III. Housing and Homeless Needs Assessment

A. General Housing Needs and Categories of Affected Persons

Housing Problems by Household Type

Housing problems in this analysis are caused by two factors. The first is associated with housing quality; households that live in a property that lacks complete plumbing facilities or is overcrowded are said to have a housing problem. While formerly an important issue in the state, substandard units have been declining in number for many years. Much more important currently is overburden, the second cause of housing problems. A household paying more than 30 percent of its income for shelter is said to be overburdened.

The next series of tables shows the occurrence of housing problems among Michigan households. These include:

- All households
- Racial and Ethnic groups
- Elderly households (those headed by persons at least 65 years of age)
- Small Related households (Family households with 2 to 4 members)
- Large Related households (Family households with at least 5 members)
- Other Small households (single or two-person non-family households)
- Other households (non-family households with at least three members).

Table One below shows the incidence of housing problems (regardless of source) among all households. Not surprisingly, lower-income households tend to have more housing problems—83 percent of owners and 80 percent of renters making less than 30 percent of median report housing problems. This compares with about 16 percent of owners and ten percent of renters earning at least 80 percent of median reporting the same issue. Overall, regardless of income, about 29 percent of owners and 52 percent of renters have housing problems. This equates to about 1.3 million households around the state.

Table 1: Housing Problems by Income Level and Tenure, 2008

Source: U.S. Bureau of the Census, 2008 American Community Survey

	Median Income Category									
	Below 30%		30% to 50%		50% to 80%		Over 80%		Grand Total	
Tenure and Presence of Housing Problems	#	%	#	%	#	%	#	%	#	%
Owner:										
Housing Problem Present	**165,793**	**83.0%**	**159,168**	**62.5%**	**209,075**	**43.8%**	**297,158**	**15.7%**	**831,194**	**29.4%**
No Housing Problem Present	33,877	17.0%	95,443	37.5%	268,472	56.2%	1,594,975	84.3%	1,992,767	70.6%
Renter:										
Housing Problem Present	**246,740**	**80.4%**	**146,619**	**79.7%**	**89,860**	**42.8%**	**27,311**	**9.6%**	**510,530**	**51.7%**
No Housing Problem Present	60,321	19.6%	37,249	20.3%	120,099	57.2%	258,639	90.4%	476,308	48.3%

Table Two shows the distribution of housing problems by income, tenure and racial and ethnic group. It shows two overarching trends. First, housing problems by race tend to concentrate in minority populations. For example, 73 percent of Black non-Hispanic households earning less than 80 percent of median incomes have a housing problem, as well as 67 percent of Hispanic households. This compares to about 57 percent of White non-Hispanic households earning the same level of income.

Second, minority renters are the hardest-hit. Fully 60 percent of Black non-Hispanic households have housing problems (and about 55 percent of Hispanics), compared with 48 percent of whites. About 80 percent of Black non-Hispanic renter households earning less than 50 percent of median have a housing problem, as well as about 78 percent of Hispanic renter households with the same income level.

Table 2: Housing Problems of Racial/Ethnic Group by Income and Tenure

		Housing Problem	Median Income Group									
			Below 30%		30% to 50%		50% to 80%		Over 80%		Grand Total	
Tenure and Race/Ethnicity		Present?	#	%	#	%	#	%	#	%	#	%
Owner	White Alone	Yes	131,475	82.2%	129,228	60.7%	171,986	42.2%	250,827	15.0%	683,516	27.9%
		No	28,470	17.8%	83,752	39.3%	235,740	57.8%	1,419,508	85.0%	1,767,470	72.1%
	Black Alone	Yes	23,056	85.2%	17,563	69.5%	25,602	55.2%	28,594	22.7%	94,815	42.2%
		No	4,006	14.8%	7,690	30.5%	20,758	44.8%	97,425	77.3%	129,879	57.8%
	American Indian	Yes	1,129	100.0%	706	62.2%	822	46.8%	852	13.5%	3,509	33.9%
		No		0.0%	429	37.8%	935	53.2%	5,474	86.5%	6,838	66.1%
	Alaska Native Alone	Yes								0.0%		0.0%
		No							207	100.0%	207	100.0%
	Asian Alone	Yes	1,739	78.4%	2,323	86.7%	1,839	62.6%	7,698	22.1%	13,599	31.9%
		No	480	21.6%	357	13.3%	1,101	37.4%	27,079	77.9%	29,017	68.1%
	Native Hawaiian or other Pacific Islander	Yes				0.0%			96	39.0%	96	14.1%
		No			436	100.0%			150	61.0%	586	85.9%
	Other Race Alone	Yes	103	44.6%			425	82.5%	292	15.6%	820	31.3%
		No	128	55.4%			90	17.5%	1,578	84.4%	1,796	68.7%
	Two or More Races Alone	Yes	2,483	79.5%	2,747	89.0%	1,524	33.5%	2,939	16.7%	9,693	34.2%
		No	640	20.5%	339	11.0%	3,027	66.5%	14,678	83.3%	18,684	65.8%
	Hispanic	Yes	5,808	97.4%	6,601	73.0%	6,877	50.2%	5,860	16.9%	25,146	39.6%
		No	153	2.6%	2,440	27.0%	6,821	49.8%	28,876	83.1%	38,290	60.4%
Renter	White Alone	Yes	137,453	78.7%	92,008	78.4%	57,820	41.1%	16,803	8.5%	304,084	48.2%
		No	37,264	21.3%	25,290	21.6%	82,980	58.9%	181,261	91.5%	326,795	51.8%
	Black Alone	Yes	83,318	83.2%	40,718	86.6%	26,819	49.2%	7,069	11.8%	157,924	60.4%
		No	16,782	16.8%	6,278	13.4%	27,741	50.8%	52,792	88.2%	103,593	39.6%
	American Indian	Yes	1,404	62.0%	836	69.4%	15	1.1%		0.0%	2,255	34.6%
		No	860	38.0%	369	30.6%	1,327	98.9%	1,709	100.0%	4,265	65.4%
	Alaska Native Alone	Yes			25	100.0%					25	100.0%
		No				0.0%						0.0%
	Asian Alone	Yes	6,476	79.5%	3,747	66.5%	1,401	42.1%	1,976	13.8%	13,600	43.3%
		No	1,666	20.5%	1,887	33.5%	1,928	57.9%	12,340	86.2%	17,821	56.7%
	Native Hawaiian or other Pacific Islander	Yes		0.0%				0.0%	141	68.8%	141	28.1%
		No	75	100.0%			221	100.0%	64	31.2%	360	71.9%
	Other Race Alone	Yes	37	45.7%			358	100.0%		0.0%	395	60.6%
		No	44	54.3%				0.0%	213	100.0%	257	39.4%
	Two or More Races Alone	Yes	5,707	81.0%	2,441	86.8%	983	67.7%	222	9.4%	9,353	68.5%
		No	1,337	19.0%	370	13.2%	468	32.3%	2,128	90.6%	4,303	31.5%
	Hispanic	Yes	12,345	84.3%	6,844	69.1%	2,464	31.2%	1,100	11.9%	22,753	54.6%
		No	2,293	15.7%	3,055	30.9%	5,434	68.8%	8,132	88.1%	18,914	45.4%

Source: U.S. Bureau of the Census, 2008 American Community Survey

Table Three shows the number and percentage of elderly households (those headed by persons aged 65 or more) that have housing problems by tenure. This information generally follows the same pattern, in that higher income groups and owners tend to have fewer housing problems. However, the data suggests that elderly housing consumers are different from all households in two important ways. First, the incidence of housing problems among senior renter households earning less than 50 percent of median is less than in the general population. Second, a smaller percentage of senior owner households have housing problems.

Table 3: Housing Problems among Elderly Households by Income Level and Tenure, 2008

		Median Income Category									
		Below 30%		30% to 50%		50% to 80%		Over 80%		Grand Total	
Tenure and Presence of Housing Problems		#	%	#	%	#	%	#	%	#	%
Owner	Housing Problems	65,888	81.9%	65,105	49.5%	50,557	25.6%	45,563	11.1%	227,113	27.7%
	No Housing Problems	14,579	18.1%	66,494	50.5%	147,124	74.4%	363,982	88.9%	592,179	72.3%
Renter	Housing Problems	35,401	67.9%	30,789	67.8%	17,562	50.8%	7,124	23.5%	90,876	55.9%
	No Housing Problems	16,750	32.1%	14,593	32.2%	17,026	49.2%	23,238	76.5%	71,607	44.1%
	Total Elderly	132,618	13.5%	176,981	18.0%	232,269	23.7%	439,907	44.8%	981,775	100.0%

Source: U.S. Bureau of the Census, 2008 American Community Survey

Table Four displays the data concerning housing problems among small family households. Overall, the incidence of housing problems is slightly less among this cohort than it is across all Michigan households; about 24 percent of owners and 49 percent of renters have them. Housing problems are widespread among renters earning less than 50 percent of median, and common among owners in that income category. Most households of this type that earn over 50 percent of median do not report having housing problems.

Table 4: Housing Problems among Small Family Households by Income Level and Tenure, 2008

	Median Income Category									
	Below 30%		30% to 50%		50% to 80%		Over 80%		Grand Total	
Tenure and Presence of Housing Problems	#	%	#	%	#	%	#	%	#	%
Owner										
Housing Problems	69,070	88.0%	70,893	65.0%	114,145	43.0%	179,030	13.5%	433,138	24.3%
No Housing Problems	9,421	12.0%	38,174	35.0%	151,121	57.0%	1,150,028	86.5%	1,348,744	75.7%
Renter										
Housing Problems	91,486	86.1%	55,935	80.3%	34,008	40.2%	9,065	7.3%	190,494	49.4%
No Housing Problems	14,735	13.9%	13,754	19.7%	50,588	59.8%	115,887	92.7%	194,964	50.6%

Source: U.S. Bureau of the Census, 2008 American Community Survey

The next table shows the situation among larger families in the state. Compared to all Michigan households, this cohort tends to experience more housing problems. About 88 percent of them that earn less than 50 percent of median deal with these issues, as do a majority of those earning less than 80 percent of median. Among this group, the difference between owners and renters is lessened. While a higher percentage among renters earning between 30 percent and 50 percent of median have housing problems, the percentage of owners earning between 50 percent and 80 percent of median and experiencing housing problems is larger than the percentage of renters at the same income level.

Table 5: Housing Problems among Large Family Households by Income Level and Tenure, 2008

	Median Income Category									
	Below 30%		30% to 50%		50% to 80%		Over 80%		Grand Total	
Tenure and Presence of Housing Problems	#	%	#	%	#	%	#	%	#	%
Owner										
Housing Problems	**13,251**	**90.8%**	**17,670**	**79.2%**	**27,477**	**59.3%**	**40,237**	**20.8%**	**98,635**	**35.7%**
No Housing Problems	1,347	9.2%	4,634	20.8%	18,878	40.7%	153,042	79.2%	177,901	64.3%
Renter										
Housing Problems	**23,590**	**93.1%**	**13,385**	**92.3%**	**9,299**	**50.7%**	**3,555**	**19.1%**	**49,829**	**64.9%**
No Housing Problems	1,744	6.9%	1,120	7.7%	9,035	49.3%	15,050	80.9%	26,949	35.1%

Source: U.S. Bureau of the Census, 2008 American Community Survey

The next table shows housing problems among small non-family households. Overall, the pattern is similar to that among all households in the state, but with one major difference. By a small majority, most renters in this group do not experience housing problems.

Table 6: Housing Problems among Small Non-Family Households by Income and Tenure

	Median Income Category									
	Below 30%		30% to 50%		50% to 80%		Over 80%		Grand Total	
Tenure and Presence of Housing Problems	#	%	#	%	#	%	#	%	#	%
Owner										
Housing Problems	**119,531**	**80.6%**	**108,174**	**57.9%**	**121,335**	**37.9%**	**164,309**	**15.7%**	**513,349**	**30.2%**
No Housing Problems	28,855	19.4%	78,698	42.1%	198,821	62.1%	880,486	84.3%	1,186,860	69.8%
Renter										
Housing Problems	**159,655**	**75.8%**	**92,355**	**76.9%**	**60,774**	**42.1%**	**18,041**	**9.1%**	**330,825**	**49.1%**
No Housing Problems	51,096	24.2%	27,685	23.1%	83,577	57.9%	180,198	90.9%	342,556	50.9%

Source: U.S. Bureau of the Census, 2008 American Community Survey

The last table in this section shows the occurrence of housing problems among larger unrelated households. This cohort shows an interesting trend. While the renter household incidence of housing problems among this group matches the state's in terms of percentages by income, the owner households within it report significantly more housing problems. This is especially true at the over 80 percent of median income group; about 21 percent have problems, as opposed to only 16 percent among all households.

	Median Income Category									
	Below 30%		30% to 50%		50% to 80%		Over 80%		Grand Total	
Tenure and Presence of Housing Problems	#	%	#	%	#	%	#	%	#	%
Owner										
Housing Problems	**83,472**	**78.3%**	**70,605**	**57.3%**	**67,453**	**40.7%**	**77,891**	**21.1%**	**299,421**	**39.1%**
No Housing Problems	23,109	21.7%	52,635	42.7%	98,473	59.3%	291,905	78.9%	466,122	60.9%
Renter										
Housing Problems	**131,664**	**75.0%**	**77,299**	**77.6%**	**46,553**	**43.5%**	**14,691**	**10.3%**	**270,207**	**51.5%**
No Housing Problems	43,842	25.0%	22,375	22.4%	60,476	56.5%	127,702	89.7%	254,395	48.5%

Table 7: Housing Problems among Larger Unrelated Households by Income and Tenure, 2008

Source: U.S. Bureau of the Census, 2008 American Community Survey

B. Homeless Needs Assessment

In February 2006 the Michigan State Housing Development Authority (MSHDA) began the 10-Year Campaign to End Homelessness in Michigan. There are 60 Continuum of Care (CoC) Bodies in the state, and each CoC submitted a 10-Year Plan to End Homelessness. In addition, MSHDA has partnered with the Michigan Departments of Human Services (MDHS), Community Health (MDCH), and Corrections (MDOC) to create the state of Michigan's 10-Year Plan to End Homelessness. This overarching statewide plan, along with ongoing interagency meetings, has created multiple programs and resources that have been made available on a statewide basis for all homeless population types, such as, chronics, families, victim's of domestic violence, youth ages 18-24 and/or youth aging out of foster care, those with HIV/AIDS, and other physical and mental health disabilities.

To share best practices and further collaboration at the state and local level, MSHDA divided the state into eight regions and created a Statewide Regional Specialist position. Two representatives are elected from each region. The regional representatives meet bi-monthly with the MSHDA Specialist to share practices that will prevent or rapidly re-house people living in homelessness.

In order to measure homelessness in Michigan, nonprofits working with homeless populations enter data into the Homeless Management Information System (HMIS), which provides an unduplicated count of homeless persons. Nonprofit agencies include shelters, outreach programs, supportive housing programs, community action agencies, churches, mental health and drug or alcohol treatment programs and food pantries. A summary of the prior calendar year's data is published annually in the spring. The annual HMIS data is also stored on the Campaign to End Homelessness Website at ***http://thecampaigntoendhomelessness.org***, thereby allowing communities easy access to data for informational and sharing purposes.

With over 524 homeless services agencies reporting, the Michigan State HMIS counted an unduplicated 86,189 homeless people in Michigan in 2008. Statewide 7,630 were chronically homeless. Southeast Michigan evidenced the highest number of person (40% of the statewide total), but over 8,000 were also counted in the largely rural upper Michigan and the Upper Peninsula. During 2008 homelessness grew with a statewide increase in families of 10.8% and in singles of 9%. The increases in family homelessness were most pronounced in Michigan's rural communities. Last year, 50% of the homeless were adults and children in families. Most are single female head of household families with young children. Fifty-two percent (52%) of the states homeless population are African American, 40% are white and the remaining 8% are composed of a variety of other races including Native American and Asian. Only about 4% reported are of Hispanic ethnicity.

Emergency Shelter and Services

The 2009 Gaps Analysis documents a statewide point-in-time emergency shelter bed count of 2,374 beds for persons in families, and 3,235 beds for individuals. Over eighty percent (80%) of the available emergency shelter beds are in metropolitan areas. Approximately 2,157 emergency shelter beds are located in Detroit and in Wayne County. Kent County has 334

emergency shelter beds. Lansing/Ingham County has 291 emergency shelter beds. Oakland County has 144 emergency shelter beds, Kalamazoo County (441), Genesee County (198) and Washtenaw County (183). Many rural communities do not have emergency shelter facilities and rely on hotel/motel vouchers. Shelters for victims of domestic violence are the most common types of shelter found in rural areas reflecting the network of state funding for domestic violence shelters and services.

Many of Michigan's larger communities provide warming centers during the coldest winter months and establish overflow night shelters. Wayne, Kent and Washtenaw counties open additional facilities during the winter months. Many communities establish overflow plans to accommodate increased demand for shelter during the winter months when people can no longer live in campgrounds, unheated homes, or in vehicles.

MSHDA administers the State of Michigan's Emergency Shelter Grants (ESG) program. MSHDA funds operations, essential services, and homeless prevention with ESG dollars. In the past few years, MSHDA has not funded the creation of new shelter beds unless the local Continuum of Care plan has identified a need for additional shelter beds, or an emergency shelter did not previously serve the area. The focus has been on providing permanent housing programs, prevention, or other services to help homeless people rapidly re-house out of homelessness.

Other support for emergency shelters include MSHDA's Critical Need Program which funds emergency repairs at homeless shelters, and Michigan's electric companies offering discounts on utility bills for many emergency shelters during the winter months of January, February and March of each year. MSHDA's Critical Need Program funds one-time emergency rehabilitation and repair for shelters for such as new furnaces, roof repair and other structural needs.

The Michigan Department of Human Services the state agency that administers Temporary Assistance to Needy Families (TANF), food stamps, child protective services, foster care, adult protective services and other social service programs, administers several programs that provide emergency assistance to prevent and alleviate homelessness in Michigan communities. One such program, State Emergency Relief (SER), provides approximately *$13.9 million* in assistance each year. SER provides shelter related services to individuals and families to prevent homelessness and to assist in securing permanent housing. This includes funding for security deposits, rent arrears, utility assistance and deposits, and moving expenses. In order to receive relocation assistance, persons must be homeless, about to become homeless due to a pending eviction, or need to relocate to adequate housing so that children can be returned from foster care or prevented from going into foster care. MDHS will provide SER, provided that the housing to be assisted is "affordable", that is the total housing costs (rent or mortgage, taxes and insurance) must be no more than 75% of a family's or individual's total net income.

In addition, MDHS has an approximately $10.5 million contract with the Salvation Army to fund a safety net of shelter beds across the State by reimbursing local shelters for shelter beds and meals. This funding provides approximately *10,000 emergency shelter beds* per night including a number of hotel/motel vouchers. This funding ensures that a shelter bed is available for every person in Michigan who requests one. In many communities, the Salvation Army will provide

motel vouchers for a brief period if no shelter beds are available or existing shelters are full. Many of Michigan's rural areas have no shelter beds and rely on aid given out by local churches and hotel vouchers funded through the Salvation Army, Community Action Agencies, or local DHS offices.

Transitional Housing and Services

Transitional housing is temporary housing (up to 24 months) designed with a structured supportive services program to help a family or individual achieve the highest level of self-sufficiency possible. MSHDA has not funded the creation of new transitional units in the past few years. The focus has been on providing permanent housing programs, prevention, or other services to help homeless people rapidly re-house out of homelessness.

The 2009 Gaps Analysis documents a statewide point-in-time transitional housing bed count of 3,925 beds for persons in families, and 2,789 beds for individuals. Eighty percent (80%) of the available transitional housing beds are in metropolitan areas. Approximately 2,088 transitional housing beds are located in Detroit and in Wayne County. Kent County has 562 transitional housing beds, Lansing/Ingham County has 208, Oakland County has 201, Kalamazoo has 441, Genesee has 64 and Washtenaw has 148. Many rural communities do not have transitional housing beds; there are 1,348 transitional housing units in the Balance of State areas that roughly correspond to non-urban areas.

Permanent Housing and Services

The 2009 Gaps Analysis documents a statewide point-in-time permanent housing bed count of 6,205 beds for persons in families, and 4,750 beds for individuals. Seventy-seven percent of the available permanent housing beds are in metropolitan areas. 2,922 permanent housing beds are located in Detroit. Kent County has 620 permanent housing beds, Lansing/Ingham County has 175, Oakland County has 543, Kalamazoo has 640, Genesee has 711 and Washtenaw has 701. Many rural communities do not have permanent housing beds; there are 2,559 permanent housing units in the Balance of State areas that roughly correspond to non-metropolitan areas.

Michigan's inventory of permanent supportive housing has dramatically improved over the past five years as the policy emphasis at the federal, state and local level has shifted from emergency and transitional housing to a housing first approach. MSHDA encourages development of new units through its Low Income Housing Tax Credit Program (LIHTC). The LIHTC Qualified Action Plan (QAP) requires that ten percent of the units in each family development be for permanent supportive housing. The 1602 and TCAP programs provided through the federal stimulus funding is tied to the LIHTC program and should result in a substantial increase in the supportive housing supply during 2010 and 2011. Additionally, the LIHTC program has a set-aside annually for permanent supportive housing which requires that thirty-five percent of the units in the development be permanent supportive housing. Most developments receiving LIHTC supportive housing set-aside funds are one hundred percent permanent supportive housing developments. MSHDA also incentivizes rental housing developers, using its four percent Direct Lending Program, to designate permanent supportive

housing units by pledging project based housing vouchers for the supportive housing units made available to special need tenants.

Housing assistance is considered a key element in the success of permanent supportive housing programs however; the State of Michigan does not have a state-funded rental assistance program. MSHDA is the statewide PHA and administers over 24,000 Section 8 vouchers through its Federal Section 8 rental assistance program. Many urban areas have public housing agencies (PHA) that have an inventory of public housing, and often administer the federal Section 8 rental assistance program. MSHDA has an existing portfolio of over 80,000 affordable rental units in MSHDA assisted complexes for families, the elderly and people with disabilities.

Other state support for permanent housing includes programs administered by the Michigan Department of Community Health (MDCH). MDCH administers a Shelter Plus Care grant for twenty-one programs with the capacity to support 881 units. This program provides rental assistance for persons with mental illness, substance abuse problems, or living with HIV/AIDS. A match consisting of equivalent support services dollars is required. Of the 881 units, 436 are located in five rural counties, 314 units are in the metro Detroit area, and 131 are in Oakland County and the Flint/Saginaw area. MDCH has aggressively administered the Shelter Plus Care grant serving more than the originally proposed number of people to be assisted by reallocating and redistributing unspent monies utilizing all of the resources available. The City of Ann Arbor and Saginaw, Oakland, Kalamazoo and Kent Counties are areas that have all received Shelter Plus Care funding directly from HUD.

MDCH also administers the PATH (Projects for Assistance in Transition from Homelessness) program, a Federal block grant program that provides funds for outreach and housing placement for persons with mental illness who are homeless or at imminent risk of homelessness. Services include outreach, case management, and housing placement. Additional services may include first month rent and security deposits, utility deposits, or for household goods and for past due rental payments to prevent homelessness. The PATH program currently funds 19 projects serving 23 counties across the state serving about 3,500 persons annually.

Finally, Michigan Department of Community Health also administers the Federal Housing Opportunities for Persons with Aids (HOPWA) funds for the State of Michigan (except for the Detroit area, which receives funds directly). In PY 2008, approximately 581 persons received housing assistance through the HOPWA program.

MDCH and MSHDA have partnered to work with Michigan lenders to develop a homebuyer program for persons with disabilities. Called Home Choice, this program loosens underwriting standards to enable persons with disabilities who are receiving entitlements to purchase homes. MDCH also monitors the leases of hundreds of group homes, which provide housing for persons with disabilities some of whom come from homeless situations. MDCH employs several licensed housing quality inspectors.

Homeless Prevention

Financial assistance is available in most Michigan communities to prevent homelessness by paying rent arrears and utilities until the funding runs out. Often funds will be available for only a portion of the year because the demand for such assistance is so great. All areas of the state are covered by a Community Action Agency that provides prevention funding either through a MDHS Emergency Services Contract funding, FEMA funds and/or Emergency Shelter Grants (ESG) funds.

MDHS provides its local offices with Emergency Services (ES) funding in the amount of $7.9 million to meet local emergency needs. This allocation is used for homeless related assistance with an emphasis on homeless prevention and transitional services. The Emergency Services Homeless Transition program funds security deposits & first months' rent, heat and utilities, and the case management necessary to relocate and support a client in a new home. These funds are distributed by formula to county DHS offices. Emergency Service funds are used to meet local emergency needs not covered by the State Emergency Relief program. Local DHS offices often contract with local nonprofit organizations and emergency shelters with Emergency Service funds.

The first priority for use of Emergency Services funds is to assure that clients have safe and decent housing with a specific concern for persons in danger of losing their residences, and those living in emergency shelters. DHS has encouraged its local offices to use Emergency Services funding to cover needs that localities have identified and have not been able to fund through HUD or MSHDA in their local Continuum of Care plans.

MSHDA uses approximately thirty percent of its annual ESG award to fund prevention. In 2009, MSHDA received Homeless Prevention and Rapid Re-Housing Program (HPRP) funds from HUD, made available under the American Recovery and Reinvestment Act (ARRA) of 2009. HPRP dollars can be used for preventing homelessness, rapidly re-housing people living in homelessness, case management, and data entry into the Homeless Management Information System (HMIS). The grants begin September 1, 2009 and end August 31, 2011.

HPRP has furthered the Campaign to End Homelessness in Michigan by mandating prevention and rapid re-housing, two activities stressed in the State's 10-Year Plan to End Homelessness. In addition, MSHDA is requiring each community to have one lead agency to administer HPRP, (with the exception of the City of Detroit which has three) thereby creating a streamlined, easy to access system to navigate for those living in poverty and homelessness. HPRP funds have also resulted in MSHDA creating a standardized statewide intake and assessment process through the HMIS system. This standardized system will produce data that will create strategic planning to further MSHDA's goal of eliminating homelessness.

MSHDA has also implemented the Homeless Assistance Recovery Program (HARP). MSHDA administers a Housing Choice Voucher Program statewide. As MSHDA administered Housing Choice Vouchers turnover through attrition they are made available to the homeless. These vouchers are known as HARP vouchers. To qualify for a HARP voucher, a household must be verified as homeless by a HARP Lead Agency. Along with verifying homelessness, the Lead

Agency provides wrap-around services that assist in locating rental housing, wages or entitlement benefits, and other services that stabilize the household so that they do not relapse into homelessness.

HARP has furthered the Campaign to End Homelessness in Michigan by creating a resource that quickly and permanently stabilizes a household. Once on HARP, households are eligible for MSHDA's Family Self-Sufficiency and Links to Own Programs; each of these programs provide a continuum of services and supports that lead to self-sufficiency.

MDHS also administers the Federal Low Income Home Energy Assistance Program with provides assistance to prevent heat and electric shutoffs through the State Emergency Relief program. The Michigan Public Service Commission works with utility companies to protect low-income people and senior citizens from utility shutoff and provides assistance paying utility bills from November 15 through March 31. The Salvation Army also administers a program that pays utility bills.

SUB-POPULATIONS

Chronically Homeless

The 2009 Gaps Analysis documents a statewide point-in-time count of 1,685 chronically homeless in the State of Michigan. The 2008 "The State of Homelessness in Michigan" Annual Summary identifies that 7,630 chronically homeless were served statewide in 2007. The State has made a commitment at the state level to a) develop interagency collaboration in shaping State-level policies that impact chronic homelessness, b) expand efforts and impact of state-level work group on Institutional Discharge Planning, c) continued implementation of the a state-level "Ten Year Plan" to end chronic homelessness.

Homeless Persons With Mental Illness

The 2009 Gaps Analysis documents a statewide point-in-time count of 1,791 persons with mental illness. The 2008 "The State of Homelessness in Michigan" Annual Summary identifies that 53% of the chronically homeless with identified disabilities were persons with mental illness.

The Michigan Department of Community Health (MDCH) funds a network of local community mental health programs (CMHSP's). The Michigan Department of Community Health has implemented a specialty services managed care carve out for mental health (including services for adults with mental illness, children with serious emotional disturbances and persons with developmental disabilities) and substance abuse services.

MDCH provides outreach to homeless persons with mental illness through 40 agencies funded by PATH and Community Mental Health Block Grant funds. Each local community mental health program uses a Person Centered Planning approach, whereby the needs and wishes of the individual consumer guide a written Individual Plan of Service. Core services provided include: psychiatric services, vocational services, skills training and support in independent living, counseling, alcohol and drug abuse treatment, psycho social rehabilitation, supported

education, and other specialized supports as identified by the recipient and delivered in the local community.

Homeless Persons With Substance Abuse Addictions

The 2009 Gaps Analysis documents a statewide point-in-time count of 2,377 persons with chronic substance abuse. The 2008 “The State of Homelessness in Michigan” Annual Summary identifies that 52% of the chronically homeless with identified disabilities were persons with substance abuse issues.

Estimates vary on the prevalence of substance abuse among Michigan’s homeless population, but by any count it is the single largest problem with which homeless people struggle, in particular the chronically homeless.

The Michigan Substance Abuse Services Network is administered by the Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services. The Network consists of 15 regional substance abuse coordinating agencies, over 900 local substance abuse treatment and prevention programs, over 4,000 substance abuse workers and thousands of volunteers.

The 15 substance abuse coordinating agencies are called Central Diagnostic and Referral Service (CDRS) centers. The goals of CDR Services are to improve access to the substance abuse system, to provide objective assessments, and to arrange for patient placement in appropriate services. CDR Services conduct phone and face-to-face assessments of clients needing substance abuse services. Individuals in need of residential services or intensive outpatient services that receive state substance abuse funding must be assessed by a CDRS agency before entering these programs. Homeless individuals (8.5% of the population in treatment) typically are found to need residential care or intensive outpatient care coupled with a housing support.

The Michigan Department of Community Health, Bureau of Substance Abuse Services contracts with regional coordinating agencies for planning and administration of substance abuse services within single and multi-county areas. These agencies identify local need and priority for treatment and prevention services and subcontract for the provision of these services.

In addition to contracting with coordinating agencies, the Bureau of Substance Abuse Services plans and coordinates services at the state level; evaluates services; administers funds statewide; collects information; sponsors training; and disseminates educational material.

Homeless Veterans

The 2009 Gaps Analysis documents a statewide point-in-time count of 796 homeless persons who were veterans. The 2008 “The State of Homelessness in Michigan” Annual Summary identifies that 12% of the chronically homeless with identified disabilities were veterans.

National studies show that over one-third of homeless individuals have military experience in the U.S. Armed Forces. Michigan has several Federal veterans' hospitals located in the municipalities of Detroit, Battle Creek, and Iron Mountain. In each of these communities, homeless veterans make up a significant portion of the number of homeless people. In addition, the communities of Sault Ste. Marie, Marquette, Menominee, Hancock, Muskegon, Yale, Grand Rapids, Gaylord, and Saginaw have U.S. Department of Veteran Affairs' outpatient clinics and outreach programs. Federal Veterans Domiciliary Care Program provides housing and services for homeless veterans in Grand Rapids, Battle Creek, Marquette and Detroit.

Since 1946, each county in Michigan has an office that provides Emergency Needs for Veterans funded through the Michigan Veterans Trust Fund. While there is a yearly cap on the amount of financial assistance, the Trust Fund provides temporary assistance to Michigan veterans including food, shelter, clothing, utilities and medical assistance. Each year the Michigan Department of Military Affairs publishes a directory of services available through the Michigan Veterans Trust Fund and an updated list of the contact information for each county. Applications for assistance in each county are coordinated by a volunteer group entitled the Veterans Trust Fund Committee.

In Detroit, a Veterans Center has been created by the Michigan Veterans Foundation to provide emergency shelter, permanent housing, and supportive services to homeless veterans. The Michigan Department of Career Development also provides displaced veterans with job training and placement through the state Service Members Occupational Conversion and Training Act.

Children

The 2009 Gaps Analysis documents a statewide point-in-time count of 2,021 households with dependant children. The 2008 "The State of Homelessness in Michigan" Annual Summary identifies that 54% of the homeless persons in families are children and the average age of children is 7.6 years old.

Michigan has seventeen programs funded by the Federal Education of Homeless Children and Youth program authorized by Title VII-- of the Stewart B. McKinney Homeless Assistance Act. A staff person at the Michigan Department of Education is responsible for providing leadership to local and intermediate school districts to ensure that homeless children can attend the same school they did before becoming homeless, or if they have to transfer schools that records follow. Schools cannot refuse to enroll homeless children because of a lack of a permanent address. This staff person from the Michigan Department of Education sits on the Michigan Homeless Assistance Advisory Board and the State Policy Academy on Homeless Families and Children.

The seventeen programs are funded by the Michigan Department of Education with Federal money to eliminate barriers that impede enrollment and educational success of school-age homeless children and youth. The Federal funding usually funds a staff person who works with family shelters to coordinate early child education centers in shelters, coordinate tutoring programs, make sure children are enrolled in school, and to work to eliminate barriers such as transportation, appropriate clothing and necessary school supplies. The grantees of this

program meet quarterly for training and coordination of efforts. A representative from the one of the programs is on the Board of the Michigan Coalition Against Homelessness. Representatives from local programs are also very active locally serving on many Continuum of Care planning groups.

Programs are funded in Berrien County, Branch County, Detroit, East Lansing, Genesee County, Grand Rapids, Holland, Macomb County, Marquette-Alger Counties, Mt. Clemens, Muskegon, Potterville, Rapid River, Saginaw County, St. Clair County, Washtenaw County, and Wayne-Westland.

Homeless and Runaway Youth

The 2009 Gaps Analysis documents a statewide point-in-time count of 255 unaccompanied homeless youth under the age of 18. The 2008 "The State of Homelessness in Michigan" Annual Summary identifies 912 unaccompanied youth.

Michigan has a network of programs that serve homeless and runaway youth that are funded through both Federal and state funding. Thirty-three programs provide services across the state including counseling to develop independent living skills, case management, emergency shelter, 24-hour crisis intervention, and aftercare/follow up. The objective of these programs is to ensure that youth have an alternative to the street and the juvenile justice system through quality, voluntary, community-based services.

All programs offer 24-hour crisis intervention and referral to appropriate services. The primary goal is to reunite youth with parents whenever possible. Parental permission is required whenever youth are sheltered for more than 24 hours. More and more programs are engaging youth and families in counseling before placement in an emergency shelter or residential program is required. If a parent cannot be located or does not care, work is done with the courts to emancipate the youth.

Victims of Domestic Violence and Sexual Abuse

The 2009 Gaps Analysis documents a statewide point-in-time count of 1,594 victims of domestic violence. The Michigan Family Independence Agency funds a network of shelters and programs that provides domestic violence and sexual abuse services in each of Michigan's 83 counties. The Domestic Violence Prevention and Treatment Board administratively housed in and staffed by the Family Independence Agency, funds shelter, food, counseling, and advocacy for abused women and children through a statewide network of nonprofit, community-based shelters. The Domestic Violence Prevention and Treatment Board also work with the Rape Prevention and Services Program to improve community responses to domestic and sexual violence by advocating for practices that enhance victim safety and that hold batters/perpetrators accountable for their criminal behavior.

The Domestic Violence Prevention and Treatment Board was created by the Michigan legislature in 1978. Its seven members are appointed by the Governor with the advice and consent of the Senate. In addition to funding domestic violence service provider agencies, the

Board has a statutory responsibility to advise the Governor and the legislature, and to work with other systems to improve the State's response to this crime.

Persons with HIV/AIDS

The 2009 Gaps Analysis documents a statewide point-in-time count of 37 persons with HIV/AIDS. Housing and supportive services are funded through a statewide network of HIV/AIDS service providers, which rely primarily on other Federal and state funding for persons with HIV/AIDS. The State of Michigan receives Housing Opportunities for Persons with AIDS (HOPWA) formula grant funding; administered by the Michigan Department of Community Health (MDCH).

The MDCH, Division of Health, Wellness, and Disease Control (DHWDC) administer approximately 18 million in state and federal resources to fund care and treatment services for persons with HIV/AIDS. This funding includes Ryan White Treatment Extension Act of 2009 (Parts B and D) and state funding through the Michigan Health Initiative. Additionally, The Detroit Department of Health and Wellness Promotion (DHWP) administers approximately 8 million in Ryan White Part A resources to provide services in the counties of Wayne, Oakland, Macomb, St. Clair, Lapeer, and Monroe, an area known as the Detroit Eligible Metropolitan Area (DEMA). Statewide, approximately forty programs provide so called "Core Medical" services to over 7,000 Michigan residents annually. These services largely consist of the following: HIV Medical Care, HIV Medications, Oral Health Care, Out patient Mental Health and Substance Abuse Treatment, Medical Case Management and other Psychosocial Support Services such as Food Assistance and Medical Transportation. MDCH convenes the Michigan HIV/AIDS Council (MHAC) four times a year to receive input from a variety of community members and organizations. The DHWP, as the grantee of Ryan White Part A resources convenes the Southeastern Michigan HIV/AIDS Council (SEMHAC), which is responsible for assessing needs, establishing local priorities and allocating resources to address identified needs.

People Threatened with Homelessness

There is little data available regarding the extent of "at risk" for homelessness in Michigan. The CY 2008 HMIS data identified 32,843 persons in families and 12,657 single adults and youth who were reported at risk. We have no way of estimating what percentage of the total at risk persons in Michigan this represents, but it is a sizable number. This is the pool of persons who sought services at one of the safety-net organizations participating in the HMIS. Poverty was a unifying factor for those being served by HMIS participating agencies. However the overall average for homeless persons was $385/mo to $785 for at risk persons. Significantly more homeless persons had no income. Two other important areas in which the two populations vary include: the percentage of two parent "at risk" families was over twice the rate for homeless families, 35% to 14% respectively, and the rate of disability was less for at risk persons (26%) compared to homeless persons (49%). The highest level of education for 40% of the "at risk" was a high school diploma.

Consolidated Plan Table 1

The State of Michigan homeless needs are specified in the 2009 Continuum of Care Housing Gaps Analysis, which is incorporated into the Consolidated Plan HUD Table 1 Housing, Homeless and Special Needs as Appendix 1-HUD Required Tables.

Homeless Facilities and Services

A complete listing of homeless facilities and services within the State of Michigan is included as Appendix 2.

Discharge Coordination Policy

A copy of the Michigan Balance of State Continuum of Care Discharge Policy is included as Appendix 3.

C. Special Needs

Elderly and Frail Elderly

This analysis focuses on the housing needs of elderly people, including frail elderly people, with specific reference to supportive services. The 2008 American Community Survey (ACS) provides some detail on housing and income issues of the elderly. Examining housing tenure, housing quality, affordability problems, and income levels, as well as specific types of services required by elderly populations helps clarify the extent to which elderly populations have needs for supportive services.

Housing Tenure, Income and Problems

According to the 2008 ACS, most Michigan seniors own their homes; of the 981,775 elderly households in the state, 83.4 percent (819,292) owned their housing and 16.5 percent (162,483) rent. Based on the ACS data, it is estimated that of all the elderly households (owner and renter) in Michigan, 55.6 percent are low-income: 13.5 percent had incomes between 0-30 percent AMI; 18 percent had incomes between 31-50 percent AMI; and 23.7 percent had incomes between 51-80 percent AMI. Elderly households with incomes over 80 percent AMI accounted for 44.8 percent of all elderly households.

Elderly renters were far poorer than owners; 81.1 percent of all elderly renters are low-income with 32 percent considered extremely low-income (below 30 percent AMI) and 27.9 percent considered very low-income (between 30 and 50percent AMI). Among owners, 50.1 percent were low-income, while 49.9 percent were above 80 percent AMI.

The ACS data noted that across all income groups, elderly owners generally had lower rates of housing problems than other owners. However, the data suggests that elderly housing consumers are different from all households in two important ways. First, the incidence of housing problems among senior renter households earning less than 50 percent of median income is less than the general population. Second, a smaller percentage of senior owner households have housing problems. Nonetheless, elderly owners and renters with incomes less than 30 percent median income are considered to have significant housing problems. Given the population shifts within the elderly population cohort, affordable housing for the elderly will continue to be in high demand.

Types of Housing and Services Needed

Based on the 2005-2007 ACS data, the number of potentially frail elderly households (head of household aged 75 and over) is 459,830 households, mostly homeowners. Using ACS data, one can determine the extent to which frail elderly households have housing problems. The data show that about 100,000 of owner households in this group have a housing problem of some type, or about 27% of the total. The incidence of problems increases dramatically in lower income cohorts; about 81% of households earning less than 30 percent of AMI have housing problems, compared to about five percent of households that make more than 95 percent of AMI per year.

Among renter households, the extent of the problem is much greater. Overall, about 54 percent of frail elderly households have housing problems. Again, a strong negative relationship exists between income and presence of housing problems; the most affluent renters rate of problem housing is about one-third that of the least affluent cohort (21 percent versus 63 percent).

The comparison between owner and renter frail elderly households to elderly ones is interesting. No significant differences between the two in housing problem frequency are present in the owner group, but the renter group does show a seven percent difference between elderly (46 percent) and frail elderly (54 percent).

Table 8: Housing Problems Among the Elderly and Frail Elderly, 2005—07

Tenure	Elderly Status	Household Income	Housing Problems: No	Housing Problems: Yes	Housing Problems: Not Computed	Grand Total	% of Elderly/Income Group with Housing Problems
Owner	Elderly	30% AMI or less	4,765	33,760	1,830	40,355	83.7%
		30.1-50% AMI	26,170	32,000	0	58,170	55.0%
		50.1-80% AMI	73,785	36,275	0	110,060	33.0%
		80.1-95% AMI	41,385	12,000	0	53,385	22.5%
		95.1% AMI and above	230,535	26,645	0	257,180	10.4%
	Elderly Total		**376,640**	**140,680**	**1,830**	**519,150**	**27.1%**
	Frail Elderly	30% AMI or less	7,130	36,755	1,690	45,575	80.6%
		30.1-50% AMI	47,165	35,260	0	82,425	42.8%
		50.1-80% AMI	82,300	18,550	0	100,850	18.4%
		80.1-95% AMI	28,490	3,780	0	32,270	11.7%
		95.1% AMI and above	104,465	5,990	0	110,455	5.4%
	Extra-elderly Total		**269,550**	**100,335**	**1,690**	**371,575**	**27.0%**
	Non-elderly	30% AMI or less	6,395	96,240	12,750	115,385	83.4%
		30.1-50% AMI	25,875	92,095	0	117,970	78.1%
		50.1-80% AMI	109,490	158,650	0	268,140	59.2%
		80.1-95% AMI	96,890	65,760	0	162,650	40.4%
		95.1% AMI and above	1,180,455	166,780	0	1,347,235	12.4%
	Non-elderly Total		**1,419,105**	**579,525**	**12,750**	**2,011,380**	**28.8%**
Owner Total			**2,065,295**	**820,540**	**16,270**	**2,902,105**	**28.3%**
Renter	Elderly	30% AMI or less	6,960	19,660	2,560	29,180	67.4%
		30.1-50% AMI	5,375	11,980	1,060	18,415	65.1%
		50.1-80% AMI	10,045	5,885	1,235	17,165	34.3%
		80.1-95% AMI	3,655	915	415	4,985	18.4%
		95.1% AMI and above	12,260	460	1,660	14,380	3.2%
	Elderly Total		**38,295**	**38,900**	**6,930**	**84,125**	**46.2%**
	Frail Elderly	30% AMI or less	8,355	18,760	2,605	29,720	63.1%
		30.1-50% AMI	8,045	16,790	2,050	26,885	62.5%
		50.1-80% AMI	7,635	8,895	1,505	18,035	49.3%
		80.1-95% AMI	2,420	1,090	385	3,895	28.0%
		95.1% AMI and above	6,585	2,075	1,060	9,720	21.3%
	Extra-elderly Total		**33,040**	**47,610**	**7,605**	**88,255**	**53.9%**
	Non-elderly	30% AMI or less	14,300	193,120	30,535	237,955	81.2%
		30.1-50% AMI	26,710	108,115	6,370	141,195	76.6%
		50.1-80% AMI	102,445	56,155	8,640	167,240	33.6%
		80.1-95% AMI	52,275	5,825	3,420	61,520	9.5%
		95.1% AMI and above	163,790	7,735	10,400	181,925	4.3%
	Non-elderly Total		**359,520**	**370,950**	**59,365**	**789,835**	**47.0%**
Renter Total			**430,855**	**457,460**	**73,900**	**962,215**	**47.5%**
Grand Total			**2,496,150**	**1,278,000**	**90,170**	**3,864,320**	**33.1%**

Source: U. S. Bureau of the Census, 2005-07 American Housing Survey

Many of these households include an elderly person(s) with mobility or self-care limitations. Mobility or self care limitations is defined as a household were one or more persons has 1) a long lasting condition that substantially limits one or more basic physical activity, such as walking, climbing stairs, reaching, lifting, or carrying and/or 2) a physical, mental, or emotional condition lasting more than 6 months that creates difficulty with dressing, bathing, or getting around inside the home.

The elderly population will continue to increase significantly over the next few decades. The increase in the number of elderly households who may be in need of services linked to housing will place special demands on the state's resources over the coming years. The 16 regional Area Agencies on Aging (AAAs) and a host of local community based agencies provide a continuum of services to Michigan's older persons.

Similar to other special needs populations, there are various options for providing housing-related services to elderly populations. One is to bring the services to the client in his or her own home; the second is to provide services within the context of a group setting. Remaining independent in their own home for as long as possible is very important for many elderly persons. According to national surveys, 84 percent of persons 65 and older want to stay in their own home. Some providers within Michigan and across the nation are focusing more on home-based assistance that may be less expensive and less intensive than placement in a nursing home.

For a growing number of low-income elderly, when care needs increase and remaining in their home or apartment doesn't work out, the options, other than nursing homes, is limited. The principal types of service required to prevent premature and over-intensive institutionalization include nutrition services, respite, adult day care services, personal care assistance with the activities of daily living (ADL), homemaker assistance, home injury control/environmental modification, transportation, and home maintenance. Supporting elderly people to successfully "age in place" often requires structural changes within their housing unit similar to those needed to assure accessibility for the mobility impaired, such as adding stair lifts or ramps, widening doorways, adding grab bars in showers and tubs, and modification of appliance and electrical controls for easier manipulation. It also requires improved care coordination and support efforts to insure that the right mix of these services is directed to seniors when they need them to extend the period of time they are able to reside in their own home, apartment or group residential setting.

Persons with Disabilities

The importance of assuring an adequate supply of housing appropriate to the needs of persons with a variety of physical, mental, sensory, and cognitive disabilities has become an area of growing concern. Disability advocate groups and consumers cite affordability, accessibility, and discriminatory actions as major concerns impeding the ability of persons with disabilities to find suitable housing options. In spite of federal and state programs that attempt to address the housing and service needs of people with physical and mental disabilities, these individuals continue to experience some of the most pressing unmet housing needs of any group qualifying for housing assistance.

The 2000 census notes that 18.7 percent of persons (who were not living in prisons, nursing homes, and other institutions) had some type of long-lasting condition or disability. This is .5 percent higher than in 1990. The likelihood of an individual having a disability increases with age. According to the Census 2000 Supplementary Survey for Michigan, just 15 percent of persons 21 to 64 years old had a disability. By age 65 or older, 43 percent of individuals had a disability.

A limitation of these data is that they provide no information on the incomes of those identified as having a disability. While disability, inability to work and low incomes are generally linked, it would be an overstatement to assume that all persons with disabilities are lower income.

Persons with Mentally Illness

In FY 2008, 173,069 persons with mental illness in Michigan accessed the mental health system through CMHSPs. Persons with mental illness do not generally live in specialized residential settings, adult foster care homes, or in hospitals. Most live in a private setting, many with relatives.

The Michigan Department of Community Health reports that CMHSPs provided services to 173,069 people with mental illness or children with serious emotional disturbances in FY2008. Females accounted for slightly more than half the total (50.6%). 37,553 (21.6%) were children 17 years of age or younger, 134,502 (77.7%) were 18 to 64 years old, 9,444 (5.46%) were elderly, and 70 did not report their age. Roughly nine percent had some association within the correction system.

Of these people 75,220 (43.46%) were living with relatives, 46,810 (27.05%) were living with non-relatives, 12,684 (7.3%) were in dependent care or institutional settings, 1,806 (.63%) were living in supported independent living, 5,014 people (2.9%) were homeless and 25,931 (14.98%) didn't report where they lived. 99,243 (57.3%) reported less than $10,000 a year in annual income.

Some people who live with relatives and non-relatives are at risk of homelessness, especially if their incomes are less than $10,000 per year, because the parents, relatives and friends are not always able to continue to provide the financial, physical and social support that is needed. Another reason they are at risk of homelessness is that the properties they are living in are often unsafe. Additionally, some people with mental illness who currently reside in specialized, or "dependent" residential settings are capable of living more independently if affordable, safe housing and supportive services were to be available.

People with Developmental Disabilities

In FY 2008, 29,516 people with developmental disabilities accessed the mental health system through CMHSPs. Males were the predominant gender among the people with developmental disabilities who used CMHSP services in 2008, 58.92% compared to 41% females. 5,941 (20%) were children, 21,757 (74%) were adults under 65 years of age, 1,818 (6.16%) were over 65 and 70 people didn't report their age. Less than .one percent (.12%) of people with developmental disabilities were associated with the corrections system. 5,871 (19.9%) live in dependent settings, 15,314 (51.8%) live with relatives, 3,713 (12.6%) live with non-relatives, 1,405(4.76%) did not report where they were living, 1,086 were in supported independent living, and 47 (.16%) were homeless. 18,826 had incomes of less than $10,000 per year.

People with developmental disabilities do not necessarily receive services from CMHSPs, so an additional study was required to determine the prevalence of people with developmental disabilities. According to the Michigan Developmental Disabilities Council, estimates, which

were derived from federal studies as well as an analysis of prevalence rates, indicate there are between 150,000 and 176,000 non-institutionalized persons with developmental disabilities, (i.e., persons with mental retardation, cerebral palsy, autism or epilepsy) in Michigan. Between 100,000 and 125,000 are adults and it is estimated 10-12 percent are 65 years of age or older.

Some people who live with relatives and non-relatives are at risk of homelessness, especially if their incomes are less than $10,000 per year, because the parents, relatives and friends are not always able to continue to provide the financial, physical and social support that is needed. Another reason they are at risk of homelessness is that the properties they are living in are often unsafe.

Some people with developmental disabilities who currently reside in specialized, or "dependent" residential settings are capable of living more independently if suitable housing and supportive services were to be available.

Persons with Substance Abuse Problems

In FY 2008, 1,629 people with substance abuse accessed the mental health system through CMHSPs. Males were the predominant gender among the people with substance abuse who used CMHSP services in 2008, 65.4% compared to 34.4% females. 74 (4.5%) were children between the ages of 13 through 17. 1,541 (94.6%) were adults under 65 years of age, only 13 (.8%) were over 65. 98 (.6.02%) of people with substance abuse were associated with the corrections system. 9 (.5%) live in dependent settings, 452 (27.7%) live with relatives, 474 (29.1%) live with non-relatives, 442 (27.1%) did not report where they were living, 15 (.92%) were in supported independent living, and 98 (6.02%) were homeless. 987 had incomes of less than $10,000 per year.

It is estimated that one in seven persons statewide may have a substance abuse problem, with 100,000 being 17 or under. Alcohol is the primary substance being abused, followed by cocaine/crack. Males are more likely than females to have problems with substance abuse.

Persons with HIV/AIDS

According to the **MDCH 2008 Profile of HIV/AIDS in Michigan**, there is an estimated 18,000 persons reported living with HIV/AIDS in Michigan; of which 14,341 were reported as of January 1, 2008. The rate of new HIV diagnosis increased by an average of four percent per year, from 7.8 per 100,000 in 2002 to 9.0 percent per 100,000 in 2006 (779 cases to 908 cases, average 890 cases), after peaking at 9.5 per 100,000 in 2005. The number of HIV-related deaths declined significantly in 1995 and 1998, likely due to effective therapies that prolong life but do not eliminate HIV infection. The prevalence of HIV disease (all persons living with HIV infection or AIDS, whether diagnosed recently or years ago) is increasing because new cases are still being diagnosed and infected persons are living longer.

HIV disease is distributed disproportionately in Michigan. The Detroit Metro Area has 64 percent of those living with HIV (9,171 of the 14,341 cases reported statewide), but only 44 percent of the general population. The rest of the state has fewer cases compared with the general population distribution.

Michigan's 83 counties are divided into 45 local health departments (LHDs). The City of Detroit is its own LHD. In order to understand how the HIV epidemic affects different areas of the state, the LHDs were split up into two groups, those above and those below the median prevalence rate. Excluding the City of Detroit, Kent County had the highest rate of 151 per 100,000. The midpoint of this rate is 75; therefore, the cutoff for high and low prevalence counties is a rate of 75 per 100,000. The 15 LHDs with rates above the midpoint are Detroit and Wayne, Kent, Ingham, Washtenaw, Berrien, Kalamazoo, Oakland, Genesee, Jackson, Calhoun, Allegan, Saginaw, Van Buren/Cass and Muskegon Counties.

These 16 counties/cities account for 85 percent of the Michigan HIV/AIDS cases and 61 percent of Michigan's population. Therefore, these LHDs have more cases than expected based on their populations. The remaining 30 LHDs account for 15 percent of the cases and 39 percent of the population.

Black males have both the highest rate per 100,000 (866) and the highest estimated number (7,330) of HIV/AIDS cases. This high rate means the impact of the epidemic is greatest on this demographic group. Black females have the second highest rate (314) and the third highest estimated number (2,960) of cases of HIV/AIDS. Hispanic males have the third highest rate (231) and the fifth highest estimated number (600) of cases. This means that the impact of this epidemic is high on a relatively small demographic group. White males have the fourth highest rate (118) and the second highest estimated number (5,760) of cases. Hispanic females have the fifth highest rate (78) and the lowest estimated number (180) of HIV/AIDS. White females have the lowest rate (18) and the fourth highest estimated number (870) of HIV/AIDS cases.

The complete MDCH 2008 Profile of HIV/AIDS in Michigan can be reviewed at the MDCH Website:

http://www.michigan.gov/documents/mdch/2008_Statewide_Profile_251299_7.pdf

Housing Problems among Households with Disabilities

According to the 2005-07 American Community Survey, about 33 percent of all households with disabilities experience housing problems. The rate among owners and renters is significantly different. About 28 percent of owners with disabilities have housing problems, while nearly 48 percent of renters with disabilities do. As with the frail elderly, a negative relationship between income and the incidence of housing problems exists, with lower incomes associating with a higher rate of housing problems. This trend is massive in size. Among owners, the housing problem rates vary between 15 percent for those earning more than 95 percent of AMI to 86% of households that earn under 30 percent of AMI. For renters, the numbers are similar, but slightly lower. About 16 percent of those earning more than 80 percent of AMI have housing problems, but almost three-quarters of those who make less than 30 percent of AMI do.

Table 9: Housing Needs among Disabled Households, 2005-07
Source: U. S. Bureau of the Census, 2005-07 American Community Survey

Tenure	Disability Status	Household Income	Housing Problems: No	Housing Problems: Yes	Housing Problems: N/A	Grand Total	% of Disabled with Housing Problems
Owner	Disabled	30% AMI or less	4,000	35,765	1,810	41,575	86.0%
		30.1-50% AMI	22,640	28,970	0	51,610	56.1%
		50.1-80% AMI	44,230	26,230	0	70,460	37.2%
		80.1% AMI and above	116,645	21,170	0	137,815	15.4%
	Disabled Total		187,515	112,135	1,810	301,460	37.2%
	Not disabled	30% AMI or less	14,290	130,995	14,460	159,745	82.0%
		30.1-50% AMI	76,565	130,385	0	206,950	63.0%
		50.1-80% AMI	221,340	187,245	0	408,585	45.8%
		80.1% AMI and above	1,565,570	259,785	0	1,825,355	14.2%
	Not disabled Total		1,877,765	708,410	14,460	2,600,635	27.2%
Owner Total			2,065,280	820,545	16,270	2,902,095	
Renter	Disabled	30% AMI or less	9,535	45,325	5,710	60,570	74.8%
		30.1-50% AMI	6,835	19,580	1,635	28,050	69.8%
		50.1-80% AMI	9,705	9,085	1,420	20,210	45.0%
		80.1% AMI and above	12,570	2,620	1,340	16,530	15.8%
	Disabled Total		38,645	76,610	10,105	125,360	61.1%
	Not disabled	30% AMI or less	20,080	186,220	29,990	236,290	78.8%
		30.1-50% AMI	33,295	117,305	7,845	158,445	74.0%
		50.1-80% AMI	110,415	61,845	9,955	182,215	33.9%
		80.1% AMI and above	228,420	15,480	15,995	259,895	6.0%
	Not disabled Total		392,210	380,850	63,785	836,845	45.5%
Renter Total			430,855	457,460	73,890	962,205	47.5%
Grand Total			2,496,135	1,278,005	90,160	3,864,300	33.1%

D. LEAD BASED PAINT

Inventory and Market Conditions Lead Based Paint Hazards. At the present time, data is not available by which to measure the environmental risk to low income households that is posed by exposure to lead based paint. The partial data that is available, however, suggests that lead poisoning remains a serious problem, particularly for very low-income renter households in metropolitan areas. At this time it is possible only to use supportive data to evaluate the scope of the problem.

The approach used here to estimate the scope of the problem is to consider all housing built prior to 1960 as a potential source of hazardous lead-based paint. Based on Census estimates of the number of housing units that were constructed prior to 1960, there are an estimated 1.8 million units in Michigan constructed before 1960. Of these, roughly 1.4 million are located in the metropolitan counties. Just over three-quarters of the total number of pre-1960 units are affordable to low income households, according to the CHAS Data Book, Table **[*]** 9. About 55 percent of these 1.33 million units are affordable to very low-income households. The potential hazard is greater in the nonmetropolitan counties, where over 83 percent of the 372,000 pre-1960 units are affordable to low income households.

Lead-Based Paint Hazard Reduction Needs. According to the Michigan Department of Community Health (MDCH), environmental exposure to lead in amounts sufficient to cause illness and neurological damage in children remains a significant concern in Michigan. Nearly forty-three percent of the half million families with children under the age of six years are low income. In 2007, 2,930 children under six years old were identified with lead poisoning in Michigan. Of these, 1,632 were living in Detroit, Highland Park and Hamtramck. In 2008, 2,263 children under the age of six who were tested for lead and were considered poisoned. Of these, 1,283 were living in Detroit, Highland Park and Hamtramck. Other cities such as Flint, Saginaw, Muskegon, Benton Harbor and Kalamazoo have overall high rates as well, and nonmetropolitan areas show rates that are consistently above the national average.

Any housing built prior to 1978 is considered to be at risk of containing some amount of lead-based paint. The amount of lead pigment in the paint increases with the age of the housing. Consequently, young children of very low- and low-income households are most likely to reside in older housing, and are disproportionately at risk of lead poisoning. The following table highlights the approximate 1.8 million low- and very low-income households that are estimated to be living in units containing lead.

Year Built	Number of Very Low- and Low-Income Housing Units	Percentage of Housing Units with Lead-Based Paint	Estimated Number of Very Low- and Low-Income Units with LB Paint
1960-1979	858,484	62%	532,260
1940-1959	873,926	80%	699,141
Pre-1940	603,916	90%	543,524
Total			1,774,925

All of these units pose potential lead-based paint hazard exposure to children. Protection of these children requires continued assurance that housing meets relevant housing quality standards.

The Michigan Department of Community Health (MDCH) has been administering a lead poisoning prevention program for more than 20 years. The Childhood Lead Poisoning Prevention (CLPPP) Program is a statewide surveillance and primary prevention program that includes screening and follow-up of identified lead poisoned children and extensive public and professional education.

Resources to Address Lead-Based Paint Hazards

a. Interagency coordination. The Michigan Department of Community Health (MDCH) administers the Lead Safe Home Program through the Healthy Homes Section (HHS) and the Childhood Lead Poisoning Prevention Program (CLPPP). These programs work in close collaboration with other state departments to meet the goal of protecting and preserving human health, primarily in young children less than six years of age, from the dangers of lead-based paint exposure. These state departments include the Michigan State Housing Development Authority (MSHDA), the Department of Human Services, and the Department of Environmental Quality. MDCH has also developed close working relationships with 44 local health departments in Michigan.

This collaboration has resulted in coordinated efforts between MSHDA and MDCH to assure lead-safe housing for children living in Section 8 housing administered by MSHDA. Using data supplied by MSHDA, CLPPP identifies EBL children living in Section 8 (Housing Choice Voucher Program?) housing. Upon notification from CLPPP, MSHDA works with the landlord to ensure that lead hazards are identified and remediated immediately.

While MCDH has been administering a lead poisoning prevention program for more than 20 years, until 1994 the effort has been predominantly focused on lead screening performed in the Early and Periodic Screening, Diagnosis and Treatment Medicaid screening clinics. In 1994,

MDCH partnered with the Medicaid program to enable local health department nursing and environmental health staff to complete home visits to assess the environmental status of lead poisoned children and identify and make recommendations for addressing lead hazards to which the child was being potentially exposed. Protocols for home inspection, health assessment and follow-up activities were developed to assist in the management of Medicaid-enrolled children who are lead poisoned.

CLPPP has developed collaborations with local housing authorities and landlords to develop strategies to assist in making children's housing lead-safe. CLPPP collaborated with the MDCH Healthy Homes Section and Community Development Block Grant administrators to implement the HUD guidelines regarding lead based paint hazard identification and remediation.

Additionally, Governor Granholm established the Childhood Lead Poisoning Prevention and Control Commission (Commission). By statue, the Commission includes members from each state department representing consumer health and safety issues including, MDCH, MSHDA, Michigan Department of Human Services, Michigan Department of Environmental Quality plus members representing local health departments. One of the Commission's primary missions is to assure state interagency as well as public and private cooperation and communication regarding resolution of childhood lead poisoning. Reports and recommendations can be reviewed at the MDHC Website at:

http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2983-76907--,00.html

b. Community Resources. CLPPP has developed a relationship with the Rental Property Owners Association of Michigan. A work group has been established to educate landlords and tenants about the dangers of lead and clean up options, ranging from housekeeping techniques to full-scale abatement.

c. HUD Lead Hazard Control Program Grants. The Michigan Department of Community Health (MDCH) has administered grants from HUD to reduce lead hazards in residential homes since 1994. The cities of focus are Muskegon, Benton Harbor, Battle Creek, Kalamazoo, Flint, Lansing, Detroit, Hamtramck, Highland Park, and Pontiac. MDCH has abated 1,641 with the $14 million from these grants through September 2009. MDCH submitted a $3 million application request for new funding from HUD to continue these efforts in Muskegon/Muskegon County, Saginaw County excluding City of Saginaw, Kalamazoo/Kalamazoo County, Battle Creek/Calhoun County, Lansing/Ingham County, Pontiac/Oakland County, and the cities of Highland Park, Dearborn, Hamtramck and Detroit in Wayne County. Berrien County, Wayne County (excluding listed cities), Jackson County and the City of Saginaw also have submitted applications for Lead Hazard Control Program Grants. The 2009/2010 HUD awardees are MDCH, Berrien County, City of Detroit Planning and Development Department, and Genesee County. The MDCH Lead Safe Home Program, sometimes in conjunction with local, foundation and other state dollars, provides necessary funds to abate homes of lead hazards.

MDCH is collaborating with MSHDA, local health departments and community based organizations to identify, screen and inspect high risk housing and to remediate identified lead hazards. A cooperative agreement with the Environmental Protection Agency allows MDCH to maintain an infrastructure of certified individuals trained to inspect remediate lead-based paint hazards, in addition to accrediting the trainers needed for certification.

d. Changes in Michigan Law. The State of Michigan received authorization from the U.S. Environmental Protection Agency to administer the Pre-Renovation Education Rule. This rule has been incorporated into Michigan's Lead Abatement Act, and allows MDCH to implement and enforce this program. MDCH has begun the process of adopting EPA's Renovation, Remodeling and Painting Law which will take effect federally in April 2010. This law will require contractors performing remodeling and renovation activities in residential properties and child occupied facilities built before 1978 to 1) be certified and 2) follow specific work practices to prevent lead dust contamination. An educational campaign has been implemented providing information to contractors about the new requirements through an awareness booklet about lead poisoning and how contractor work can affect lead paint.