

# DETROIT COORDINATED ENTRY SYSTEM

## Annual Report

January 1, 2018 – December 31, 2018



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## Household Type Definitions

**Single Adult:** Age 25+ with no minor child(ren)

**Family:** Head of Household age 25+ with minor child(ren)

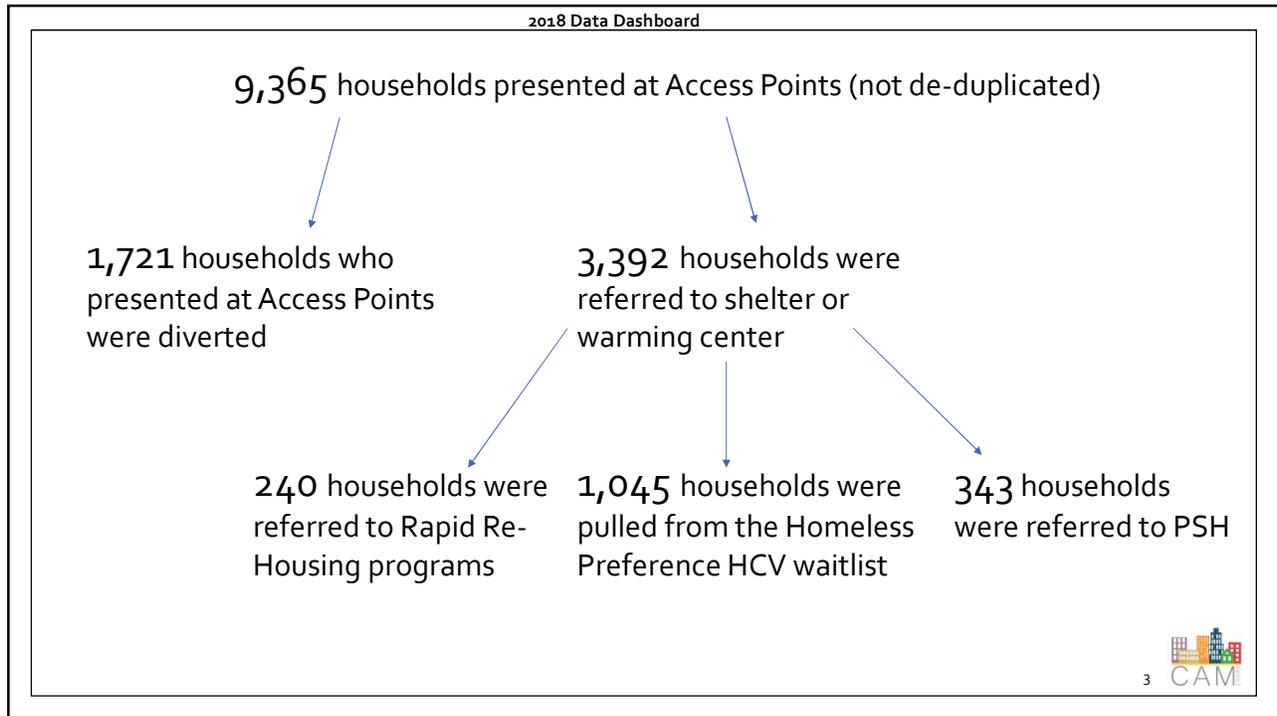
**Parenting Youth:** Head of Household age 18-24 with minor child(ren)

**Unaccompanied Youth:** Age 18-24 with no minor child(ren)



Thank you to CSH for assistance with this and all CAM data reports and all data reports





**2018 Access Point Dashboard**

### Single Adults

Access Point Location	2018 Totals
HRC	1,181
Tumaini	3,173
NOAH Project	992
<b>TOTAL</b>	<b>6,099</b>

### Unaccompanied Youth

Access Point Location	2018 Totals
HRC	498
Tumaini	220
NOAH Project	35
<b>TOTAL</b>	<b>753</b>

### Adult Families & Parenting Youth

Access Point Location	2018 Totals
HRC (Parenting Youth)	541
HRC (Families)	2,725
<b>TOTAL</b>	<b>3,266</b>

**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 a number of other 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

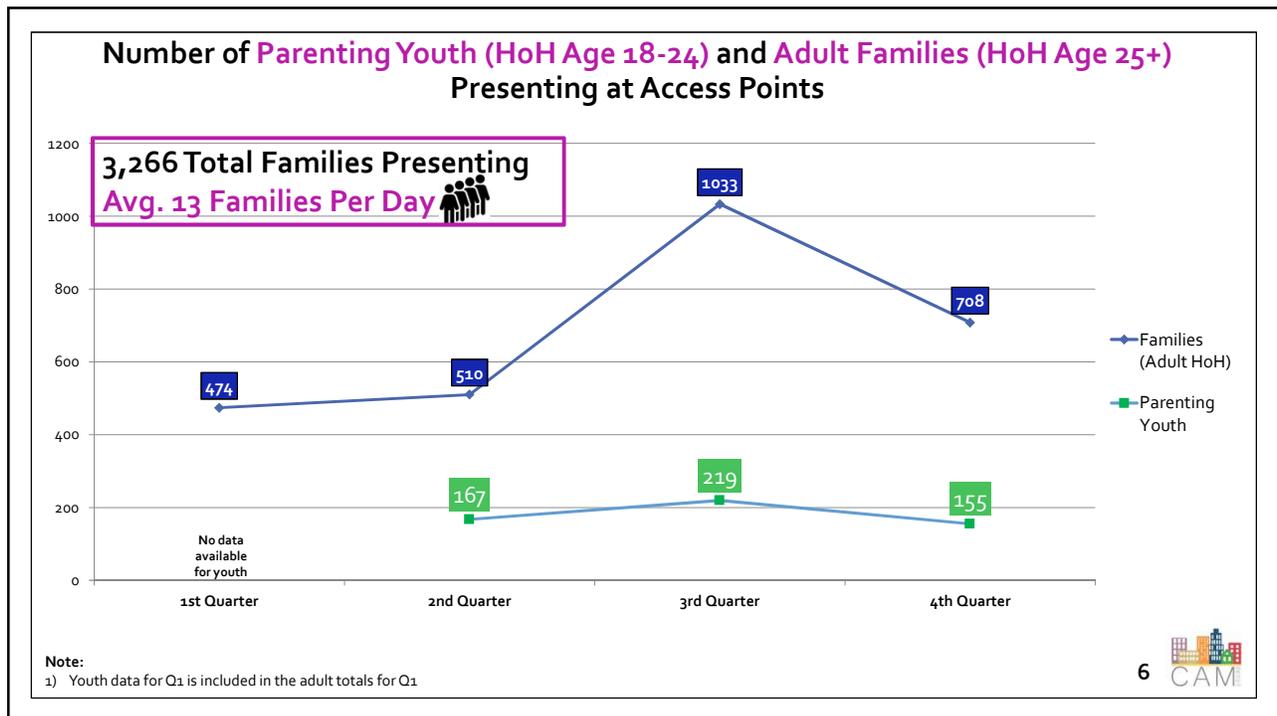
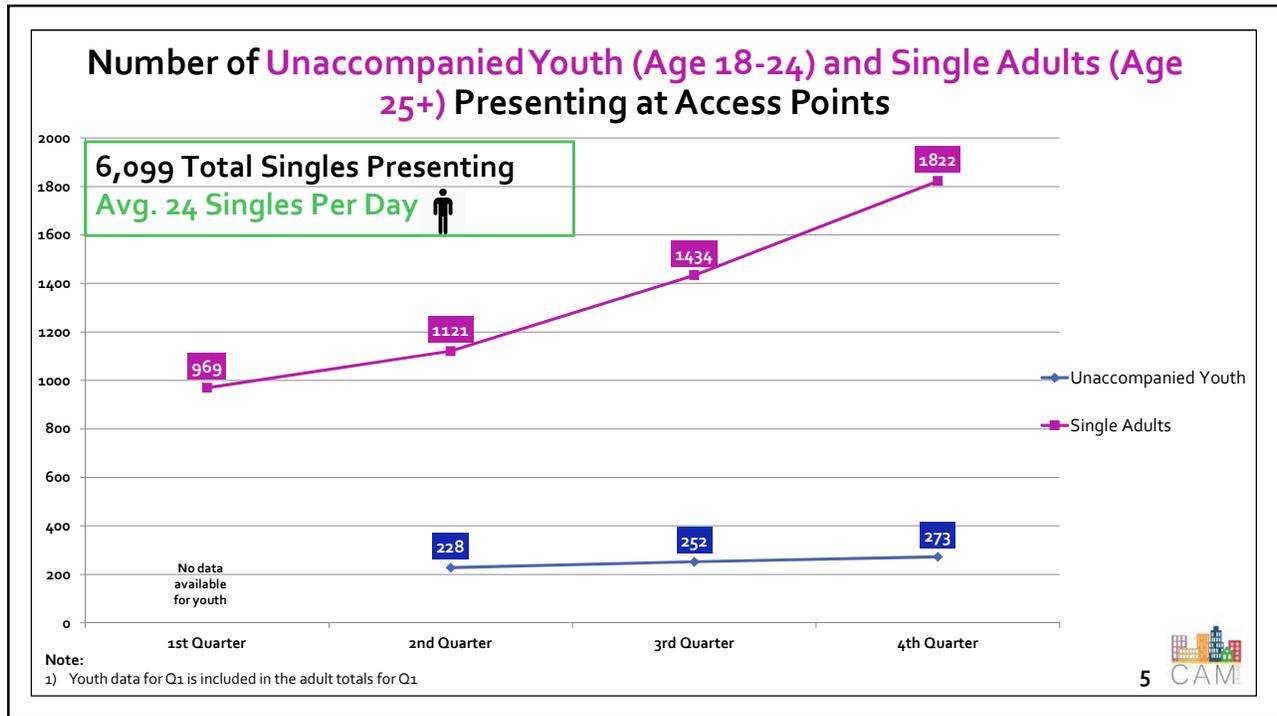
**Average Length of Time (Minutes) for CAM Access Point Engagement**  
Time is inclusive of wait time and assessment

Quarter	Average Length of Time (Minutes)
Q1	70 min.
Q2	57 min.
Q3	54 min.
Q4	46 min.

Average length of time for Access Point process **decreased by 34%** from January due to adequately staffing, training, and adjusting the process as needed.

Notes: 1) Q1 data for singles does not include most of the month of January as the single adult Access Points did not open until January 23<sup>rd</sup> and January 31<sup>st</sup>; 2) Youth data for Q1 is included in the totals for Q1 in the adult table; 3) This data is NOT de-duplicated

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## CAM Diversion Data

**Diverted:** Household has a safe, habitable place to stay for the night whether or not shelter is available.

For those who are diverted, outcomes are being tracked based on people returning to any CAM Access Point within the following time frames:

- Next day
- Within 7 days
- Within 30 days
- Within 6 months

## Examples of Diversion

Intensive problem solving with households to determine alternatives to homelessness

- Call family members or friends to inquire about the household staying with them for any period of time
- Purchase greyhound tickets (or provide gas) for households to re-unite with family members or friends in another city
- Provide family members or friends with grocery card to offset cost of household staying with them
- When funds available, assist with security deposit, 1<sup>st</sup> months rent, and/or utility arrearages for household to move into their own unit



## Total Diverted

### 1,721 Total Households Diverted

- 8% of total Single Adults presenting at Access Points
- 11% of Unaccompanied Youth presenting at Access Points
- 37% of adult families presenting at Access Points
- 43% of Parenting Youth presenting at Access Points

**77% of households diverted did not return.** The table below shows the breakdown of households that returned.

399 (23%) total de-duplicated households that were diverted returned to an Access Point on at least one additional occasion:	
Returned Next Day	180 (10%)
Returned Within 7 Days	270 (16%)
Returned Within 30 Days	178 (10%)
Returned Within 6 Months	198 (12%)

Note: Aside from the total of 399, numbers in this table are not de-duplicated (ie. the same household may have returned the next day AND within 7 days)

#### Notes & trends:

- 1) Diversion data presented here is only for Q2-Q4; diversion data was not tracked consistently in Q1
- 2) Because this is rolling data, some households that were diverted later in the year may still be captured in the "returned within 30 days" or "returned within 6 months" categories once 2019 data is factored in
- 3) Diversion rates were consistent across quarters for 2018
- 4) There was a small sub-set of households who returned often after being diverted; the CAM Governance Committee will be looking closer at this population to better understand



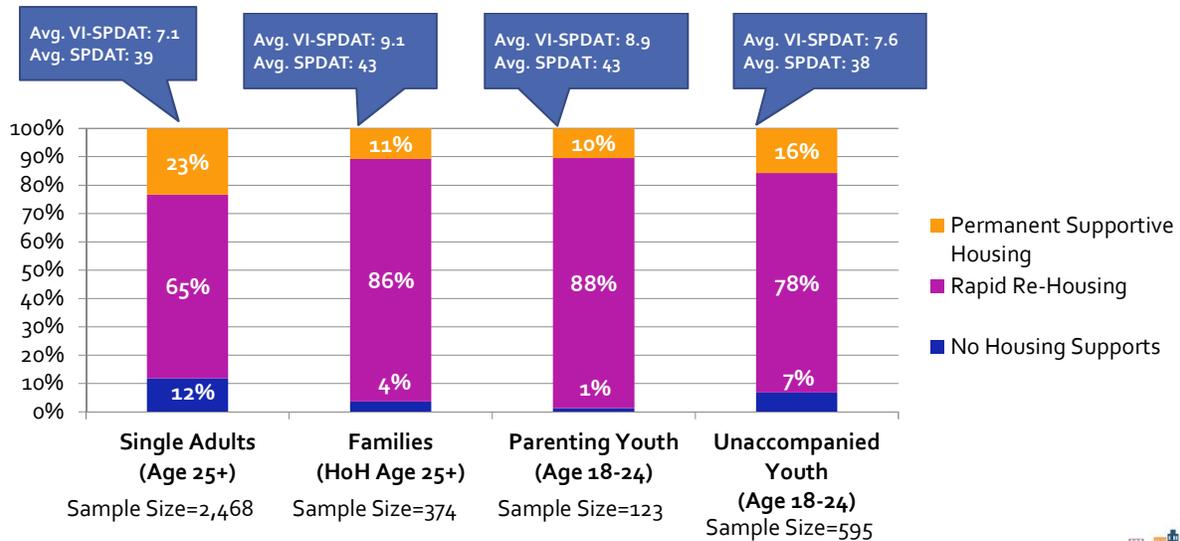
Of the 9,365 households that presented at Access Points in 2018, **3,392** were referred to shelter or warming center. Of those, **71%** showed up.

	Total Referred to Shelter	Total Showing Up to Shelter	% Showing up to Shelter
Single Adults	2536	1,714	68%
Unaccompanied Youth	457	356	78%
Adult Families	315	257	82%
Parenting Youth	84	65	77%
<b>TOTAL</b>	<b>3,392</b>	<b>2,392</b>	<b>71%</b>

Note: Total showing up to shelter may be slightly higher, but the data is reported based on referral outcomes reported in HMIS by shelter providers



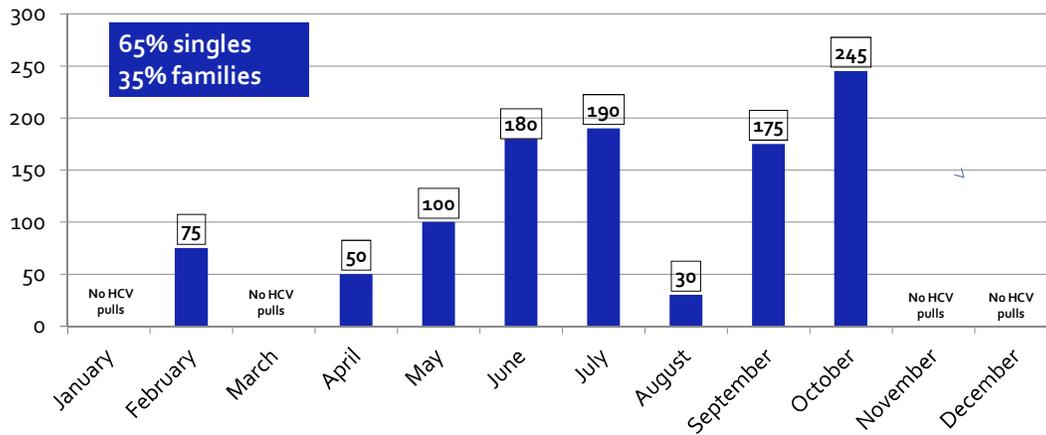
### Final Housing Program Recommendation after VI-SPDAT and SPDAT Triage



Notes: 1) Only those scoring 8+ (Singles) and 9+ (Families) on the VI-SPDAT receive the full SPDAT for further assessment; 2) Because the Full SPDAT is not done immediately (and is, thus, rolling data), the number of Full SPDATs completed does not necessarily equal the number of people who scored for a Full SPDAT on the VI-SPDAT;



**1,847** households were added to the MSHDA Homeless Preference Housing Choice Voucher (HP HCV) waitlist in 2018. Of those, **1,045** were pulled from the waitlist. Those who were not pulled are either still on the waitlist or were removed from the waitlist due to not recertifying their homeless status.



**Note:** This data is inclusive of the HCV waitlist data from the Out-Wayne CoC as well as the Detroit CoC.



# Rapid Re-Housing

Households scoring for RRH on the VI-SPDAT and/or Full SPDAT are entered into the RRH prioritization process. Households are prioritized for RRH resources using the prioritization criteria below, and households are referred to RRH providers when they provider makes a request for an identified number of openings in their program(s).

## Detroit CoC RRH Prioritization Criteria

- Priority #1. Consumers who are unsheltered
- Priority #2. Consumers who are fleeing domestic violence
- Priority #3. Consumers who are currently in emergency shelter

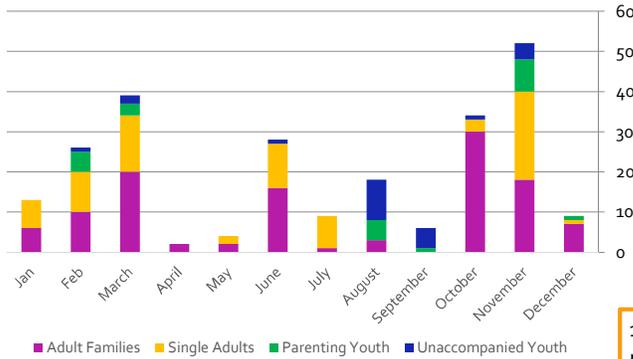
When there are multiple Consumers with the same score in any of these three categories and not enough RRH resources available for all of them, Consumers will be prioritized in the following order:

- Tiebreaker #1. Family status: families and then single adults
- Tiebreaker #2. Length of time homeless: longest length of time to shortest length of time

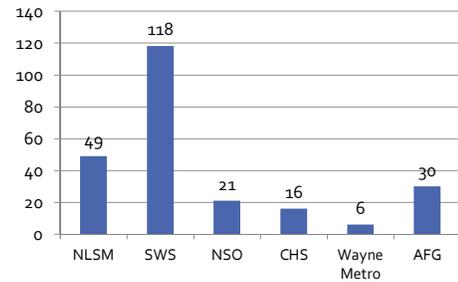


## 240 Households were Referred by CAM to RRH Providers in 2018

### RRH Referrals by Household Type



### RRH Referrals by Agency

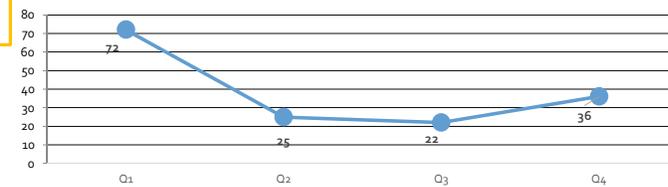


12% of households that scored in the RRH range were ultimately able to be referred to RRH providers based on availability

### RRH Housing Process

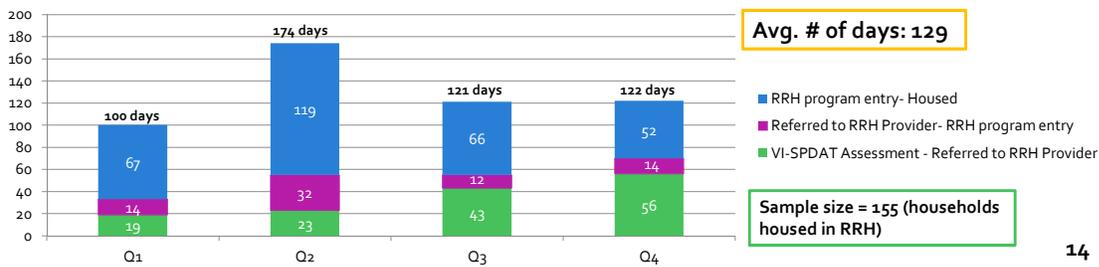
Total Housed in RRH: 155

#### Number of Households Housed in a RRH program in the Detroit CoC



Source: HMIS Housed Data

#### Length of Time (in days) from Assessment to Housed in RRH



Avg. # of days: 129

Sample size = 155 (households housed in RRH)

# Permanent Supportive Housing

Households scoring for PSH are assigned a CAM Housing Navigator or a Street Outreach Navigator (if unsheltered) to collect minimum documents necessary and submit a PSH packet. Households are then referred to PSH providers based on provider-reported availability using the prioritization criteria below.

**3 out of 4 PSH packets submitted in 2018 were for chronically homeless households**

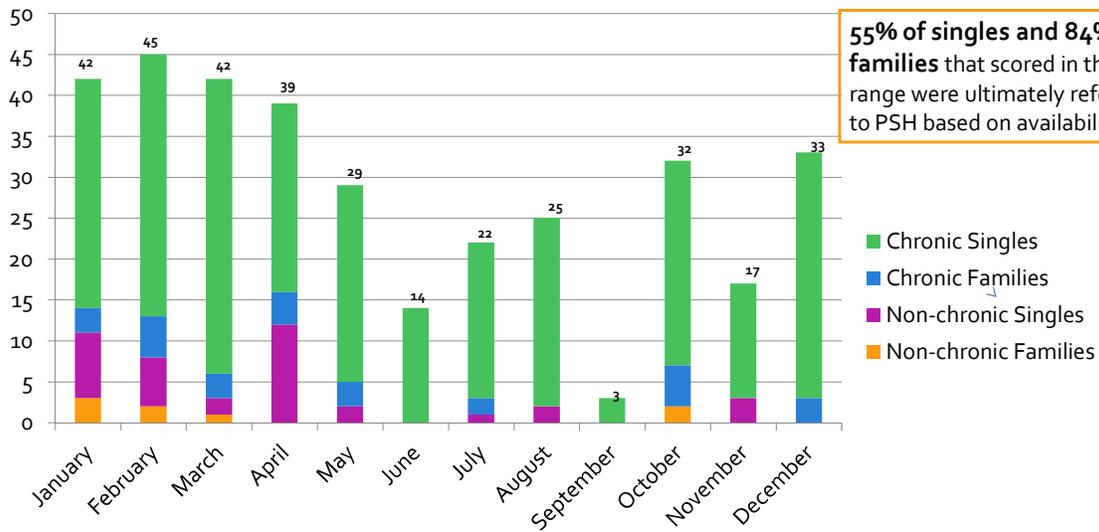


### Detroit CoC PSH Prioritization Criteria

- Priority #1. Chronically homeless households who are unsheltered (ranked by SPDAT score & length of time homeless – highest to lowest)
- Priority #2. Chronically homeless households who are sheltered (ranked by SPDAT score & length of time homeless – highest to lowest)
- Priority #3. Non-chronically homeless households who are unsheltered (ranked by SPDAT score & length of time homeless – highest to lowest)
- Priority #4. Non-chronically homeless households who are sheltered (ranked by SPDAT score & length of time homeless – highest to lowest)



### Total Households Referred to Permanent Supportive Housing Programs: 343



**55% of singles and 84% of families** that scored in the PSH range were ultimately referred to PSH based on availability

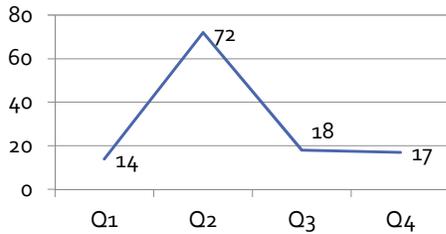
**87%** of PSH referrals were for chronically homeless households



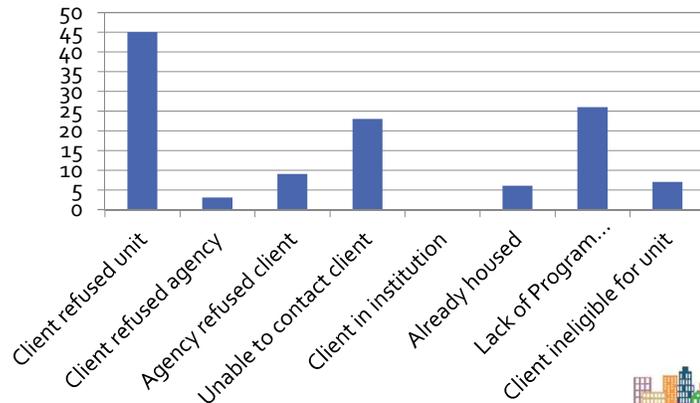
## PSH Referrals Returned

1 in 3 households were returned to CAM by PSH providers after referral to a PSH provider. The primary reason was that the consumer refused an available unit (primarily SRO).

Number of PSH Returns by Quarter



Breakdown of Reasons for Returns



Total households returned in 2018: 121

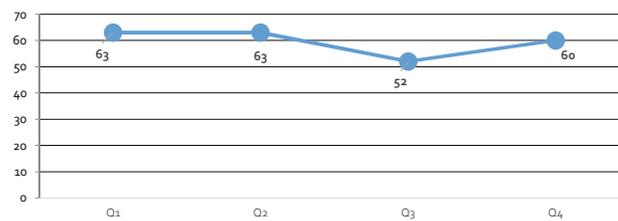
Note: The total returns for Q2 are significantly higher in part because two PSH programs mistakenly requested too many referrals than their program could house



## PSH Housing Process

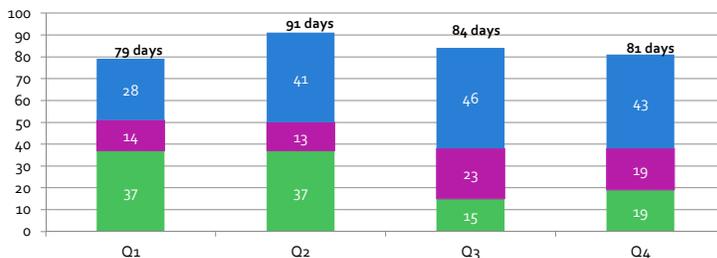
Total Housed in PSH: 238

Number of Households Housed in a PSH Program in the Detroit CoC



Source: HMIS Housed Data

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



Avg. # of days: 84

Sample size = 238 (households housed in PSH)



## Detroit CAM Governance Committee 2018 Accomplishments

### Refined the CAM process through utilization of data and best practices

1. Successfully transitioned our CAM Access Points from a Call Center to in-person locations
  - a) Implemented shelter diversion as the front door of the system;
  - b) Designated an Access Point appropriate for youth;
  - c) Ensured CAM staff and CAM participating agencies were sufficiently trained for successful rollout
2. Created and implemented comprehensive plan for evaluating the CAM Lead Agency
3. Determined working definition for shelter diversion and strategy for tracking/reporting this activity
4. Implemented new strategies to improve the Homeless Preference HCV application, recertification, and lease-up process

### Clarified roles and relationships among CAM implementers and CAM participating agencies

1. Created CAM Policies & Procedures, adopted by the Detroit CoC
2. Created MOUs between key partners in the implementation of CAM

### Implemented innovative opportunities

1. Implemented use of youth VI-SPDAT and Full SPDAT
2. Conducted considerable training for CAM staff, including training on working with specific populations (ie. people fleeing DV)
3. Began collecting data on employment and income for people referred to emergency shelter in order to better understand the strengths and barriers related to gaining employment and income for this population

### Strengthened partnerships and cultivated consistent/collective vision and messaging

1. Transitioned from CAM-focused shelter provider committee to funded shelter advisory group
2. Developed a process for better coordination between YWCA Interim House (Detroit's DV shelter) and CAM staff in order to better serve people fleeing domestic violence



## CAM Areas of Focus for 2019

### Continue to refine and improve CAM process and operations through utilization of data and best practices

1. Develop a more robust system for tracking and reporting data to provide agency/project/population specific data to various groups:
  - a) Shelter, RRH, and PSH provider groups
    - i. Use data to improve the CAM process, interaction between CAM and individual providers, client interaction, and quality of housing and services provided
  - b) Population-specific work
    - i. Use data to inform process changes to better accommodate specific populations and to track progress in meeting benchmarks for functional zero
  - c) Cross-systems collaborations
    - i. Use data to build political will with cross-systems work (ie. healthcare & employment)
  - d) System funders and CoC Board
    - i. Use data in evaluation of projects and implementation of best practices
2. Utilize data and best practices/innovative ideas from other communities to refine the local diversion process

### Explore opportunities for innovation and implement as appropriate and feasible

1. Implement process for collaboration between CAM and other mainstream systems:
  - a) Employment/Benefits: Connect people experiencing homelessness to income solutions
  - b) Healthcare: Utilize Street Medicine Detroit in a more robust way; partner with hospitals to target frequent users
  - c) Education/School System: Ensure families with children are enrolled in school and connected with their homeless liaisons
  - d) Child Welfare: Coordinate closely to assist in meeting reunification plans for families that have been separated
1. Focus on population-specific work:
  - a) Ending chronic homelessness
  - b) Ending veteran homelessness
  - c) Charting a plan to end youth homelessness

### Right size resource allocation and prioritization

1. Utilize findings from gaps analysis and other funding information and data to review current resource allocation; ensure it's fair & aligns with availability of resources and adjust as needed

