

III. Housing and Homeless Needs Assessment

A. General Housing Needs and Categories of Affected Persons

Background Information

Household Types

2000 CHAS data provided for owner and renter households consisted of elderly households, 1 and 2 person households, small related households with 2-4 persons, large related households of 5 or more persons, and other households such as those consisting of a single, non-elderly individual or a group of unrelated individuals.

The same income levels applied to all renter and owner households;

Extremely low-income included all households with incomes between 0-30 percent of the household area median income (AMI).

Other very low-income included households with incomes between 31 and 50 percent of AMI.

Low income included all households with incomes between 51-80 percent of AMI.

Moderate income included all households with incomes between 81-95 percent of AMI. Households with incomes above 95 percent of AMI are defined as being above moderate income. This category includes households that are generally outside the public purpose of the various state-administered, federally funded housing and community development programs.

Housing Problems

HUD defines households paying high levels of income for housing expenses as cost burdened. HUD distinguishes between two levels of cost burden. The first, *cost-burdened*, consisted of households paying more than 30 percent of income for housing. The second, *severely cost-burdened*, included households paying more than 50 percent of income for housing. Other housing problems included a lack of complete plumbing facilities, lack of complete kitchen facilities, and overcrowding (more than 1.0 persons per room). Based on the available 2000 Census data, cost burden is a greater housing problem in Michigan than either lack of plumbing/kitchen facilities or overcrowding.

Renter Households

Although cost burden was a problem for very low-income renter households in the 31-50% AMI range, extremely low-income renters remain much more likely to experience severe cost burdens. However, since the rates of very low-income renters with any housing problems and those who are cost burdened are very close (67.9 and 66.2 percent respectively) cost burden is clearly the most important of the four housing problems encountered by this income category. The lowest income grouping, 0-30% AMI, have a 71.8 percent rate of being cost burdened.

Very Low Income Households

Among the extremely low-income households, large-related households displayed the highest proportion of housing problems followed by small-related households. Compared to other household types in this income range, the elderly were least affected by all housing problems or cost burdens

At the 31-50% AMI level, however, “other” households were more likely to experience housing problems in general and cost burden in particular. The “other” households category includes non-elderly single individuals, and various households comprised of individuals unrelated by blood or marriage. Large-related households at this income level had fewer problems with cost burden, although their overall rate of housing problems exceeded those for elderly or small-related households. There was a relatively large spread between the percentage of large-related households with all housing problems and those with cost burdens, strongly suggesting that more of the groups problems reflect overcrowding. Small-related households in this income range had the second highest rate of problems from cost burden, but severe cost burdens were more of a problem for elderly and the “other” households categories.

Low Income

In general, the rates for households experiencing housing problems fall-off as incomes rise above 50% AMI. Rates for low-income households are only half as high as those for very low-income renter households. The incidence of severe cost burdens displays this best by dropping to rates as low as <1 to 9 percent among households in this income range.

Large-related households had the greatest rates of housing problems, but at this income level more of their problems were related to something other than cost burdens, suggesting that overcrowding may be a more significant factor. Cost burden remains the main problem for elderly and “other” households. There is little difference between their rates for all housing problems and those for cost burden. Elderly had the highest rates for severe cost burden followed by “other” households. Although low-income renters have lower overall problem rates, cost burden remains the single biggest problem. With the exception of elderly renters households, severe cost burden is relatively limited within this income range.

Moderate Income

The rate of housing problems for moderate-income households was slightly less than half that of low-income households. However, the same general pattern seen in other income groups prevailed here as well. Cost burden remains the major component of housing problems for all except large-related and to a lesser degree small-related households. Elderly and “other” moderate-income renters continue to experience cost burdens at a rate close to that for overall housing problems.

Although cost burden is clearly still a problem for many moderate-income households, the rate is far below that for the lowest income categories. Large-related households continue to have fewer problems with cost burden than with overcrowding. Small-related households have housing problems other than cost burden but it is unclear what the specific problem is present. Severe cost burden was a significant problem only for the elderly households.

Race/Ethnic Categories

HUD data provides information for various racial and ethnic groups similar to the data provided for the state as a whole. This permitted a general assessment of the degree to which any of the individual groups experienced needs disproportionate to those of a corresponding category of the state's total households. These categories included White Non-Hispanic, Black Non-Hispanic, Asian Non-Hispanic, Native American Non-Hispanic, and Hispanic. The overall housing problems encountered by the five racial/ethnic groups are generally the same as the state as a whole.

With the exception of extremely low-income renter households, Asian Non-Hispanic households had markedly higher (≥ 10 percentage points) than average incidences of housing problems at the very low and low-income groupings. The data only gives percentages for total renters so it is not possible to pinpoint what particular household types are experiencing the greatest degree of housing problems. Black Non-Hispanic, White Non-Hispanic, Native American Non-Hispanic, and Hispanic renter households reported problems that closely tracked those for all households included in the data.

The charts below identify the specific percentages for distribution of income and housing problems by household type and income level in 2000.

Distribution of Incomes by Renter Household Type

Percent of Median Income	Percent of All Renter Households	Percent of All Minority Headed Households	Percent of Black Non-Hispanic Renter Households	Percent of Hispanic Renter Households	Percent of Asian Non-Hispanic Renter Households	Percent of Native American Non-Hispanic	Percent of White Non-Hispanic Households
0-30	25.5	34.6	37.5	26.2	22.1	28.0	20.9
31-50	17.9	17.9	18.4	19.4	11.7	16.9	17.9
51-80	22.0	19.4	19.4	23.2	14.6	20.9	23.3

Source: SOCDs 2000 CHAS Data

Renter Households with Housing Problems By Household Type and Income Level

Percent of Median Income	Percent of All Renter Households	Percent of All Minority Headed Households	Percent of Black Non-Hispanic Renter Households	Percent of Hispanic Renter Households	Percent of Asian Non-Hispanic Renter Households	Percent of Native American Non-Hispanic	Percent of White Non-Hispanic Households
0-30	73.4	75.6	75.5	80.2	69.8	75.7	72.4
31-50	61.9	59.2	57.0	63.1	80	61.6	63.1
51-80	24.9	25.0	24.3	20.9	46.2	24.1	24.1

Source: SOCDs 2000 CHAS Data

Owner Households

The 2000 CHAS data provides separate tabulations for owners and for each of the same racial/ethnic groups used for renter households.

Very Low Income Households

There were and continue to be several significant differences between the circumstances of very low-income renter and owner households. A rise in income sharply reduces the incidence of housing problems in owner households. According to the 2000 data, 72.5 percent of extremely low-income (0-30% AMI) owner households had any of the housing problems included in the data and 71.2 percent experienced a housing cost burden. Households with incomes at 31-50 percent AMI had a 46 percent rate of any housing problem and 44 percent were cost burdened.

Elderly households had a somewhat lower incidence of housing problems than did other owner households: 66.5 percent of extremely low-income households experienced housing problems; 29.6 percent of the elderly households with incomes between 31-50 percent AMI experience cost burdens. The lower incidence of cost burden for elderly owner households may result from the fact that in spite of generally lower incomes; older homeowners are less likely to have mortgage costs.

Low Income

The rate of housing problems for owners in the 51-80 percent AMI income range fell well below those of the lowest income households, particularly for the elderly households. The same general pattern prevails. Elderly low-income owners had lower rates of overall housing and cost burden problems than do aggregated non-elderly households. The rate of households severely cost burdened is substantially lower than the rate of those simply cost burdened. About one-half of low-income owners experienced housing problems, including cost burden. Less than twenty percent experienced severe cost burden.

Moderate Income

The rate of housing problems among owners at the 81-95 percent AMI income level did not fall off as rapidly as did those in the lower income groups. At this income, elderly owners' primary housing problems are almost exclusively associated with cost burden. Nevertheless, these moderate-income elderly owners generally had a relatively low incidence of housing problems; around 5 percent.

In contrast, nearly 9 percent of other non-elderly moderate-income owner households experienced some housing problem, including cost burden. Relatively few, 7.5 percent, experienced severe cost burden.

Race/Ethnic Categories

As was the case for renter households, the 2000 CHAS data provided a basis for distinguishing disproportionate variations in the experience of owner households identified by racial and ethnic groups. Although there were similarities in the overall housing problems experienced by owners in the five racial/ethnic groups, there were some significant differences.

Hispanic elderly owners in the 31-50 percent AMI had markedly higher (10.7 percentage points) than average incidences of housing problems and \pm 5 percentage points for elderly owners in the 51-80 percent AMI range.

Black Non-Hispanic elderly and “other” households also showed higher incidences of housing problems. The rate of housing problems for “other” households in the 0-30 percent AMI range is 7.5 percentage points higher. Black Non-Hispanic elderly households in the 31-50 percent AMI range is 6.7 percentage points higher and 4.7 points higher in the 51-80 percent AMI range.

Although numerically a relatively small category, Asian Non-Hispanic households had markedly higher (≥ 10 percentage points) than average incidences of housing problems at all income groupings. The data only gives percentages for total owners so it is not possible to pinpoint what particular household types are experiencing the greatest degree of housing problems.

Native American Non-Hispanic owner households reported housing problems that closely tracked those for total households included in the data. The data only gives percentages for total owners so it is not possible to discern if there are differences in a particular household type.

Not surprisingly considering they constituted 87 percent of the total, White Non-Hispanic owner households reported housing problems that closely tracked those for the total households included in the data.

The pattern of disproportionate needs associated with some categories of minority headed households reflects their generally lower incomes. Minority headed households were more likely to have a higher incidence of housing problems at all income levels. Black Non-Hispanic households were somewhat less likely than other minority owner households to have housing problems.

The charts below identify the specific percentages for distribution of income and housing problems by household type and income level in 2000.

Distribution of Incomes by Owner Household Type

Percent of Median Income	Percent of All Households	Percent of All Minority Headed Households	Percent of Black Non-Hispanic Households	Percent of Hispanic Households	Percent of Asian Non-Hispanic Households	Percent of Native American Non-Hispanic	Percent of White Non-Hispanic Households
0-30	6.7	13.1	15.1	8.6	3.7	9.0	5.8
31-50	8.7	11.5	12.3	10.8	5.4	10.2	8.2
51-80	16.5	17.9	18.4	20.0	10.3	18.0	16.3

Source: SOCDs 2000 CHAS Data

Owner Households with Housing Problems By Household Type and Income Level

Percent of Median Income	Percent of All Households	Percent of All Minority Headed Households	Percent of Black Non-Hispanic Households	Percent of Hispanic Households	Percent of Asian Non-Hispanic Households	Percent of Native American Non-Hispanic	Percent of White Non-Hispanic Households
0-30	72.5	73.4	72.9	75.2	80.4	76.5	72.1
31-50	46.0	53.9	52.5	56.7	69.3	58.5	44.3
51-80	30.0	34.5	32.8	36.2	59.8	31.4	29.2

Source: SOCDs 2000 CHAS Data

SOCDS CHAS Data: Housing Problems Output for All Households

Name of Jurisdiction: Michigan		Source of Data: CHAS Data Book				Data Current as of: 2000					
	Renters					Owners					
Household by Type, Income, & Housing Problem	Elderly (1 & 2 members)	Small Related (2 to 4 members)	Large Related (5 or more members)	All Other	Total Renters	Elderly (1 & 2 members)	Small Related (2 to 4 members)	Large Related (5 or more members)	All Other	Total Owners	Total Households
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
1. Household Income ≤ 50% MFI	104,729	139,615	36,690	149,765	430,799	211,398	112,590	35,095	70,729	429,812	860,611
2. Household Income ≤ 30% MFI	62,175	78,920	20,475	91,370	252,940	86,920	47,725	13,785	39,285	187,715	440,655
3. % with any housing problems	58.6	82.2	91.0	73.4	73.9	66.5	78.5	86.6	73.3	72.5	73.3
4. % Cost Burden >30%	57.8	79.6	81.9	72.4	71.8	66.1	77.5	78.5	72.5	71.2	71.6
5. % Cost Burden >50%	37.9	60.7	56.7	59.1	54.2	38.7	63.3	60.8	58.3	50.7	52.7
6. Household Income >30 to ≤50% MFI	42,554	60,695	16,215	58,395	177,859	124,478	64,865	21,310	31,444	242,097	419,956
7. % with any housing problems	54.7	59.8	66.7	67.9	61.9	29.6	61.9	71.0	61.0	46.0	52.7
8. % Cost Burden >30%	53.9	54.9	41.4	66.2	57.1	29.2	60.5	56.3	60.4	44.0	49.6
9. % Cost Burden >50%	18.3	8.9	5.1	15.7	13.1	11.4	27.2	20.3	30.4	18.9	16.4
10. Household Income >50 to ≤80% MFI	30,599	78,695	19,660	89,585	218,539	172,698	165,554	53,054	70,420	461,726	680,265
11. % with any housing problems	33.6	20.5	43.1	21.9	24.9	14.8	36.7	44.3	40.6	30.0	28.4

12.% Cost Burden >30%	32.7	13.2	6.8	20.0	18.1	14.5	35.1	28.6	40.0	27.4	24.4
13. % Cost Burden >50%	9.0	0.8	0.6	1.4	2.1	4.0	7.4	4.7	9.8	6.2	4.9
14. Household Income >80% MFI	29,435	139,809	23,070	150,240	342,554	303,897	1,128,049	216,795	253,065	1,901,806	2,244,360
15.% with any housing problems	11.2	6.9	33.7	3.5	7.6	5.2	6.8	15.3	11.7	8.2	8.1
16.% Cost Burden >30%	9.7	1.2	1.2	1.7	2.1	5.0	6.0	6.3	11.0	6.5	5.9
17. % Cost Burden >50%	3.1	0.1	0.0	0.1	0.4	0.9	0.6	0.6	1.1	0.7	0.7
18. Total Households	164,763	358,119	79,420	389,590	991,892	687,993	1,406,193	304,944	394,214	2,793,344	3,785,236
19. % with any housing problems	44.5	35.4	57.6	33.8	38.1	19.8	15.3	27.5	26.9	19.4	24.3
20. % Cost Burden >30	43.5	30.2	31.6	32.1	33.3	19.5	14.4	16.9	26.3	17.6	21.7
21. % Cost Burden >50	21.2	15.1	15.8	16.6	16.8	8.3	4.8	5.4	10.7	6.6	9.2

Source: [Tables F5A, F5B, F5C, F5D](#)

SOCDS CHAS Data: Housing Problems Output for Black Non-Hispanic Households

Name of Jurisdiction: Michigan		Source of Data: CHAS Data Book		Data Current as of: 2000					
		Renters			Owners				
Household by Type, Income, & Housing Problem	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	Total Households
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1. Household Income <=50% MFI	20,610	75,585	38,305	134,500	23,260	33,600	11,390	68,250	202,750
2. Household Income <=30% MFI	15,015	48,240	27,010	90,265	13,270	16,605	7,715	37,590	127,855
% with any housing problems	58.9	84.5	68.6	75.5	68.8	79.4	65.8	72.9	74.7
3. Household Income >30 to <=50% MFI	5,595	27,345	11,295	44,235	9,990	16,995	3,675	30,660	74,895
% with any housing problems	44.6	57.5	62.0	57.0	36.3	59.4	64.8	52.5	55.2
4. Household Income >50 to <=80% MFI	3,700	26,900	15,950	46,550	10,495	27,980	7,260	45,735	92,285
% with any housing problems	25.1	25.4	22.2	24.3	19.5	35.0	43.7	32.8	28.5
5. Household Income >80% MFI	3,635	33,900	21,800	59,335	16,125	97,585	20,770	134,480	193,815
% with any housing problems	4.4	13.5	5.1	9.9	6.8	10.5	12.5	10.4	10.2
6. Total Households	27,945	136,385	76,055	240,385	49,880	159,165	39,420	248,465	488,850
% with any housing problems	44.5	49.8	39.7	46.0	31.9	27.2	33.6	29.2	37.4

Source: [Tables A1C & A1D](#)

SOCDS CHAS Data: Housing Problems Output for Hispanic Households

Name of Jurisdiction: Michigan		Source of Data: CHAS Data Book		Data Current as of: 2000					
		Renters				Owners			
Household by Type, Income, & Housing Problem	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	Total Households
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1. Household Income <=50% MFI	1,495	10,715	4,850	17,060	2,050	5,390	1,280	8,720	25,780
2. Household Income <=30% MFI	1,045	5,965	2,795	9,805	1,035	2,150	690	3,875	13,680
% with any housing problems	58.9	85.8	76.2	80.2	67.1	80.5	71.0	75.2	78.8
3. Household Income >30 to <=50% MFI	450	4,750	2,055	7,255	1,015	3,240	590	4,845	12,100
% with any housing problems	56.7	62.5	65.7	63.1	39.9	61.1	61.0	56.7	60.5
4. Household Income >50 to <=80% MFI	300	5,815	2,580	8,695	1,215	6,580	1,200	8,995	17,690
% with any housing problems	11.7	39.5	21.7	33.2	19.8	38.9	38.3	36.2	34.8
5. Household Income >80% MFI	310	7,420	3,935	11,665	1,925	22,285	2,975	27,185	38,850
% with any housing problems	3.2	28.9	7.1	20.9	7.3	13.8	11.9	13.1	15.4
6. Total Households	2,105	23,950	11,365	37,420	5,190	34,255	5,455	44,900	82,320
% with any housing problems	43.5	52.3	38.0	47.5	28.5	27.3	30.5	27.8	36.7

Source: [Tables A1C & A1D](#)

SOCDS CHAS Data: Housing Problems Output for Asian Non-Hispanic Households

Name of Jurisdiction: Michigan				Source of Data: CHAS Data Book		Data Current as of: 2000			
	Renters				Owners				
Household by Type, Income, & Housing Problem	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	Total Households
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1. Household Income <=50% MFI	N/A	N/A	N/A	9,200	N/A	N/A	N/A	2,445	11,645
2. Household Income <=30% MFI	N/A	N/A	N/A	6,020	N/A	N/A	N/A	995	7,015
% with any housing problems	N/A	N/A	N/A	69.8	N/A	N/A	N/A	80.4	71.3
3. Household Income >30 to <=50% MFI	N/A	N/A	N/A	3,180	N/A	N/A	N/A	1,450	4,630
% with any housing problems	N/A	N/A	N/A	80.0	N/A	N/A	N/A	69.3	76.7
4. Household Income >50 to <=80% MFI	N/A	N/A	N/A	3,980	N/A	N/A	N/A	2,775	6,755
% with any housing problems	N/A	N/A	N/A	46.2	N/A	N/A	N/A	59.8	51.8
5. Household Income >80% MFI	N/A	N/A	N/A	14,025	N/A	N/A	N/A	21,740	35,765
% with any housing problems	N/A	N/A	N/A	20.6	N/A	N/A	N/A	18.2	19.1
6. Total Households	N/A	N/A	N/A	27,205	N/A	N/A	N/A	26,960	54,165
% with any housing problems	N/A	N/A	N/A	42.2	N/A	N/A	N/A	27.5	34.9

Source: [Tables A1A & A1B](#)

SOCDS CHAS Data: Housing Problems Output for Native American Non-Hispanic Households

Name of Jurisdiction: Michigan				Source of Data: CHAS Data Book		Data Current as of: 2000			
	Renters				Owners				
Household by Type, Income, & Housing Problem	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	Total Households
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1. Household Income <=50% MFI	N/A	N/A	N/A	3,390	N/A	N/A	N/A	2,265	5,655
2. Household Income <=30% MFI	N/A	N/A	N/A	2,115	N/A	N/A	N/A	1,085	3,200
% with any housing problems	N/A	N/A	N/A	75.7	N/A	N/A	N/A	76.5	75.9
3. Household Income >30 to <=50% MFI	N/A	N/A	N/A	1,275	N/A	N/A	N/A	1,180	2,455
% with any housing problems	N/A	N/A	N/A	61.6	N/A	N/A	N/A	58.5	60.1
4. Household Income >50 to <=80% MFI	N/A	N/A	N/A	1,575	N/A	N/A	N/A	2,085	3,660
% with any housing problems	N/A	N/A	N/A	24.1	N/A	N/A	N/A	31.4	28.3
5. Household Income >80% MFI	N/A	N/A	N/A	2,570	N/A	N/A	N/A	7,195	9,765
% with any housing problems	N/A	N/A	N/A	6.6	N/A	N/A	N/A	8.4	7.9
6. Total Households	N/A	N/A	N/A	7,535	N/A	N/A	N/A	11,545	19,080
% with any housing problems	N/A	N/A	N/A	39.0	N/A	N/A	N/A	24.1	30.0

Source: [Tables A1A & A1B](#)

SOCDS CHAS Data: Housing Problems Output for White Non-Hispanic Households

Name of Jurisdiction: Michigan		Source of Data: CHAS Data Book		Data Current as of: 2000					
		Renters				Owners			
Household by Type, Income, & Housing Problem	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	Total Households
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1. Household Income <=50% MFI	80,145	78,840	96,870	255,855	183,380	102,080	55,855	341,315	597,170
2. Household Income <=30% MFI	44,300	38,640	54,825	137,765	71,205	39,880	29,575	140,660	278,425
% with any housing problems	58.2	83.3	76.3	72.4	65.9	80.7	75.2	72.1	72.2
3. Household Income >30 to <=50% MFI	35,845	40,200	42,045	118,090	112,175	62,200	26,280	200,655	318,745
% with any housing problems	56.2	62.7	69.2	63.1	28.8	65.3	60.5	44.3	51.2
4. Household Income >50 to <=80% MFI	26,125	60,010	67,180	153,315	159,360	176,910	60,390	396,660	549,975
% with any housing problems	35.3	22.1	21.5	24.1	14.4	38.7	40.2	29.2	27.8
5. Household Income >80% MFI	25,015	108,155	116,025	249,195	282,060	1,188,150	223,850	1,694,060	1,943,255
% with any housing problems	12.3	6.9	3.0	5.7	5.1	7.7	11.6	7.7	7.5
6. Total Households	131,285	247,005	280,075	658,365	624,800	1,467,140	340,095	2,432,035	3,090,400
% with any housing problems	44.4	31.6	31.7	34.2	18.6	15.8	26.0	18.0	21.4

Source: Tables A1C & A1

B. HOMELESS NEEDS

The information in this section on homelessness in the State of Michigan is excerpted from the State of Michigan's 2004 Statewide Continuum of Care. The Michigan State Housing Development Authority (MSHDA) is the State's lead agency in convening and coordinating the efforts of the Michigan Statewide Continuum of Care. The lead entity in Michigan's Statewide Continuum of Care planning process is the Michigan Homeless Assistance Advisory Board (MHAAB). This Advisory Board includes representatives from most of the State's agencies and programs engaged in response to homeless populations, including: Housing, Mental Health, Education, Corrections, Veterans Affairs, Workforce Development, Family Independence Agency, HOPWA/AIDS, Homeless and Runaway Youth, Domestic Violence, and Substance Abuse. The Michigan Homeless Assistance Advisory Board conducted the 2004 gaps analysis and prioritized projects for funding under the 2004 U.S. Department of Housing & Urban Development's competitive homeless assistance funding.

The Statewide Continuum of Care documents the problem of homelessness in Michigan and describes the system of locally driven, state funded services available in Michigan communities that are dedicated to alleviating homelessness.

In the most recent year for which complete data has been compiled, at least 36,214 people were homeless in Michigan as reported in the Statewide Continuum of Care: 2004 Housing Gaps Analysis Chart (see Table 1A). This figure includes the reported sheltered homeless population plus the most conservative estimated of unmet need. It is important to note this count may under represent the number of homeless due to the fact the HUD mandated point-in-time count occurred in late January in a week that was characterized by raging snowstorms and plummeting temperatures-making efforts to identify "unsheltered" homeless nearly impossible.

Data on the extent of homelessness by racial/ethnic group and for those at risk of homelessness is not currently available. It is believed the successful implementation of the Homeless Management Information System (HMIS) throughout the State's Continuum of Cares' will provide a wealth of information in the future. The implementation of HMIS is discussed more fully under the Continuum of Care narrative at the end of this section.

Emergency Shelter and Services

The 2004 Gaps Analysis documents a statewide point-in-time emergency shelter bed count of 3,344 beds for persons in families, and 4,464 beds for individuals. Eighty-two percent of the available emergency shelter beds are in metropolitan areas. Approximately 3,664 emergency shelter beds are located in Detroit and in Wayne County. Kent County has 361 emergency shelter beds. Lansing/Ingham County has 241 emergency shelter beds. Oakland County has 356 emergency shelter beds. Kalamazoo (236), Genesee (201) and Washtenaw (192) counties each have about 200 emergency shelter beds. 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 transitional housing programs, prevention, or other services to help homeless people transition 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 Family Independence Agency, the state agency that administers Temporary Assistance to Needy Families, 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 \$14 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. FIA 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, FIA has an approximately \$12 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 and transitional shelter beds per night include a number of hotel/motel vouchers in rural areas. 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 FIA offices.

FIA also is providing its local offices with Emergency Services (ES) funding 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 FIA offices. Emergency Service funds are used to meet local emergency needs not covered by the State Emergency Relief program. Local FIA 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. FIA 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.

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. The 2004 Gaps Analysis documents a statewide point-in-time transitional housing bed count of 3,464 beds for persons in families, and 2,565 beds for individuals. Ninety-two percent of the available transitional housing beds are in metropolitan areas. Approximately 2,703 transitional housing beds are located in Detroit and in Wayne County. Kent County has 524 transitional housing beds, Lansing/Ingham County has 214, Oakland County has 295, Kalamazoo has 370, Genesee has 66 and Washtenaw has 156. Many rural communities do not have transitional housing beds; there are only 433 transitional housing units in the Balance of State areas that roughly correspond to non-metropolitan areas.

Transitional housing is often one of the top priorities of local Continuums of Care because it is an ideal way to help overcome the many deficits and problems that cause an individual or family to become homeless. Transitional housing programs provide services with enough intensity and for a sufficient length of time to help homeless people deal with the root problems that led to their homelessness.

Permanent Housing and Services

The 2004 Gaps Analysis documents a statewide point-in-time permanent housing bed count of 1,421 beds for persons in families, and 3,558 beds for individuals. Ninety-six percent of the available permanent housing beds are in metropolitan areas. 3,085 permanent housing beds are located in Detroit. Kent County has 346 permanent housing beds, Lansing/Ingham County has 66, Oakland County has 299, Kalamazoo has 136, Genesee has 87 and Washtenaw has 165. Most rural communities do not have permanent housing beds; there are only 237 permanent housing units in the Balance of State areas that roughly correspond to non-metropolitan areas.

Michigan's inventory of permanent supportive housing is inadequate. The Supportive Housing Demonstration is part of a strategy to encourage the development of new units by local communities. The Supportive Housing Demonstration, a collaborative effort between the Corporation for Supportive Housing, MSHDA, and MDCH, has generated excitement in the state around increasing the supply of permanent supportive housing units and encouraging systems change to remove barriers so that nonprofit organizations can develop units at a faster rate. Over 300 permanent supportive housing units have been constructed since the demonstration began in 2000.

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. 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 is the statewide PHA and administers a Section 8 program. MSHDA administers over 21,000 Section 8 vouchers, and has an existing portfolio of approximately 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 nine programs with the capacity to support 309 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 309 units, 48 are located in five rural counties, 164 units are in the metro Detroit area, and 97 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. The PATH program currently funds 19 projects serving 23 counties across the state serving about 1,500 persons annually.

As a companion to the PATH program, MDCH administers the Housing Assistance Fund, which provides grants to assist persons with mental illness who are homeless or at risk of being homeless in areas not covered by a PATH program. Housing Assistance grants may be used for first month rent and security deposits, utility deposits, or for household goods and for past due rental payments to prevent homelessness. During fiscal year 1999, 97 persons with mental illness were assisted with this fund.

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 FY 97-98, approximately 547 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 FIA Emergency Services Contract funding, FEMA funds and/or Emergency Shelter

Grants (ESG) funds. The Salvation Army and local churches also fund homeless prevention assistance. Annually, MSHDA uses approximately thirty percent of its ESG award to fund prevention.

FIA Emergency Service dollars are used to prevent an individual or family from going into an emergency shelter, assisting an individual or family relocate from a shelter as soon as possible, or providing needed supportive services to help an individual or family remain in their own home. ES homeless prevention funds housing arrears, and heat and utilities payments to maintain a client in their current residence.

FIA State Emergency Relief funds can also be used to pay for energy services or home ownership services. Low-income households can receive help paying heat and electric costs if their service has been or is about to be shut off. The bill must be for service at the current address (not a past due bill from a previous address). If a family or individual had income during the previous six months, they must have used some of the income to pay on the heat or electric bills.

FIA also administers the Federal Low Income Home Energy Assistance Program which 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 2004 Gaps Analysis documents a statewide point-in-time count of 8,861 chronically homeless in the State of Michigan. While a few of Michigan's larger urban areas have initiated efforts to develop "10 Year Plans", none of the communities or Continuum of Care jurisdictions directly affiliated with the Balance of State Continuum is currently developing a separate strategy to end chronic homelessness. Nevertheless, we have 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) explore potential for developing a state-level "Ten Year Plan" to end chronic homelessness, d) build on the efforts and outcomes of the Michigan Policy Academy on Homeless Families and Children to help structure high-level policy commitments to ending "chronic homelessness", and e) build on the foundation of State participation in other policy academies (e.g., Co-occurring Disorders and Prisoner Re-Entry) to shape policy and practice addressing chronically homeless populations.

Homeless 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.

The FY03 CMHSP's Demographic Summary identified 1.88 percent of the people who receive services from CMHSPs as homeless or in a homeless shelter. This represents about 3,634 people. Since not everyone reports their housing status, it is estimated that an additional 823 people who received services from Michigan CMHSPs may have been homeless in 2003. 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.

Many local communities report problems providing services to persons with mental illness who refuse to receive treatment from traditional community mental health programs, or who have "mild" mental illness, which impairs their ability to live independently, but does not qualify them for services from the local mental health providers.

Homeless Persons With Substance Abuse Addictions

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. Many homeless providers estimate that 80 to 90 percent of homeless persons either have a substance abuse problem themselves or have had family support harmed by substance abuse.

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

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, transitional 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

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

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.

Funding for Michigan's network of runaway and homeless youth programs in part comes from FIA's Youth In Transition program, which provides funding to 28 community-based agencies that provide services in each of Michigan's 83 counties. Eight programs are specifically funded to serve homeless (vs. runaway) youth. The Federal Department of Health and Human Services funds 18 Basic Center grants, five transitional living programs, and two street outreach programs. FIA provides some matching funds to these agencies. HUD funds three transitional housing programs for homeless youth through the Supportive Housing program in Saginaw, Flint, and Detroit. MSHDA also funds eight of the homeless and runaway programs through its Emergency Shelter Grants program.

The homeless and runaway youth programs in Michigan have for more than twenty years been coordinating among themselves through a voluntary association now entitled the Michigan Network for Youth and Families. Local programs are active members of local Continuum of Care planning groups. The staff person from the Michigan Family Independence Agency responsible for coordinating State support for these programs is an active member of the Michigan Homeless Assistance Advisory Board and the State Policy Academy on Homeless Families and Children.

There are an increasing number of teenagers that are not in foster care or part of the state system of child protective services but that do not have a safe place to live and grow up. Many communities are struggling with how to develop programs that serve this population. The legal issues of serving under age consumers are difficult.

Victims of Domestic Violence and Sexual Abuse

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 works 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 batterers/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.

In the last several years, Michigan has made significant progress toward keeping victims of domestic violence and their children safe, while holding perpetrators accountable for criminal behavior. The Board has placed a heavy emphasis on developing and furthering collaborative relationships with our partners in the criminal justice, health care, religious and child welfare systems.

The Board administers state and federal funds to support forty-six local domestic violence agencies in providing emergency shelter, crisis counseling, transportation, information and referral services, and advocacy to adult victims of domestic violence and their children in Michigan. These agencies also work with their local justice, health, and religious organizations to increase community awareness and strengthen their communities' responses to domestic violence.

The Board also administers the STOP Violence Against Women federal grant to support local projects to strengthen the State's response to domestic violence, sexual assault and stalking, through victim services, law enforcement, prosecution and the courts; as well as state level training initiatives.

The Board also trains FIA staff, Child Protective Service workers, police, judges, probation officers, other law enforcement and criminal justice systems staff, Friend of the Court staff, medical practitioners, and other community service providers on domestic violence/homeless issues which in turn generate an outreach network through daily efforts of these partner systems.

Persons with HIV/AIDS

Housing and supportive services are funded through HIV/AIDS providers, which also administer 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. From 1995-97 MSHDA was the grantee of record with HUD for HOPWA funds and contracted with the Michigan Department of Community Health to administer HOPWA in collaboration with Michigan's Ryan White formula funds. Starting in 1998, the Michigan Department of Community Health became the grantee of record receiving funding directly from HUD.

The Michigan Department of Community Health, Division of HIV/AIDS-STD and the Detroit Health Department administer approximately \$14,902,329 million in state and Federal funding to fund care and services for persons with HIV/AIDS. This funding includes Ryan White Care

Act (Title II funds) and state funding through the Michigan Health Initiative. This funding is administered through providers that are responsible for conducting a needs assessment, prioritizing needs for funding and developing a comprehensive plan for their area for HIV/AIDS services. On the state level an HIV/AIDS Care Council meets several times a year to address policy issues and to recommend an allocation model for the HIV/AIDS funding to the Michigan Department of Community Health.

People Threatened with Homelessness

Although no specific data is available, it can reasonably be argued that those Michigan households with extremely low-incomes and bearing a severe cost burden (spending 50+ percent of household income for housing costs) are at risk of homelessness. According to the 2000 SOCDS CHAS data, this represents 52.7 percent of households with incomes below 30 percent, roughly 230,000 households. 137,000 are renters and the remaining 95,000 are homeowners. The state recognizes that it is more effective to prevent persons and families from falling into homelessness than it is to correct the condition after the fact. Accordingly, there are a multitude of state and federally funded programs for prevention activities.

Homelessness by Racial/Ethnic Group

Although no specific data is available, a reasonable proxy can be determined from the persons served by the Emergency Shelter Grant providers. Base on quarterly reports submitted by all current ESG grantees, approximately 5.3 percent of the 48,000 persons (including adults and children) sheltered were Hispanic in the 2004 program year. Approximately 68 percent were White, 28.8 percent were Black/African American, 1.2 percent was American Indian/Alaskan Native, and less than 1 percent were Asian or Native Hawaiian/Other Pacific Islander. Those reporting two or more races accounted for 1.2 percent.

Local Continuum of Care Bodies

Across Michigan, 60 locally based Continuum of Care planning bodies coordinate responses to homelessness in all of the state's 83 counties. MSHDA requires that each community develop a comprehensive Continuum of Care planning process as a condition of eligibility for the State's distribution of federal and state Emergency Shelter Grant funds, as well as other State homeless programs support and funding. In this model, each local Continuum of Care develops a plan that is targeted to needs in its self-identified geographic service area. These plans follow HUD's design and format-including attention to planning structure, participant composition, fundamental service components, gaps analysis, action steps, discharge planning, HMIS implementation, and commitments to ending chronic homelessness and increasing mainstream resource integration.

The Michigan Statewide Continuum of Care has taken on the responsibility for orchestrating a fully coordinated and integrated statewide homeless management information system. Every community, and every established Continuum of Care area in Michigan, has agreed to participate in this collaborative implementation. This comes as a consequence of nearly three years of shared planning, development, and cooperation. Of the 60 established CoC areas in our state (representing all 83 counties), 58 will be utilizing a common data-gathering platform (ServicePoint), and 56 are currently planning on sharing a common server. Two CoC areas (Grand Rapids and Washtenaw) had been operating HMIS systems (using ServicePoint) on their own servers prior to our statewide plan, and while they will continue to operate independently, both have agreed to upload data to the state system on a quarterly basis. Only

two communities have invested in use of other software systems, but these two have also committed to quarterly uploads to the Michigan HMIS.

Table 1A

The State of Michigan's homeless needs are specified in the Continuum of Care: 2004 Gaps Analysis Chart, which is substituted, with HUD approval, for the Consolidated Plan Table 1A on the following page.

Homeless Facilities and Services

A complete listing of homeless facilities and services within the State Michigan is included as Appendix 5.

**Statewide Continuum of Care: 2004 Housing Gaps Analysis Chart- Statewide
TOTAL**

		Estimated Need	Current Inventory in 2004	Under Development in 2004	Unmet Need/Gap
Individuals					
Beds	Emergency Shelter	6,046	4,464	112	1,471
	Transitional Housing	4,290	2,565	498	1,227
	Permanent Supportive Housing	10,527	3,558	531	6,438
	Total	20,863	10,587	1,141	9,136
Persons In Families With Children					
Beds	Emergency Shelter	4,112	3,344	68	700
	Transitional Housing	4,550	3,464	108	978
	Permanent Supportive Housing	6,689	1,421	345	4,923
	Total	15,351	8,229	521	6,601

TOTALS	36,214	18,816	1,662	15,737
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Continuum of Care: Homeless Population and Subpopulations Chart					
Part 1: Homeless Population	Sheltered			Unsheltered	Total
	Emergency		Transitional		
1. Homeless Individuals	4,798		2,391	9,573	16,679
2. Homeless Families with Children	890		818	1,582	3,290
2a. Persons in Homeless Families with Children	3,104		2,997	6,290	12,391
Total (line 1+2a)	7,902		5,388	15,863	29,070
Part 2: Homeless Subpopulations	Sheltered			Unsheltered	Total
1. Chronically Homeless			2,065	6,796	8,861
2. Seriously Mentally Ill			4,525		
3. Chronic Substance Abuse			6,789		
4. Veterans			2,571		
5. Person with HIV/AIDS			1,940		
6. Victims of Domestic Violence			5,052		
7. Youth			1,616		

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 2000 Census provides some detail on housing and income issues of the elderly. Therefore, the analysis of needs for this population is more detailed than that for other special needs populations. 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 2000 census, most Michigan seniors own their homes; of the 795,583 elderly households in the state, 81.4 percent (648,346) owned their housing and 18.5 percent (147,237) rent. Based on the updated CHAS data, it is estimated that of all the elderly households (owner and renter) in Michigan, 60.9 percent are low-income: 17.4 percent had incomes between 0-30 percent AMI; 19.6 percent had incomes between 31-50 percent AMI; and 23.8 percent had incomes between 51-80 percent AMI. Elderly households with incomes over 80 percent AMI accounted for 39 percent of all elderly households.

Elderly renters were far poorer than owners; 82.1 percent of all elderly renters are low-income with 48 percent considered extremely low-income (below 30 percent AMI). Among owners, 55.8 percent were low-income, while 44.2 percent were above 80 percent AMI.

The 2000 Chas data noted that across all income groups, elderly owners generally had lower rates of housing problems and cost burden than other owners. However, the lowest income elderly owners and renters, such as those dependant on SSI, Medicare, or State Disability Assistance (SDA), face a continuing problem with cost burden. According to State record, over 19,000 persons 65 years of age or older received SSI in 2003. The majority of these very low-income elderly lived in metropolitan counties, some 86 percent. These SSI recipients accounted for almost 2 percent of the State's 2000 elderly population. In metropolitan counties, elderly SSI recipients accounted for 1.5 percent of the 2000 elderly population., while in non-metropolitan counties the proportion was slightly less than 1 percent.

The majority of elderly households were low-income and the majority of them were owners rather than renters. Elderly owners and renters both face a problem with cost burden. 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

The number of potentially frail elderly households (head of household aged 75 and over) is 163,705. The 2000 CHAS data notes that almost 30 percent of these households (48520) 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.

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.

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. A HUD report focusing on housing for the elderly noted that data from 1995 showed that 20 percent of households aged 62 and older contained a person with at least one physical limitation. While only 8 percent of the elderly under 75 have problems with ADLs, this rises to 25 percent for the oldest elderly. Applying the HUD ratios to the 2000 census data provides a rough estimate of the parameters for most of the minimum types of in-home care services that elderly populations require.

Data from the 2000 census reported 1,403,490 Michigan residents aged 62 to 84 and another 106,907 aged 85 years and older. This suggests that a total of approximately 139,000 elderly (112,000 aged 62 to 84 and 27,000 aged 85 years and older) could have required some assistance with ADLs.

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. Participants in the 2004 Special Needs Consultation noted 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. In 1990, for the first time, the decennial census included questions related to disability status. Based on the responses to these questions, as well as a subsequently-developed model-based methodology devised to provide estimates of the prevalence of specific disabilities by various levels of geography, it is estimated that 1,708,869 people (18.7 percent of Michigan's non-institutionalized population aged 16 or older) had a disability in 2000. This includes

319,841 (3.5 percent) who had a sensory disability, 758,482 (8.3 percent) who had a physical disability, 475,193 (5.2 percent) who had a mental disability and 246,735 (2.7 percent) who had a self-care disability.

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. Data from the state on transfer payments appear to provide a more defensible estimate of the number of persons with disabilities who also have low incomes.

A special tabulation provides data on the number of persons in the State receiving SSI, Medicaid or State Disability Assistance (SDA) in 2003. Some 278,000 persons under 65 years of age received some form of transfer payment. Nearly seventy percent was receiving SSI for the disabled.

Residents of metropolitan counties accounted for 80 percent of the total receiving payments. The proportion of the State's total 2000 population receiving disability transfer payments is nearly 3 percent. This proportion varies only slightly between metropolitan and non-metropolitan counties.

PERSONS RECEIVING DISABILITY TRANSFER PAYMENTS 2003

	SSI-D	MA-D	SDA	TOTAL	Percent of 2000 Population
State	192,288	77,051	9,056	278,395	2.99%
Metropolitan Counties	154,880	60,335	7,357	222,572	2.95%
Non-metropolitan Counties	37,408	16,716	1,699	55,823	3.10%

Source: specially tabulated State report.

Thirty-four counties have a higher than average proportion of disability transfer payments. Lake County has the highest proportion with nearly seven percent of its 2000 population receiving disability payments. Luce, Wayne, Muskegon and Clare counties have four percent of their populations receiving payments.

Persons with Mentally Illness

In 2003, 139,052 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 lived in a private setting, many with relatives.

The Michigan Department of Community Health reports that CMHSPs provided services to 139,052 people with mental illness or children with serious emotional disturbances in FY2003. Females accounted for slightly more than half the total. 28,893 (20 percent) were children 17 years of age or younger, 99,310 (71 percent) were 19 to 64 years old, 10,614 (8 percent) were elderly, and 235 did not report their age. 10 percent had some association within the correction system.

Of these people 49,429 (35.55 percent) were living with relatives, 39,570 (28.46 percent) were living with non-relatives, 19,448 (13 percent) were in dependent care or institutional settings, 847(.61 percent) were living in supported independent living, 3,029 people (2.18 percent) were

homeless and 26,729 (19.22 percent) didn't report where they lived. 83,638 (60.15 percent) 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 FY03, 34,307 people with developmental disabilities accessed the mental health system through CMHSPs. Males were the predominant gender among the nearly 34,307 people with developmental disabilities who used CMHSP services in 2003, 54 percent compared to 45 percent females. 6,456 (18.82 percent) were children, 25,400 (74 percent) were adults under 65 years of age, 2,444 (7.12 percent) were over 65 and 7 people didn't report their age. Less than 4 percent of people with developmental disabilities were associated with the corrections system. 9,940 (28.97 percent) live in dependent settings, 13,463 (39.24 percent) live with relatives, 5,547 (16.17 percent) live with non-relatives, 3,956 (11.53 percent) did not report where they were living, 1,130 were in supported independent living, and 271 (.79 percent) were homeless. 19,003 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

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. MDCH spends \$149 million per year for treatment.

State estimates of the prevalence of substance abuse indicates that as many as one in seven (1.3 million) persons statewide may have a problem with legal or illicit substances. In 2003, over 59,700 people received substance abuse treatment services through MDCH funding. For 75 percent this was their first admission to treatment. About 3,300 were age 17 or under; 618

reported being pregnant at admission. The primary reported substance at admission was 48 percent alcohol, 17 percent marijuana/hashish, 13 percent heroin and 12 percent crack cocaine. 56 percent were unemployed. Approximately 60 percent had some type of Justice System involvement.

Persons With HIV/AIDS

The January 2003 MDCH statistics indicate that 10,833 people reported living with HIV/AIDS. Fourteen counties account for 60 percent of the State's population but 84percent of all HIV/AIDS cases. HIV related mortality is dropping, the number of new diagnosis is stable, and therefore, the number living with HIV/AIDS is increasing.

The 2003 Statewide Distribution of HIV/AIDS Prevalence prepared by the Michigan Department of Community Health, estimates that there are 15,000 people living with HIV/AIDS in the state. 69 percent of them live in the Detroit Metropolitan Statistical area, not served by the state program. The number of persons newly diagnosed with HIV each year was roughly level at about 900 cases between 1998 and 2002.

Currently, persons with AIDS live in every county in the state compared to 10 years ago when 8 of the 83 counties had no reported cases of AIDS. The 13 counties with the highest HIV/AIDS rates per population rates are Detroit and Wayne, Oakland, Kent, Ingham, Genesee, Washtenaw, Kalamazoo, Berrien, Calhoun, Jackson, Allegan, Saginaw and Van Buren counties. These 13 counties account for 84 percent of the people living with HIV/AIDS but only 60 percent of Michigan's population. An undetermined amount of this concentration can be accounted for by the fact the people move toward metropolitan areas for health care as the disease progresses.

Of the total number of persons with reported cases of AIDS, 77.3 percent are males. 57.3 percent are non-Hispanic blacks, while some 36.9 percent are non-Hispanic whites. Persons of Hispanic origin accounted for only 3.9 percent of the reported cases.

Some 41 percent of all of the persons with reported cases of AIDS are between the ages of 30 and 39. 24.8 percent are between the ages of 20 and 29 and another 22.7 percent are between 40 and 49 years of age. 3.6 percent are under the age of 20 and 7.7 percent over the age of 50.

Persons who are HIV positive do not, simply by virtue of having the HIV virus, require special housing. However, some other statistics from the Supplement to HIV/AIDS Surveillance Project from 1990 to 2000 (which interviewed 2,205 people) indicate that they are at risk of homelessness:

- 57 percent had AIDS and 43% had HIV;
- 81percent of males had 12 years of education or more, 64 percent were unemployed, and 51percent had incomes of less than \$10,000 a year in the previous year.
- 59 percent of females had 12 years of education or more, 79 percent were unemployed, and 71 percent had incomes of less than \$10,000 in the previous year.

D. LEAD BASED PAINT

Inventory and Market Conditions Lead Based Paint Hazards. At the present time, data are 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 are available, however, indicate that this could be a serious problem, particularly for very low-income renter households. At this time it is possible only to use secondary data as indicative of the scope of the problem.

One approach to estimating the scope of the problem is to consider all housing built prior to 1978, when lead based paints were banned, as potentially hazardous locations. Based on the Census estimates of the number of housing units that were constructed prior to 1980, there are almost 3 million units in Michigan in this potentially hazardous category. Of these, roughly 2.5 million are located in the metropolitan counties.

Just over three-quarters of the total number of pre-1980 units are affordable to low income households, according to the CHAS Data Book, Table [*] 9. About 55 percent of these 2.33 million units are affordable to very low-income households. The potential hazard is greatest in the nonmetropolitan counties, where over 83 percent of the half million pre-1980 units are affordable to low income households.

In both the metropolitan and nonmetropolitan counties of the state, low-income renters would appear to face the highest risk factors. Over 94 percent of the potentially hazardous rental units are affordable to very low or other low-income households. In total, renters account for one-third of all low-income households potentially at risk from lead based paint exposure. The renter proportion of those potentially at risk is 36 percent in the metropolitan counties, but only 24 percent in the nonmetropolitan counties.

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 is a significant problem in Michigan. In 2001, 5.5 percent of children under the age of six who were screened for blood lead and the results reported to the state laboratory, were confirmed at or above 10ug/dL. It is estimated that an additional 38,000 children in Michigan are lead-poisoned but have not yet been identified.

In Detroit, the rate is 6.4 percent citywide with several zip codes with rates exceeding 10 percent and one exceeding 18 percent. High rates are not limited to Detroit, however; Grand Rapids has one Zip Code (49506) with a rate of 7.1 percent and several others above 4 percent. Smaller 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, and the amount of lead pigment in the paint tends to increase with the age of the housing. Consequently, children of very low- and low-income households, who tend to reside in older housing, are disproportionately at risk of lead poisoning.

Large numbers of housing units were built in Michigan after World War II within and around Michigan's industrial cities. As these units have aged, they tend to be occupied

by higher numbers of low-income families. Michigan has 2.97 million housing units built before 1980; of these, low- and very low- income families occupy 2.34 million, or 79 percent. As this housing gets older, it is even more likely to be occupied by these families; over 85 percent of housing built before 1960 is occupied by low- and very-low income households. Consequently, children in these households are a disproportionate risk of lead poisoning. As shown in the table below, approximately 1.8 million low- and very low-income households 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 ¹	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

Not all of these units are hazardous to residents, but all of them pose potential hazards to children if lead-based paint is allowed to become exposed or to peel. 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 over 20 years. The Childhood Lead Poisoning Prevention (CLPPP) project is a statewide surveillance and primary prevention project that includes screening and follow-up of identified lead poisoned children and extensive public and professional education. According to CLPPP statistics, it is estimated that approximately 38,600 children under the age of six have elevated blood levels in Michigan.

Resources to Address Lead-Based Paint Hazards

a. Interagency coordination. The Michigan Department of Community Health (MDCH) administers the Lead Hazard Remediation Program (LHRP) 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 Family Independence Agency, and the Department of Environmental Quality. MDCH has also developed working relationships with 44 local health departments within Michigan. Collaboration has resulted in coordinated efforts between MSHDA and MDCH to assure safe housing for children living in Section 8 housing administered by MSHDA. Using data supplied by MSHDA,

¹The percentages in the table are derived from Comprehensive and Workable Plan for the Abatement of Lead-Based Paint in Privately Owned Structures. This source was recommended by HUD.

CLPPP identifies EBL children living in Section 8 housing. Upon notification from CLPPP, MSHDA works with the landlord to ensure that lead hazards are identified and remediated if needed.

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 physical status of lead poisoned children and identify and make recommendations for addressing lead hazards to which the child was being 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. These services are now provided by most county health departments, with two environmental health and two home nursing visits funded by Medicaid.

In 1998, only 16 percent of the homes of children who were identified as being lead-burdened (blood lead levels ≥ 10 ug/dL) had their homes remediated. 84 percent of the children continue to live in the same homes with unaddressed lead hazards. Because of this, in 1999 CLPPP began developing collaborations with housing authorities and landlords to develop strategies to assist in making children's housing lead-safe if not lead-free. CLPPP collaborated with the MDCH Lead Hazard Remediation Program and Community Development Block Grant administrators to implement the HUD guidelines regarding lead based paint hazard identification and remediation.

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. CLPPP and LHRP staff also collaborates with financial institutions to develop low interest loans to remediate homes. The programs are exploring the feasibility of a low interest loan program targeting low and moderate-income homeowners and landlords.

c. HUD Lead Abatement Grant. The Michigan Department of Community Health (MDCH) received a \$3 million grant from HUD for efforts related to reducing lead hazard in residential homes in Muskegon, Flint, and Lansing. 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. Legislation to establish a certification program for lead professionals has been passed. A 2003 grant for \$372,000 from the Environmental Protection Agency allows the state to train qualified professionals to perform lead abatement activities, address abatement needs in high-risk areas, and establish infrastructure of ongoing identification and abatement of lead hazards.

It should be noted that the City of Detroit Housing Commission and the City of Grand Rapids have directly received a HUD Lead Abatement Grant. The HUD program, sometimes in conjunction with outside monies, provides the necessary funds to abate homes.

d. Changes in Michigan Law. In December 2002, amendments to the Lead Abatement Act were signed into law to comply with the Environmental Protection Agency's requirements regarding notifications, definition clarifications, enforcement actions, and the addition of the "Clearance Technician" discipline. In September 2004, changes to administrative rules were adopted to reflect compliance with the amendments in the Lead Abatement Act, the addition of the "EBL Investigator" discipline and associated protocol, and clarification of Michigan related requirements resulting from HUD regulations and their interpretations.