

Michigan's *10-Year* Plan to End Homelessness

Updated September, 2013



Michigan's Campaign to End
HOMELESSNESS



Michigan's 10-Year Plan to End Homelessness

Our Vision

We believe that housing is a basic need and the elimination of homelessness is an achievable goal. No man, woman, or child should be forced to sleep on the streets, in the woods, or on a cot in a shelter on any night, in any town or city in Michigan.

Together, our vision is to end homelessness by providing the most vulnerable members of our society with access to housing, services, and income supports they need in a timeframe they deserve. We commit to articulate, embrace, and implement local “Plans to End Homelessness” across our entire state.

Our Campaign must span all interested constituent groups: shelters, housing providers, service providers, federal, state, and local agencies, foundations, education entities, businesses, and private citizens. We understand that no one party is more important than the other—an enduring commitment by all is a precondition to achieving our vision. Our effort must secure and maintain extraordinary commitments at the local, regional, and state levels. We will use the best data, provide the best technical assistance and training, and continually search across the country for the best evidence-based practices to bring to Michigan. We will regularly measure our progress and continuously make any needed changes to improve our systems of care, which will lead to the elimination of homelessness.

In the end, we will realize our vision of ending homelessness in Michigan because the collective capacity of our compassion is greater than the depth of this challenge.

History of the Campaign

Background

In 2005, the Michigan State Housing Development Authority (MSHDA) began to align partners and resources toward ending homelessness. In 2006, Michigan announced a statewide plan to end homelessness. It began with community-level plans to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The collaborative groups charged with this responsibility are the Continuum of Care bodies (CoCs). In 2006, there were 476 planning bodies nationwide including 60 in Michigan. Each CoC wrote a 10-year plan to address the issue in each of Michigan's 83 counties. State agencies and private partner organizations created more than 40 innovative statewide programs to address specific needs and provide resources.

Campaign Structure

To nurture ongoing communications and sustained effort on Michigan's Campaign, a structure was put in place early to organize statewide and regional efforts. A steering committee, Michigan's Interagency Council on Homelessness, was formed and now includes representation from a variety of state agency and other partners. This group works collaboratively to align resources, provide training, and oversee the Campaign. The Campaign's eight regions are ongoing forums for communication, idea sharing, streamlining funding, and ensuring consistency in programs

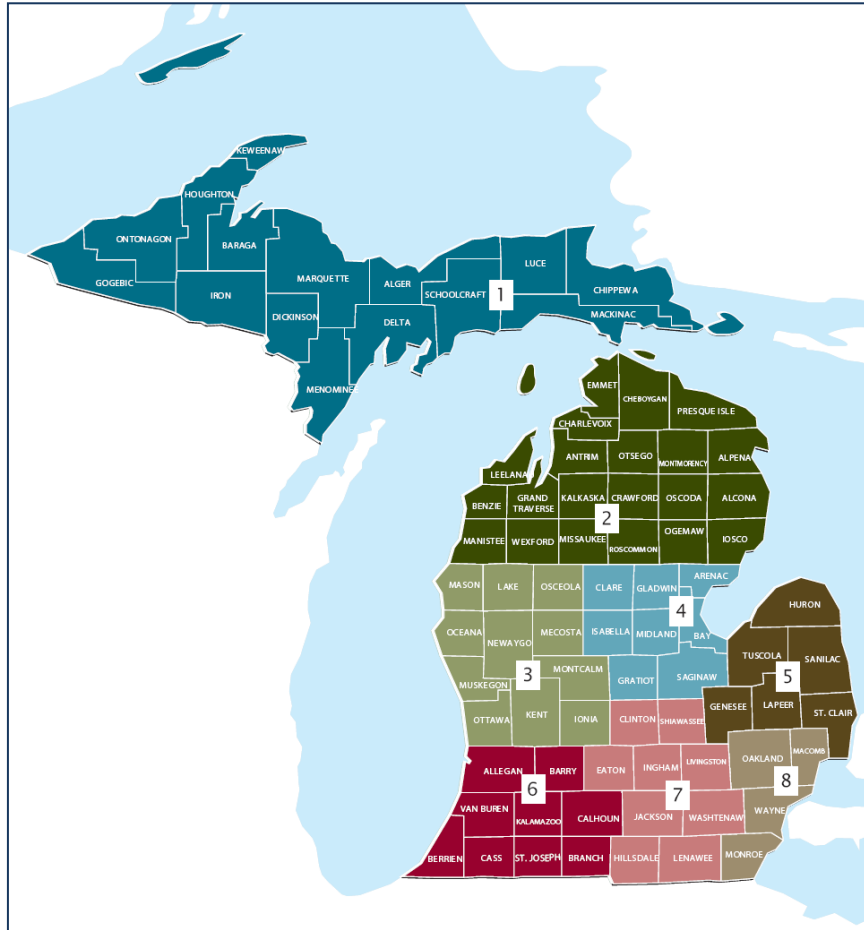


Figure 1: The Campaign Regions

and outcomes for Michigan's most vulnerable residents. In addition, the Campaign includes statewide working groups that bring together individuals focused on particular areas to move the Campaign forward.

The state's Interagency Council is comprised of representatives from:

- CSH (Previously known as Corporation for Supportive Housing)
- Michigan Association of United Ways
- Michigan Coalition Against Homelessness
- Michigan Community Action Agency Association
- Michigan Department of Community Health
- Michigan Department of Corrections
- Michigan Department of Education
- Michigan Department of Human Services
- Michigan League for Public Policy

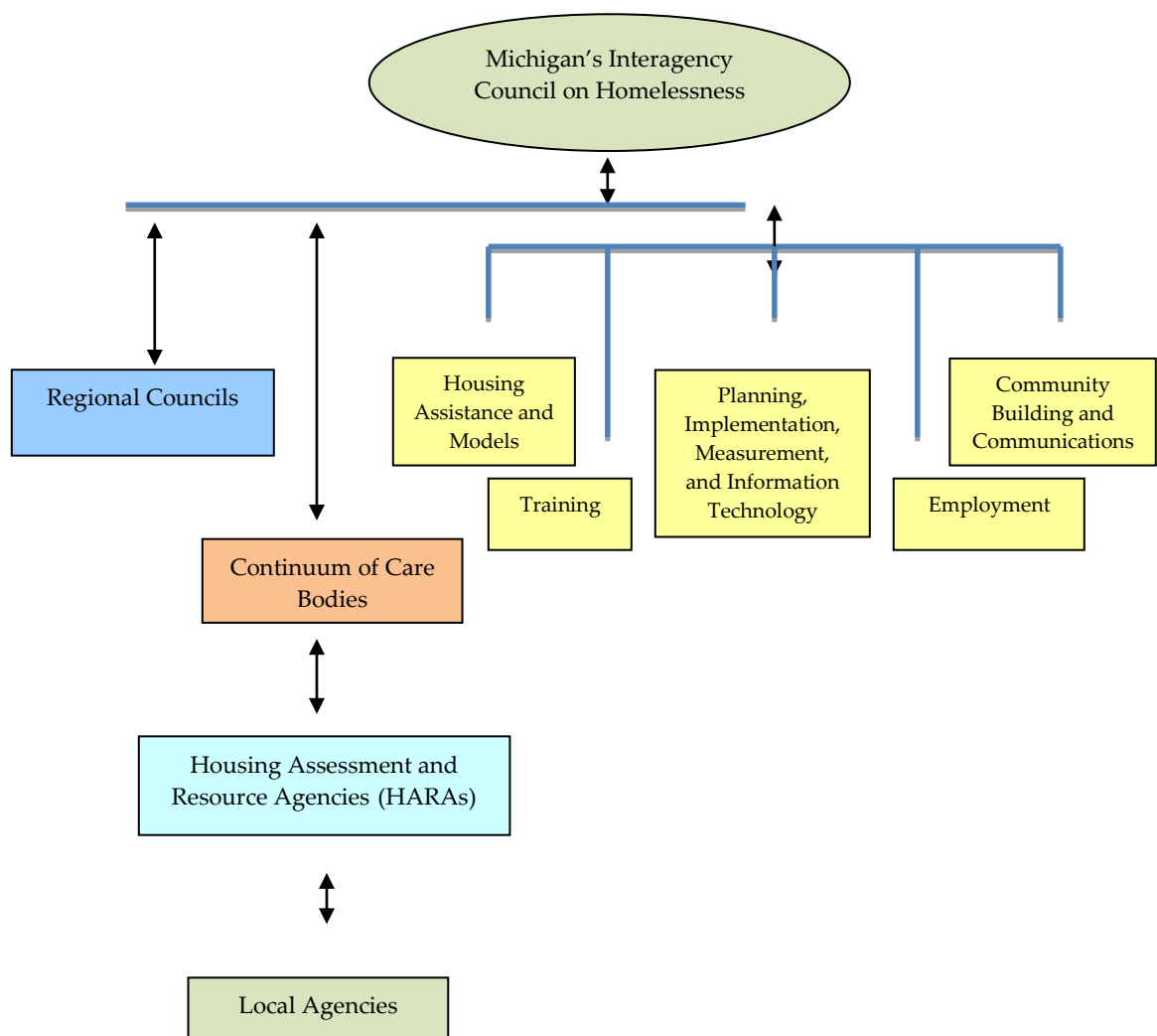
- Michigan State Housing Development Authority
- U.S. Veterans Affairs – Veterans Health Care Administration

The Interagency Council is presently co-chaired by staff from CSH and MDCH. The Regional Councils have leads and members from among their area CoCs.

Communications

Updates about efforts, developing and sharing tools, and conveying best practices are made or completed through the workgroups and via other opportunities to communicate within the Campaign. The Campaign has a website (<http://www.mcteh.org/>) and other outlets for sharing information across Michigan's counties and agencies. Included on the website are spotlight stories about successful activities and outcomes, as well as data reports organized by region and the state-level.

Figure 2: The Campaign Structure



Accomplishments

Michigan has made tremendous progress on addressing homelessness through this structured approach and systems enhancements. Some Campaign accomplishments to date are:

- The state's Homeless Management Information System (MSHMIS) has become increasingly sophisticated and has been made a core resource for decision-making and accountability. The Campaign's website publishes regional data.
- Michigan restructured the service delivery system through the development of coordinated access points. Sixty Housing Assessment and Resource Agencies (HARAs) were funded between 2011 and 2012. The HARAs provide intake and assessment services to streamline the process of applying for resources.
- Michigan has successfully rehoused many of those entering its systems through programs that match resources to need, an emphasis on continuous quality improvement, and a housing first orientation.
 - Between 2010 and 2012, 67% of those entering shelters did not return to a shelter anywhere in Michigan.¹
 - An evaluation of Michigan's State Rapid Rehousing Program funded through the American Recovery and Reinvestment Act followed a total of 4,251 consumers that received short- and medium-term housing vouchers. Ninety-eight percent (98%) of consumers have been able to retain housing for at least a year following the end of subsidies.
 - Transitional housing programs in the state served a total of 15,855 unique persons between July 2009 and June 2012. Consumers that were readmitted to shelter/streets following exit from transitional housing totaled 17%. Of those that went back into shelter, 52% largely did so within the initial half-year (182 days) following exit.
 - Permanent Supportive Housing programs (PSH) that report to the MSHMIS served 9,699 persons in 2012 (all of whom had significant disabilities). Eighty percent (80%) of these left for a stable housing environment, primarily subsidized housing without additional supports or rentals without subsidies.² The average length of stay for those that are still in housing was 1,178 days.
- Beginning in 2007 Michigan created a preference for people experiencing homelessness for all Housing Choice Vouchers distributed by the state.
- The Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program issued 1,220 vouchers in Michigan between 2008 and 2012. HUD/VASH is a collaborative effort to provide subsidized permanent supportive housing for Veterans who qualify. The current focus of this program is on Veterans who meet the criteria for chronic homelessness.

¹ TANF and Michigan General Fund dollars provide support for nearly all sheltering organizations in the State. Those shelters are required to bill from the MSHMIS semi-monthly supporting high levels of participation from shelters statewide. Across all jurisdictions, MSHMIS has 92% shelter bed coverage. Domestic violence (DV) shelters are not represented in this data set, and the consumers that were served through DV programs at the time of rapid rehousing were also excluded.

² The average length of PSH stay for clients active on December 31, 2012 was 1,178 days (3.2 years). Those that left the program averaged 729 days (2 years). Across both active and inactive households, the percentage that exceeded the HUD target of seven months was 88%. Those that left within the first 30 days were more likely to return to homelessness.

- Between 2006 and 2012, \$65 million in funding from state and federal resources went toward unit development, services, and subsidies for individuals and families needing housing in the state. Through project-based vouchers, 2,000 units were created for supportive housing.
- Michigan has broadened knowledge of homelessness and fostered ongoing attention to needs and successful interventions through annual statewide homeless summits and other convening's of professionals, provider trainings, briefings of state legislators, and community Project Homeless Connect events.
- Michigan implemented the HEARTH Act, including:³
 - Retraining thousands of workers on the four categories of homelessness in the revised Federal homeless definition: literally homeless, persons within 14 days of eviction, homeless by another Federal definition, and those fleeing from domestic violence.
 - Beginning the process of changing the flow of dollars to communities with the intent of increasing opportunities for rapidly rehousing those on the street or entering shelters.
- The SOAR program in Michigan has assisted over 2,000 consumers with SSI (Social Security Income) applications. The program has resulted in an average 72% application acceptance rate that resulted in a source of stable income for Michigan's disabled homeless.

State and Federal Resources Available to Campaign Partners

- Project Homeless Connect
- SOAR (SSI Outreach Access and Recovery)
- AmeriCorps placements at partner organizations
- Project-Based Vouchers
- Housing Choice Vouchers
- HUD-VASH Vouchers
- Tenant-Based Rental Assistance
- Supportive Housing Program
- PATH (Projects for Assistance in Transition from Homelessness)
- Shelter Plus Care
- Low Income Housing Tax Credits
- Emergency Solutions Grants
- Housing Case Management Grants
- McKinney-Vento Homeless Education Grants
- Automated Tools to Support Access and Care:
 - Michigan Housing Locator
 - Bridges Benefits Eligibility System (DHS)
 - Michigan State Homeless Management Information System (MSHMIS)

Who We Serve

A total of 93,619 people experienced homelessness during 2012. This data comes from 2,498 Michigan homeless service programs operated by 583 agencies reporting into MSHMIS. The count is further informed by community estimates of uncounted persons served primarily in domestic violence service agencies.

Throughout the first decade of the 21st century, Michigan experienced a significant loss of living-wage jobs. Beginning mid-decade and through the recent recession, many Michiganders experienced declining housing values and were forced into foreclosure. Homeless data reflected the larger economic issues. From 2006 through 2009, the state homeless count increased as the Campaign was in its first years; however, in 2010, the count stabilized and then declined in 2011.

During 2012, major changes were made in the definition of homelessness as well as the homeless service system that participates in the count. Due to these changes, comparisons of overall homeless changes between 2011 and 2012 are not valid. However, one aspect of the definition did not change and does allow for a year-to-year comparison. With 92% of shelters reporting for 2012, there was an estimated 77,245 people that were literally homeless, living in shelters and on the street, a slight increase (+3.55%) over 2011's count of 74,599. Regional comparisons for this category of the definition are presented below. Planners anticipate continuing increases as both local and federal resources continue to decline. Those that are very poor have not shared in the recovery we are currently experiencing.

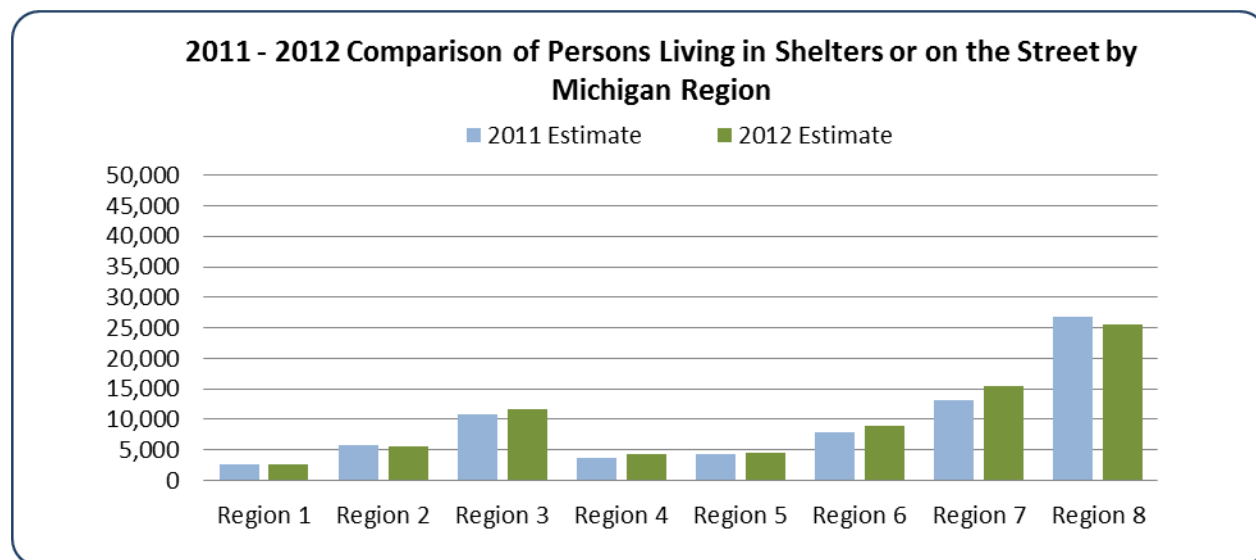


Figure 3

The Campaign to End Homelessness in Michigan was fortuitous in its timing, as it has worked to stave off increasing homelessness during a difficult economic period. Through the Campaign's structure and the ability to use federal stimulus money to promote prevention and rapid rehousing, the Campaign has produced positive client outcomes on multiple measures.

Characteristics of Michigan Sub-Populations Experiencing Homelessness⁴

When examining the characteristics of those who are homeless, we see, not surprisingly, that the single overriding characteristic is poverty. The overall averaged income was less than \$500 per month. Thirty-one percent (31%) of families are working poor; disabilities (45%); medical issues that impact employment and related debt (30%); sudden loss of income (35%); lack of transportation to work (45%); and unstable employment, underemployment, or unemployment (45%) are key factors in homelessness among Michigan residents. Within the family and youth sub-populations, domestic violence and family conflict also play major roles.

Across families and singles, many people are homeless for the first time when they enter the system; in 2012, about 60% of unaccompanied youth, 50% of families, and 30% of singles had not been homeless previously. Prevention of homelessness and rapid rehousing are key strategies being used within the state. In 2012, Michigan refocused its planning to more effectively address chronic homelessness, which is relatively high among singles (about 25% of that category).

Families with Children. Sixty-five percent (65%) of homeless family households in Michigan were composed of a single female parent with young children. 64% of adults in families are under the age of 35. The average age of children that are homeless in Michigan was 6.9 years old, but the highest percentage (38%) is children under the age of five. Forty-nine percent (49%) are White, 47% are Black/African American and the remaining 4% are composed of other minorities. Nearly one-third (33%) of families that were homeless were working poor with very low incomes; the average employment income was \$1,124 per month. Contributing to circumstances is the fact that 19% of the adults in these families have disabilities of long duration, primarily mental health and chronic medical conditions.

Singles. Single individuals who are homeless are typically older (average age of 41) than those in families and more likely to be a racial minority (52% Black/African American and 5% other). 17% were above age 55. While predominately male (63%), the number of females among the single population including unaccompanied youth, increased by 3,133 persons in 2012. Single persons have high levels of disability (66%), predominantly mental health diagnoses and substance abuse. 18% of the singles were working at intake, with very low incomes noted; 70% of single individuals that are homeless earn less than \$500 per month. As with families, most singles have at least a high school education (67%). About one-quarter (25%) of singles are identified as chronically homeless.

Unaccompanied Youth. The number of unaccompanied youth living on the street, in shelters, or doubled-up with an eviction (counted in 2012) increased by 12% from 948 in 2011 to 1,061 in 2012, according to MSHMIS. While children in homeless families show evidence of a 7% disability rate, youth that have left their families have a 26% disability rate. Twenty-nine percent had separated from their families more than once in the past and 11% had long histories of homelessness. The Michigan public schools identified 5,913 unaccompanied homeless youth during the 2011-2012 school year, using the U.S. Education Department definition of homelessness that includes doubled-up living situations. Seventy percent (70%) of Michigan's enrolled homeless students are living in doubled-up housing situations. These youth have

⁴ MSHMIS, 2012 - The data utilized in this document was generated through the Michigan State Homeless Management Information System (MSHMIS), implemented through the Michigan Coalition Against Homelessness (MCAH) and funded by the U.S. Department of Housing and Urban Development (HUD) and the Michigan State Housing Development Authority (MSHDA).

reported significant conflict with their families and, while generally enrolled in school, struggle to graduate high school.

Veterans. A total of 5,813 veterans were served in Michigan during 2012, presenting largely as single households (4,917 or 85%). The overall average age was 49; however, 849 were under the age of 35 (representing more recent military service). The majority, 85% were men; however, a significant number of women (830) were also counted. 4,239 were homeless at least once during the period. The remaining veterans were at serious risk of losing their housing. Overall, 55% reported a disability of long duration. Among those that were homeless, that percentage rose to 60%. 35% were “first time homeless” and 27% had been homeless one or two times in the past. 379 or 24% met the definition of being chronically homeless.

Tracking Outcomes

Stable Housing. In addition to monitoring the numbers of people experiencing homelessness in the state, the Campaign uses MSHMIS to track the outcomes of those served. A total of 41,394 exits (39.7%) were to stable housing. Families were the most likely to exit into housing (57%). Other predictors of an exit to housing were age (adults under age 30 had the most positive rates) and history of homelessness (adults experiencing homelessness for the first time were the most likely to exit into housing).⁵

Income. Discharge status for income was tracked for 40,970 adults served by the homeless system during 2012. At exit, 40% of adults (16,401) had a primary source of income from employment, SSI/SSDI, or TANF. 20% of adults (7,012) increased their income from intake to exit, and 65% (26,773) had at least one source of cash or non-cash aid at exit. The most common cash income was earned income from employment; the most common non-cash income was from the Supplemental Nutrition Assistance Program.

Employment. Thirty-four percent (34% or 14,105) of adults had employment at exit. Among those with follow-up ratings (through the Self-Sufficiency Matrix), 21% improved their employment status during the course of services.⁶ However, unlike many of the other life domains, most consumers with improvements in employment were still judged as “at risk” on exit. The average employment income for families was \$1,124 per month and for singles it was \$673 per month, placing both of these population groups well within the federal poverty levels as measured by the Area Median Income.

⁵ Positive exits include those exiting to various forms of subsidized and non-subsidized housing (rental, home ownership) and doubled-up situations that are perceived to be permanent.

⁶ The Self-Sufficiency Matrix is a tool used nationally to measure progress on 18 domains of living. In 2012, progress was tracked for over 20,000 persons receiving services. The Matrix provides information on completion of steps toward a goal of housing or employment.

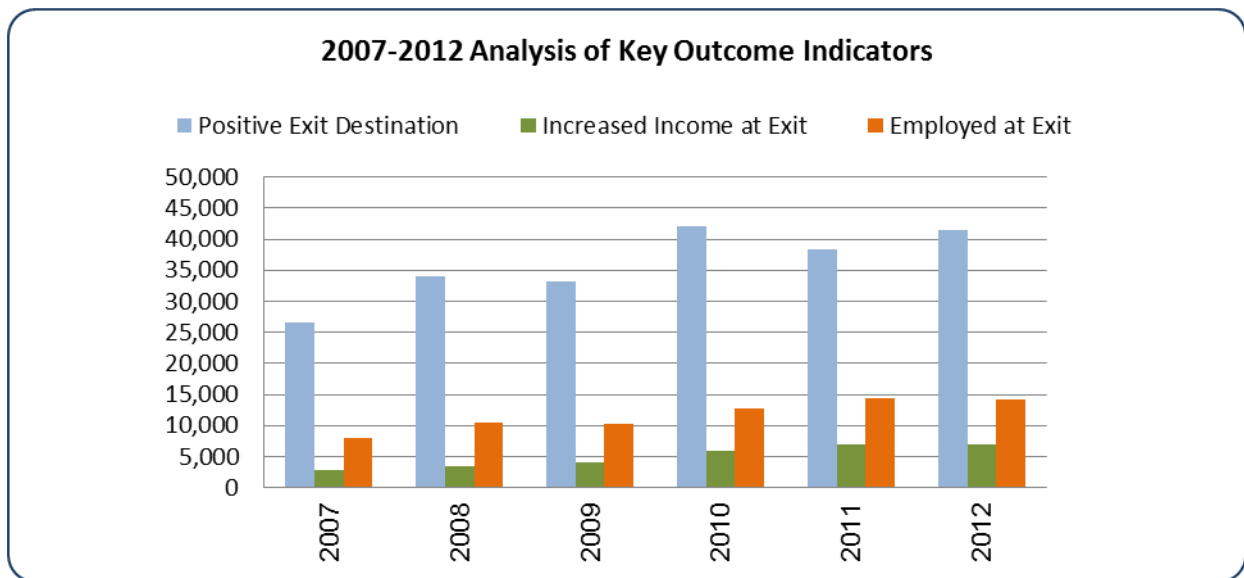


Figure 4

Michigan's Campaign to End Homelessness is focused on improving the stability of housing and the ability to sustain housing through improvements in income and employment. These measures are indicators of the effectiveness of Michigan's service delivery system. (HMIS)?

Future Direction

Michigan's plan will build upon its existing Campaign structure, programs, and best practices to end homelessness in Michigan. In 2013, Michigan's Campaign has placed a renewed emphasis on **ending chronic homelessness** as it continues to be an area that has not seen decreases in recent years, in spite of combined efforts. Chronic homelessness has a huge financial impact on the funds made available from the state and federal government.

In addition, Michigan will work to assist planning bodies to merge by offering financial and technical assistance. Mergers will increase a planning body's capacity and enhance their competitive edge when seeking philanthropic and government funding. This effort will also streamline their work and will reduce overhead and administrative costs.

Challenges do lie ahead, and the challenge of adjusting to fill funding gaps left by sequestration will be ongoing. Ending homelessness requires the ability to gather funds from a variety of sources, to strategize, and come to a consensus on their effective use.

Along with smart financial planning to fill funding gaps, planning bodies will continue to face the challenge of changing mind-sets within organizations to embrace new ideas to end homelessness. People who are homeless must be met at their current level of functioning and Housing first, harm reduction, and progressive engagement approaches must be embraced to end homelessness.

Through collaborative planning, judicious use of resources, merging, and ongoing data review, homelessness will be prevented, or if people do become homeless, rapid re-housing will occur.

Guiding Principles

The Campaign partners will use the following guiding principles to effect positive change:

- Collaboration will enable the Campaign to be more effective.
- Campaign partner resources will be steered to support elements of effective housing assistance that align and coordinate systems of care, continually improve services and systems, and thoughtfully prioritize services to people who are the most vulnerable.
- Together, safe and affordable housing and necessary services allow people who are the most vulnerable to attain success.
- Collecting and reporting quality data is critical for accountability and decision making.

Michigan's Statewide 10-Year Plan Implementation

A Note about the Document's Organization

This revised 10-year plan is organized around the five thematic areas of Opening Doors, and the Federal Strategic Plan to Prevent and End Homelessness, which Michigan sees as equally relevant for its efforts. Michigan has made many gains in these goal areas, but continues to see opportunities to strengthen working relationships, successfully and efficiently reach those most in need, improve service delivery and effectiveness, and otherwise take steps toward stronger outcomes for those at risk of or already experiencing homelessness.

Under each theme area, the objectives and key activities are shown. To track progress on these, the essential metrics per theme will be measured. The "target date" is the point at which the activity will begin.

This plan timeframe is focused on three years: 2013-2015. The plan will be reviewed annually by the Interagency Council and updates made as needed. The Interagency Council will also monitor implementation progress.

Five Organizing Themes

1. Increase leadership, collaboration, and civic engagement
2. Increase access to stable and affordable housing
3. Increase economic security
4. Improve health and stability
5. Retool the homeless crisis response system

Theme 1:

INCREASE LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT

Theme 1 Key Measures of Success:

- Objective 1: Activities completed within 1 year of Plan publication:
 - Core Housing Teams are implemented in at least 50% of the CoCs.
 - 100% of School Districts participating in Homeless Education Grants.
 - Publication of a homeless veterans care protocol designed to support an organized and consistent process to care for veterans that come into the system.
 - At least two new hospital partner projects for either SOAR or FUSE will be launched in the state.
- Objective 2: At least one training/education event and/or targeted education curriculum will be produced for each of the defined action steps 1.2A through 1.2D.

Objective 1: Provide and promote collaborative leadership at all levels of state government and across all sectors to inspire action and commitment by Michigianians to preventing and ending homelessness.

Action Step 1.1A

Implement Core Housing Teams at the CoC level to include housing agents, re-entry case managers, HARA staff, and others as appropriate, in order to improve coordination among providers.

Lead Partner: Michigan State Housing Development Authority

Target Date: January 2013

Action Step 1.1B

By the end of the 2014-15 school year, 100% of all public school districts will participate in MDE's McKinney-Vento Homeless Education grants, ensuring that the educational safety net for children/youth that are homeless is statewide. Collaborate with other service providers, schools, agencies, and departments throughout the state to identify and serve families, children, and unaccompanied youth. Ensure that each child who is experiencing homelessness has access to the same free, appropriate public education, including a public preschool education, as provided to other children and youth.

Lead Partner: Michigan Department of Education

Target Date: Ongoing

Action Step 1.1C

Increase coordination across partners serving veterans, from the federal to local levels, including the mapping resources and access points, and providing guidance on intake.

Lead Partner: Veterans Affairs

Target Date: March 2013

Action Step 1.1D

Engage health and hospital leaders in discussions to determine ways to work together through an advisory group.

Lead Partner: Michigan Association of United Ways

Target Date: November 2013

Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.

Action Step 1.2A

Communicate with and mobilize policymakers, new partner organizations, business leaders, and the public regarding homelessness in Michigan and Campaign efforts.

Lead Partner: Michigan Coalition Against Homelessness, Michigan League for Public Policy

Target Date: Ongoing

Action Step 1.2B

Increase Community Mental Health agencies and other service provider knowledge of the Campaign.

Lead Partner: Michigan Department of Community Health

Target Date: Ongoing

Action Step: 1.2C

Expand Campaign leadership knowledge of the needs of subpopulations facing homelessness.

Lead Partners: Michigan Departments of Human Services and Education

Target Date: October 2013

Action Step 1.2D

Collaborate with Campaign partner organizations to respond to Federal policy changes.

Lead Partner: Michigan Coalition Against Homelessness, CSH.

Target Date: Ongoing

Theme 2:

INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

Theme 2 Key Measures of Success:

- Objective 1: Within one year of the Plan date:
 - Rates of exit into housing for homeless persons through the Coordinated Intake Process will improve by 10 percentage points for those over 55 and under age 30, chronically homeless, and veterans.
 - At least 100 persons that are frequent users of crisis systems will be housed with a variety of state or federal resources.
 - Complete the activities defined in Action Steps 2. Evidence of completion may include resource maps, policies and procedures from local HARAs, evaluation studies, and other written documentation as appropriate.
- Objective 2:
 - Rates of housing retention for those at risk of homelessness will improve by 10 percentage points through the Coordinated Intake Process.
 - Targeted population counts by county will be produced quarterly for those at the “front door” of the homeless services system to support planning for vouchers as well as other housing services.

Objective 1: Provide affordable housing to people experiencing or most at risk of homelessness.

Action Step 2.1A

Encourage alignment of resources to meet the needs of the aging.

Lead Partner: Michigan Department of Community Health, Michigan Community Action Agency Association

Target Date: Ongoing

Action Step 2.1B

Improve utilization of the Housing Choice Voucher program so people most in need are identified and are housed more quickly, including refining the assessment and waiting list protocols.

Lead Partner: Michigan State Housing Development Authority

Target Date: March 2013

Action Step 2.1C

Increase the number of HUD-VASH vouchers coming into the state, and reduce barriers to the acceptance, utilization, and deployment of the vouchers.

Lead Partners: U.S. Department of Veterans Affairs, U.S. Department of Housing and Urban Development, various housing authorities

Target Date: Ongoing

Action Step 2.1D

Explore alternatives for housing for single individuals who are homeless and increase local partnerships for early intervention and prevention.

Lead Partners: Michigan Departments of Human Services and Community Health

Target Date: Ongoing

Action Step 2.1E

Examine the effectiveness of the two-site pilot aiming to improve housing stability for those leaving prison and maximize state agency resources.

Lead Partners: Michigan State Housing Development Authority, Michigan Department of Corrections

Target Date: Ongoing

Objective 2: Provide permanent supportive housing to prevent and end homelessness.

Action Step 2.2A

Use MSHMIS data to better identify people who are chronically homeless and those who are accessing homeless services more frequently to enable more effective outreach services.

Lead Partner: Michigan Coalition Against Homelessness

Target Date: January 2013

Action Step 2.2B

Prioritize resources to focus on the hardest-to-serve populations. Tie incentives with performance outcomes.

Lead Partner: Michigan State Housing Development Authority, Michigan Department of Human Services

Target Date: May 2013

Theme 3:

INCREASE ECONOMIC SECURITY

Theme 3 Key Measures of Success:

➤ **Objectives 1 and 2:**

➤ Objectives 1 and 2:

- At least five CoCs will adopt / implement the protocol developed by the Employment workgroup for optimizing the linkage between homeless consumers and Michigan Works.
- The year-to-year number of homeless persons employed at exit or receiving TANF or SSI/SSDI will increase by 10% overall and specifically for veterans, chronically homeless, and families and children.
- 90% of chronically homeless persons assessed through Michigan's HARA's will be evaluated for referral to SOAR.

Objective 1: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.

Action Step 3.1A

Build connections to transportation for veterans through the 2-1-1 platform utilizing the Veterans Transportation and Community Living Initiative.

Lead Partner: Michigan Association of United Ways

Target Date: March 2013 (two-year grant)

Action Step 3.1B

Improve access to the Michigan Works! One-Stop system for training and employment opportunities for those who are homeless by building knowledge of homelessness within the staff of the centers and among homeless service providers, as well as other means.

Lead Partner: Campaign's Employment workgroup

Target Date: May 2013

Objective 2: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.

Action Step 3.2A

Make connections to work supports through non-profits using the Michigan Benefits Access program.

Lead Partner: Michigan Association of United Ways

Target Date: May 15, 2013

Action Step 3.2B

Connect veterans to entitlement benefits they may be eligible for through the Veterans AmeriCorps program.

Lead Partners: Michigan Association of United Ways, U.S. Veterans Affairs

Target Date: March 2013

Action Step 3.2C

Continue to promote the statewide use of SOAR to expand successful SSDI/SSI applications.

Lead Partner: Michigan Department of Community Health

Target Date: January 2013

Action Step 3.2D

Improve the coordination of services to veterans. Participate in the SAMSHA's Service Members and Veterans and their Families Policy Academy to improve the coordination of services for veterans.

Lead Partners: U. S. Department of Veterans Affairs, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Department of Military and Veteran Affairs (invited), and the Michigan State Housing Development Authority

Target Date: December 2013

Theme 4: IMPROVE HEALTH AND STABILITY

Theme 4 Key Measures of Success:

- Objectives 1 and 2:

- At least 10 frequent users will be identified by FUSE Projects by July 1, 2013.
- At least two additional Hospital SOAR projects will be launched.
- At least two Veterans Counts will provide input into at least two local Campaign to End Homelessness plans.
- 90% chronically homeless persons will have health coverage as measured on the Self Sufficiency Matrix.

Objective 1: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.

Action Step 4.1A

Examine lessons learned from FUSE initiatives in Michigan and nationally, and plan for policy changes that affect health care services access and coordination.

Lead Partners: Michigan Department of Community Health, CSH

Target Date: Ongoing

Action Step 4.1B

Expand access to benefits through hospital engagement with SOAR.

Lead Partner: Michigan Department of Community Health

Target Date: Ongoing

Objective 2: Advance health and housing stability for people experiencing homelessness that have frequent contact with hospitals and criminal justice.

Action Step 4.2A

Use the Homeless Patient Aligned Care and PATH teams to provide outreach and targeted engagement to veterans and others who are chronically homeless to connect those veterans to primary care services and housing.

Lead Partner: U.S. Veterans Affairs, CSH, Michigan Department of Community Health

Target Date: Ongoing

Action Step 4.2B

Use prison and jail outreach to connect veterans with services and benefits before release, and aid veterans with justice through the veterans courts.

Lead Partner: U.S. Veterans Affairs

Target Date: Ongoing

Theme 5:

RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM

Theme 5 Key Measures of Success:

- Objective 1:
 - At least three completed Balance of State and/or Independent Jurisdictions planning group mergers will occur by October 1, 2014.

- At least 25% of CoCs will document in their policies and procedures/written plan characteristics of high performing advanced coordinated assessment to include rapid access, effective triage, staff training, information sharing, guided referral, and waiting lists.
- At least 50% of CoCs will utilize at least one of the functional abilities of HMIS (Eligibility Point, Fund Manager, targeted sharing, coordinated care plans, bed availability, and homeless certification).

Objective 1: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

Action Step 5.1A

Improve services in rural communities by identifying opportunities to support the blending of local planning groups.

Lead Partner: Michigan State Housing Development Authority

Target Date: October 2013

Action Step 5.1B

Improve accountability to consumers and partners by strengthening state reporting requirements, defining minimum standards, and developing a triage system to identify those with the most need. Provide education and training regarding practices nationally and within the state to aid with prioritization.

Lead Partner: Michigan State Housing Development Authority, Michigan Department of Human Services

Target Date: Ongoing

Action Step 5.1C

Enhance the coordinated access structure by redirecting the funding sources distributed through the HARAs and provide technical assistance to increase the HARA capacity to manage to manage these funds.

Lead Partner: Michigan State Housing Development Authority, Michigan Department of Human Services

Target Date: October 2013

Action Step 5.1D

Use data and the functional abilities of the MSHMIS to improve capacity within the HARAs, particularly concerning data trend origination.

Lead Partner: Michigan Coalition Against Homelessness

Target Date: Ongoing

Attachment A: Who We Serve – Detail for 2012

Table 1: Michigan Homeless Count, 2012

Geographic Location	Total Unduplicated Homeless Counted in MSHMIS	Estimate from Other Sources [^]	Overall Unduplicated People Experiencing Homelessness	Estimated Coverage ^{**}
Region 1	2,530	2,082	4,612	54.9%
Region 2	4,459	2,586	7,045	63.3%
Region 3	11,000	3,657	14,657	75.0%
Region 4	3,445	1,426	4,871	70.7%
Region 5	4,357	1,421	5,778	75.4%
Region 6	9,269	3,083	12,352	75.0%
Region 7	12,842	5,420	18,262	70.3%
Region 8	25,268	3,480	28,748	87.9%
Total Unduplicated Persons:	71,817	21,802	93,619*	76.7%

[^] Domestic violence shelters and other services not participating in MSHMIS.

*The sum of the unduplicated regional counts is greater than the overall unduplicated count as 1,779 (1,353 MSHMIS and 426 other) persons were served in multiple regions.

**Percentage of total persons experiencing homelessness counted in MSHMIS.

Figure 1: MI Homeless Student Enrollment by Nighttime Residence, 2011-2012

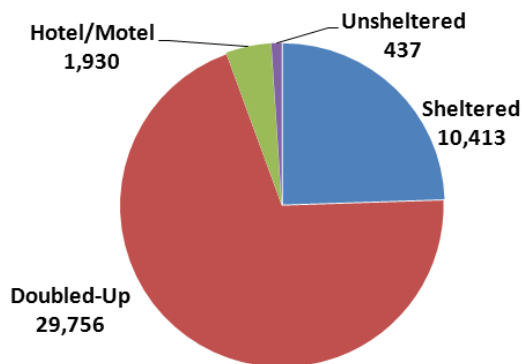


Figure 2: Enrolled Unaccompanied Homeless Youth by School Year

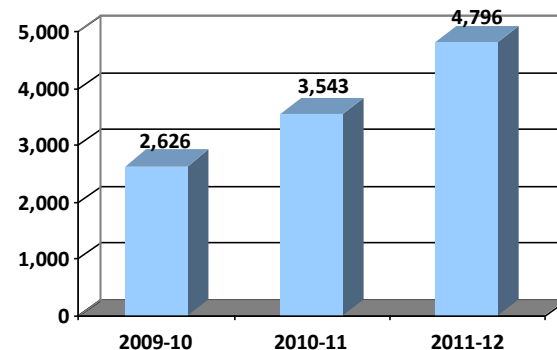


Table 2: Michigan Sub-Population Summary, 2012

Client Characteristics	Adults in Families	Children in Families	Single Adults	Single Youth		Overall Homeless	Chronically Homeless ⁷
Total in MSHMIS 77% of Overall Homeless	16,124 Adults in 14,479 Households	19,411	39,025	1,061	3,804 persons reported as part of a family and as a single during the year.	71,817	9,721
Male	26%	49%	63%	43%		47%	66%
Female	74%	50%	37%	57%		52%	34%
Age 0 to 4	NA	38%	NA	NA		11%	NA
Age 5 to 10	NA	33%	NA	NA		9%	NA
Age 10 to 17	NA	29%	NA	100%		9%	0%
Age 18 to 34	64%	NA	33%	NA		30%	23%
Age 35 to 54	33%	NA	49%	NA		32%	56%
Age 55+	4%	NA	17%	NA		10%	20%
Avg. Age Adults	32.2	6.9	41.0	16.1		29.9	44.3
White	49%	41%	43%	56%		44%	38%
African American	47%	53%	52%	39%		51%	58%
Other Race	4%	6%	5%	5%		5%	4%
Working Poor at Intake	31%	NA	18%	NA		21%	11%
Average Monthly Income (all sources)	\$658.92	NA	\$319.62	NA		\$379.87	\$112.02
Mo Income < \$500	53%	NA	70%	NA		65%	68%
Disability of long duration – overall and by specific disability at discharge	19% overall MH-52% Medical-33% Physical-14%	7%	66% overall MH-69% Subst Ab-35% Medical-32%	26%		45% overall MH-66% Medical-33% Subst Ab-31%	100%
First Time Homeless (adults)	49%	52%	35%	60%		43%	NA
Homeless 1-2 Times in the Past (adults)	37%	37%	32%	29%		34%	NA
Homeless Multiple Times &/or Long Duration (adults)	14%	11%	33%	11%		23%	100%
Dropped Out of School Prior to Earning Diploma (did not earn GED)	33%	NA	32%	NA		32%	34%
GED or High School Diploma (no college)	37%	NA	41%	NA		40%	40%
At Least Some College or Technical School Attendance	30%	NA	26%	NA		32%	26%

⁷ Those identified as chronically homeless may be identified as part of a family for the first time in 2012. However, they represent a small portion of the overall chronic population that is largely single, disproportionately male and older.