

Alliance For Housing –
Oakland County's Continuum of Care

2013 Annual State of Homelessness Report



June 2014

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Oakland County at a Glance.

Oakland County Michigan is part of the Detroit metropolitan area and has an estimated population of 1,231,640 approximately 12% of the total estimated 9,895,622 Michigan residents (<http://quickfacts.census.gov/qfd/states/26/26125.html>¹). The county encompasses nearly 870 square miles including 62 cities, townships and villages. 2013 statistics report 527,272 housing units and the homeownership rate at 72%. Median household income was \$65,637 with 10% of persons living below poverty level (under \$15,000 for a family of two).

The Alliance for Housing is Oakland County's Continuum of Care. The Alliance members address the needs of persons experiencing homelessness through a community based process of coordination of care including housing and self-sufficiency through linking with community resources. The members are dedicated to ending homelessness and to make a difference in the lives of persons in need.



The 2013 Homeless Data Report is designed and intended to provide a snapshot of the state of homelessness in Oakland County using data extrapolated from the Homeless Management Information System (HMIS) and data provided by various other service organizations that also serve homeless persons in local programs but do not use the HMIS.

This report contains data on the demographics of the people served in Oakland County and is a tool to inform the community of the types of services provided to persons seeking assistance and to show the success of the programs and the persons served. As part of Michigan's statewide system, the HMIS helps the Alliance for Housing measure and report out patterns of homelessness, measure service effectiveness and improve care.

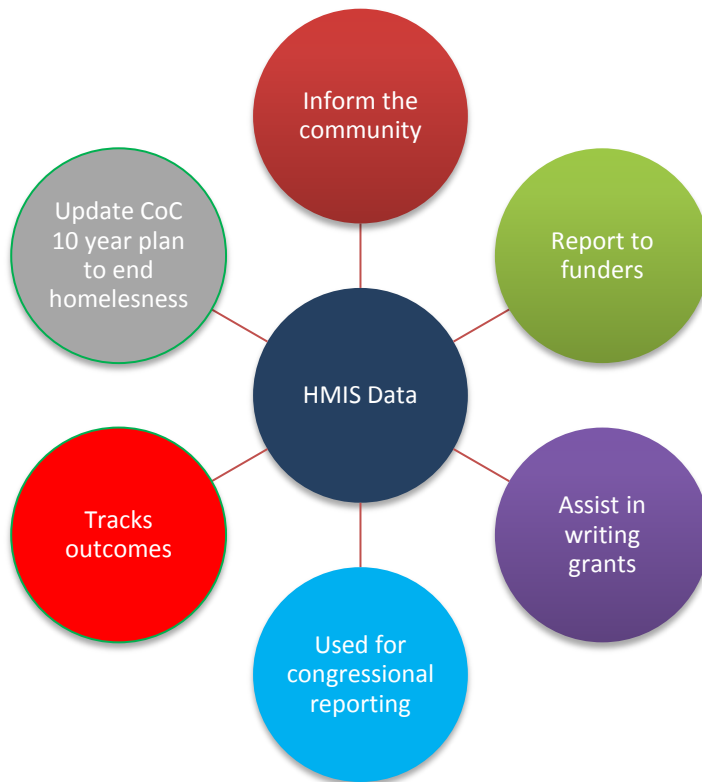
The numbers presented in this report tell a story, the story of persons in Oakland County who experienced homelessness in 2013 and sought out assistance from organizations committed to ending homelessness. In 2013, the Alliance for Housing revised their original "Ten Year to End Homelessness" blueprint (created in 2004) to continue strengthening the County's efforts to address homelessness and increase the supply of sustainable, affordable housing.

¹ <http://quickfacts.census.gov/qfd/states/26/26125.html>

The Homeless Management Information System (HMIS) is a web-based database used to collect homeless data including unduplicated counts of program participants, basic demographic data, and service delivery information. Data was entered by 11 organizations (8 HUD funded and 3 non HUD funded) representing over 100 programs and 125 end users. The organizations provide community resources, emergency shelter, transitional housing, supportive services, short term rental assistance and permanent supportive housing in Oakland County.

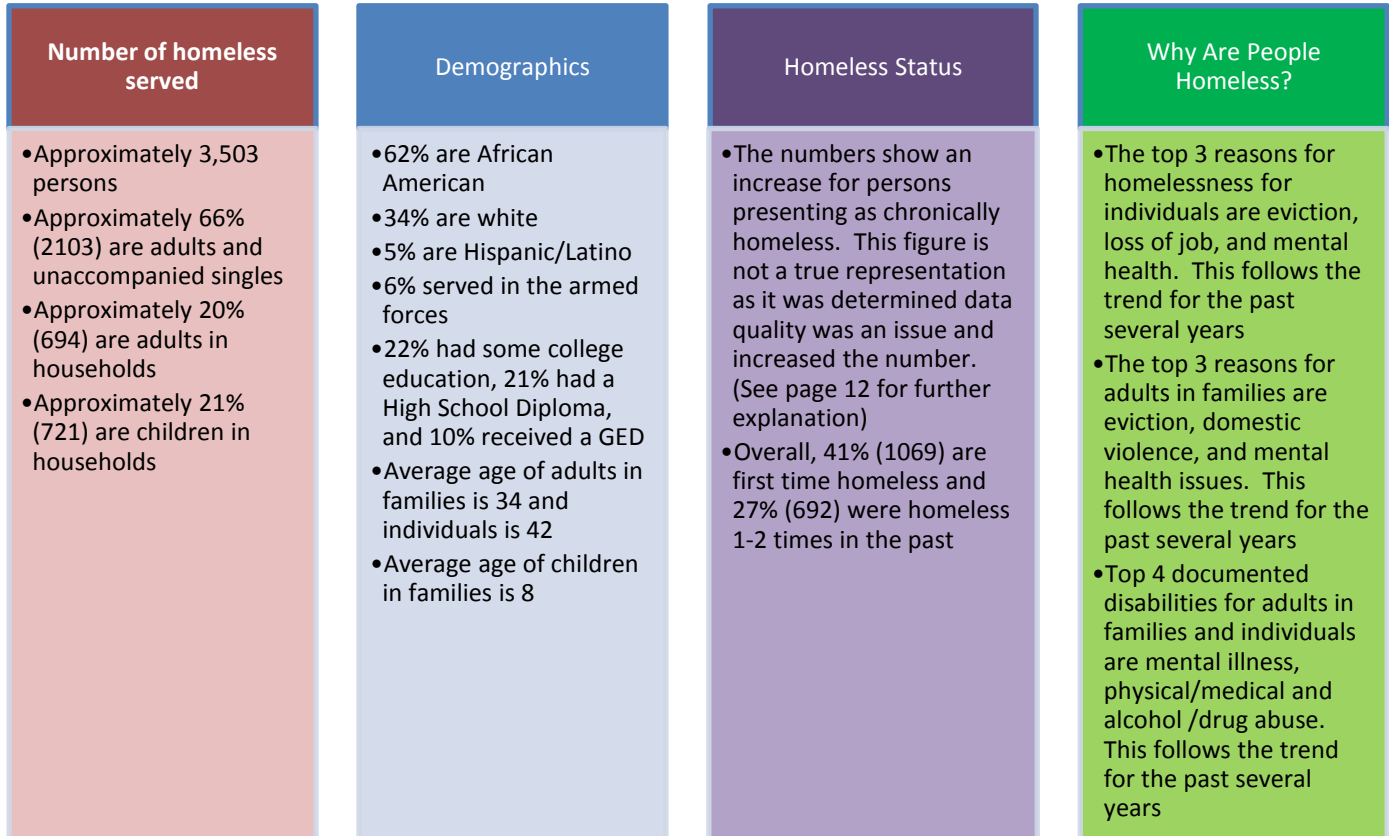


The HMIS Data is used to:



OVERALL DEMOGRAPHICS

HMIS data shows a slight increase in the number of homeless persons assisted by the Alliance for Housing service providers. It is noteworthy to mention that in 2013, the Emergency Solution Grant allocated nearly 40% to be used to provide prevention, rapid rehousing and housing stabilization services within the community. In addition, several new programs that provide leasing assistance became operational including a leasing assistance program for chronically homeless persons/families, supportive services for Veterans providing short term assistance for homeless veterans as well as the PATH outreach team engaging with over 100 persons linking them with local programs. The HARA team took over 15,000 phone calls providing referrals and resources to each and the specialists screened nearly 1,500 homeless persons.



2 Year Data Comparison – Table 1

	2012	2013
Total number of homeless	3370	3503
Number of Individuals	2076	2103
Number of adults in families	814	694
Number of children in families	522	721
Chronically homeless	447	N/A
Individuals with disabilities	1413	1434
Adults in families with disabilities	458	291
First Time Homeless for individuals	403	509
Chronically homeless individuals	477	597
First Time Homeless families	231	263
Chronically homeless families	73	N/A

HOMELESS INDIVIDUALS

- 2,103 individuals
- 41% are White, 55% are Black/African American and 4% are Hispanic/Latino
- 52% are male and 48% are female
- 13% have a GED, 25% have a high school diploma, and 25% have some college education
- 11% are employed
- A small proportion (10%) of individuals are veterans
- 31% of individuals are homeless for the first time and 21% are chronically homeless

HOMELESS FAMILIES

- 1415 homeless persons in families (694 adults/721 children)
- 78% of clients are living in female single-parent households and 9% are living in two-parent households
- 76% of adults and children in homeless families are Black/African
- 84% of homeless adults are female
- The average age of female adults is 33 and 36 for male adults
- The average age of children in families is 8
- 30% of homeless adults have less than a high school diploma, 30% have a high school diploma or GED and 28% have some college education
- 19% are employed
- The most frequent response for homelessness is eviction, no affordable housing, loss of job, domestic violence victim, and mental health
- The majority of disabilities are categorized as mental health related (54%) and physical/medical (17%)
- 48% are homeless for the first time and 30% have been homeless one to two times in the past

HOMELESS VETERANS

- 211 homeless veterans
- Overall trends are broken down by single and families in Table 1. Roughly 98% of homeless veterans are single and 2% are in families
- Roughly 48% of veterans are White and 43% are Black/African American
- 68% of veterans are male and 28% are female
- The average age of female veterans is 48 and 51 for males
- 41% of veterans have some college education or a college degree, 13% have some high school education and 43% have a high school diploma or GED
- For veterans with disabilities, a majority (46%) presented with a mental health related concern, followed by physical/medical disability at 36% and substance abuse at 12%
- There are numerous reasons why veterans become homeless. The top 3 reasons are eviction (10%), loss of job (10%), and mental health (10%)
- 36% were homeless for the first time and 34% were homeless one to two times in the past

Table 1. All Homeless Veterans

	Overall		Single		Families	
	Count	%	Count	%	Count	%
Primary Race						
White	102	48%	50	56%	6	75%
Black or African American	90	43%	33	37%	2	25%
Other Multi-Racial	19	9%	7	6%	-	-
Ethnicity						
Non-Hispanic/Non-Latino	163	77%	71	79%	7	88%
Hispanic/Latino	9	4%	5	6%	-	-
None Specified	28	13%	11	12%	1	13%
Gender						
Female	60	28%	13	14%	4	50%
Male	144	68%	77	86%	4	50%
Age Range						
Age 18 to 34	16	8%	5	6%	3	38%
Age 35 to 54	81	40%	40	44%	4	50%
Age 55 to 64	75	37%	32	36%	-	-
Age 65 and older	33	16%	13	14%	1	13%
Unemployment						
No	8	20%	6	22%	-	-
Yes	33	80%	21	78%	1	-
Extent of Homelessness						
First Time Homeless	30	36%	20	34%	2	67%
1-2 times in the past	28	34%	20	34%	-	-
3-4 times in the past	3	4%	3	5%	-	-
Chronic: 4 times in past 3 years	15	18%	12	20%	-	-
Long term: 1 year or more	6	7%	3	5%	-	-

UNACCOMPANIED YOUTH AND HOMELESS YOUTH HOUSEHOLDS

The data below represents demographic information for homeless youth ages 11-24 who receive services at emergency shelter or transitional housing programs designated for youth and unaccompanied youth. This includes young people who have run away from home; been thrown out of their homes, and/or been abandoned by parents or guardians.

- In Oakland County during 2013 there were a total of 66 homeless unaccompanied youths (11-24 age range)
- **In addition, there were approximately 178 youth (under 18) receiving services at the local youth agency who are not homeless**
- 56% are White
- 42% of youth present with a disability
- 86% of youth are first time homeless

Table1. Unaccompanied Youth and Homeless Youth Households

	Overall		Unaccompanied		Youth Households	
	Count	%	Count	%	Count	%
Primary Race						
White	36	56%	36	56%	-	-
Black or African American	29	44%	29	44%	-	-
Other	1	2%	1	2%	-	-
Gender						
Female	41	62%	41	62%	-	-
Male	25	38%	25	38%	-	-
Age Range						
Age 15 to 17	66	100%	66	100%	-	-
Age 18 to 20	-	-	-	-	-	-
Age 21 to 24	-	-	-	-	-	-
Disability						
No	39	58%	39	58%	-	-
Yes	28	42%	28	42%	-	-
Extent of Homelessness						
First Time Homeless	50	86%	50	86%	-	-
1-2 times in the past	6	10%	6	10%	-	-
3-4 times in the past	1	2%	1	2%	-	-
Chronic: 4 times in past 3 years	1	2%	1	2%	-	-
Long term: 1 year or more	-	0%	-	-	-	-
Long term: 2 years or more	-	0%	-	-	-	-

HOMELESS AND DOUBLED UP STUDENTS

The Oakland County Wraparound program is the collaborative effort of the Oakland County Community Mental Health Authority; Easter Seals Family Mental Health Services; Oakland Family Services; the Oakland County Circuit Court: Family Division; Eastern Michigan University and the Oakland Intermediate School District.

Wraparound is a unique, strength-based, family-led, process that helps high-risk students (ages 3-18) avoid out-of-home and out-of-school placement. The Wraparound process is a team-based activity that helps groups of people involved in a child's life work together toward a common goal. The process is organized and delivered by someone who is trained to facilitate the team. The team creates a plan that includes ways to assure that children/youth and their families can experience success in their communities, homes, and schools.

Eligible children are those who are at risk for removal from their homes and have a severe emotional disturbance with functional impairment. They have involvement with multiple service systems such as Special Education, Mental Health, Juvenile Justice, Foster Care, Protective Services, or other community based services. Students must be currently open with a Community Mental Health Provider (Easter Seals or Oakland Family Services).

- During the 2012/2013 school year, the Oakland Schools Wrap Around Program served 2,017 children. This is an increase of 145 children (8%). 2,002 were school aged children attending school in the one of the four quadrants (Table 1 below), 15 were siblings of school kids and the remaining students who attended school outside of Oakland County were temporarily living here. The number of students needing assistance has steadily increased over the past six years (2009/2010 school year).
- During the 2012/2013 school year, a majority of students receiving services were from the Northeast quadrant at 37% followed by the Southeast quadrant at 34% (Table 1). The Northeast quadrant saw an increase of 113 students from the 2011/2012 school year.
- The grade level of students ranged from Pre-K to 12th grade. Approximately 53% of students were in elementary school, 14% in middle school, and 31% in high school.

Table 1. Quadrant Where Students Attended

Quadrant	Schools Included	Total
Northwest	Clarkston, Holly, Huron Valley, Waterford, Academy of Waterford, Holly Academy	245
Northeast	Avondale, Brandon, Lake Orion, Oxford, Pontiac, Rochester, Great Lakes Academy, Pontiac Academy of Excellence, Life Skills, ATAP, Walton Charter	748
Southwest	Bloomfield, Clarenceville, Farmington, Novi, South Lyon, Walled Lake, Walled Lake, West Bloomfield	355
Southeast	Berkley, Birmingham, Clawson, Ferndale, Hazel Park, Lamphere, Madison Heights, Oak Park, Royal Oak, Southfield, Troy, PACE Academy, Woodmont Academy, Bradford Academy, Academy of Southfield, Crescent Academy, Laurus Academy	686

Table 2. Grade Level of Students

Grade Level	Count	%
Pre-K	40	2%
K	171	9%
1	120	6%
2	142	7%
3	147	7%
4	161	8%
5	162	8%
6	150	8%
7	146	7%
8	132	7%
9	151	8%
10	151	8%
11	145	8%
12	179	9%

Oakland County – What’s Next

Key initiatives and areas of focus:

Chronic Homelessness

In 2013, MSHDA (Michigan State Housing Development Authority) identified a need across the state of Michigan for services specifically for those who are experiencing chronic homelessness from national trend data of yearly Point in Time count data. As it happens, Michigan reported an increase but do not have the necessary supportive services available in communities that other states have. Local partners across the state expressed to MSHDA the necessity of these services as a key component to the homeless delivery system for those who are transitioning from chronic homelessness. MSHDA responded with a pilot program to develop best practices and demonstrate the efficacy of additional supports to be provided in 3 communities through the designated HARA’s (Housing Assessment Resource Agency); Muskegon, Traverse City and Oakland County. The intention is that by developing “best practices” and documenting the positive outcomes that this funding provides, more funding for this population can be pursued, including grants at the federal level.

HUD defines chronic homelessness as:

- *lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; 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 one year or on at least four separate occasions in the last three years.*
- *Can be diagnosed with one or more of the following conditions; substance use disorder, serious mental illness, developmentally disability, PTSD, cognitive impairments resulting from brain injury, or chronic physical illness or disability. OR*
- *An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria in paragraph 1 of this definition, before entering that facility; or*
- *A family with an adult HoH (or if there is no adult in the family, a minor HoH) who meets all of the criteria in paragraph 1 of this definition, including a family whose composition has fluctuated while the HoH has been homeless.*

As a pilot community the Oakland County HARA received approximately \$60,000 and began the program in the last quarter of 2013. Data entered into the HMIS (Homeless Management Information System) was reviewed to create a list of potential participants. During the data review it became clear that approximately 50% of the persons identified as chronically homeless did not meet the definition. In many instances there was no way to confirm, as many self-identified during screening, and there was no back up documentation. The data discrepancy was brought to the community’s attention and an initial meeting was called to discuss. As a result of the meeting, each record was reviewed by the HMIS staff and homeless status was confirmed (or not) and the next step is to correct the data entry – a top priority in 2014.

The community partners will be meeting again in May to identify gaps in our current delivery system for those experiencing chronic homelessness and to create a plan of action to be placed in the 10 year plan.

Supportive Services for Veterans (SSVF)

In 2013, the Veterans Administration awarded grants to private non-profit organizations and consumer cooperatives who can provide supportive services to very low-income Veteran families living in or transitioning to permanent housing. This program called Supportive Services for Veterans Families Program (SSVF) provides eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits including: Health care services, Daily living services, Personal financial planning services, Transportation services, Fiduciary and payee services, Legal services, Child care services, Housing counseling services, and time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veteran families stay in or acquire permanent housing on a sustainable basis.

Oakland County organizations received approximately \$1 million in funds. To date approximately 100 persons have been assisted.

Coordinated Assessment and Registry

In 2011, MSHDA required all communities receiving ESG (Emergency Solutions Grant) funds to create a HARA – Housing Assessment Resource Agency that would be the HUB and entry point for housing related services. Community Housing Network was chosen as the HARA as they already ran the Housing Resource Center (HRC). The HRC Housing Specialist staff provide linkage, education and referral to available homeless services and programs in Oakland County as well as mainstream resources. All callers receive an in-depth screening at the time of the initial call to determine potential eligibility for various programs within the community. During this call, those that report being “literally homeless” are screened and linked, as eligible, for ESG Rapid Rehousing, PATH projects assisting with transition from homelessness, Special Needs Units, Homeless Preference Voucher Applications and a variety of other programs. In addition, the callers' immediate needs are identified and referrals are provided to shelters and other resources, as needed.

The HARA was the first step in creating an infrastructure for a coordinated system of care to assist persons receiving services to progress along the CoC efficiently in order to achieve self-sufficiency and achieve personal empowerment and economic independence. In 2013, a workgroup was convened that included a representative from each Permanent Supportive Housing (PSH) provider along with other community representatives to review program specific requirements, number of beds and units, type of registry being used and process to apply. The workgroup met monthly and created a local plan that includes screening using an agreed upon assessment that determines potential eligibility, a more comprehensive assessment completed by a housing case manager, placement on a centralized registry and subsequent determination of placement according to need. To date the plan has been approved and adopted by the Alliance Board and will be implemented during the next fiscal year.

The coordinated assessment and registry of placement into the Permanent Housing beds has sparked conversation about a centralized registry for emergency shelter and transitional housing beds in the future. Research into a centralized tool has begun and several options are available. The next step will be to research privacy compliance.

Homeless Healthcare Collaboration

Oakland County Health Division formed the Oakland County Homeless Healthcare Collaboration in 2012 to bring together community partners and improve access to healthcare for those experiencing homelessness in Oakland County and to link them with services. Health Division brought together the Oakland County Homeless Healthcare Collaboration after the county's Nurse on Call hotline reported an increase in the number of individuals experiencing economic difficulties in the wake of the Great Recession. They convene on a regular basis providing presentations by member agencies to educate partners regarding services available to their clients. The Health Division sponsors a secure web-based portal that serves as a focal point for members to post information, ask questions, and share resources. A subcommittee, which includes representatives of local hospitals, is addressing the unique issues surrounding hospitalization and discharge planning for clients who are homeless.

The Oakland County Homeless Healthcare Collaboration is unique in Michigan. It brings together healthcare and service agencies to address the issue of homelessness and healthcare. It has established a communication portal to connect partners to useful and relevant information. The National Association of Counties gave Oakland County an award in 2013 for creating and facilitating this community-wide, problem-solving initiative. In 2014 The Homeless Healthcare Collaboration was selected as a Model Practice, meaning it is an innovative best practice that will be shared across the nation as an effective program with positive results. The 57 organizations involved in this initiative continue to make great strides in coordinating care.

Community Wide Outcomes

The Outcomes Committee was hard at work reviewing the Continuum of Care measurable outcomes. The committee followed the Continuous Quality Improvement tools created by the MSHMIS project lead for the purpose of analyzing and reporting out data on community wide outcomes. The committee has representation from each agency with expertise in many areas. The committee reviewed the "community wide performance outcome measures" as presented to, and adopted by, the membership of the OCTAH in 2011. The committee agreed that as part of the analysis process a *program evaluation methodology* document would assist in formatting the outcome and the subsequent goal and reporting methodologies. Committee members researched best practices and agreed on a format similar to the Community Shelter Board of Columbus Ohio. The document was updated as the committee reviewed each goal and in some instances goals were expanded and new goals created. In March of 2013, the committee provided the methodology document to the Alliance board for review and feedback. Each organization has made the commitment to data quality and a representative attends monthly Data Quality meetings and cleans HMIS data regularly. In addition, the committee will place emphasis on creating a data warehouse in 2014 that will include data from the health care arena, community mental health, homeless youth, domestic violence and homeless statistics pulled from the HMIS system. All providers are committed to providing the best data possible and will continue to work on data quality and outcomes.

All of these initiatives bring the community one step closer to being a high performing community and ending homelessness in our community.

Appendix

The data in this report is not intended to provide a complete count of the homeless population because:

1. This data represents approximately 82% of homeless persons seeking services in the Oakland County during January 1, 2013 - December 31, 2013. Not all organizations providing services are using HMIS.
2. All participating organizations are still working on data quality; therefore not all data included is 100% accurate.
3. The data for this report is pulled from multiple report queries in the HMIS; each query may have pulled the data slightly differently from the system, so there may not always be a one-to-one match of data among the graphs.