



MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

ACTION PLAN 2017 - 2019

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS ACTION PLAN

Authors and Contributors:

Kelly Rose, Michigan State Housing Development Authority
Paula Kaiser Van Dam, Michigan Department of Health and Human Services
Kris Brady, Northwest Community Action Agency
Lynn Hendges, Michigan Veterans Affairs Agency
Eric Hufnagel, Michigan Coalition Against Homelessness
Gerry Leslie, Michigan Coalition Against Homelessness
John L. Peterson, CSH
Janet Irrer, Michigan State Housing Development Authority
Pam Kies-Lowe, Michigan Department of Education
William Hardiman, Michigan Department of Health and Human Services
Barb Ritter, Michigan Coalition Against Homelessness
Becky Search, Michigan State Housing Development Authority

Acknowledgements:

The authors wish to thank all those who supported the data collection, analyses and provided information and expertise in preparation of this report.



All rights reserved, September, 2016
Michigan State Housing Development Authority
Lansing Michigan
www.michigan.gov/mshda

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

TABLE OF CONTENTS

Executive Summary.....	3
Our Vision	4
Campaign Structure	5
Homelessness in Michigan.....	6
Addressing Homelessness in Michigan.....	8
The Action Plan.....	9
Increase Access to Affordable and Stable Housing.....	10
Leadership, Collaboration and Civic Engagement.....	13
Increase Economic Security.....	16
Improve Health and Stability.....	19
Retool the Homeless Crisis System.....	22

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

EXECUTIVE SUMMARY

Michigan has made significant progress improving the care for those that experience homelessness since 2006, the inception of the Michigan Campaign to End Homelessness. It has identified the most vulnerable citizens, coordinated its system of care, created greater capacity and quickly rehoused those who were experiencing homelessness, but there is much work to be done. This report outlines the state of homelessness in Michigan, sets goals for reducing homelessness and highlights the action steps to be taken to achieve these goals through 2019.

The five themes that organize these action steps align with the Federal Strategic Plan, Opening Doors. Our action steps are based on national best practices for ending homelessness and initiating new pilot programs that can quickly be brought to scale with additional funding.

In 2015, there were an estimated 69,163 literally homeless individuals in the State of Michigan¹. This number reflects a 6% decrease statewide from 2014. Veteran homelessness dropped 15% from 2014 to 2015. Homelessness has declined in Michigan because of ongoing investment in permanent housing and improvements in service delivery by prioritizing resources for those most in need. To continue these efforts the following goals have been set for the next three years. The goals are based on current funding levels with small projected increases.

GOALS

1. **House all Veterans Experiencing Homelessness**
2. **Reduce Chronic Homelessness by 20% annually**
3. **Reduce Family Homelessness by 10% annually**
4. **Reduce Individual Homeless by 10% annually**
5. **Reduce Youth Homelessness by 10% annually**

To achieve these goals and gauge system performance the Campaign to End Homelessness will track the following performance measures quarterly. These system measures align with Housing and Urban Development (HUD) performance measures used in grant funding decisions. They are measured in the Homeless Management Information System and are critical in showing the effectiveness and efficiencies of housing interventions.

- Length of time persons remain homeless
- % successful placement in permanent housing for singles and families
- % of households that exit to homelessness
- % of adults increasing or maintaining earned income
- % of adults increasing or maintaining non-employment cash income
- % of persons maintaining Permanent Supportive Housing for 12+ months
- % persons return to homelessness within 2 years for Rapid Rehousing

Updates about efforts, developing and sharing tools, and conveying best practices are shared on the Campaign website www.mcteh.org

¹The total estimated literally homeless population includes 57,386 individuals with detailed information provided by the Michigan Statewide Homeless Management Information System and another 11,777 individuals estimated from providers that do not participate in this data (mostly those seeking shelter escaping domestic violence).

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

OUR VISION

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

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

The Campaign must span all interested constituent groups: shelters, housing providers, service providers, federal, state, and local agencies, foundations, education entities, businesses, and private citizens. An enduring commitment by everyone involved is a precondition to achieving our vision. Our effort must secure and maintain necessary commitments at the local, regional, and state levels. We will use the best data, provide the best technical assistance and training, and continually search across the country for the best evidence-based practices to bring to Michigan. We will regularly measure our progress and continuously make any needed changes to improve our systems of care, which will lead to the elimination of homelessness.

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

BACKGROUND

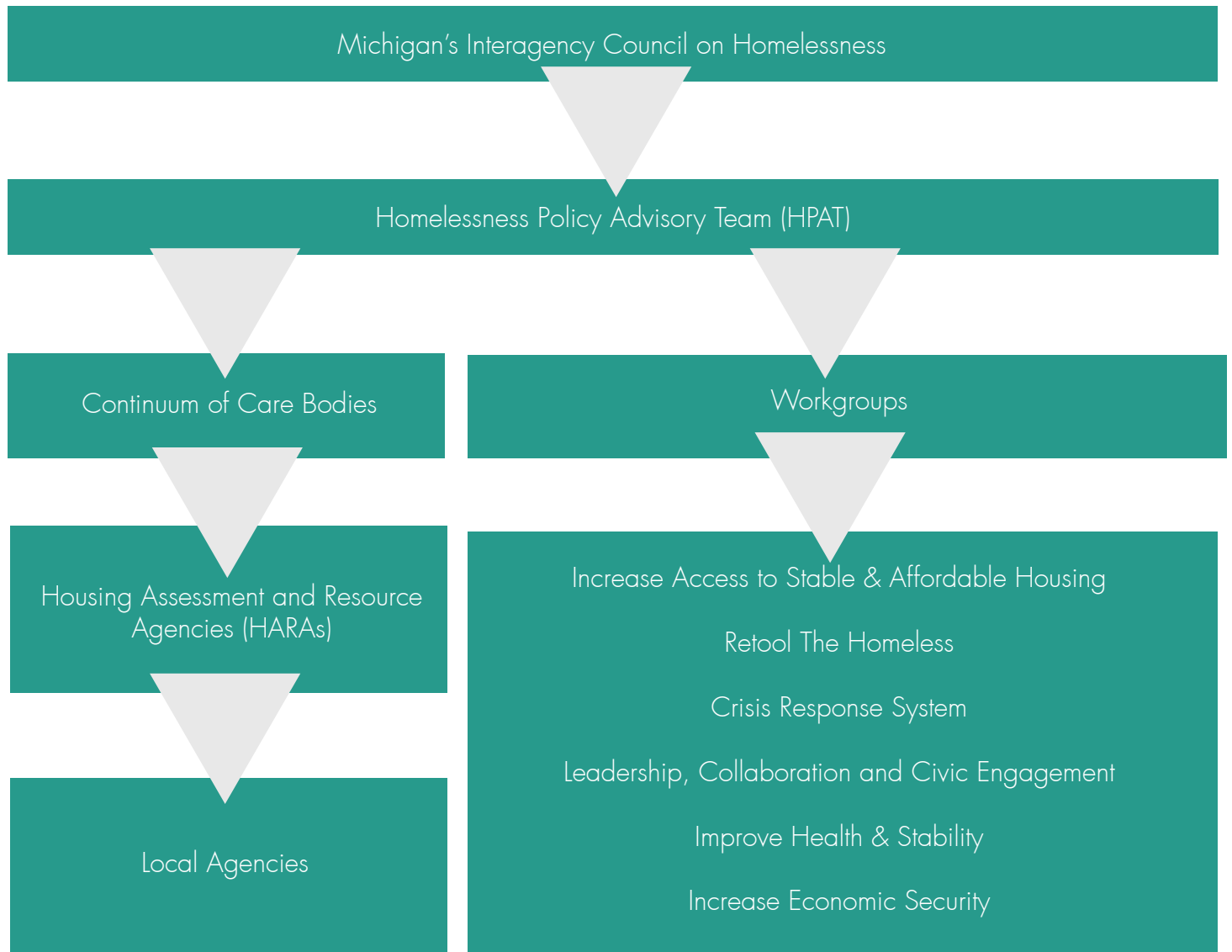
In 2005, the Michigan State Housing Development Authority (MSHDA) began to align partners and resources toward ending homelessness, and in 2006 announced a statewide plan to end homelessness. It began with community-level plans to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The collaborative groups charged with this responsibility are the Continuum of Care bodies (CoCs). In 2016, there are 44 CoC bodies in Michigan and each created a 10-year plan to end homelessness in 2006, some of which have been updated.

In early 2015, Michigan Governor Rick Snyder signed Executive Order 2015-2 to create a State Interagency Council on Homelessness (Michigan ICH). This council is chaired by leaders of state and nonprofit agencies who work together to end homelessness in Michigan.

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

CAMPAIGN STRUCTURE

To nurture ongoing communications and training efforts, Michigan's Campaign is aligned into regions. Michigan's Homelessness Policy Advisory Team (HPAT), consisting of leaders of state and nonprofit service agencies, meets monthly and works at the structural level to align resources, ensures consistency in programs and outcomes, provides training, and makes recommendations to Michigan's ICH. The Homelessness Policy Advisory Team (HPAT) is currently co-chaired by staff from the Michigan Department of Health and Human Services (MDHHS) and the Northwest Community Action Agency. Structurally, here is how we plan to move the Campaign forward.



MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

HOMELESSNESS IN MICHIGAN

Defining terms is crucial to understanding the work that needs to be done. HUD has created four categories of homelessness to better describe the type of housing crisis a household is experiencing and to evaluate the types of housing interventions for which they are eligible:

1. Literally Homeless-Individuals and families who lack a fixed regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
2. At Risk of Homelessness-Individuals and families who will imminently (within 14 days) lose their primary nighttime residence.
3. Other Homeless-Unaccompanied youth and families with children under other federal statutes who do not otherwise qualify as homeless under this definition.
4. Fleeing/Attempting to Flee Domestic Violence-Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Chronic Homelessness is a further subset of Category 1 above and is defined as a single person (or head of household) who has a disabling condition and has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years, where the cumulative total of the four occasions is at least 12 months.

It is important to note that HUD's definition of homelessness does not include individuals who move in with family or friends, also known as "doubled up" or "couch surfing." Some agencies, such as the Michigan Department of Education, are guided by other federal definitions and, therefore, include broader estimates of the number of school children experiencing homelessness.



MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

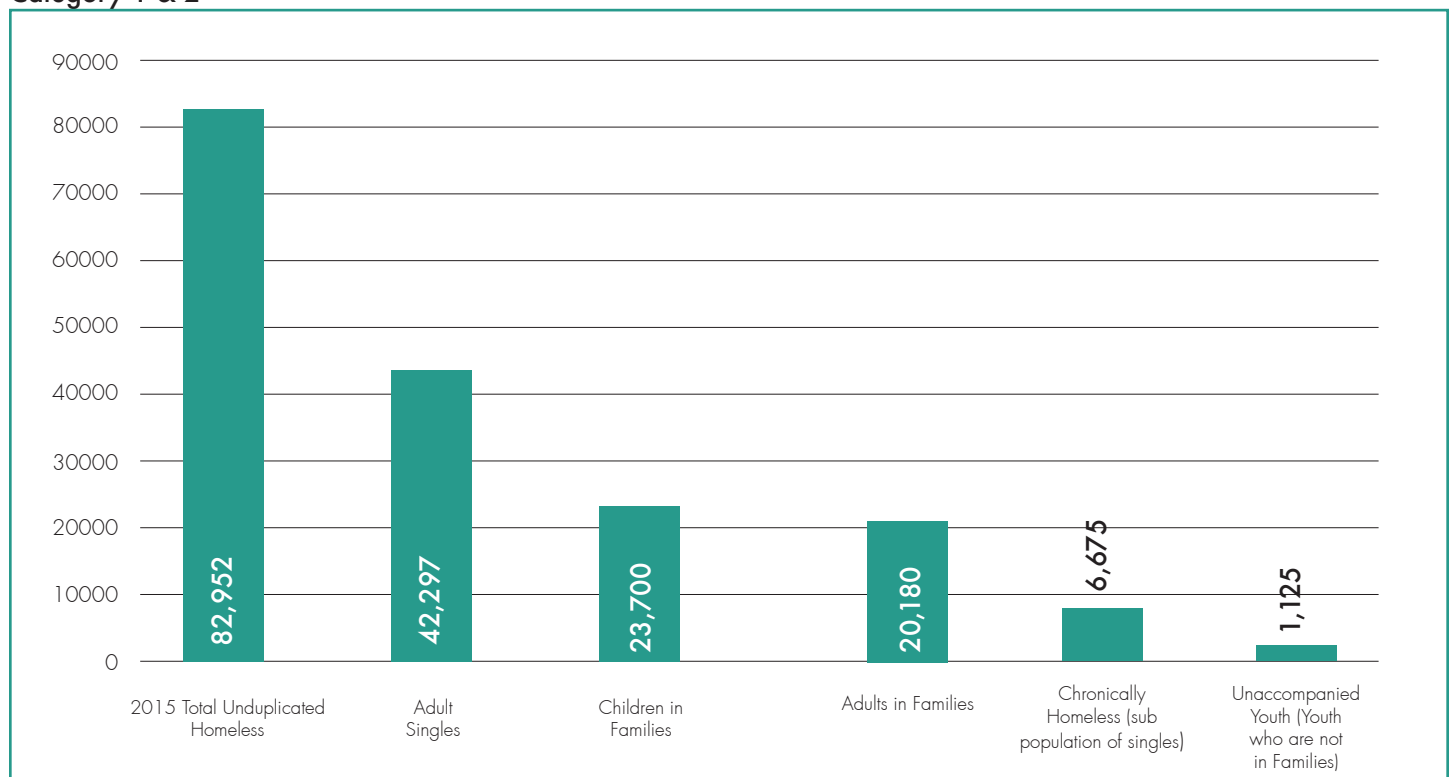
HOMELESSNESS IN MICHIGAN (CONT.)

Michigan collects data on its homeless populations within the Homeless Management Information System (HMIS). HMIS has over 500 participating homeless service providers across the state that each enter data on those experiencing homelessness. With this data, Michigan can estimate of the number of citizens experiencing homelessness over the course of the year.

In 2015, 69,163 people experienced literal homelessness and another 30,612 were at imminent risk of homelessness. This represents a decrease of 6% from 2014 for the literally homeless. These numbers are derived from HMIS and an estimate of the number of homeless served at non-participating shelters and other providers. For safety reasons, domestic violence shelters do not report into HMIS. An estimate is done each year to calculate the percentage in each region of the state that are not included in the detailed data collection.

In HMIS, there is detailed information on 57,386 people that experienced literal homelessness and an additional 25,566 that were at imminent risk of homelessness for a total of 82,952. The following chart shows the breakdown in sub-populations for 2015.

2015 Homeless Counts in HMIS
Category 1 & 2



In 2015, 41 percent of those that experienced homelessness did so for the first time; 20% were second-time homeless and for the remaining 39% this was their third time or more experiencing homelessness.

The chronically homeless counts decreased in 2015 by 35% from 2014. While some of this change resulted from improved interview processes which tightened the qualifications, much of the drop can be attributed to improved coordinated entry procedures that prioritized those most vulnerable for housing.

Over half of the people who experienced homelessness were in families and 56% were literally homeless. The average age of the adults in the families were 33, 74% were women; and 75% were single parent households.

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

ADDRESSING HOMELESSNESS IN MICHIGAN

With the implementation of coordinated entry in 2012, the use of a uniform statewide assessment and prioritization screening tool began in 2014, and there was a shift in resource allocation toward greater spending on permanent housing resources, Michigan is starting to see results in its homeless counts declining as evidenced by a 6% drop in literal homelessness in 2015. It has implemented best practices in all facets of the homeless crisis response system including:

- Identifying the needs of homeless citizens and matching services and housing interventions to that need
- Coordination across service sectors
- Performance measurement and efforts to share information across service sectors
- Data-driven, system-based decision making for programmatic approaches and funding directions

Michigan has seen positive outcomes with the increased implementation of Rapid Re-housing where only 12% served with short-term housing assistance returned to shelter anywhere in Michigan. Rapid Re-housing is a cost effective intervention that quickly moves individuals and families into permanent housing. Rapid Re-housing is appropriate for those without an extensive history of homelessness or a high level of vulnerability.

For our households with the greatest extent of prior homelessness, barriers to housing and the presence of disabilities, Permanent Supportive Housing is usually the best matched housing intervention. Permanent Supportive Housing combines rental subsidies with intensive case management that is focused on housing retention and improvement in overall well being. Housing First practices are used when sobriety or mental health treatments are not preconditions to housing.

In the report "Ending Homelessness Transforms Communities and Reduces Taxpayer Costs," Community Solutions details four studies where Permanent Supportive Housing cost taxpayers significantly less than leaving people on the street. These savings, often as much as 40%, are because chronically homeless people cycle in and out of expensive taxpayer-funded emergency services (including emergency health care, shelters, jails and the criminal justice system) during homelessness. This service use drops dramatically in housing. The counter intuitive truth about homelessness is that the solution costs far less than the problem¹.

A 2014 Central Florida found the cost of homelessness to be \$31,065 per year—primarily from inpatient hospitalizations, emergency room fees and criminal justice costs. In contrast, the study found that Permanent Supportive Housing for chronically homeless individuals costs just \$10,051 per person/year—one third the cost of leaving these individuals on the streets.

A Denver study found that permanent supportive housing saved taxpayers \$15,773 for every chronically homeless person housed. Over the course of the 24-month study, total emergency service-related costs for the 19 individuals studied decreased by 72.95%, or almost \$600,000, compared with the 24 months prior.

¹Community Solutions Housing Cost Savings Fact Sheet

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

THE ACTION PLAN

This Michigan Action Plan's 5 Themes come directly from Opening Doors, the federal strategic plan to Prevent and end homelessness, as amended in 2015. The introduction states:

"This Plan creates the framework for accomplishing the goals of preventing and ending homelessness. The objectives identify high-level action system change needed to facilitate increased access to housing, economic security, health and stability for specific populations. The strategies articulate steps that could be taken collaboratively by Federal, state, and local leaders to address the differentiated needs of the populations identified. With a few exceptions, the Plan's strategies apply to all four of the goals and populations of the plan".

Please note that all yearly amounts shown in this plan are totals to date. 2016 Baseline data is given when available or applicable.

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

THEME 1:

Provide affordable housing to people experiencing or most at risk of homelessness and Permanent Supportive Housing to prevent and end chronic homelessness. This can be done by encouraging collaboration between public housing agencies (PHAs) and multi-family housing owners with local Continuums of Care. Local PHAs have flexibility to adopt admission preferences and create special programs whereby they can partner with local homeless service providers to house those experiencing homelessness.

STRATEGY 1:

In 2017, produce a program and financial modeling report, by prosperity region, which analyzes the homeless population and projects the need for supportive housing, rapid-rehousing, shelter, and prevention.

STRATEGY 2:

Improve access to federally-funded housing assistance by eliminating barriers and encouraging prioritization of people experiencing or most at risk of homelessness.

- The Michigan Interagency Council on Homelessness (ICH), in partnership with the Department of Housing & Urban Development (HUD) Michigan field office, will promote guidance to Michigan PHAs on a variety of ways of use their Housing Choice Voucher and Public Housing programs to serve those that are most vulnerable in their communities.
- The Michigan ICH, in partnership with the HUD Michigan field office, also will promote guidance to owners of multi-family Section 8 properties on ways they can amend waiting list protocols to make a portion of their units available to referrals from the local Continuum of Care.

Measurable Objective	2017 *Cumulative Total	2018	2019
Increase the number of PHAs who change policies to prioritize people experiencing or most at risk of homelessness	3	6	9
Increase the number of multi-family Section 8 properties that change policies to prioritize people experiencing or most at risk of homelessness	3	6	9

STRATEGY 3:

Expand the supply of affordable rental homes where they are needed most geographically and to the population most in need through the Low Income Housing Tax Credit (LIHTC) program and the national Housing Trust Fund (HTF).

Michigan's Permanent Supportive Housing (PSH) set-aside within the LIHTC program dedicates 25% of the total housing credit to the creation of PSH developments. The newly-funded HTF can provide capital and operating expenses toward the development of 30% Area Median Income units.

- Use the Qualified Allocation Plan (QAP) within the LIHTC program to better target PSH developments to the areas of the state with the highest need and increase incentives for production of greater numbers of deeply targeted income units.
- Maximize use of the national Housing Trust Fund to produce 30% Area Median Income units.

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING (CONT.)

Measurable Objective	2017 *Cumulative Total	2018	2019
Increase the number of PSH units where they are needed most (geographic/for population most in need)	100	200	300
Increase the number of Housing Trust Fund units	25	50	75
Increase number of Extremely Low Income (30% AMI) units created	50	100	150

STRATEGY 4:

Support additional rental housing subsidies through federal, state, local and private resources to individuals and families experiencing homelessness.

- For eligible families experiencing homelessness, pilot the use of Temporary Assistance for Needy Families (TANF) non-recurring benefit of four months rental assistance.
- Right size each CoC program application by examining VI-SPDAT data for individuals and families experiencing homelessness and changing mix of RRH and PSH funding mix to better meet the CoC's housing needs.

Measurable Objective	2017 *Cumulative Total	2018	2019
Number of counties piloting TANF rental assistance benefits	—	3	6
Percentage of CoCs with housing mix that closely matches their rates of Rapid Re-housing (RRH) and PSH required housing interventions	25%	50%	75%

STRATEGY 5:

Strategically build relationships with landlords to increase the supply of available housing units. Landlord outreach and education on coc programs and services available to participants is key to expanding the available housing stock. The current supply of landlords must also be maintained by providing clear communication and professional service that is attentive to their needs.

Measurable Objective	2017 *Cumulative Total	2018	2019
Trainings in communities on toolkit	10	20	30

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING (CONT.)

STRATEGY 6:

Create mechanisms that help people who have achieved stability transition to other forms of housing assistance thus freeing up units for others that need it.

- The Michigan ICH, in partnership with the HUD Michigan Field office, will promote the Moving Up concept to PHAs throughout Michigan. Moving Up is a HUD initiative to transition individuals from PSH to a Housing Choice Voucher after they no longer need intensive services. This initiative helps create movement within the PSH subsidy program to free up units for those currently experiencing homelessness.

Measurable Objective	2017 *Cumulative Total	2018	2019
Number of new PHAs implementing Moving Up	—	2	4



MICHIGAN'S CAMPAIGN TO END HOMELESSNESS LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT

We know that homeless individuals often must access multiple agencies and organizations in order to meet all of their needs. Through strengthened collaboration, systems will become better aligned and will utilize resources more efficiently.

Eliminating silos and increasing collaboration among service providers working with individuals and families who are homeless, will reduce duplication of effort and minimize service gaps, at the local level. This should enable a broader population to be served while achieving improved outcomes.

STRATEGY 1:

Strengthen the collaboration between public and private organizations on issues of housing stability, economic security, health and well-being for the purpose of developing a system where any episode of homelessness is rare, brief, and non-recurring

Michigan's Campaign to End Homelessness statewide partners shall expand to include the following organizations by September 1, 2019. Commitment/involvement will include formal membership on the Homeless Policy Advisory Team and/or CTEH work groups/committees/advisory bodies.

- Michigan Association of Chiefs of Police
- Michigan Sheriff's Association
- Michigan Association of Community Mental Health Boards
- MichiganWorks! Association
- Michigan Health & Hospital Association
- Michigan Primary Care Association
- Michigan Council of the Society for Human Resource Management
- Property Management Association of Michigan
- Michigan Association of Counties
- Michigan Township Association
- Michigan Association of Mayors
- Michigan Network of Youth & Families
- Michigan Coalition to End Domestic and Sexual Violence

Gain the commitment of mayors, county administrators and other elected and appointed community leaders for each phase of ending homelessness beginning with housing veterans in 2016; followed by housing the chronically homeless, housing youth and housing families.

Increase legislative education and advocacy around bills and policies that support solutions to prevent and end homelessness.

Measurable Objective	2016 (Baseline)	2017	2018	2019
Obtain signed commitment from organizations and leaders with a description of their contribution or level of participation.	0	10	20	30
Track the number of meetings or presentations each quarter held with a new constituent group and produce annual summary of documented/reported participation.	2	14	36	48
Develop and disseminate an annual legislative agenda. Track the progress of that agenda.	0	1	2	3

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT (CONT.)

STRATEGY 2

The Michigan ICH, in partnership with HPAT and Improve Healthy and Stability members, will assist communities to improve relationships between CoCs and non-HUD funded agencies that serve similar populations.

Measurable Objective	2016 (Baseline)	2017	2018	2019
Number of communities demonstrating increased support and involvement in ending homelessness from the CMH, PIHP, and DHHS systems	0	20	30	40
Report bi-annually to HPAT and ICH. Aggregate data identifying the intersection between healthcare and housing utilization will be used to inform policy decisions.	**	2	4	6

**Reports will be produced bi-annually for review starting in 2016

STRATEGY 3:

Improve collaboration and communication between local communities, the leadership of Michigan's Campaign to End Homelessness, and Michigan's Interagency Council on Homelessness

Establish a set of clear paths for communication between local, federal, and state partners in Michigan's Campaign to End Homelessness to create a more engaged community, stronger coordination between partners, and more efficient use of resources by funding programs that best meet the needs of the population.

Measurable Objective	2016 (Baseline)	2017	2018	2019
Develop streamlined and integrated applications for funding that reflect the goals of the Action Plan.			Complete by Sept. 2018	
Increase and sustain participation from local providers in events, trainings, initiatives, etc.		20%	30%	40%

STRATEGY 4:

Improve public education through media outreach about the issues of homelessness in Michigan and efforts being made to address it.

- Develop and implement a media outreach plan to communicate consistently and continuously about the Campaign.
- Develop a speakers bureau to describe the experience of homelessness.

Measurable Objective	2016 (Baseline)	2017	2018	2019
Annual increase in online awareness of the CTEH measured by traffic to the CTEH website, Facebook likes, shares, and Twitter retweets.	0	5%	10%	20%

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

INCREASE ECONOMIC SECURITY

Federal and state programs targeted to homelessness are vital, but not sufficient, to achieve the goal of ending homelessness for all Americans. We must also enlist the larger set of federal, state, and local programs that serve low-income citizens. These mainstream resources, like TANF, Medicaid, and Social Security provide healthcare, income supports, and other forms of assistance. It is critical for the homelessness service system to build partnerships with the agencies that administer these programs.

STRATEGY 1:

Improve access to jobs and earned income

- Expand the utilization of employment programming by homeless households
 - The MI DHHS will contract with Heartland Alliance for technical assistance and training on workforce development with a specific focus on working with people experiencing homelessness by exploring innovative collaborations with workforce initiatives in Michigan.
 - The MI DHHS will partner with the Michigan Career Technical Institute, a division of Michigan Rehabilitation Services, to pilot a vocational assessment (interests, aptitudes, abilities, etc.) for participants in the CABHI grant to determine the characteristics of the caseload. The results of the assessment will be used to develop additional strategies for employment services for homeless households.
 - Local service providers will partner with the existing SNAP Employment & Training initiatives in Grand Rapids and Detroit to explore strategies for targeting and streamlining employment services for homeless households.
 - Local service providers will partner with Michigan's re-entry employment initiatives where feasible.
 - Local service providers will partner with the veteran employment initiatives.

Measurable Objective	2016 (Baseline)	2017	2018	2019
Increase percent of homeless households who are employed	12%	14%	16%	19%
Increase average earned income of homeless households	\$683	\$710	\$738	\$765

STRATEGY 2:

Improve access to mainstream resources

- Streamline process for securing identification documents
 - Identify funding sources from the state and county level for vital documents
 - Explore fee waiver options at county and state levels
 - Work to build consistency among Secretary of State offices frontline staff
 - Create a state-wide ID/Vital Document taskforce to discuss barriers and recommend strategies to streamline the process.
- Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness
 - Increase the number of housing and homeless service providers that are MI Bridges community partners.
 - Assist individuals experiencing homelessness with leveraging and maintaining financial supports (TANF, Food Assistance, Veterans benefits, Medicaid, etc.)

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

INCREASE ECONOMIC SECURITY (CONT.)

Measurable Objective	2016 (Baseline)	2017	2018	2019
Increase percent of homeless households who receive income supports (unearned income)	17%	18%	19%	20%

- Expand access to SOAR resources
 - Build and sustain community capacity to implement SOAR and increase access to SSI/SSDI benefits for individuals experiencing or at-risk for homelessness, with a target on families, veterans, and chronically homeless individuals.

Measurable Objective	2016 (Baseline)	2017	2018	2019
Number of Michigan prosperity regions with dedicated SOAR local lead	5	6	8	10
Percentage of trained and active SOAR providers (measured in FTE and PTE positions)	69	74	78	80
Percentage of VA Medical Centers with formal SOAR coordination process	1	2	3	4

- Maximize resources to sustain SOAR dedicated benefits specialists and facilitate the collection and evaluation of complete, timely data on SOAR cases.

Measurable Objective	2016 (Baseline)	2017	2018	2019
Increase number of trained and active SOAR providers funded in part or in whole by non-traditional SOAR organizations (measured in FTE and PTE positions)	3	4	5	6
Increase SOAR data quality rates		80%	90%	95%

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

INCREASE ECONOMIC SECURITY (CONT.)

- o Develop and strengthen partnerships with SSA/DDS, medical providers, and community organizations to increase efficiency in processing SOAR applications.

Measurable Objective	2016 (Baseline)	2017	2018	2019
Increase initial application approval rates	59%	62%	65%	68%
Reduce the average number of days to decision on initial applications	87 Days	85 Days	83 Days	80 Days
Increase initial application approval rates	60%	65%	70%	75%

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

IMPROVE HEALTH AND STABILITY

Access to safe, quality affordable housing and the supports necessary to maintain that housing constitute one of the most basic and powerful social determinants of health. In particular, for individuals and families trapped in a cycle of crisis and housing instability due to extreme poverty, trauma, violence, mental illness, addiction or other chronic health conditions, housing can entirely dictate their health and health trajectory. Health care financing systems including Medicaid, Medicare and private payers, are exploring innovative payment models that incentivize greater collaboration between health, housing and social service sectors.

STRATEGY 1 –

Improve access to and utilization of services and treatment for homeless households.

With the expansion of eligibility for Medicaid in the State of Michigan, almost all individuals and families who are homeless should qualify for services provided by this system. However, this population still experiences significant barriers to enrollment, maintaining eligibility, and fully accessing services. Adjusting the system to accommodate the characteristics of homelessness would improve the health and stability in housing for households in these circumstances.

- The Michigan ICH, in partnership with DHHS and other Improve Health & Stability Work Group members will design and implement a more streamlined approach to enroll individuals in Medicaid and to help them maintain their benefits.

Measurable Objective	2017	2018	2019
Percentage of increase in Medicaid enrollment for households who are homeless.	5%	10%	15%
Percentage of decrease of a break in service for those enrolled in Medicaid who were formerly homeless.	5%	10%	15%

- The Michigan ICH, in partnership with DHHS and other Improve Health & Stability Work Group members, will design and implement a more flexible primary care system to accommodate needs of people experiencing homelessness, especially those with behavioral health issues.

Measurable Objective	2017	2018	2019
Increase in number of communities implementing specific strategies for rural populations, including a focus on in-person outreach, i.e., Medicaid Health Homes or State Innovation Models.	2	5	5
Increase in number of communities providing additional resources and training to improve consumer outcomes and address special populations and necessary services, i.e., case manager retreat, increase use of persons with lived experience, increased training on accessing healthcare services, or increased training on harm reduction or other best practices.	2	5	10
Increase in number of communities providing greater access to, affordability of, and knowledge about healthy food options, i.e., Meet up Eat Up program, expansion of school lunch sites especially during summer months, food cooperatives, or Cooperative Extension Service programs.	2	5	10
Increase in number of communities providing reliable transportation to health care providers for homeless households, i.e., pooling transportation resources, increased training on medicaid transportation resources, or exploration of alternatives such as telemedicine or online options.	2	5	10

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

IMPROVE HEALTH AND STABILITY (CONT.)

STRATEGY 2 –

Maximize the use of medicaid and other existing resources to support housing and health care access, retention, and stability.

For many individuals and families who are homeless, the availability of housing services, in addition to behavioral health and primary health care services, delivered in a manner tailored for this population, are essential to achieving stability in housing. Years of research and evaluation have developed an inventory of the types and levels of services that should be available in a supportive housing setting, and the “Best Practices” most effective for use in their delivery. Developing and implementing that package of services and practices, and combining them with affordable housing, is the primary, and proven, strategy to reduce and end homelessness – especially for those households with the greatest need.

- The Michigan ICH, in partnership with DHHS, MSHDA, and other Improve Health & Stability Work Group members, will conduct a crosswalk between a nationally recognized inventory of supportive housing services, and the Michigan Medicaid Plan, to identify gaps within the Michigan Medicaid system of covered services.

Measurable Objective	Date to be completed
Gaps analysis conducted in at least four communities, involving supportive housing providers, mental health and primary health care providers, and state government officials	March 31, 2017

- The Michigan ICH, in partnership with DHHS, MSHDA, and other Improve Health & Stability Work Group members, using the gaps analysis, will identify an array of potential solutions to eliminate gaps within the Michigan Medicaid system to provide PSH services.

Measurable Objective	Date to be completed
Recommendations on a set of permanent, temporary, or experimental solutions to eliminate gaps within the Michigan Medicaid system to provide PSH services	March 31, 2017

- The Michigan ICH, in partnership with DHHS, MSHDA, and other Improve Health & Stability Work Group members, will develop a business case for adopting and implementing solutions to eliminate gaps.

Measurable Objective	Date to be completed
Analysis demonstrating the projected long-term cost savings of eliminating gaps within the Michigan Medicaid system to provide PSH services	March 31, 2017

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

IMPROVE HEALTH AND STABILITY (CONT.)

- The Michigan ICH, in partnership with DHHS, MSHDA, and other Improve Health and Stability Work Group members, will implement changes made in the Michigan Medicaid system to support PSH services.

Measurable Objective	Date to be completed
Contract revisions with, PSH service providers	50% by September 30, 2017 100% by September 30, 2018
Trainings provided to PSH providers	50% by September 30, 2017 100% by September 30, 2018

- The Michigan ICH, in partnership with DHHS, MSHDA, and other Improve Health and Stability Work Group members, will identify alternative funding sources and strategies for supportive services not covered by Medicaid.

Measurable Objective	Date to be completed
Recommendations for utilization of other state, federal, or local sources to eliminate gaps within the Michigan Medicaid system to provide PSH services	June 30, 2017

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

RETOOL THE HOMELESS CRISIS SYSTEM

To end homelessness, we must maximize the use of the resources available to us to ensure the right housing interventions are provided for those that need them. To be effective, we will continue to encourage collaboration among all stakeholders in the State of Michigan, to implement prioritization tools that link appropriate resources to those experiencing homelessness, and to create a culture of evaluation and measurement where outcomes drive programming decisions and where best practices are shared and implemented throughout the state.

STRATEGY 1:

Increase the focus on outcomes to determine homeless response system priorities and policies.

In order to understand the efficacy and impact of changes in the service delivery system, it is critical to have measures which demonstrate the impact of intervention strategies as well as show which unmet needs are priorities to address.

- Prepare statewide benchmarks to monitor outcomes and increase collaboration around learning from agencies with best practices.
 - Publish the annual report on the state of homelessness in the State of Michigan to inform key stakeholders around the issues affecting homelessness and the progress made in preventing and ending homelessness
- Hold organizations accountable for outcomes and be willing to fund projects based on performance.
- Work with HUD and other reporting entities to track performance measures and outcomes.

Measurable Objective	2016 (Baseline)	2017	2018	2019
Number of CoCs actively monitoring HUD System Performance Measures and using them as an evaluation component to make funding decisions.	10	21	21	21
Number of CoCs with active Continuous Quality Improvement Teams assisting with process evaluation and improvement with lived experience, increased training on accessing healthcare services, or increased training on harm reduction or other best practices.	10	15	21	21

STRATEGY 2:

Achieve full implementation of Housing Assessment and Resource Agency HARAs/coordinated entry systems statewide to match homeless households with appropriate permanent housing solutions.

The HARA model is a central part of the success of the service delivery network in the State of Michigan. Effective HARAs are able to accurately assess clients for the factors affecting their homelessness, prioritize individuals and families based on their level of need, and provide referrals to agencies that are able to help persons experiencing homelessness find and maintain their housing.

- Prioritize individuals and families most in need based on their level of acuity

Measurable Objective	Date to be completed
All CoCs in Michigan will have written documented prioritization procedures for housing individuals and families	January 1, 2017
All CoCs with have functional prioritization workgroups who meet to link persons experiencing homelessness with appropriate resources based on their level of need	January 1, 2017

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

RETOOL THE HOMELESS CRISIS SYSTEM (CONT.)

- Increase capacity/funding for coordinated access
- Open, transparent and clear communication about how the system needs to function and what agencies need to do to get on board / be in compliance
- Increase use of mobile solutions for intake and case management

Measurable Objective	2016 (Baseline)	2017	2018	2019
Number of CoCs statewide or regional trainings conducted around coc leadership, coordinated access, and outcomes measurement.	8	12	15	15

STRATEGY 3:

Fully integrate a housing first approach throughout the homeless response system

Evidence has shown that a Housing First approach is the most effective way to help persons experiencing homelessness maintain stable housing and address the barriers to health and economic security.

- Practice Housing First model which includes actively practicing diversion
- Identify system gaps that prevent rapid-rehousing
- Develop strategies for non-chronically homeless individuals with disabilities or persons without disabilities who have extensive homeless history

Measurable Objective	Date to be completed
Strategy recommendations and suggested best practice options for prioritizing and housing persons with disabilities who do not meet the definition of chronically homeless	December 31, 2017

- Move People out of shelter to positive housing destinations faster

Measurable Objective	2016	2017	2018	2019
Average number of days in shelter statewide for persons experiencing homelessness	40 Days	35 Days	< 30 Days	< 30 Days

- Low Barrier Sheltering.
 - Output: Educate shelters on homeless rules and best practices for reducing barriers prohibiting people from accessing sheltering resources.

Measurable Objective	2016	2017	2018	2019
Number of annual training opportunities around best practices for implementation of low-barrier sheltering	2	4	4	4

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

RETOOL THE HOMELESS CRISIS SYSTEM (CONT.)

STRATEGY 4:

Utilize data driven service interventions and decision-making.

HMIS offers communities increasing amounts of data regarding the housing and healthcare needs of the individuals and families engaged with their homeless response systems. Research and evaluation of these systems throughout the country is producing an expanded body of knowledge regarding best practices and quality standards that produce positive outcomes in the health and stability of households served. Greater use of data to design and implement strategies that match what works with what's needed will maximize the use of available resources, while reducing levels of homelessness and improving the health of those involved.

- The Michigan ICH, in partnership with the MCAH, and other HPAT or IH & S Work Group members, will expand the capacity and use of HMIS, including increasing access, training, and utilization within communities.

Measurable Objective	2016	2017	2018	2019
Percentage of CoCs trained in the understanding and use of HMIS data	21	21	21	21

- The Michigan ICH, in partnership with MSHDA, DHHS, and other IH & S Work Group members, will examine ways to use coordinated entry systems to determine healthcare needs, make referrals to appropriate housing and support services and primary care and other healthcare providers

Measurable Objective	2016	2017	2018	2019
Number of coordinated entry systems using healthcare needs data to make housing referrals	5	7	15	21

- The Michigan ICH, in partnership with MCAH, and other HPAT or IH & S Work Group members, will expand access to performance evaluation data and analytics to support the development of improved service delivery and/or payment models.

Measurable Objective	2016	2017	2018	2019
Number of CoCs monitoring the following measures through a formalized CoC wide process: length of time homeless discharges to permanent housing, and returns to homelessness	10	21	21	21

