to learn.”

Pam Kies-Lowe, Homeless Education Programs State Coordinator, Michigan Department of Education, Office of Field Services, Special Populations Unit

Developmental and Academic Performance Differences Between Homeless Children and Non-Homeless Children

- Developmental Milestones
 - > Four times more likely to show delayed development
 - > Twice as likely to have learning disabilities as non-homeless children
 - > Three times the rate of emotional and behavioral problems compared to non-homeless children
- Academic Performance Problems
 - > 2.5 times more likely to perform below grade level in math
 - > 1.5 times more likely to perform below grade level in reading
 - > 1.5 times more likely to perform below grade level in spelling
- Health Related Problems
 - > Twice as many ear infections
 - > Four times more likely to have asthma
 - > Four times as many respiratory infections
 - > Five times more gastrointestinal problems

Homeless and Runaway Youth

During 2008 both the youth division of the Department of Human Services (DHS) and the Michigan Department of Education's (MDE) statewide coordinator joined the statewide Campaign to End Homelessness. DHS also joined the HMIS to track performance in 20 homeless and runaway youth programs statewide. Input from both DHS and the MDE has allowed a more complete understanding of young people who are experiencing homelessness or who are at serious risk for becoming homeless.

Homeless and Runaway Youth Programs:

- During 2009, 3954 unduplicated youth between the ages of 11 and 24 were served. The average age was 17. Youth entering programs statewide were slightly more likely to be female, 59 percent. A critical component of all youth services is to engage siblings and parents as much as possible.
- Fifty-eight percent of the youth served were living on the streets or in shelters or were in the process of being evicted from their dwelling, usually the 'couch' of a friend or relative. Among these youth 60 percent were homeless for the first time, 32 percent had been homeless one or two times in the past and eight percent had a long-term pattern of being homeless.
- Twenty-four percent were identified as having a disability of long duration. Of those youth with disabilities identified at discharge, 51 percent had mental health issues. Other common disabilities include chronic health issues and substance abuse.
- Programs participating in this funding stream implemented a tool designed to provide a more accurate view of the youth being served and their progress in care. Homeless and at-risk youth presented almost identically in terms of their function status in the 21 domain areas measured on the Reunification Matrix. Averaged ratings reveal that most youth:
 - > Entered the program living in temporary housing with family or friends.
 - > Were in significant conflict with their families and, if still living at home, were at risk for running away. Some youth are 'throw aways' and for those youth re-unification may not be appropriate or possible.
 - > Were generally enrolled in school, but not attending regularly, and compounding attendance issues, most had recurrent behavior problems that influenced their ability to progress educationally.
 - > Had minimal language skills with only basic reading and writing abilities.
 - > Lacked community involvement and most showed significant stress that affected all aspects of their life.

Homeless and Runaway Youth



Outcomes:

- Measureable improvements were noted in family relations, stress management, engagement in ongoing services, decision making, food, health and substance abuse issues.
- Over 80 percent were able to either remain or return to their home or the home of a relative or were successfully transitioned to independent living. Not surprisingly, the variety of supportive services offered by these programs worked much more efficiently for those children enrolled prior to becoming literally homeless.

2009 Data Summary Table

(HMIS Data Only)

Client Characteristic	Families	Singles	Chronics	*Overall Homeless	Urban	Rural
Total in HMIS accounting for 74.2% of Projected Homeless (Adults, Children in Families, Unaccompanied Youth and Overall)	A: 18,822 C: 20,104	A: 35,244 Y: 821	A: 9,581	74,213 Overall	25,847 Overall	2,063 Overall
Adult men to women ratios	M: 25% F: 75%	M: 66% F: 33%	M: 70% F: 30%	M: 51% F: 49%	M: 57% F: 43%	M: 48% F: 51%
Percent children in families or unaccompanied youth	52%	2%	NA	39%	23%	33%
Average age adults and children	A: 32.35 C: 7.43	A: 42.28 C: 15.18	A: 43.92	A: 37.23 C: 7.43	A: 39.05 C: 7.92	A: 32.86 C: 6.37
Single female head of household	65%	N/A	N/A	N/A	75%	55%
Two parent household	15%	N/A	N/A	N/A	7%	25%
Working poor	29%	18%	14%	21%	18%	27%
Average income	\$706.95	\$312.93	\$264.84	\$397.05	\$323.32	\$436.00
Monthly income of less than \$500.00	41%	70%	74%	63%	68%	60%

Legend: Adults=A Children=C Youth=Y Female=F

2009 Data Summary Table

(HMIS Data Only)

Client Characteristic	Families	Singles	Chronics	*Overall Homeless	Urban	Rural
Presence of a disability of long duration	18%	66%	100%	46%	58%	29%
First-time homeless	55%	38%	0%	47%	43%	61%
One or two times homeless in the past	36%	33%	0%	34%	33%	30%
Homeless multiple times and/or long duration	9%	29%	100%	19%	23%	9%
Dropped out of school prior to diploma and did not earn a GED	33%	31%	34%	32%	34%	30%
GED or High School Diploma (no college)	38%	42%	41%	41%	38%	39%
At least some college or technical school	26%	24%	21%	24%	25%	26%
Self-reported veterans	3%	10%	12%	6%	7%	5%

Legend: Adults=A Children=C Youth=Y Female=F

* Total homeless will be less than the sum of the adults and children from singles and families because some clients will be in both single and family households during a year and some children will turn 18 during the year. Additionally Chronics are a sub-population of single person households.

Domestic Violence

*Information provided by Michigan Domestic Violence Prevention and Treatment Board
Contact: Donna Cornwell, Quality Assurance Program Manager, cornwelld1@michigan.gov*

Domestic violence is a pattern of assaultive and coercive behaviors including physical, sexual and psychological attacks that adults or adolescents use to control their intimate partners. In addition to physical harm, these threats and behaviors cause individuals to feel terrorized, frightened, intimidated, threatened and/or harassed.

Persons victimized by domestic violence often choose to flee the violence by leaving their home, seeking safety for themselves and their children. Often the fleeing victim has limited safe choices. Staying with family and friends may not be feasible. Such accommodations do not provide safety to the victim and children when the violent partner is in pursuit and may put the family member at risk as well. In addition to safety, victims need time and space to heal and may want help in planning their next steps.

The Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) assures that a range of services are available to assist persons victimized by domestic violence, with safe shelter being a cornerstone to that support. Through contracts with 44 agencies MDVPTB is able to assure access to safe shelter in every Michigan county. These shelters are staffed by highly trained individuals who understand the unique dynamics of domestic violence, are alert to safety risks facing the victim, and who work from an empowerment model in assisting the victim in planning next steps.

During 2009 the 44 MDVPTB funded shelters provided the following services:

- 5,643 adult clients were provided shelter (5,614 women and 29 men)
- 5,985 children were provided shelter
- 16 youth victims of intimate partner violence were sheltered
- 251,975 nights of shelter were provided
- An average of 690 persons were sheltered by MDVPTB funded shelters each night
- Each resident stayed in a shelter an average of 22 days
- 7,479 requests for shelter could not be met due to shelters being at capacity

Two important outcomes are associated with staying at the domestic violence shelter. They are assisting the victim in increasing personal safety and assisting the victim in learning about community resources. Outcomes reported for 2009 found that upon leaving a shelter 89 percent of respondents reported an increased knowledge of safety options while 86 percent indicated an increased knowledge of available resources.

Many clients are unable to safely return to their home after a shelter stay and need continued supportive housing in order to move forward with their lives.

Urban and Rural Comparison

Rural Summary

Homeless persons living in rural communities face different challenges than their urban counterparts. For example, in rural environments, transportation and proximity to critical services is often very limited. In addition, there are fewer shelters in rural areas. Therefore, people experiencing homelessness are less likely to live on the street or in a shelter and more likely to live in a car or camper, or with relatives or friends in overcrowded or substandard housing. Oftentimes with overcrowding comes stress and fractured relationships.

Urban Summary

Urban communities struggle with the sheer scope of the homeless numbers. There are more homeless and frequently more history of homelessness within both families and individuals. Families are fractured by homelessness regardless of the environment, however urban families display even higher rates of both single parents and unemployment. Finally, while services are centrally located, needs often exceed resources. Scope also affects communication, collaboration and the ability to rally a coordinated response.

To assess statewide trends, the data is sorted by eight geographic regions. The starkest comparisons between rural and urban homeless populations in Michigan is between Region 1, which represents the Upper Peninsula, and Region 8, which encompasses the densely populated southeast section of the Lower Peninsula, including Detroit. When the data from these regions is compared, the disparity is obvious.

- Sixty-two percent of the homeless persons in Region 1 (rural) are part of a family, compared to 41 percent of the homeless population in Region 8 (urban).
- Rural homeless are more likely to have households composed of two adult parents (25% vs 7%).
- Rural homeless are more likely to be from the working poor (27% vs 18%).
- Rural homeless are more likely to be homeless for the first time (61% vs 43%).
- Urban homeless are more likely to display a disability (58% vs 29%).
- Urban homeless are more likely to have a female head of household (75% vs 55%).
- Urban homeless are more likely to have been homeless multiple times and/or for long durations (23% vs 9%).

While the goal is to end homelessness across the state, reaching the goal involves the use of different tactics.

Outcome Data

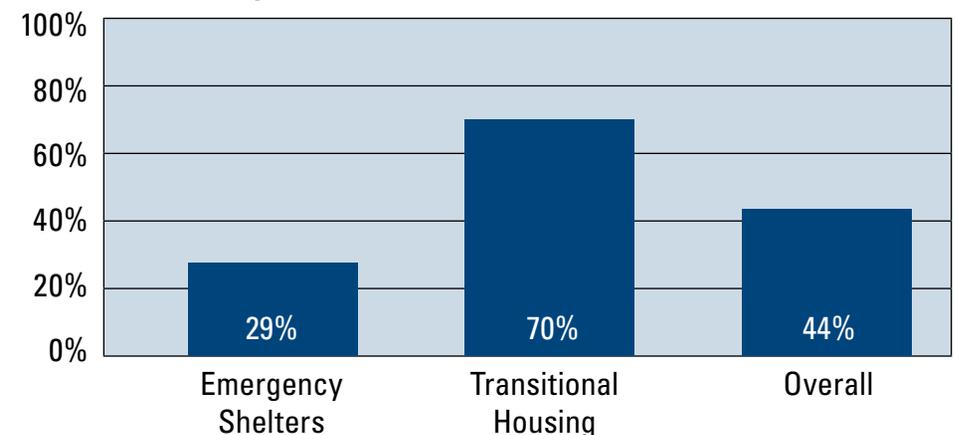
Programs throughout the state track their performance through the suite of outcome reports offered in the HMIS. This year the Campaign to End Homelessness has taken the next step of integrating these and other measures into a 'continuous quality improvement' (CQI) initiative designed to help CoCs and agencies use the information to improve their services. That is, agencies are required to routinely review their performance, determine whether that performance is acceptable by benchmarking with other 'like' providers, and develop strategies to improve or optimize services.

Exit Destination

Across all shelter programs, only 44 percent of clients exiting services in 2009 were discharged into 'stable' housing. Performance levels reflect generally low levels of positive exit, 29 percent in emergency shelters, the most common type of program on the system. Data from these programs reflect a mix of very brief stays of one or two days up to 90 days (average 25 days). In general, exits became more positive with longer stays simply because staffs were more likely to know what happened to consumers that stayed long enough to establish a relationship. Not surprisingly, exits to stable housing for transitional housing were much higher, 70 percent, reflecting the emphasis on supportive services in these programs (average stays of 254 days).

Shelter Type	Positive Housing Destination	Average Length of Stay
Emergency Shelters	29%	26.25
Transitional Housing	70%	254.17
Overall	44%	51.21

Positive Housing Destination



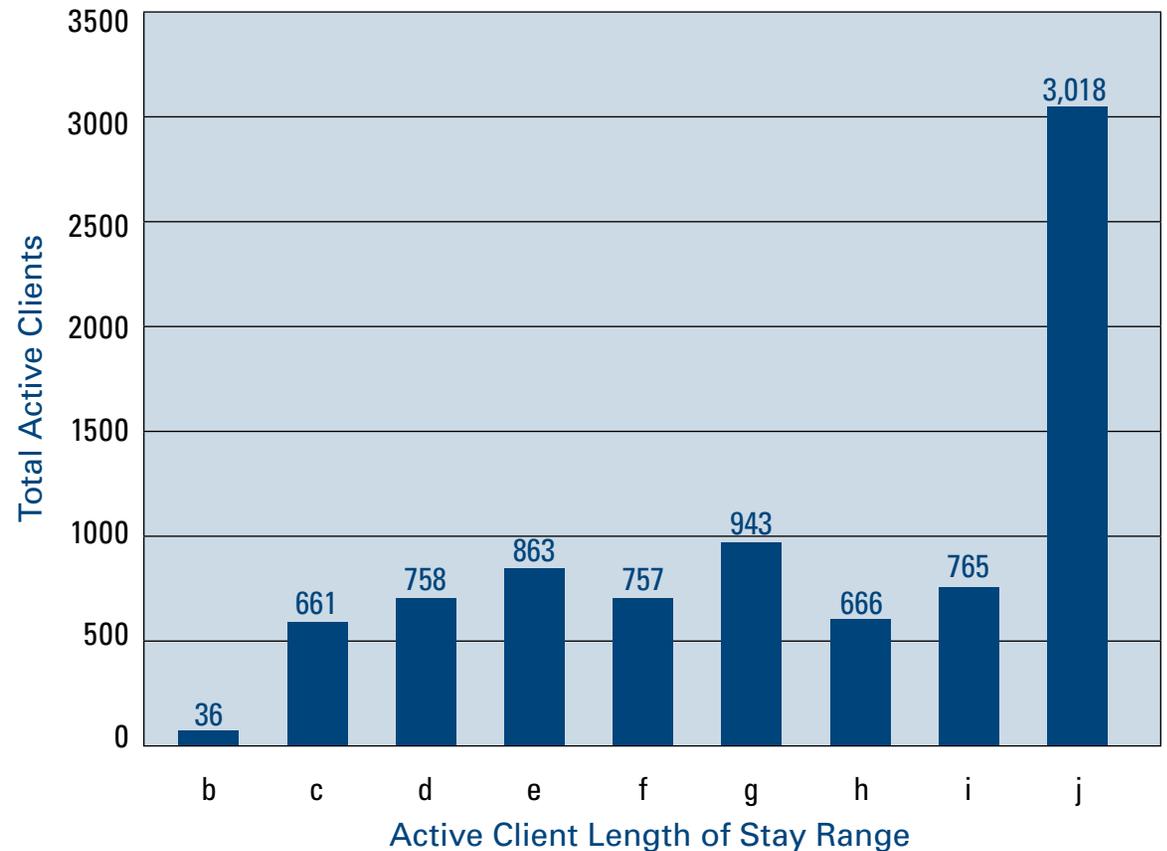
It should be noted that a primary goal of the Campaign is to reduce the length of stay (LOS) in shelters. The strategy is to rapidly re-house persons entering a shelter by improving access to affordable housing. With a housing plan in place on day one, we will not only improve our knowledge of where clients exit to but also raise the likelihood that they will exit to stable housing.

Outcome Data

Retention in Permanent Housing

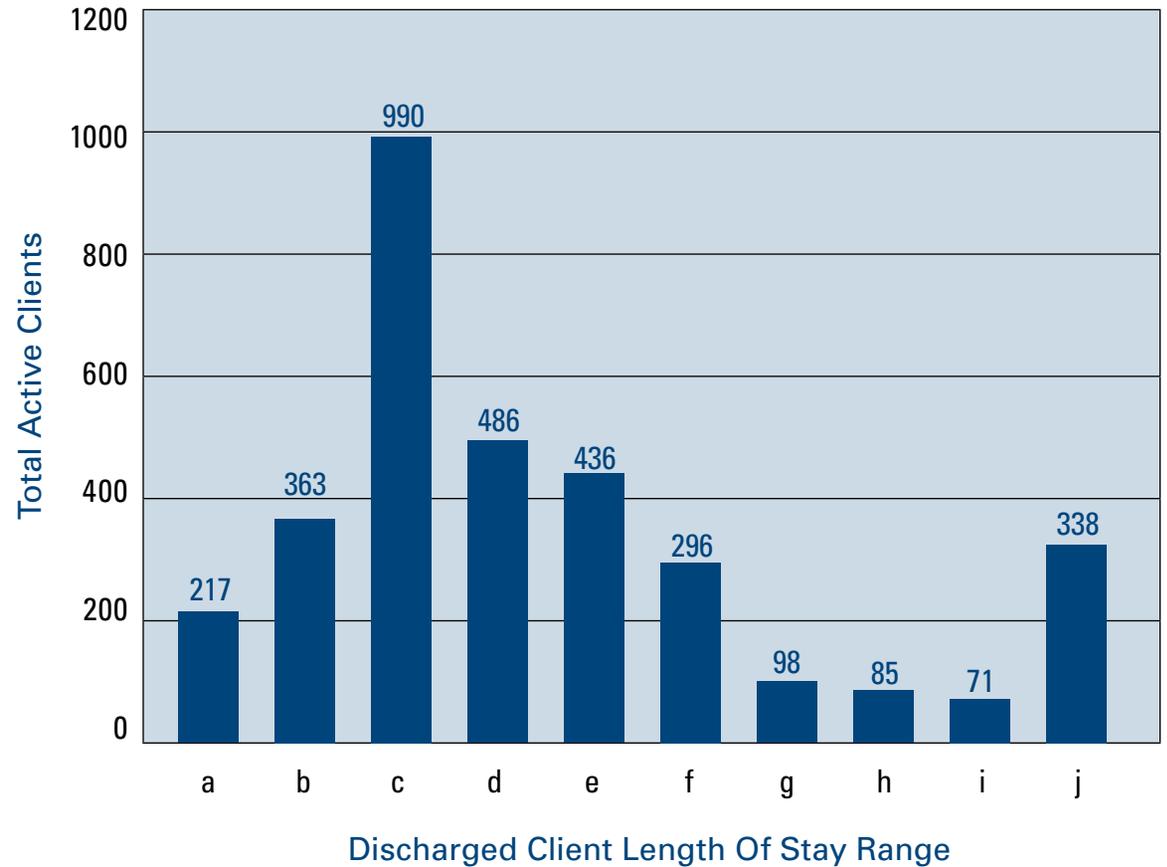
The average stay in permanent housing for those still in housing is over two years (797 days). The amount of time for those who have exited housing was about a year (363 days). Eighty-one percent of programs met the U. S. Department of Housing and Urban Development’s (HUD) goal with stays of seven months or longer. Performance improved over 2008, and 65% of those who left housing with subsidies moved to housing without subsidies. Even though the majority of persons housed are still housed, homeless service programs statewide will be reviewing early exits to insure that household’s have been properly matched to housing and other community resources to optimize long-term stability and reduce recidivism to homelessness.

Active Client Length of Stay Range	Total Active Clients	Percentage
b. 1 to 3 Mo	36	0.43%
c. 4 to 6 Mo	661	7.81%
d. 7 to 9 Mo	758	8.95%
e. 10 to 12 Mo	863	10.19%
f. 13 to 15 Mo	757	8.94%
g. 16 to 18 Mo	943	11.14%
h. 19 to 21 Mo	666	7.87%
i. 22 to 24 Mo	765	9.04%
j. 25 + Mo	3,018	35.64%
Sum	8,467	



Outcome Data

Discharged Client Length Of Stay Range	Total Discharges	Percentage
a. 0 to 30 days	217	6.42%
b. 1 to 3 Mo	363	10.74%
c. 4 to 6 Mo	990	29.29%
d. 7 to 9 Mo	486	14.38%
e. 10 to 12 Mo	436	12.90%
f. 13 to 15 Mo	296	8.76%
g. 16 to 18 Mo	98	2.90%
h. 19 to 21 Mo	85	2.51%
i. 22 to 24 Mo	71	2.10%
j. 25 + Mo	338	10.00%
Sum	3,380	



Outcome Data

Building Self Sufficiency

In addition to tracking length of stay and discharge status, many programs also use the Self-Sufficiency Matrix to identify changes that occur during care. In 2009, measurable improvements were noted in six domain areas.

Life Domains	Crisis	Vulnerable	Safe	Building Capacity	Empowered
Housing	→				
Life Skills			→		
Family Relations		→			
Transportation		→			
Community Involvement		→			
Safety			→		

Income and Employment

Across all programs, 19.25 percent (3,707) persons increased their income during a program engagement. The average increase was about \$105 monthly. Employment accounted for 36 percent of those who improved and SSI accounted for an additional 30 percent. Increases in SSI were the highest to date and reflect the emphasis on SOAR, helping disabled homeless who cannot work to qualify for SSI. The remaining 34 percent involved a mix of income types from Temporary Assistance for Needy Families (TANF) to pensions. The total employed at exit from programs statewide was 29.16 percent.

The Campaign to End Homelessness is Working!

Here's Why . . .

Homelessness ends with a place to live. Those are the key words in the Campaign to End Homelessness declaration and the foundation upon which the Campaign is based. The concept sounds simple enough, but can be easily forgotten if the focus is on shelters and kitchens while ignoring practices like rapid re-housing and support services that can break the cycle of homelessness once and for all.

The good news is **the Campaign is Working** and there are some significant reasons why this is true. It is because the dedicated people, working day in and day out down in the trenches in local communities throughout the state, are focusing their efforts in all the right places. Long-needed systemic changes are being developed and implemented strategically. And unexpected funding from the current administration in the form of federal stimulus dollars helped immensely to advance those efforts even further—and continues to do so.

There is another factor at work here; another reason why the Campaign is working. In fact, solutions to challenging problems almost always appear in human form and this Campaign is no exception. Brent Howell from the Community Action House in Ottawa County is a young AmeriCorps volunteer who exemplifies the attitude and mind set that we see throughout the state from our Continuums of Care. And that is the mind-set and the genuine passion for helping others that will result in either the ultimate success of the Campaign to End Homelessness or its disappointing failure. We are placing our bets on success because of all the Brent Howells out there who are championing this most noble cause. The following is an excerpt from a piece he wrote recently. Following Brent's excerpt are a series of success story 'sound bites' that support our theory of eminent victory.

From the Perspective of a Homeless Service Provider

"When I started my year of service six months ago, I had little or no idea of the reality that I was about to experience; however, I did know two things. First, I finally had the opportunity to help the underrepresented populations that I was passionate about serving. And second, face-to-face interaction with clients was going to be challenging, rewarding and a regular part of my service. With these two certainties came a great deal of excitement, anticipation but also a bit of 'uncertainty.'

My first six months of service has proven to be both a challenge and an amazing adventure. Between the challenge and the adventure, two particular lessons provide significant and noteworthy insight into my service. The first is that the perceived disgrace associated with seeking government assistance for homelessness only serves to create greater barriers for the homeless populations. In addition, I've noticed that programs frequently target specific homeless populations. Many people do not realize that poverty doesn't discriminate. I have clients of all races. I have seen high school drop outs, high school graduates and even college graduates experiencing homelessness. No one is immune to poverty and homelessness.



The second lesson that I am still in the process of understanding is that I cannot help everyone that walks through my door. Every story I hear breaks my heart and motivates me to work even harder for positive outcomes for my clients, but I can only be responsible for how I interact with them while they are responsible for the rest. This reality is not easy to accept, but it is necessary that I recognize it. It is only then that I can effectively serve my community and the underserved.” *Brent Howell, AmeriCorps volunteer, Community Action House, Ottawa County*

TESTIMONIALS: Proofs of Success

From Kathleen Arndt, a North East Michigan Community Service Agency Housing (NEMCSA) Specialist

Success comes in every shape and size. In fact, every person who accepts help is successful. NEMCSA offers a way out. Those in need step forward and take our hand. Fear, insecurity, shame, anger, mistrust, uncertainty, and addiction make it far easier to withdraw than to reach out. True success can be measured only at a particular point in time and only from our own perspective of what is successful.

In any case, we have helped to affect many a success through our homeless and housing programs:

- Housed a chronically homeless 51 year-old man who, for more than a year, has not used crack-cocaine.
- Helped a woman and her three children successfully relocate from an abusive partner of 19 years.
- Changed the behavior of a landlord who now treats a formerly homeless tenant with dignity and respect because of our role modeling.
- Helped a chronically homeless man to become housed under a HARP voucher for over one year.
- Helped a 21 year-old who successfully completed drug court sessions and was drug free 18 months obtain housing through a project based voucher.
- Empowered a homeless couple living in a motel after losing their home due to overwhelming medical bills to become housed through federal HPRP. Though the wife passed away a short time later, they were at peace in their own home.
- Because of our re-housing strategy, many families have been reunited with children who were in foster care.
- Assisted a 26 year-old mother of three to earn her GED through a tutoring program to further her third grade education.
- Helped a man become employed through Experience Works when he had not been working for more than ten years.
- Assisted our community in offering a Project Connect event where over 300 low-income individuals were able to obtain assistance, education and compassion.

These successes are heavily weighted toward re-housing and job training—reflective of the systemic changes in strategy that the Campaign is promoting. Homelessness ends with a place to live and the Campaign to End Homelessness is the catalyst that is making it happen in Michigan!



Thank You from a MOM

I am very happy to let you know the children were in school on Wednesday. Child A only had a couple hours and Child B was told to wait till Thursday to start. But Child A was so hyped when he got out it was very enjoyable to listen to him. I like to never get them to go to sleep Wednesday night because they were so excited about going to school on Thursday. I wanted to make sure I dropped you a note to say THANK YOU, we couldn't of done it with out you. My daughter just kept saying thank-you mom thank you. I really do appreciate all you did to help get the children in school. I can't thank you enough.

*Sincerely,
A Grateful Mom*

For the Media

- **Interested in knowing further information about Project Homeless Connect Events?**

Contact the Michigan Coalition Against Homelessness at 517.485.6536.

- **Want to write an article or do a press release on how your community is working to end homelessness?**

Contact the Michigan State Housing Development Authority Homeless Initiatives Section at 517.241.1609.

- **Interested in knowing who your local school district's Homeless Education Liaison is? Or the number of homeless children and youth enrolled in your district or ISD?**

Contact the Michigan Department of Education's Homeless Education Program Office at 517.241.1162.

The First Step to Ending Homelessness is Understanding Who Homeless People Really Are

One of the biggest obstacles that homeless people face is that of public misconceptions about the causes of homelessness. It's easy to dismiss the homeless population as a group of people who made bad decisions and somehow 'deserve' to be without homes. That perception is what keeps much of the public from actively trying to help.

The truth is that when we talk about 'the homeless,' we're talking about a wide variety of people; veterans, single mothers with children, people with disabilities, families living in their cars, and people who simply lost their jobs and homes during a tough economy and weren't able to get back on their feet quickly enough.

How can citizens and public officials help?

Get Involved

Donate

This might seem to be the most obvious suggestion, but what might not be as obvious is the fact that you can donate without having to write a check.

Clothes

Donating clean, well-maintained clothing is a great way to help people experiencing homelessness protect themselves from the elements as well as improve their chances of successfully interviewing for work.

In-kind services or materials

Homeless shelters need the same kind of support that businesses need, so if you can donate copying, printing, food, transportation, marketing assistance, building materials or maintenance services, that would be a huge help.

Household goods or other items

Kitchen utensils, furniture, books, toys, games, stuffed animals, dolls, diapers and similar items help make homeless shelters more comfortable.

Books

People experiencing homelessness may not have access to libraries, and often find themselves in shelters without very much to do. Providing them with something to read is a good way to lift their spirits. Donating books to a shelter or even organizing a book drive are both great ways to help.

Computers

Many nonprofit organizations need computers but simply don't have the funds to obtain them. If you upgrade to a new machine, consider donating the old one if it's still in working order.

'Survival kits'

Kits with simple things like cups, pots, pans and basic toiletries can soothe a great deal of discomfort for a person experiencing homelessness. Local outreach groups are often able to distribute these kits.

Transition support

Support is also really critical as people transition out of shelters into housing. Raising money for a security deposit or donating babysitting services can make a world of difference to someone who is getting back on his or her feet.



OTHER WAYS TO HELP

Help facilitate job opportunities

Encourage your company, school, or organization to hire people experiencing both homelessness and unemployment. Most unemployed homeless adults desperately want to work, and just need an employer who is willing to give them a chance.

Volunteer

Volunteering time, even if only a few hours a week, at your local homeless shelter is a tremendous help. This could include working in the kitchen or doing administrative or clerical work. You could also volunteer to help fix up shelters or houses.

Follow local politics

It sounds very simple, but simply staying informed and staying vocal is also a great way to help raise awareness of the problem.

Language choices

By using the phrase 'people experiencing homelessness,' you can help subtly remind those around you that people without homes are still people.

For more information about the Campaign or how to get involved, visit TheCampaignToEndHomelessness.org