2018 STATE OF
HOMELESSNESS

ANNUAL
REPORT FOR
THE DETROIT
CONTINUUM OF CARE

January – December 2018

The Detroit Continuum of Care

In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act amended the McKinney-Vento Homeless Assistance Act and codified in law the role and functions of the Continuum of Care (CoC). Each community had to establish a CoC in compliance with the new CoC Program Interim Rule, published by the Department of Housing and Urban Development (HUD) on July 31, 2012.

The Detroit CoC coordinates the implementation of a housing and service system that meets the needs of all persons experiencing homelessness throughout its geography. The Homeless Prevention and Response System includes:

- Outreach, engagement, and assessment;
- Shelter, housing, and supportive services; and
- Homelessness prevention and diversion strategies.

The **Detroit CoC** is a year-round planning body of representative stakeholders in the community's work toward ending homelessness. It's work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses, and measuring results.

The **Detroit CoC Board** is a group of elected and appointed leaders of the CoC who have authority to make decisions on behalf of the CoC. The CoC Committees are the action planning components of the continuum. In the Committees, strategies are developed, deepened, and expanded into timed workplans.

Seven **standing CoC Committees** were designated in the CoC governance charter established by the Detroit CoC – the Data Committee, Performance and Evaluation Committee, Coordinated Access Model (CAM) Governance Committee, Development and Communications Committee, Housing Resource Committee, CoC General Membership Committee, and Values and Funding Priorities Committee.

Program sub-committees established by the CoC Committees review programmatic and fiscal data performance, recommend expectations and coordination, scan the environment for best practices and innovations, and evaluate the outcomes of the Continuum overall and projects funded under HUD. Sub-committees are designed to be representative of the funded service categories within the CoC.

The **CoC Lead Agency** provides technical, administrative and meeting support to the CoC, CoC Board, and the Committees. **The Collaborative Applicant** is designated by the CoC to prepare and submit the CoC funding application to HUD each year. The **HMIS Lead** is designated to provide oversight and implementation support to the Detroit CoC's HMIS. In 2015, the Detroit CoC established a Memorandum of Understanding with the Homeless Action Network of Detroit (HAND) to serve as the CoC Lead Agency, Collaborative Applicant, and HMIS Lead.

More details about the Detroit CoC including the Governance Charter are posted on HAND's website at http://www.handetroit.org/continuum-of-care.

Table of Contents

As we face the coming changes, our community will continue to work together to realize our collective vision:

That every individual and family in our community has a home that is decent, safe and affordable, and that they receive every support needed in order to remain housed. This vision is grounded in our commitment to working together and being open to new ways of thinking and acting. Having this shared vision, we can - and will - move forward together to achieve real change in our community.
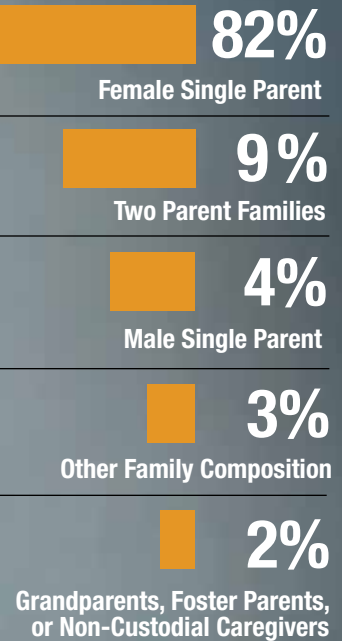
Families

Over the course of 2018, we served **1,377** adults in a total of **1,356** families

COMPOSITION OF HOMELESS FAMILIES

82%
Female Single Parent

9%
Two Parent Families

4%
Male Single Parent

3%
Other Family Composition

2%
Grandparents, Foster Parents, or Non-Custodial Caregivers

21% of homeless adults in families who responded reported entering a program from the streets or another place not meant for human habitation

49% reported experiencing homelessness for the first time in 2018

26% were homeless for 12 or more months at the time of program entry in 2018

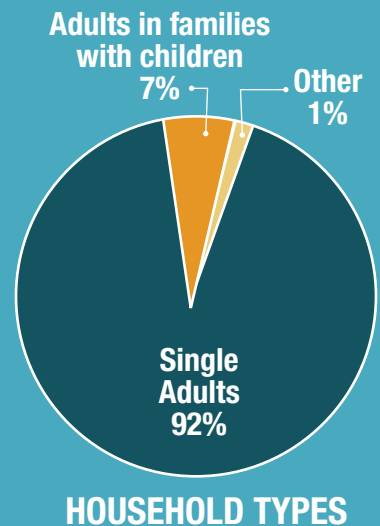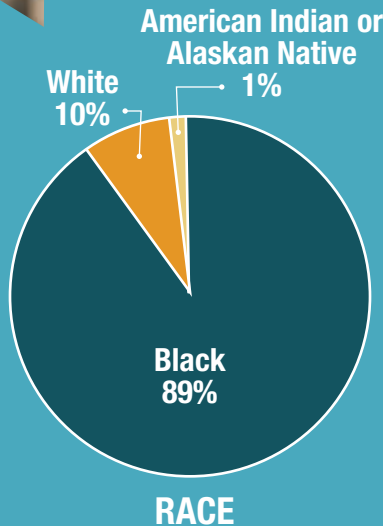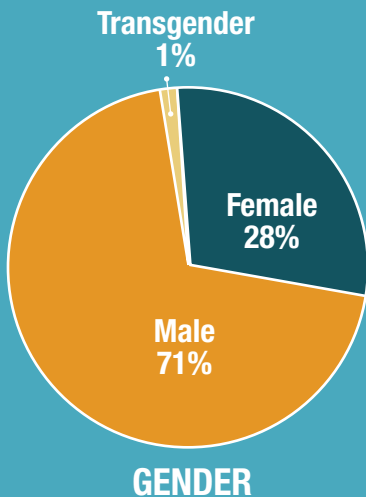**21%** were homeless four or more times prior to program entry in 2018

Chronically Homeless

Over the course of 2018, a total of **2,231** people were identified as being chronically homeless.

A person is considered *chronically homeless* if they have been diagnosed with a long-term disabling condition and have been homeless 4 or more times in the past 3 years or have been or has been homeless one year continuously with that disabling condition. A family is also considered chronically homeless if one or more household members meets the requirements of the definition above. These individuals and families are often prioritized for intensive housing and supportive services, as they have significant barriers to housing, such as poor rental histories, no income, untreated mental health and/or substance abuse issues, chronic physical health concerns, unemployment, and more.

DEMOGRAPHICS

Transgender 1%

Female 28%

Male 71%

GENDER

White 10%

American Indian or Alaskan Native 1%

Black 89%

RACE

Adults in families with children 7%

Other 1%

Single Adults 92%

HOUSEHOLD TYPES

The average age for women experiencing chronic homelessness was **42** and the average age for men was **48**. **33%** of the chronically homeless were ages **55 and older**.
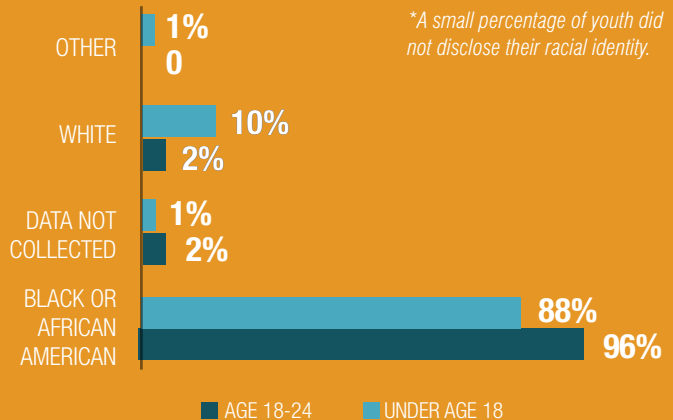
Youth

Over the course of 2018, a total of **916** unaccompanied youth experienced homelessness. Forty-seven (or **5%**) of these youth were **under the age of 18**, and 869 (95%) were **18-24 years of age**.

The following data includes youth under the age of 24 as defined by the Department of Housing and Urban Development (HUD) who are unaccompanied and not in the care of a parent or guardian and reported sleeping on the streets, in an emergency shelter, transitional housing program, or safe haven in 2018. Youth may also be the head of household if they are a teen parent.

DEMOGRAPHICS

RACE

A small percentage of youth did not disclose their racial identity.

Race	Under Age 18	Age 18-24
OTHER	1%	0
WHITE	10%	2%
DATA NOT COLLECTED	1%	2%
BLACK OR AFRICAN AMERICAN	88%	96%

■ AGE 18-24   ■ UNDER AGE 18

SURVIVOR OF DOMESTIC VIOLENCE — 20% / 24%

HAS 1 OR MORE DISABLING CONDITIONS — 24% / 46%

■ UNDER AGE 18
■ AGE 18-24

GENDER

AGE 18 - 24
1%
25%
57%
42%

UNDER AGE 18
2%
72%

■ FEMALE ■ MALE ■ DATA NOT COLLECTED ■ TRANSGENDER OR GENDER NON-CONFORMING

A small percentage of youth under age 18 did not disclose their gender identity
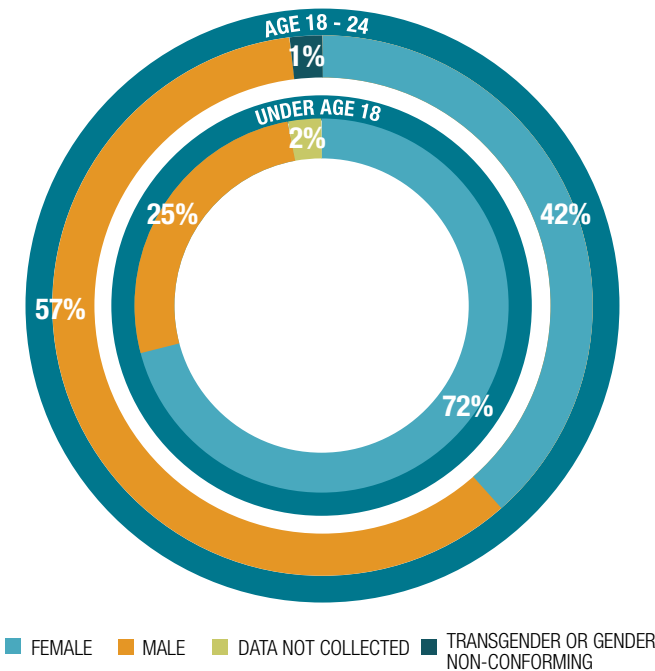
DEMOGRAPHICS

The average age of unaccompanied youth under 18 was **16**, and the average age of youth ages 18-24 was **21**.

EXTENT OF HOMELESSNESS

Number of times on the streets, in emergency shelter or safe haven in the past 3 years:

- One Time for Under 18   **67%**
- One Time for Under 18-24   **37%**
- Two Times for Under 18   **8%**
- Two Times for Under 18-24   **24%**

LIMITATIONS ON YOUTH DATA

The total number of young people who experience homelessness differs from the number of young people who find themselves without stable housing. A young person who was "couch surfing" – that is, staying temporarily with friends or family --- would not have been considered "literally homeless" by HUD's definition of sleeping on the streets, in an emergency shelter, transitional housing program, or at a safe haven. Although they are excluded for this data set, they may need the same types of services and stable housing as literally homeless youth.

Seniors

- Seniors 55+ represent **24%** of our total homeless while they make up **33%** of overall individuals experiencing chronic homelessness

- **20%** of the seniors experiencing homelessness in the Detroit CoC are over the age of 65 years old

- **84%** of seniors experiencing homelessness are men

- In 2018 **66%** of seniors experiencing homelessness had a disabling condition

- **47%** of seniors experiencing homeless in the Detroit CoC reported experiencing homelessness for the first time in 2018

Veterans Annual Report: 2018

Veterans Permanently Housed: 346

Annual Inflow of Veterans needing assistance with Housing: 423*

During 2018, the CoC's efforts to house homeless Veterans continued to be enhanced with the implementation of a coordinated entry system. This decision ensures that all Veterans have access to housing resources.

The Detroit Veterans Affairs Medical Center (VAMC) hired a full time Healthcare for Homeless Veterans (HCHV) Coordinated Entry Specialist focused on streamlining coordinated entry (CES) and ensuring homeless Veterans move through the system as quickly as possible. One of the biggest projects initiated was creating a written Policies and Procedures manual for the Veteran CES process. The manual will provide a place of reference for all parties to understand the CES process and the steps taken to move Veterans through it expediently.

The Veterans Initiative Coordinator transitioned to be a role facilitated by the CoC's By-Name List Coordinator who is assigned to facilitate the By-Name List and maintain data quality. Bi-weekly case conferences continue to be held with front line providers to brainstorm solutions to the barriers Veterans encounter while working to get off the streets and into stable housing. These meetings remind us that ending Veterans homelessness is a team effort. We will continue to work together until we can end Veteran homelessness in our community.

*Data Source: Detroit CoC Veteran By Name List

Homelessness In Detroit: Overall Picture

CLIENT CHARACTERISTICS	OVERALL HOMELESS *	SINGLE ADULT 25+	UNACCOMPANIED YOUTH 18-24***	ADULTS IN FAMILIES	CHILDREN IN FAMILIES	UNACCOMPANIED YOUTH UNDER 18***	CHRONICALLY HOMELESS
Total in HMIS – Accounting for 95% of Overall Homeless in the Detroit Continuum**	10,744	6,870	869	1,377	2,084	47	2,231
MALE	64%	77%	57%	18%	50%	26%	71%
FEMALE	35%	22%	42%	82%	50%	72%	28%
TRANSGENDER/GENDER NON-CONFORMING	1%	1%	1%	0%	0%	0%	1%
UNDER 18	20%				100%	100%	0%
AGE 18-24	10%		100%	28%			7%
AGE 25-55	46%	63%		67%			60%
AGE 56+	24%	37%		5%			33%
AVERAGE AGE	36	48	21	32	6	16	46
AFRICAN AMERICAN	88%	85%	88%	93%	97%	96%	89%
WHITE	10%	14%	10%	5%	2%	2%	10%
OTHER	2%	1%	1%	2%	1%	0%	1%

*Overall homelessness may be lower than the combined categories as categories are not mutually exclusive.
**See "What is HMIS?" in appendix for details on data limitations.
***Small % of gender and race questions were not answered by unaccompanied youth.
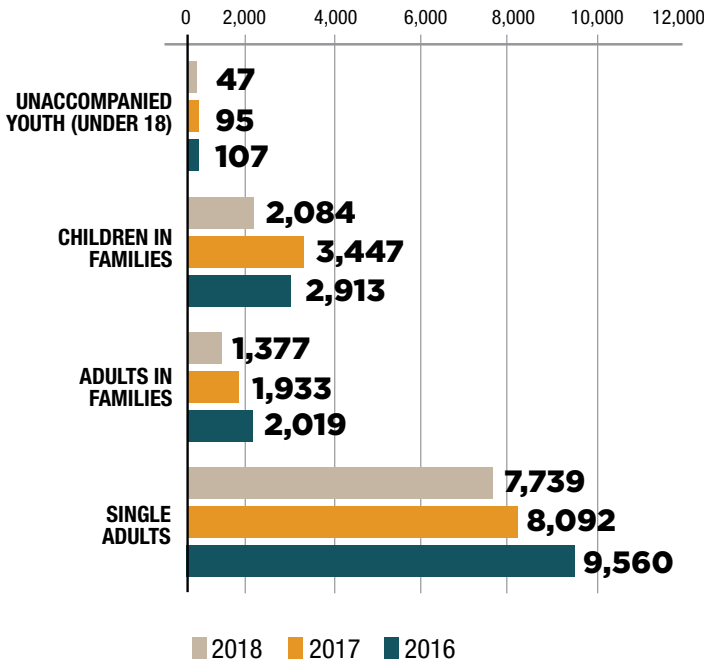
Change in Homelessness Numbers – 2018

Over the course of 2018, a total of **10,744** people experienced homelessness. This is an **18%** decrease from the total number of people who were counted last year (13,175).
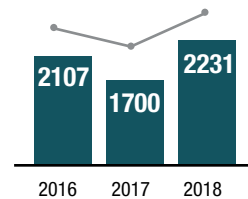
The overall decrease in the total number of persons experiencing homelessness in our community reflects the coordinated efforts to expand the availability of housing opportunities to those in need. Prioritizing continuum funding to support Permanent Supportive Housing and Rapid Re-Housing programs, as well as shifting the focus of coordinated entry and street outreach to focus on connecting our community's most vulnerable citizens to positive housing opportunities, are reflected in this year's decreased count. Increased efforts to expand diversion to prevent people from entering emergency shelter, have also contributed to a decrease in the number of people experiencing homelessness.

While nearly all populations had a noted decrease in 2018, the number of people counted as experiencing chronic homelessness increased. This highlights the need to continue to target resources toward engaging and housing those who have experienced literal homelessness for one year with disabling conditions of long duration.

POPULATION TRENDS

Population	2018	2017	2016
UNACCOMPANIED YOUTH (UNDER 18)	47	95	107
CHILDREN IN FAMILIES	2,084	3,447	2,913
ADULTS IN FAMILIES	1,377	1,933	2,019
SINGLE ADULTS	7,739	8,092	9,560

Legend: ■ 2018 ■ 2017 ■ 2016

CRONIC HOMELESSNESS COUNTS

2016	2017	2018
2107	1700	2231

VETERANS EXPERIENCING HOMELESSNESS

2016	2017	2018
1407	1286	1144
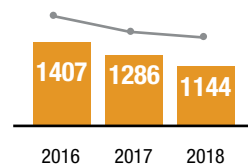
3-Year Data Comparison

The table below shows a comparison of homeless data over the past three years.

COMPARISONS	2016	2017	Change 2016-2017	2018	Change 2017-2018
Total persons	14,117	13,175	-7%	10,744	-18%
Adult singles [18+]	9,560	8,092	-15%	7,739	-4%
Adults in families	2,019	1,933	-4%	1,377	-29%
Children in families	2,913	3,447	+18%	2,084	-40%
Unaccompanied youth Under 18	107	95	-11%	47	-51%
Chronically homeless	2,107	1,700	-19%	2,231	+31%
Veterans	1,407	1,286	-9%	1,144	-11%

SYSTEM PERFORMANCE MEASURES

What are the System Performance Measures (SPMs)?

The SPMs are a series of measures intended to help a community gauge its progress towards reducing and ending homelessness. These measures tell us how well our projects are working together, as a system, to make an impact on homelessness.

What are the measures and how are we performing?

There are six SPMs that Detroit is currently being measured on:

1. Length of time homeless
2. Returns to homelessness
3. Overall number of persons experiencing homelessness
4. Employment and income growth for persons served in CoC-funded programs
5. Number of first time homeless
6. Exits to, or retention of, successful and permanent housing

Each of these measures is often additionally broken down into sub-measures. Full details on the CoC's performance on the SPMs can be found at www.handetroit.org/reports . You can also find information on Detroit's performance as compared to other Continua of Care at www. handetroit.org/spms.

How does HUD use this information?
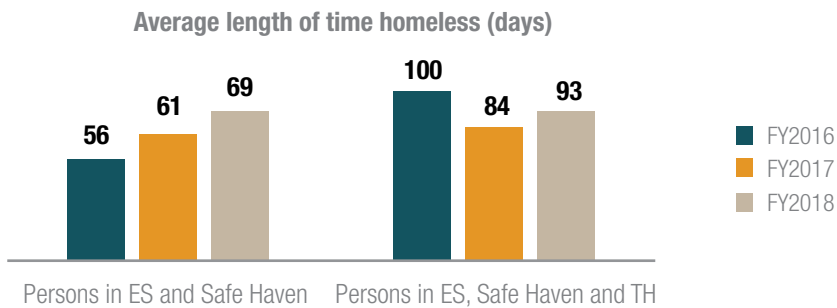
HUD evaluates a CoC's performance on the SPMs in the annual CoC competition, with an expectation that a CoC's performance will improve from year to year. For the three priority measures detailed below (Length of Time Homeless, Returns to Homelessness, and Exits to Permanent Housing), in the 2018 CoC competition, the Detroit CoC either demonstrated improvement or no change from FY16 to FY17.

Detroit's performance is highlighted on three key measures that HUD will be focusing on.
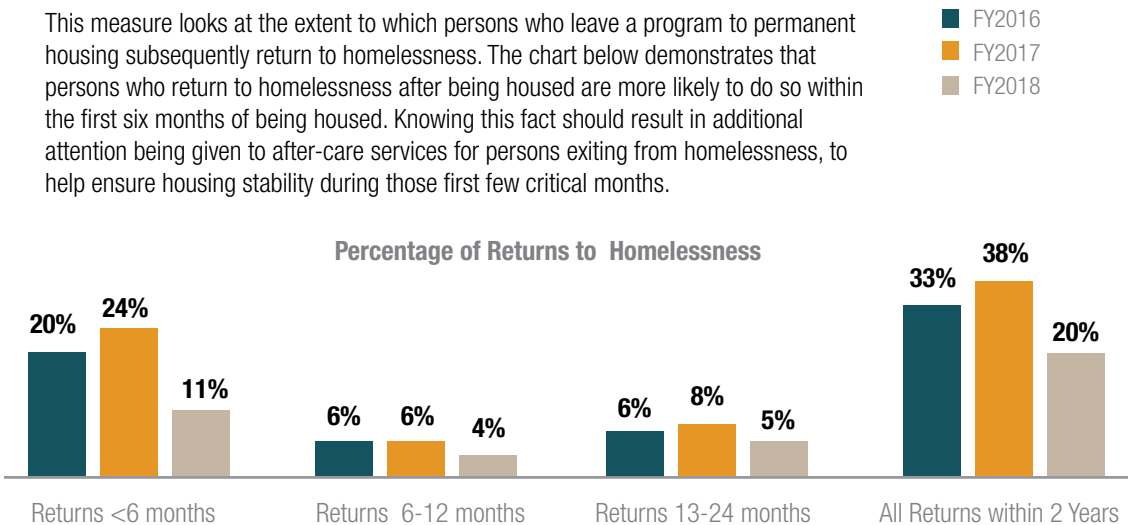Note: This data reflects an October 1 – September 30th fiscal year:

Measure #1: Length of Time Homeless

This measure is the length of time (in days) that a person spends in either an Emergency Shelter (ES) or Safe Haven (SH) program, and then in either an ES, SH, or Transitional Housing (TH) program. It is expected that lengths of stay in TH programs will be longer than other program types given the nature of the program. The average length of time persons have stayed in these programs has increased between FY17 and FY18. The CoC is analyzing additional data to better understand why lengths of time homeless are increasing and to develop strategies to reduce this length of time.

Average length of time homeless (days)

Persons in ES and Safe Haven: FY2016: 56, FY2017: 61, FY2018: 69

Persons in ES, Safe Haven and TH: FY2016: 100, FY2017: 84, FY2018: 93

Legend: FY2016, FY2017, FY2018

Measure #2: Returns to Homelessness

This measure looks at the extent to which persons who leave a program to permanent housing subsequently return to homelessness. The chart below demonstrates that persons who return to homelessness after being housed are more likely to do so within the first six months of being housed. Knowing this fact should result in additional attention being given to after-care services for persons exiting from homelessness, to help ensure housing stability during those first few critical months.

Legend: FY2016, FY2017, FY2018

Percentage of Returns to Homelessness

Returns <6 months: FY2016: 20%, FY2017: 24%, FY2018: 11%

Returns 6-12 months: FY2016: 6%, FY2017: 6%, FY2018: 4%

Returns 13-24 months: FY2016: 6%, FY2017: 8%, FY2018: 5%

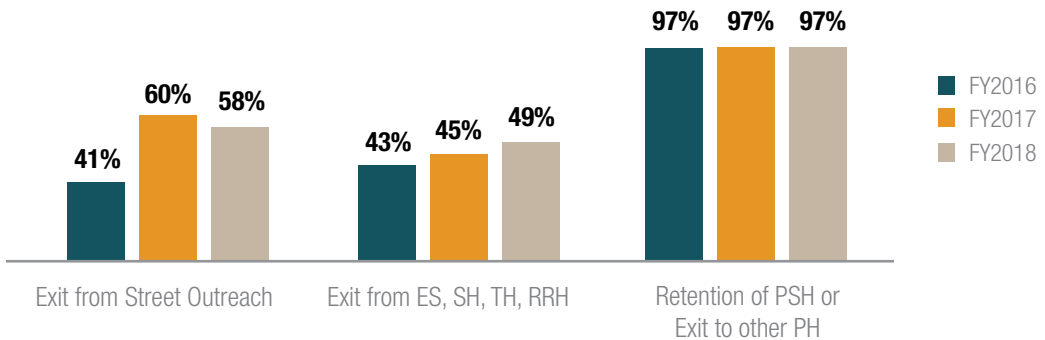All Returns within 2 Years: FY2016: 33%, FY2017: 38%, FY2018: 20%

Measure #7: Permanent Housing Placements

This measure considers successful housing placements differently, depending on the program type that the person is exiting from. Overall, the CoC's performance on these measures has remained steady over the past two years.

- For Street Outreach (SO) programs, a successful housing placement includes placements into permanent housing, temporary placements, and some institutional settings. The slight decrease in positive exits over the past year may be impacted by a change in how Street Outreach programs were funded in Detroit.
- The measure for exits from ES, SH, TH, and RRH only considers placement into permanent housing destinations as a positive outcome. Low rates of exit from shelter to permanent housing impacts this measure.
- The measure for PSH looks at the percentage of persons who retain their PSH placement or move to another permanent housing destination. Detroit's PSH programs consistently perform well in assisting people with retaining permanent housing.

Exits from Program Type to Successful Placement of Permanent Housing

	FY2016	FY2017	FY2018
Exit from Street Outreach	41%	60%	58%
Exit from ES, SH, TH, RRH	43%	45%	49%
Retention of PSH or Exit to other PH	97%	97%	97%

2018 Accomplishments

Permanent Supportive Housing Outcomes

One of the primary goals of Permanent Supportive Housing (PSH) is to help people remain housed, including either remaining in PSH or moving to another permanent housing placement. The PSH programs in Detroit historically perform very well in this area.

Year	
2016	96%
2017	97%
2018	98%

Percentange of PSH Residents Remaining Permanently Housed

Rapid Re-Housing

Rapid Re-Housing provides temporary rental assistance; there, one of the key performance factors for this project type is the extent to which people exit the program to permanent housing. For the past two years, Detroit's Rapid Re-Housing programs continue to perform well in this area.

Year	
2016	85%
2017	90%
2018	96%

Percentage of People Exiting to Permanent Housing from Rapid Re-Housing

Transitional Housing

Like Rapid Re-Housing, Transitional Housing (TH) is a temporary program, with a primary performance expectation that people are exited to permanent housing. Performance improved over the past year, bringing the performance closer to typical performance percentages. The lower performance in 2017 may be attributable to changes in projects reporting in HMIS.

| Year	
2016	84%
2017	57%
2018	82%

Percentage of TH Clients Moving to Positive Housing Destinations

Emergency Shelter

Emergency Shelter (ES) is a temporary program, with a performance expectation being that people are exited to permanent housing. From 2017 to 2018, we saw a decrease in the percentage of people exiting shelters to permanent housing. At the same time, there were fewer permanent housing units for people to move into, which may be a contributing factor to the decrease in shelter performance. The data also shows that many people exited a shelter to another shelter in 2018, which aligns with system performance measure data that has shown increased lengths of stay in the homeless system.

2016 **25%**

2017 **48%**

2018 **29%**

Percentage Exiting Emergency Shelter to Permanent Housing
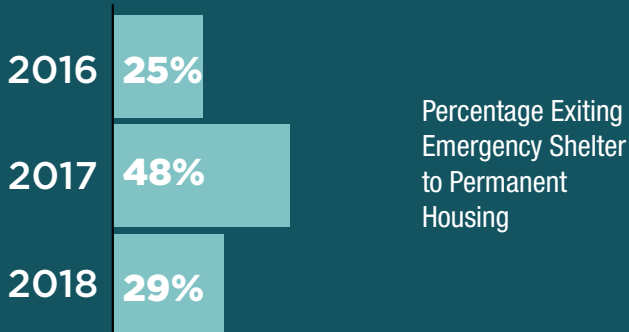
Street Outreach

Street Outreach (SO) is a program focused on engaging persons experiencing homelessness in places not meant for human habitation, with a performance expectation to assist individuals in getting off the streets and into a positive destination. Positive destinations include both permanent and temporary housing. Performance for Street Outreach program improved over the past year, which may be attributed to on-going targeted outreach focused on engaging persons who are chronically homeless, and connecting them with resources needed to get off the street. Of the persons exited to a "positive housing destination" about two-thirds were exited to a non-permanent, but positive, destination like emergency shelter, transitional housing, or substance abuse treatment.

2016 **42%**

2017 **66%**

2018 **75%**

Percentage Exiting Street Outreach to Positive Destinations

Permanent Supportive Housing

Since 2017, all Permanent Supportive Housing (PSH) projects have accepted prioritized referrals to their projects strictly through our community's coordinated entry process. The matching process and coordination efforts post referral made sure that clients and providers were connected as soon as possible.

The CoC was committed to focusing on individuals experiencing chronic homelessness. Chronic households represented 87% of the total households referred to PSH in 2018.
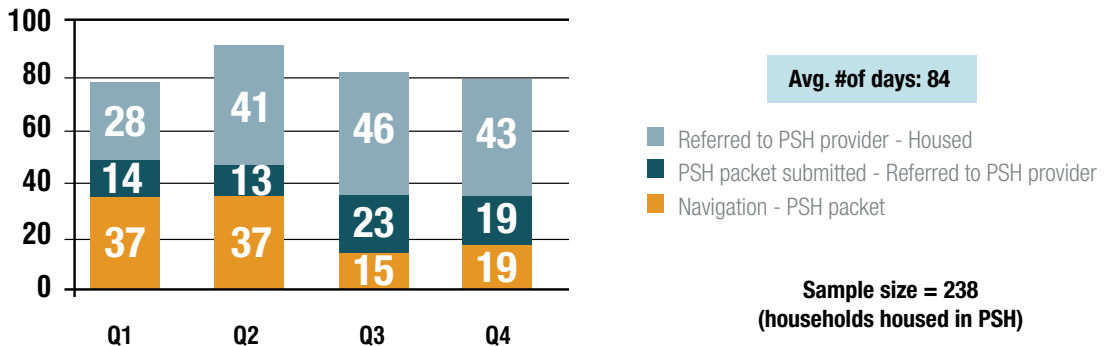
We are committed to continue to refine the policies and procedures around our community's PSH prioritization referrals as well as creating fair and effective methods for serving individuals and/or families experiencing homelessness that are best served with this resource.

Total Housed in PSH: 238

Households Housed in PSH

	Q1	Q2	Q3	Q4
Households	63	63	52	60
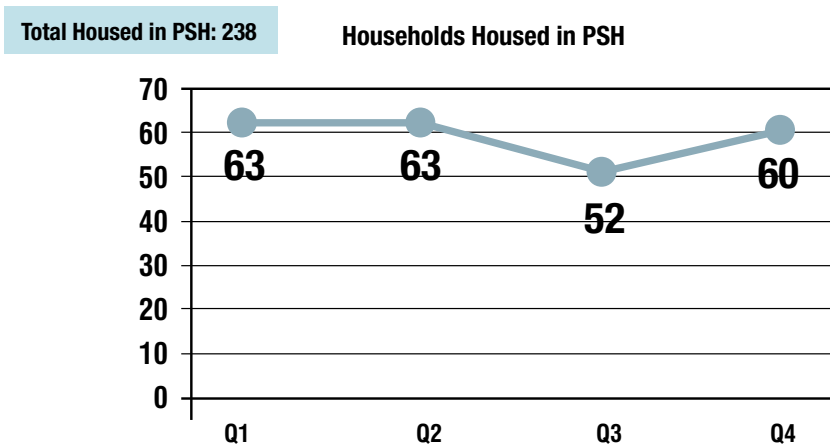
Source: HMIS Housed Data

Permanent Supportive Housing Data Snapshot (January - December 2018)

Length of Time (in days) from Assessment to Housed in PSH

	Q1	Q2	Q3	Q4
Referred to PSH provider - Housed	28	41	46	43
PSH packet submitted - Referred to PSH provider	14	13	23	19
Navigation - PSH packet	37	37	15	19

Avg. #of days: 84

- ■ Referred to PSH provider - Housed
- ■ PSH packet submitted - Referred to PSH provider
- ■ Navigation - PSH packet

**Sample size = 238
(households housed in PSH)**

Coordinated Assessment Model (CAM) in the Detroit Continuum: 2018 Review

In 2018, the Coordinated Entry (CE) system in Detroit, known locally as the Coordinated Assessment Model (CAM) began the year implementing a new approach to CE. Instead of operating solely as a Call Center, "CAM 2.0" rolled out with five in-person Access Points and a call center line for automated information and referral. The former CAM Call Center was sunset in early 2018.

Goals of CAM 2.0

1. Create a more responsive system – Identify and track the most vulnerable people sooner to prioritize them for housing resources

2. Allow for system-wide diversion – explore all other options before entering emergency shelter

3. Create stronger coordination with street outreach teams
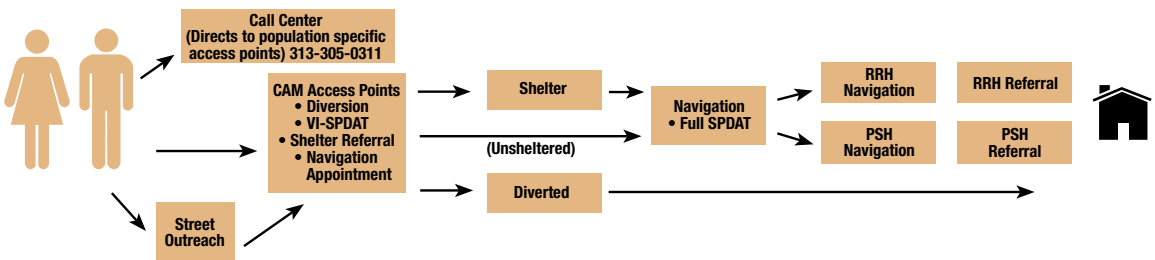
2018 CAM Access Points

POPULATION SEEKING EMERGENCY SHELTER	ACCESS POINT
Families & Unaccompanied Youth (18-24)	Southwest Solutions – Housing Resource Center (HRC)
Single Adults & Unaccompanied Youth (18-24)	Neighborhood Service Organization (NSO) – Tumaini Center
	NOAH Project
Veterans	Veterans Community Resource & Referral Center (VCRRC)
	Heathcare for Homeless Veterans (HCHV)

2018 Access Point Dashboard

ADULT SINGLES

Access Point Location	
HRC	1,181
NSO Tumaini	3,173
NOAH Project	992
TOTAL	**6,099**

UNACCOMPANIED YOUTH

Access Point Location	
HRC	498
NSO Tumaini	220
NOAH Project	35
TOTAL	**753**

ADULT FAMILIES & PARENTING YOUTH

Access Point Location	
HRC (PARENTING YOUTH)	541
HRC (FAMILIES)	2,725
TOTAL	**3,266**

9,365 total households Presented at CAM Access Points in 2018

Avg. 37 households per day

80% of households came to the Access Points seeking emergency shelter; the other **1,873** households came for reasons including, but not limited to:
- Assistance with setting up their HCV applicant portal
- Questions about eviction prevention or utility assistance
- General problem-solving assistance and questions about housing options

* Data does not include Veteran Access Points.

Resources and Funding – Homeless Services Funding: 2018

The Detroit Continuum of Care received a total of **$25,461,727** in Continuum of Care funds to support projects serving people experiencing homelessness. The funding for these projects were utilized over the course of 2017 and 2018.
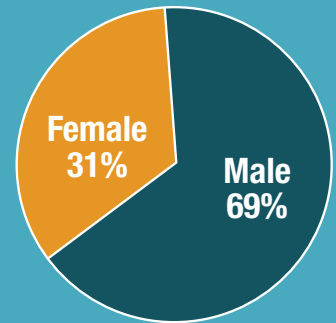

HUD FY 2017 Detroit Continuum of Care Awards

	New Awards	Renewal Awards
Permanent Housing		
Permanent Supportive Housing	$1,311,034	$16,750,953
Rapid Re-Housing	$ 474,792	$ 2,471,330
Transitional Housing	N/A	$ 2,245,558
Supportive Services Only		
Coordinated Entry Services	$ 237,686	$ 1,415,141
Homeless Management Information System	N/A	$ 290,233
CoC Planning	$ 265,000	N/A
TOTAL	**$ 2,288,512**	**$23,173,215**
GRAND TOTAL	**$25,461,727**	

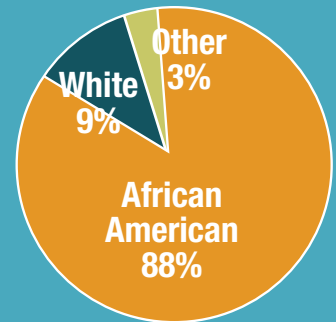# Because of You – Detroit's 2018 Project Homeless Connect

Detroit's 2018 Project Homeless Connect Was a Major Success!

We could not have done it without you or your agency's continued support and generosity. **Because of you** we were able to serve and assist over **300** individuals who were experiencing and/or at-risk of homelessness.
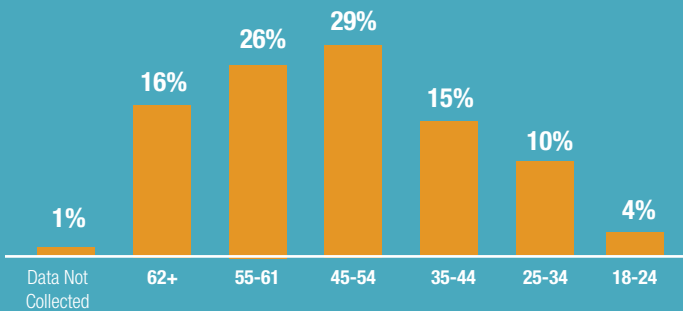
Because of you the Detroit Continuum of Care (CoC) was able to provide lunch, hygiene kits, cold weather gear, safe sex kits, Detroit ID cards, and much needed resources to those who need them. Your contribution helped us do that!

Female 31%

Male 69%

GENDER OF PERSONS SERVED

Other 3%

White 9%

African American 88%

RACE OF PERSONS SERVED

16%

26%

29%

15%

10%

1%

4%

Data Not Collected

62+

55-61

45-54

35-44

25-34

18-24

AGE RANGE OF PERSONS SERVED

Special Thanks!

Angela Moore – 910 AM Superstation
Central United Methodist Church
Christ Embassy Church Michigan
City of Detroit – Municipal ID Program
Detroit Health Department
Detroit Wayne Mental Health Authority
E. Forlini Salon
Food Bank Council of Michigan
Jewish Vocational Services
John Dingell Veteran Affairs Medical Center
Lakeshore Legal Aid

Michigan Department of Health and Human Services
Michigan Enrolls
Michigan State Housing Development Authority
Motor City Casino – Hotel & Helping Hands Committee
NOAH Project
Omega Psi Phi Fraternity, Inc.
Second Ebenezer Church
Volunteers of America Michigan
Walsh Foundation
Wayne County Neighborhood Legal Services Michigan

Homeless Action Network Of Detroit (HAND)

Since 1996, the Homeless Action Network of Detroit (HAND) has served as the region's leading resource on solutions to homelessness. Known as the Continuum of Care Lead, HAND is the only agency recognized by HUD to apply for homeless funding in Detroit. Due to our expertise, we secure over $26 million dollars annually in federal funds to be administered by local agencies.

HAND is unique in its perspective on homeless data. We coordinate the Homeless Management Information System (HMIS), the only comprehensive database on homelessness in Detroit. We are able to ensure that we have thorough and accurate information on who is experiencing homelessness, what their needs are, and what is working to address those needs.

HAND is a recognized clearinghouse on "all-things" homelessness. Our diverse partners include the Veterans Administration, the Michigan State Housing Development Authority, the City of Detroit, the Michigan Department of Health and Human Services, the Detroit Wayne Mental Health Authority, and over 50 nonprofit and private organizations.

ENDING HOMELESSNESS

Every good story has a beginning and an ending. In homelessness, permanent housing is the conclusion, but the process starts with the work that we do: 1) telling stories through data, 2) building hope through policy and 3) changing lives through resources.

In all that we do, we are guided by the following purpose and values:

OUR PURPOSE

Providing leadership to address homelessness.

OUR VALUES

- **Collaboration:** We promote partnerships and consensus
- **Competence:** We advance knowledge and expertise
- **Commitment:** We live it and expect it
- **Performance:** We support outcome-driven best practices
- **Integrity:** We strive to be fair and transparent
- **Advocacy:** We create awareness and promote policy solutions

This report has provided a look at the state of homelessness in our community during the past year.
For more information, please visit our website at www.handetroit.org/reports.

Appendices

What is HMIS?

The Homeless Management Information System (HMIS) is a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.

Such software applications record and store client-level information on the characteristics and service needs of homeless persons. HMIS implementations can encompass geographic areas ranging from a single county to an entire state. An HMIS knits together homeless assistance providers within a community and creates a more coordinated and effective housing and service delivery system.

The United States Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, an HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

HMIS was first developed in the late 1990s in response to a mandate by Congress requiring states to collect this data as a condition of receiving federal money from HUD to serve homeless populations. The impetus behind this mandate was to reduce and eventually solve homelessness, a problem which could never be solved if it was not understood and if progress toward that goal was not tracked. The Detroit CoC's HMIS was implemented in August 2004 in collaboration with the Michigan Coalition Against Homelessness (MCAH). The Detroit CoC is part of the Michigan Statewide HMIS implementation and uses WellSky Community Services (ServicePoint) as their HMIS application.

The Detroit CoC's HMIS also serves as an outcome-based system that facilitates timely, efficient, and effective access to needed services and supports for persons who experience and are at risk of homelessness.

Data Included in This Report

This report gives a review of data collected through the HMIS during the 2018 calendar year. Based on our estimates, the date data in this report represents approximately 95% coverage of persons experiencing homelessness in the Detroit CoC from January 1, 2018 to December 31, 2018.

Data Limitations

The data in this report is not intended to provide a complete count of the homeless population in the Detroit CoC due to the circumstance noted below.

1. 95% of homeless providers in Detroit use HMIS however, there are some organizations and programs that do not report into the HMIS, including domestic violence programs which are prohibited from using the HMIS by federal statutes.
2. A response may not have been recorded for all clients to some questions, which contributes to some responses not adding up to 100%. We continue to work to improve data completeness and accuracy.
3. The data for this report was pulled from the HMIS using several reporting queries. As each query may have pulled the data slightly different from the system there, may not always be a one-to-one match of data among the graphs and tables.
4. The percentages displayed throughout the report are "rounded" to the nearest whole number.

Agencies Using the System

Over the course of 2018, there were **41** agencies actively entering or reviewing data in the HMIS.

Alternatives for Girls	Love Outreach
Black Family Development	Mariners Inn
Blue Water Center for Independent Living	Michigan Veterans Foundation
Cass Community Social Services	Neighborhood Service Organization
Central City Integrated Health	NOAH Project
City of Detroit Health Department	Operation Get Down
City of Detroit Housing and Revitalization Department	Pope Francis Center
Coalition on Temporary Shelter	Positive Images
Community & Home Supports	Ruth Ellis Center
Community Social Services – Wayne	The Salvation Army
Covenant Community Care	Samaritas
Covenant House	SHAR House, Inc.
CSH	Southwest Solutions
Detroit Rescue Mission Ministries	St. John Community Center
Detroit Wayne Mental Health Authority	Traveler's Aid Society of Metropolitan Detroit
Development Centers, Inc.	United Community Housing Coalition
Emmanuel House	Veterans Administration Medical Center
Faith Love N Kindness	Volunteers of America
Freedom House	Wayne County Neighborhood Legal Services
The Heat and Warmth Fund	Wayne Metropolitan Community Action Agency
Legal Aid and Defender Association	

HAND continues to work to implement HMIS data collection and reporting at additional agencies and within additional programs to help ensure the most complete and robust data possible for the Detroit CoC.

CoC Committees and Sub-committees

In addition to the data collected through the HMIS, a number of CoC Committees and sub-committees coordinated initiatives and reviewed data related to the content presented in this report. They include:

CAM Governance	Special Events
Chronic Leadership Team	Veterans Homelessness
HMIS Governance	Youth Homelessness
Performance and Evaluation	

Mission:
PROVIDING LEADERSHIP TO ADDRESS HOMELESSNESS

handetroit.org