

# **2013 State of Homelessness Annual Report for the Detroit Continuum of Care**

January – December 2013



HOMELESS ACTION NETWORK OF DETROIT

# Homeless Action Network of Detroit (HAND)

The Homeless Action Network of Detroit (HAND) serves as the lead entity for the Continuum of Care for the cities of Detroit, Hamtramck, and Highland Park, Michigan. We work with a wide range of organizations including service providers, community development organizations, and local, state, and federal government entities to find and implement solutions to homelessness in our community and to move forward our 10-Year Plan to End Homelessness.

HAND manages funding applications to the state and federal government, resulting in more than \$24 million in homelessness programming coming to our community on an annual basis. HAND is also a core resource for all-things data related on homelessness. We oversee and manage our community's Homeless Management Information System (HMIS), ensuring we have accurate information on who is homeless in our community, what their needs are, and what efforts are working to address those needs.

HAND also works with our community partners and elected officials to advocate for policy solutions to end poverty and homelessness. We're working to raise awareness locally, across the State of Michigan, and at the federal level, about what our community needs to end homelessness.

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 provides 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](http://www.handetroit.org).

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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 the belief that through our commitment to working together, being open to new ways of thinking and acting, and having this shared vision, we can - and will - move forward together to achieve real change in our community.*

## HOMELESSNESS IN DETROIT : OVERALL PICTURE

CLIENT CHARACTERISTICS	OVERALL HOMELESS <sup>1</sup>	SINGLE ADULT	ADULTS IN FAMILIES	CHILDREN IN FAMILIES	UNACCOMPANIED YOUTH UNDER 18	CHRONICALLY HOMELESS
TOTAL IN HMIS - ACCOUNTING FOR 90% OF OVERALL HOMELESS IN THE DETROIT CONTINUUM <sup>2</sup>	<b>16,201</b>	<b>12,117</b>	<b>2,124</b>	<b>2,742</b>	<b>62</b>	<b>3,468</b>
<b>MALE</b>	<b>63%</b>	<b>72%</b>	<b>19%</b>	<b>46%</b>	<b>29%</b>	<b>72%</b>
<b>FEMALE</b>	<b>36%</b>	<b>27%</b>	<b>81%</b>	<b>53%</b>	<b>71%</b>	<b>27%</b>
<b>TRANSGENDER</b>	<b>&gt; 1%</b>	<b>&gt; 1%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>&gt;1%</b>
<b>UNDER 17</b>	<b>17%</b>			<b>100%</b>	<b>100%</b>	<b>&gt; 1%</b>
<b>AGE 18-24</b>	<b>11%</b>	<b>11%</b>	<b>30%</b>			<b>6%</b>
<b>AGE 25-54</b>	<b>54%</b>	<b>66%</b>	<b>65%</b>			<b>67%</b>
<b>AGE 55+</b>	<b>18%</b>	<b>23%</b>	<b>5%</b>			<b>26%</b>
<b>AVERAGE AGE</b>	<b>36</b>	<b>43</b>	<b>32</b>	<b>6</b>	<b>16</b>	<b>46</b>
<b>WHITE</b>	<b>9%</b>	<b>11%</b>	<b>4%</b>	<b>3%</b>	<b>3%</b>	<b>12%</b>
<b>AFRICAN AMERICAN</b>	<b>90%</b>	<b>88%</b>	<b>95%</b>	<b>96%</b>	<b>94%</b>	<b>87%</b>
<b>OTHER</b>	<b>&gt; 1%</b>	<b>&gt; 1%</b>	<b>&gt; 1%</b>	<b>&gt; 1%</b>	<b>3%</b>	<b>&gt; 1%</b>
<b>DISABILITY OF LONG DURATION</b>	<b>47%</b>	<b>54%</b>	<b>31%</b>	<b>60%</b>	<b>6%</b>	<b>100%</b>
<b>FIRST TIME HOMELESS (ADULTS)</b>	<b>38%</b>	<b>31%</b>	<b>48%</b>	<b>49%</b>	<b>63%</b>	<b>See page 5 for chronic homeless detail</b>
<b>1 - 2 TIMES HOMELESS IN PAST</b>	<b>37%</b>	<b>34%</b>	<b>43%</b>	<b>45%</b>	<b>24%</b>	
<b>VETERANS<sup>3</sup></b>	<b>11%</b>	<b>10%</b>	<b>&gt;1%</b>		<b>&gt;1%</b>	<b>4%</b>
<b>OBTAINED GED OR HIGH SCHOOL DIPLOMA<sup>4</sup></b>	<b>27%</b>	<b>34%</b>	<b>24%</b>	<b>&gt; 1%</b>	<b>3%</b>	<b>35%</b>
<b>SOME COLLEGE<sup>4</sup></b>	<b>15%</b>	<b>17%</b>	<b>18%</b>	<b>&gt; 1%</b>		<b>22%</b>

<sup>1</sup> Overall homelessness may be lower than the combined categories as categories are not mutually exclusive

<sup>2</sup> See page 17 for details on data limitations

<sup>3</sup> See page 6-7 for further explanation of veteran numbers.

<sup>4</sup> Highest level of education attained

# Youth

Over the past couple of years, there has been an increased focus within the Department of Housing and Urban Development (HUD) to better capture and report on homelessness amongst young people, including youth under the age of 18. HUD, along with other federal partners, have recognized that young people under the age of 18 face unique challenges in accessing housing, employment, or education. These challenges may be especially acute if the young person has been in foster care.

The data presented here provides information on homeless youth under the age of 18 and young people ages 18-24. For the purposes of this report, an “unaccompanied youth” is a young man or woman under the age of 18 who is not in the care of a parent or guardian. The youth may also be the head of a household if he/she is a teen parent.

## Basic Demographics

- **62** unaccompanied youth served by our homeless service providers.
  - **2** were ages 11-14
  - **60** were ages 15-17
- **1,416** young people ages 18-24 were served by our homeless service providers.
- **71%** were females and **29%** were males.
- **94%** were Black or African American; **3%** were White.

## Disability

- **6%** had a disabling condition.

## Extent of Homelessness

- **63%** reported being homeless for the first time in 2013.
- **24%** reported that they had been homeless 1 – 2 times in the past.

## Limitations on Youth Data

The total number of young people, who experience homelessness, may be an undercounting of the actual number of young people who find themselves without stable housing. During 2013, a young person who was “couch surfing” – that is, staying temporarily with friends or family – would not have been considered homeless by the definition in place at that time. Therefore, the many young people who were “couch surfing” are not included in these numbers of homeless youth. In reality, though, these young people need the same types of services and stable housing as other homeless youth. Going forward, HAND looks forward to collaborating more closely with Department of Education and Detroit Public Schools in order to improve our understanding of the needs of children and families who are homeless.

# Chronically Homeless

A person is considered “chronically homeless” if he/she has been homeless 4 or more times in the past 3 years or has been homeless for one year continuously and has been diagnosed with a disability. A family is also considered chronically homeless if the head of household meets the requirements of the definition above. These individuals and families are often targeted 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.

## Basic Demographics

- Over the course of 2013, a total of **3,468** people were identified as being chronically homeless.
- **72%** of the chronically homeless were males while **27%** were females.
- The average age for females was 43.
- The average age for males was 48.
- **87%** of chronically homeless clients were Black/African American, **12%** were White.

## Employment & Education

- **69%** of people who were chronically homeless were unemployed..
- **35%** of chronically homeless adults **had** a high school diploma or GED.
- **22%** of chronically homeless adults had some college education.

## Chronically Homeless Trends

Increasingly more people that are experiencing chronic homelessness have higher academic levels. In the 2012 “State of Homelessness” annual report, it was reported that over the course of 2012, there were just 3,457 people who were chronically homeless, 18% of whom had some college education. In 2013, HAND is reporting 3,468 people who were chronically homeless, 22% of who had some college education. Also, we had 2% more clients who had a high school diploma or GED.

# Single Veterans

Over the past few years, there has been increased attention within the Department of Housing and Urban Development (HUD) and the Veteran's Administration (VA) to end homelessness amongst our nation's veterans. Over the course of the past year, there were **1,681** single homeless adults in our community who were veterans.

## Basic Demographics

- **8%** (130) of veterans were females.
- **92%** (1,551) of veterans were males.
- **81%** were Black/African American; **18%** were White.
- The average age for female veterans was 44.
- The average age for male veterans was 52.

## Employment

- **69%** of single veterans responded that they were unemployed at the time they became homeless.

## Disability

- **63%** of single veterans had a disabling condition.

## Extent of Homelessness

- **37%** of single veterans reported being homeless for the first time in 2013.
- **24%** of single veterans reported that they had been homeless 1 – 2 times in the past.
- **17% of single veterans reported that they had been homeless at least four times in the past three years.**

# Veterans in Families

This past year, there were **102** veterans who were in families.

## Basic Demographics

- **46%** (47) of family veterans were females.
- **54%** (55) of family veterans were males.
- **88%** were Black/African American; **12%** were White.
- The average age for female veterans was 44.
- The average age for male veterans was 52.

## Employment

- **80 %** of veterans in families responded that they were unemployed at the time they became homeless.

## Disability

- **38%** of veterans in families had a disabling condition.

## Extent of Homelessness

- **64%** of veterans in families reported being homeless for the first time in 2013.
- **24%** of veterans in families reported that they had been homeless 1 – 2 times in the past.
- **8% of veterans in families reported that they had been homeless at least four times in the past three years.**

*Note: The unduplicated count of total number of veterans served in 2013 is 1,741. The count of single veterans and family veterans does not equal this number because some veterans were reported as both a single and as a family during the 2013 calendar year.*



# SSVF Detroit

## **A snapshot of the nationally recognized Detroit program directly impacting the end of veteran homelessness**

Southwest Solutions has been serving people living with mental illness and in poverty since 1970. Since 2011, Southwest Counseling Solutions (SWCS), the sister agency of Southwest Solutions, has provided a diverse array of services for Veterans under the Supportive Service for Veteran Families (SSVF) program. As a SSVF provider, SWCS services homeless veterans in Wayne, Oakland, and Macomb Counties. In addition to cash assistance to provide move-in costs and rent stabilization, SWCS provides services as diverse as funding for car repairs, substance abuse treatment, skills building, job training, and case management. In 2012, SWCS served 467 families at a cost of about \$1200 per family. Because of the variety of services offered, the organization is able to assist families who may only need short-term assistance to get back on their feet while also serving veterans who have greater barriers to stability.

SWCS employs a program manager and eight outreach and engagement case managers who actively search out veterans under bridges and in abandoned houses. “Because of the collapse of the housing market in Detroit, many veterans are moving into run-down, abandoned buildings,” says Jamie Ebaugh, Director of the Housing Resource Center for SWCS. While squatting in abandoned homes has allowed some homeless veterans to escape the full brunt of living unsheltered, it has only further marginalized people with mental illness who could benefit from support and treatment because they are more difficult to locate, with hundreds of abandoned buildings in the city. Through outreach and engagement, SWCS assist veterans in securing decent, supported housing so that they can have the dignity and respect they deserve.

SWCS staff also collaborates with VA staff, with frequent joint training and case conferencing. Referrals are a two-way street between SWCS and the local veterans Affairs Medical Center (VAMC) where clients go from SWCS to the VAMC for medical care and benefits. VAMC refers people to SWCS for assistance with down payment for permanent housing, stabilization services, prevention, and rapid re-housing services. The two-way street is made possible by having leadership of both institutions committed to fostering the relationship and having a strong agreement on the foundation of practice, including employing a Housing First model throughout their programs.

## SSVF Detroit

### **A snapshot of the nationally recognized Detroit program directly impacting the end of veteran homelessness**

In addition to assisting veterans to access VA benefits, SWCS has actively supported veterans to access mainstream government resources such as Medicaid and Social Security payments for veterans that qualify for these services. In addition, SWCS participates in the local Continuum of Care process so that mainstream housing resources are available for veterans who cannot qualify for VA services. Tapping into mainstream services is a key function expected of SSVF grantees to leverage the funding coming from the VA and further expand the impact of these services.

**During the 2013-2014 fiscal year, SWCS has serviced over 370 veteran families in Detroit, Highland Park, and Hamtramck alone.** The majority of the veterans served are very low income with an Area Median Income of less than 30%. **Also, 20% of those serviced have been newly returning veterans, and 15% of those serviced have been female veterans.** SWCS has already received funding for next fiscal year 2014-2015 and looks forward to continuing to service the homeless veteran populations of Wayne County.

## 3-Year Data Comparison

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

	2011	2012	Change/Trends 2011 - 2012	2013	Change/Trends 2012 - 2013
<b>Total number of homeless</b>	19,213	19,714	+2.6%	16,201	-17.8%
<b>Number of singles</b>	12,357	13,321	+7.8%	12,117	-9.0%
<b>Number of adults in families</b>	3,355	2,586	-22.9%	2,124	-17.8%
<b>Number of children in families</b>	3,776	3,716	-1.6%	2,742	-26.2%
<b>Number of unaccompanied youth<sup>1</sup></b>	49	170	+246.9%	62	-63.5%
<b>Chronically homeless<sup>2</sup></b>	5,126	3,457	-32.6%	3,468	+>1%
<b>Disabled singles</b>	8,000	9,027	+12.8%	6,555	-27.3%
<b>Disabled family adults</b>	1,395	946	-32.2%	673	-28.8%
	<b>2011</b>	<b>2012</b>	<b>2013</b>		
<b>Unemployment at program entry (Singles)</b>	<b>86%</b>	<b>86%</b>	<b>84%</b>		
<b>Unemployment at program entry (Family adults)</b>	<b>80%</b>	<b>77%</b>	<b>75%</b>		
<b>First Time Homeless (Singles)</b>	<b>30%</b>	<b>31%</b>	<b>31%</b>		
<b>First Time Homeless (Families)</b>	<b>49%</b>	<b>51%</b>	<b>48%</b>		

<sup>1</sup> See page 4 for a discussion on youth homelessness.

<sup>2</sup> See page 5 for a discussion on trends in chronic homelessness.

# Reduction In Homeless Numbers

The total number of people who were homeless in 2013 is reported as **16,201**, which is a decrease of **3,513** people between 2012 and 2013. Some of the reasons for this decrease include:

- **Reduction in Number of Children in Families**

Approximately 30 percent of the decrease in number of persons reported is attributable to a reduction in the number of children in families reported in the HMIS. There were approximately **1,000** fewer children in families reported in 2013 than in 2012. This may be due to smaller sized families being served by our homeless system or it may be due to children staying with other family members while the parent, on his/her own, receives services from a shelter or other homeless program.

- **Reduction in Veteran Homelessness**

There were approximately **100** fewer homeless Veterans reported in 2013 than in 2012. This is an exciting success for our community, as it demonstrates that programs such as Supportive Services for Veteran Families (SSVF) are working to help *prevent* Veterans from becoming homeless in the first place.

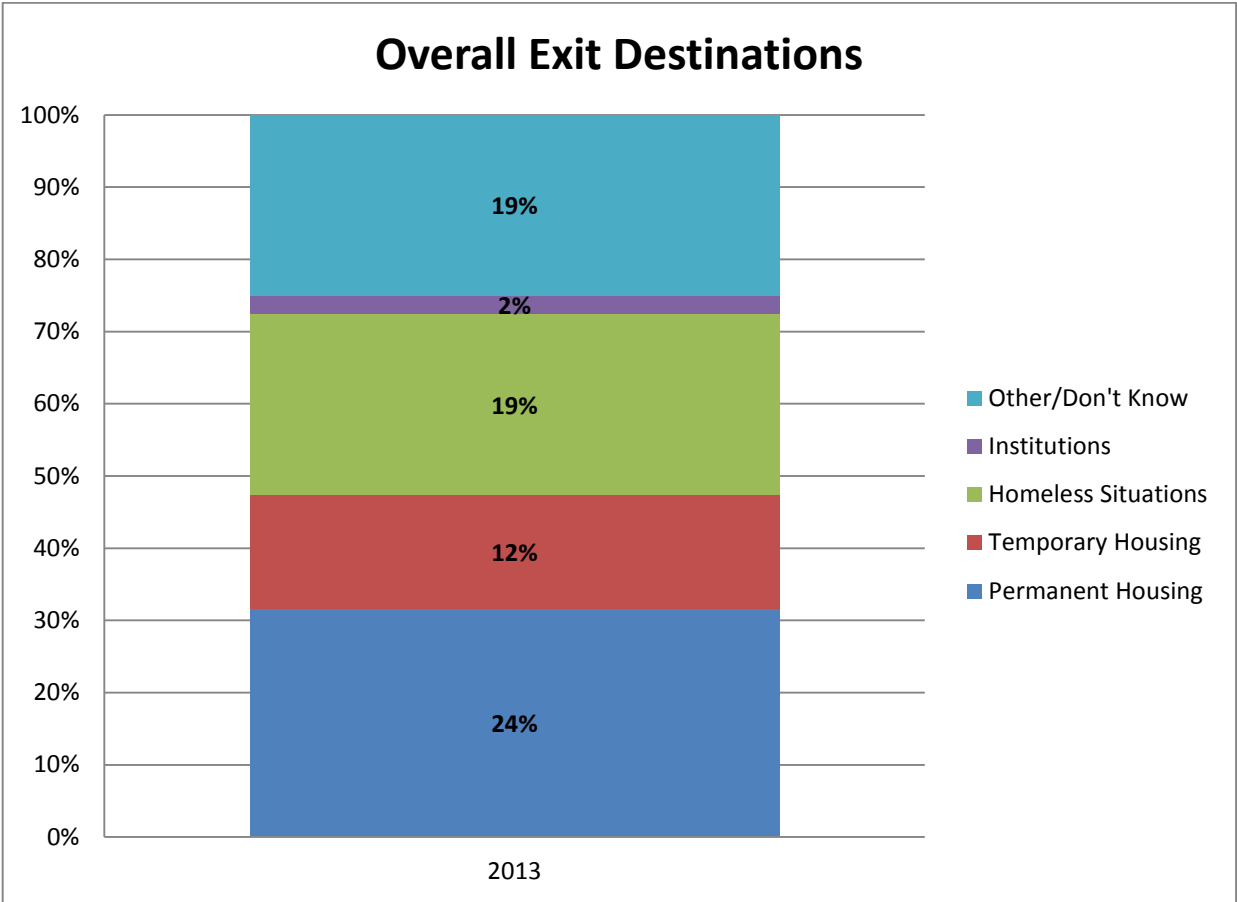
- **Reduction in Programs Reporting in the Homeless Management Information System (HMIS)**

The numbers presented in this report are based on the data that is reported in the HMIS. Over the past year, several programs – including one large family emergency shelter – have closed and subsequently are no longer serving people or reporting to the HMIS. The closure of these programs is also a contributing factor to the overall decrease in the number of people who were homeless in 2013.

Like any trends in human service data, the reasons for a decrease in our homeless numbers are multi-faceted. Nonetheless we are excited to see an overall reduction in the numbers served in 2013, as this may be telling us that our efforts to increase the housing resources in our community, and to more effectively target those resources, are having a positive impact.

# Exit Destinations

The graph below shows the destinations of people who exited a homeless program in 2013. The percentage of people who exited from a homeless program to a permanent housing destination was **24%**. The percentage of persons who exited to a temporary housing situation such as transitional housing, or staying temporarily with family or friends was **12%**. Nineteen percent (**19%**) of those who exited returned to another homeless situation such as staying in a shelter or a place not meant for habitation. Only **2%** exited to an institution such as a hospital, jail, foster care home or substance abuse treatment center. In the coming year the HMIS staff will be working closely with providers to ensure exit destinations are properly recorded in the system, which should help decrease the percentage of people with an “unknown” destination.



Please see Appendix 3 for a further description of exit destinations.

# 2013 Outcomes

Of the people who exited a program during 2013, the following outcomes are reported:

- 24% ***exited the program to a permanent housing destination***
- 9% reported an ***increase in employment income***
- 15% reported an ***increase in income from non-employment sources***, such as SSI or SSDI
- 56% exited the program with ***mainstream resources***, such as Food Stamps, Medicaid/Medicare, or TANF

## **New Permanent Supportive Housing Units**

Permanent Supportive Housing (PSH) is a best practice for successfully housing people who are homeless and have high barriers to housing. There is always a need for more PSH units in our community, and this type of housing is not easy to develop or operate. The development and operation of PSH requires providers and housing developers to navigate the complexities of braiding together many different funding sources to support the operation, maintenance, and supportive services needed to make these programs a success. In spite of these challenges, however, the Detroit community has seen the following new PSH since 2012 :

<b>Lead Organization</b>	<b>Name of Project</b>	<b>Number of Units</b>
Cass Community Social Services	Antisdell Apartments	41
Cass Community Social Services	Brady Apartments	9
VA Medical Center	HUD-VASH	218
	<b>Total</b>	<b>268</b>

The CoC continues to identify strategies to increase the number of PSH units, particularly units targeted to people who are chronically homeless.

# HAND COC Special Initiatives-2013

HAND is excited about several special initiatives that were started, or continued, in our Continuum in 2013. These include:

## **Michigan Housing and Recovery Initiative (MHRI)**

The Michigan Housing and Recovery Initiative (MHRI) is a new initiative through the Michigan Department of Community Health funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Cooperative Agreements to Benefit Homeless Individuals (CABHI). The State of Michigan was awarded funding for a three-year project in Detroit to provide services to people who are chronically homeless and have a substance abuse disorder. The services provided by this grant will be paired with housing resources so that the people who are served will be able to not only access permanent housing, but keep that housing. This project is targeted to serve 400 people over the three years.

## **Moving Up Pilot**

The Michigan State Housing Development Authority (MSHDA) has dedicated up to 100 Housing Choice Vouchers (HCV) for a “Moving Up” pilot in Detroit. This initiative will identify people who are currently residing in Permanent Supportive Housing (PSH), but no longer need the intense services PSH provides. Once identified, these individuals/families will be given an opportunity to secure an HCV to provide the on-going housing subsidy, and the PSH voucher they are no longer utilizing will be available to house a person who is homeless and in need of the PSH services. Similar initiatives in other communities have been successful with increasing the supply of PSH units, while continuing to ensure people who need a housing subsidy receive it.

## **Housing Choice Voucher Homeless Preference**

In addition to the Moving Up pilot described above, the Michigan State Housing Development Authority continues to dedicate Housing Choice Vouchers (HCV) to people who are homeless in Detroit. These vouchers provide a long-term housing subsidy, thereby helping to ensure that housing is affordable.

## **Coordinated Assessment Model (CAM)**

CAM stands for Coordinated Assessment Model (CAM), which is a systemic approach to homeless programming that focuses on aligning the needs of households that are experiencing homelessness or a housing crisis with the best program to address their needs.

CAM is being implemented for the following reasons:

- Current homeless system is fragmented
- Mandated by HUD, per the HEARTH Act

- Required by state government
- Limited resources need to be targeted effectively
- Streamlined access to appropriate and available services is better for consumers

The process will direct households that are in need of homeless assistance to a common access point where they are assessed using a universal screening and subsequently, a common assessment tool. Based on the thorough assessment, a coordinated referral will be made to the most appropriate service provider in the CoC.

It is the goal that through the implementation of CAM, Detroit’s homeless system will experience:

- Greater accessibility to programs for households in need of assistance;
- Better alignment of resources with community need;
- Reductions in homelessness;

Households will also see better outcomes as it will no longer be left to chance that they are receiving the most appropriate services available given their needs.

The Coordinated Assessment Model is being developed in four phases, outlined below. The phased approach will allow the CoC to better manage the implementation of such a significant change by allowing for feedback and adjustments throughout. Planning for the four phases will occur concurrently rather than simultaneously to ensure that all CAM phases will be fully operational in 2015. We were excited to launch the first phase in November 2013.

<b>Phases of Implementation</b>	<b>Description</b>	<b>Participating Sectors of the Homeless Service System</b>
Phase I	Families in shelter 14-30 days and individuals and families seeking prevention and rapid re-housing resources provided through ESG.	<ul style="list-style-type: none"> <li>• Emergency shelters for families</li> <li>• State-funded ESG program</li> <li>• City-funded ESG program</li> </ul>
Phase II	Adds families in shelter for longer than 30 days, and the resources that are likely needed to serve them, including transitional housing and permanent supportive housing for families.	All those in Phase I plus: <ul style="list-style-type: none"> <li>• Transitional Housing programs for families</li> <li>• Permanent Supportive Housing programs for families</li> </ul>
Phase III	Adds singles in shelter 14-30 days.	All those in Phase II plus: <ul style="list-style-type: none"> <li>• Emergency shelters for singles</li> </ul>
Phase IV	Adds singles in shelter for longer than 30 days, and the resources that are likely needed to serve them, including transitional housing and permanent supportive housing for singles.	All those in Phase III plus: <ul style="list-style-type: none"> <li>• Transitional Housing programs for singles</li> <li>• Permanent Supportive Housing programs for singles</li> </ul>



# Appendices

# Appendix 1: What is HMIS?

## **Background of the Homeless Management Information System**

The Homeless Management Information System (HMIS) is a web-based database used by service organizations to collect and record information on the people they serve. This information is collected for people who are homeless and at-risk of homelessness. The use of the HMIS is federally mandated by the Department of Housing and Urban Development (HUD) for many programs that receive HUD funding. Likewise, the Veterans Administration, the Michigan State Housing Development Authority, the State of Michigan Department of Human Services, and the City of Detroit require the use of HMIS for certain programs. To improve our data completeness, the Detroit CoC continues to encourage other funders to require the use of HMIS.

In the Detroit Continuum of Care, there are currently 29 service organizations with 240 data entry end users entering data into the system. As the HMIS in Detroit continues to mature, there also continues to be improvement in data quality and data completeness. HAND greatly appreciates the agencies' continued hard work and dedication to this project.

## **Data Included in This Report**

This report gives a review of data collected through the HMIS during the past year. Based on our estimates, the data in this report represents approximately 90% coverage of the homeless clients in Detroit's Continuum of Care from January 1, 2013 through December 31, 2013.

## **Data Limitations**

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

1. The vast majority of homeless providers in Detroit use this system; however, there may be some organizations or programs that do not report into the HMIS.
2. Due to federal statutes, domestic violence programs are prohibited from using the HMIS, and therefore their data is not included here.
3. We continue to work to improve data quality and accuracy.
4. The data for this report was pulled from the HMIS using several different report queries. As each query may have pulled the data slightly differently from the system, there may not always be a one-to-one match of data among the graphs and tables

## Appendix 2: Agencies Using the System

Over the course of 2013, there were 29 agencies actively entering data into the HMIS. These agencies are listed here.

Alternatives for Girls	Lutheran Social Services
Black Family Development – YES Program	Mariner’s Inn
Cass Community Social Services	Michigan Veterans Foundation
Catholic Social Services of Wayne County	Neighborhood Legal Services Michigan
Coalition on Temporary Shelter	Neighborhood Service Organization
Community & Home Supports	New Day Multi-Purpose Center
Covenant House	Operation Get Down
Detroit Central City Community Mental Health	Positive Images
Detroit East Community Mental Health	Southwest Counseling Solutions
Detroit Rescue Mission Ministries	St. John’s Community Center
Development Centers, Inc.	The Salvation Army
Effective Alternative Community Housing	Traveler’s Aid Society of Metro Detroit
Emmanuel House	United Community Housing Coalition
Family Service, Inc./NOAH Project	
Freedom House	
Love Outreach	

HAND continues to work to implement HMIS data collection and reporting at additional agencies and within additional programs, to help ensure we have the most complete, robust data possible.

## Appendix 3: Exit Destinations

When a client is exited from a program, the destination to which he/she exited is recorded in HMIS. Below are details on the how these destinations are defined for the purposes of this report.

<b>PERMANENT HOUSING</b>
Rental by client, no housing subsidy
Staying or living with family, permanent tenure
Rental by client, other (non-VASH) housing subsidy
Permanent supportive housing for formerly homeless persons (such as SHP or S+C)
Staying or living with friends, permanent tenure
Rental by client, VASH Subsidy
Owned by client, no housing subsidy
Owned by client, with housing subsidy
<b>TEMPORARY HOUSING</b>
Transitional housing for homeless persons (including homeless youth)
Staying or living with family, temporary tenure (e.g., room, apartment or house)
Hotel or motel paid for without emergency shelter voucher
Staying or living with friends, temporary tenure (e.g., room apartment or house)
Safe Haven
<b>HOMELESS SITUATIONS</b>
Emergency shelter, including hotel or motel paid for with emergency shelter voucher
Place not meant for habitation (e.g., a vehicle or anywhere outside)
<b>INSTITUTIONS</b>
Foster care home or foster care group home
Jail, prison or juvenile detention facility
Psychiatric hospital or other psychiatric facility
Substance abuse treatment facility or detox center
Hospital (non-psychiatric)
<b>DON'T KNOW/OTHER</b>
Other
Don't Know
Refused
Deceased