DETROIT'S HOMELESSNESS RESPONSE COORDINATED ENTRY 2020 DATA REPORT





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OVERVIEW

Background

<u>Coordinated Entry</u> is an approach to provide a streamlined process for people experiencing homelessness to access services, and to efficiently and effectively use community resources to end homelessness. Every community that receives federal funding from the <u>Department of Housing and Urban Development</u> (HUD) for homelessness assistance is required to implement a Coordinated Entry system.

The <u>Detroit Continuum of Care</u> (CoC) oversees and coordinates the response to homelessness in Detroit, Highland Park and Hamtramck, and is comprised of community organizations serving people experiencing homelessness. <u>CAM Detroit</u> is the local name for Coordinated Entry within the Detroit CoC, and serves as the entry and referral system to all of the CoC-funded programs. CAM is staffed by <u>Southwest Counseling Solutions</u> and <u>Community & Home Supports (CHS)</u>.

There are four "core elements" of Coordinated Entry that CAM Detroit provides to the community:

Access – CAM provides access to shelter and services for people experiencing homelessness. Rather than having separate intake processes for each program in the community, CAM provides a streamlined entry process connecting people to available shelter and housing resources. Typically, access is provided via in-person Access Points, however in response to COVID-19, CAM has shifted to a remote call center model.

Assessment – Upon initial access, CAM uses a standardized assessment tool along with other vulnerability factors to assess a person's housing needs. Assessment is used to understand each person's unique situation and the most appropriate resource to serve them.

Prioritization – Based on assessment, CAM uses the CoC-defined prioritization process to prioritize available community housing resources for people with the greatest need and vulnerability.

Referral – Following prioritization, CAM refers people to the community programs providing housing resources and services. CAM itself does not operate any housing or provide housing assistance.

This report details the operations of Coordinated Entry from January 1 to December 31, 2020, and is organized around the four core elements described above. Data are selected to provide insight on homelessness and Detroit's community-wide response to it.

COVID-19 Context

In response to the COVID-19 Pandemic, and in order to protect the well-being of clients and staff, CAM switched to remote phone-based operations on March 23, 2020. CAM also increased hours of operation at this time. CAM continued in a call center model throughout 2020, with limited in-person access at the NOAH Project resuming in July.

Where applicable, data has been broken out to show in-person versus phone operations. CAM's switch to a call center also roughly aligned with the start of the second quarter, and quarterly data trends may reflect changes based on shifts due to the pandemic. Additionally, this report includes a section detailing the role CAM played in Detroit's system wide homelessness response to COVID-19.

CAM continues to monitor and adapt to the COVID-19 Pandemic. The latest information on CAM's services can be found at www.camdetroit.org.



Key Data Points Summary

There was a significant increase in the volume of households presenting to CAM after CAM switched to a call center model in response to the COVID-19 pandemic.

• CAM staff had **42,248** total engagements with households, an average of **147** engagements per day

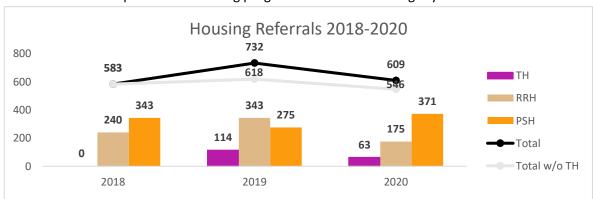
While CAM engaged significantly more households over the phone than in person, intakes actually decreased as engagements increased.

- CAM staff conducted **8,211** total intakes in 2020, an average of **29** intakes per day
 - o CAM staff made a total of **2,294** diversions in 2020, an average of **8** per day
 - o CAM staff made a total of **5,917** referrals to shelter in 2020, an average of **21** per day

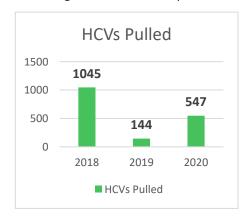
Total shelter referrals in 2020 were lower than 2019, however were still higher than 2018.

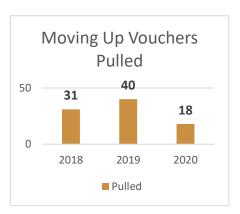


The referrals made to permanent housing programs also decreased slightly from 2019-2020



The number of Housing Choice Vouchers pulled in 2020 increased from 2019 but was still well below levels from 2018.





Link to full annual report online

Definitions:

[&]quot;Engagements" are counted each time CAM Intake Staff interacts with a household. This includes in-person visits and connected calls.

[&]quot;Intakes" are counted as each time a household is seeking shelter and CAM either diverted the household to a safe place to stay or referred the household to shelter.



ACCESS

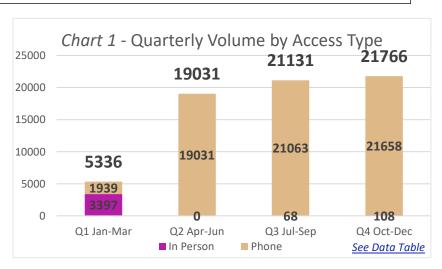
CAM provides a streamlined entry process connecting people to available shelter and housing resources. Typically, access is provided via in-person Access Points, however in response to COVID-19, CAM has shifted to a remote call center model. Data in this section indicate the volume of need and services.

Volume

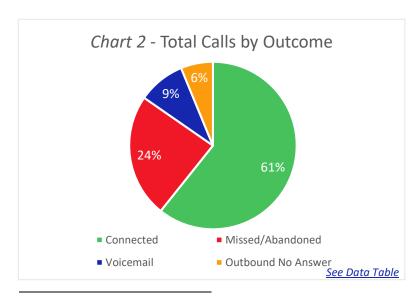
In 2020 there were **67,264** combined visits to CAM Access Points and calls to CAM,¹ an average of **234** contacts per day.² Of these, there were **3,573** in-person visits and **63,691** calls.³

The number of times CAM was contacted increased by 360.5% from 2019 to 2020.⁴ This large increase corresponds with CAM's switch to phone-based operations on March 23 at the onset of the COVID-19 Pandemic. *Chart 1* shows how the switch led to a significant increase in contacts from Quarter 1 to Quarter 2. Presumably, easier access via phone largely explains the increase. Additionally, CAM began operating seven days per week on March 23 with expanded hours each day.⁵

While phone-based operations provided easier access to people contacting CAM, this does not necessarily reflect an increase in the need for



CAM services. As can be seen later in this report, as contacts to CAM increased in Quarter 3, actual intakes decreased. CAM staff report that a larger share of calls come from people with needs outside of CAM's scope.



The switch to a call center model was sudden, as was the accompanying increase in volume being handled by CAM staff. *Chart 2* shows the outcome of the 63,691 calls that came into the CAM phone lines.

Call Outcomes

Connected: Call was answered by CAM Staff. Includes outbound automatic callbacks.

Missed/Abandoned: Call was unanswered by CAM Staff or caller disconnected call while waiting to be connected to CAM staff.

Voicemail: Caller left voicemail. All voicemails are returned by CAM staff.

Outbound No Answer: Caller requested automatic callback, but did not answer when CAM staff called.

¹ This number has not been de-duplicated. That is, the same household may have contacted CAM multiple times and each contact is counted here. "Calls" includes calls to the CAM general line and interim line. It does not include calls in to the phone system that were then routed to an external number (e.g., the Eviction Diversion Program).

² Average based on 288 CAM work days in 2020.

³ CAM changed phone service providers at the start of November. Due to this change, there was a lapse in data collection and this report does not include data from 11/4/20-11/10/20.

⁴ There were 13,748 total visits to CAM Access Points in 2019.

⁵ Previously CAM was open Monday-Friday with hours varying by site. CAM changed hours again on October 1, reducing services to 6 days per week.



Engagements⁶

In 2020, CAM staff had **42,248** total engagements, an average of **147** engagements per day.⁷

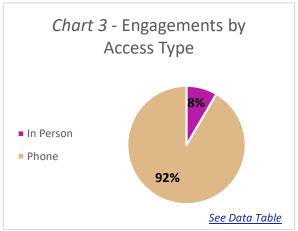
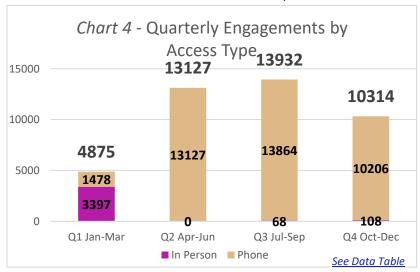


Chart 4 shows that there was a decrease in the number of connected calls from Quarter 3 to Quarter 4. This decrease is partially explained because there is one week of missing call data in Quarter 4 (see footnote 3). Additionally, at the start of the quarter, CAM implemented a new phone system presenting callers with a menu

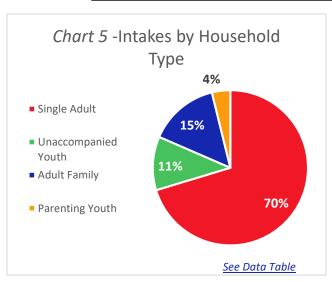
CAM staff primarily engaged households over the phone in 2020 as illustrated by *Chart 3*, and spoke to significantly more households via phone than CAM would have seen in person. CAM staff engaged more households in Quarter 3 of 2020 than they did in all of 2019.



which diverted some calls to other services, and presented callers with the option to request a callback rather wait on hold. Of the call backs that were made by CAM staff, 3,953 went unanswered by the household.

Intakes⁸

CAM conducted **8,211** total intakes in 2020, an average of **29** intakes per day.⁹



The majority (70%) of intakes in 2020 were conducted with single adults. As can be seen in the shelter referrals section below, this is largely due to the fact that more singles are referred to shelter than families. This is true for both youth and adult households.

Household Types

Single Adult: Age 25+ with no minor children
Unaccompanied Youth: Age 18-24 with no minor children
Adult Family: Head of Household 25+ with minor children
Parenting Youth: Head of Household Age 18-24 with minor children

⁶ "Engagements" are counted each time CAM Intake Staff interacts with a household. This includes in-person visits and connected calls.

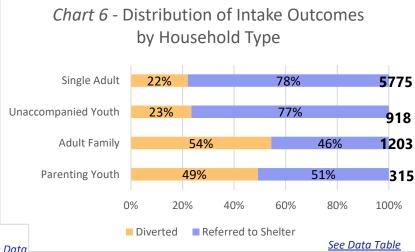
⁷ This number has not been de-duplicated. That is, CAM staff may have had multiple engagements with the same household, and each engagement is counted here.

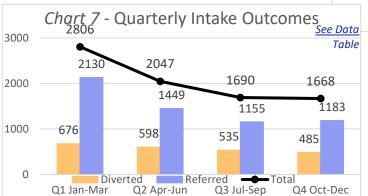
⁸ "Intakes" are counted as each time a household is seeking shelter and CAM either diverted the household to a safe place to stay or referred the household to shelter.

⁹ This number is not de-duplicated. That is, CAM staff may have conducted an intake the same household multiple times, and each intake is counted here.

Chart 6 shows the rates of diversion and shelter referrals between household types. There are more singles than families receiving an intake, and singles are more often referred to shelter, whereas families are diverted at higher rates.

Youth are diverted and referred to shelter at similar rates to their adult counterparts of the same household composition.

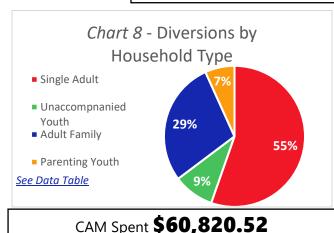




Counterintuitively, as engagements increased (see pg. 4), intakes decreased. This likely indicates that while the phone system led to many more people contacting CAM, many of those people were not in immediate need of shelter (and therefore not diverted or referred to shelter). The decrease in shelter referrals could partially be explained by people staying in shelter longer. ¹⁰ However, this would not explain the decrease in diversions.

Diversions¹¹

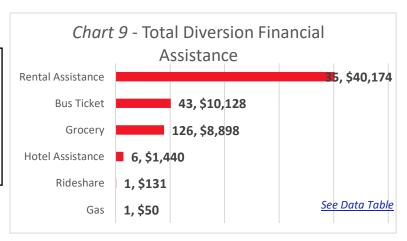
CAM staff made **2,294** diversions in 2020, an average of **8** per day. 12



CAM staff diverted 28% of households who had an intake. The majority of households diverted in 2020 were single adults. However, families and parenting youth were diverted at a higher rate (see chart 6) than singles and unaccompanied youth.

In March 2020, CAM received funding from the City of Detroit to divert households.

diverting **212** households in 2020, an average of **\$286.89** spent per household **9%** of households diverted were diverted using financial assistance



¹⁰ MDHHS waived the 90-day shelter stay cap in response to COVID-19

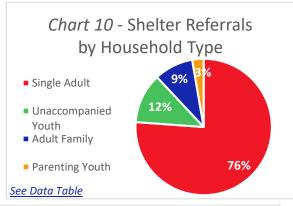
^{11 &}quot;Diversions" are defined as connecting a household to a safe, habitable place to stay for the night whether or not shelter is available.

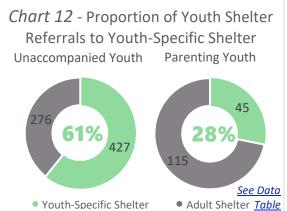
¹² This number is not de-duplicated. That is, CAM staff may have diverted the same household multiple times and each diversion is counted here.



Shelter Referrals¹³

CAM staff made **5,917** referrals to shelter in 2020, an average of **21** per day¹⁴

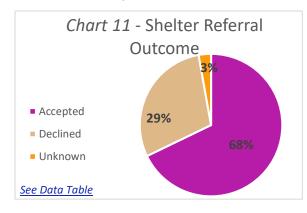




2020 saw a decrease in total shelter referrals, although the volume of referrals remained higher than in 2018. As discussed on page 5, shelter referrals trended downward over the course of 2020 from quarter to quarter. In contrast, *Chart 15* illustrates that in previous years referrals have tended to trend up over

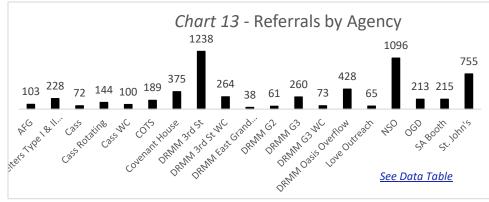
Over 75% of shelter referrals in 2020 were for single adults. It should also be noted that the 5,917 referrals in 2020 indicate referrals made; *Chart 11* shows that only 68% of those referrals were

accepted. The 29% of referrals that were declined indicate cases where the household did not show up to the shelter.



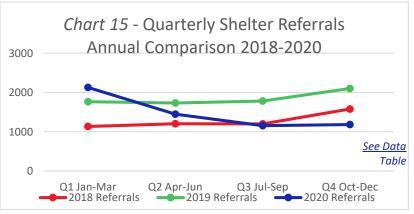
There are only two shelters in Detroit which specifically

serve youth. Of the 863 referrals that went to youth, only 472 (55%) were to a youth shelter. *Chart 12* breaks this down further showing parenting youth in particular are often referred to general population adult shelters which typically do not have targeted services for youth.



the course of the year with the most referrals usually being made in quarter 4.





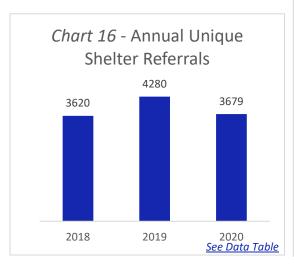
¹³ "Shelter Referrals" count each time CAM staff refer a household to an emergency shelter provider.

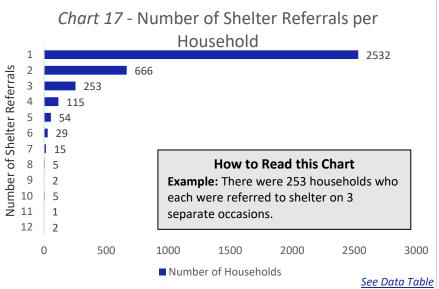
¹⁴ This data has not been de-duplicated. That is CAM staff may have referred the same household to shelter multiple times and each referral is counted here.

CAM staff referred **3,679** unique households in 2020¹⁵

The 5,917 total referrals made in 2020 were split between 3,679 households. This means that 2,238 referrals were made to a household which had already been referred to shelter at least once that year. *Chart 17* shows how many

households received different numbers of referrals throughout the course of the year.





Client Satisfaction Survey¹⁶

Client satisfaction decreased from 2019 to 2020. This is likely due to the switch to the phone. It is more difficult to build rapport and provide quality care on a call. Additionally, CAM staff are engaging more people with less time for each person.

1 2 3 4 5 Strongly Disagree Strongly Agree

"I felt respected and treated with dignity by the staff."

2020 Average 3.2 2019 Average: **4.6**

"I felt comfortable sharing my past and current experiences with CAM staff."

2020 Average: 3.1 2019 Average: 4.4

"After my experience today, I have the information I need to take the next steps."

2020 Average: 2.9 2019 Average: 4.4

 $^{^{15}}$ Does not include 142 referrals tracked separately when phone line for Shelter Type 1 & 2 just began

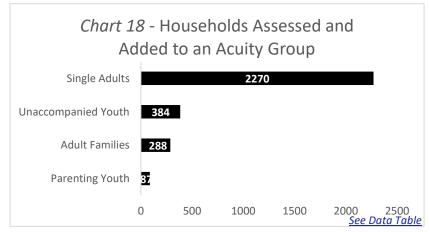
¹⁶ Beginning on 11/4/2020, clients were given the opportunity to complete an automated post-call survey. 224 clients completed the survey between 11/4-12/31, rating on a scale of 1-5 their agreement with the following statements



ASSESSMENT AND PRIORITIZATION

CAM assesses households to determine individualized strengths, needs and barriers. CAM utilizes the VI-SPDAT and SPDAT in its assessment process to ascertain clients' vulnerability. Available housing resources are prioritized for the most vulnerable households. This section presents data on assessments and prioritization of resources.

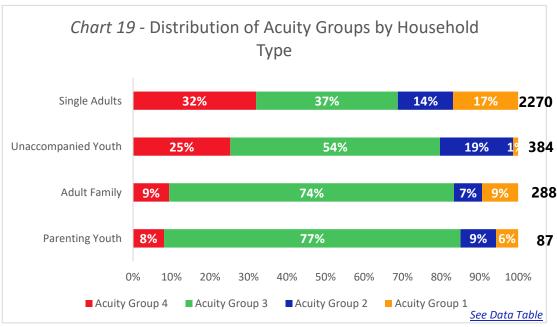
Assessment Recommendations

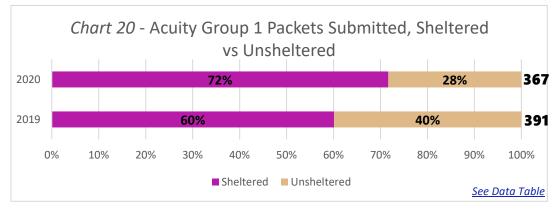


CAM or Street Outreach (SO) staff conduct an initial triage assessment on all households who are referred to shelter or engaged by SO. From that point CAM or SO navigators meet with households for additional assessment and to assist with documentation for housing. Based on the assessment, households are placed in an Acuity Group which determines what housing resources the household will be considered for.¹⁷ Because more single adults are referred to shelter, more single adults are assessed and added to an acuity group.

Chart 19 shows the rates at which different household types are added to the Acuity Groups.

Households are also assessed and navigated for housing resources by Street Outreach teams. In 2020, a slightly higher percentage of packets were submitted for sheltered households as compared to 2019 as seen in Chart 20.





¹⁷ See the <u>CAM Policies and Procedures</u> for a detailed description of the Acuity Groups and Prioritization process.

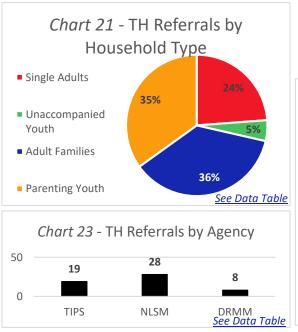


REFERRAL

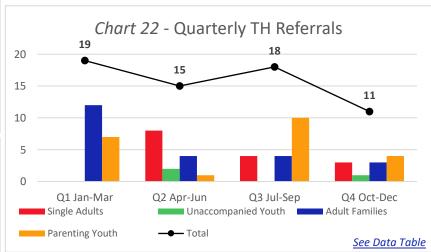
As housing resources become available, CAM prioritizes resources for the most vulnerable households, and refers households to those resources. This section details the referrals made to housing programs.

Transitional Housing (TH) Referrals

CAM staff referred **63** households to Transitional Housing in 2020

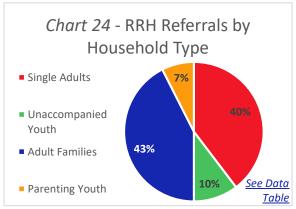


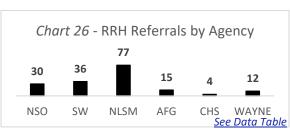
2020 was the first full year Transitional Housing providers took all of their referrals from CAM. Referrals to TH decreased by 45% from 2019 to 2020, primarily due to a loss of funding for TH beds.



Rapid Re-Housing (RRH) Referrals

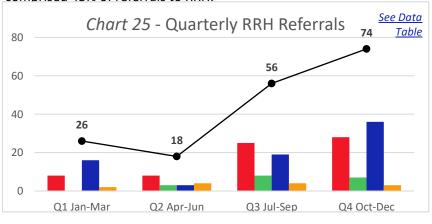
CAM staff referred **174** household to Rapid Re-Housing in 2020¹⁸





Referrals to Rapid Re-Housing decreased by 49% from 2019 to 2020. However, the number of referrals steadily increased in the second half of the year.

The majority of referrals went to single adults and adult families. While adult families made up 9% of referrals to shelter, they comprised 43% of referrals to RRH.

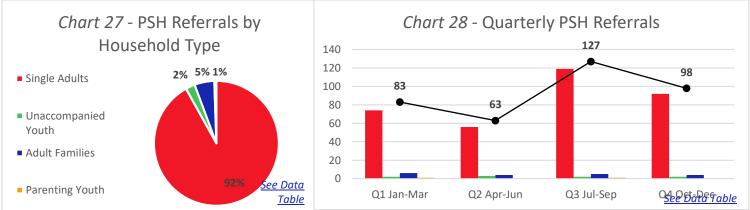


 $^{^{18}}$ This includes 25 referrals for Security Deposit assistance only, or 14% of all referrals.



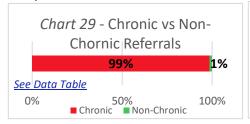
Permanent Supportive Housing (PSH) Referrals

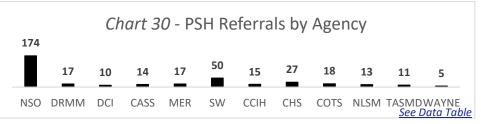
CAM staff referred **371** household to Permanent Supportive Housing in 2020



The majority of PSH referrals went to single adults in 2020. While single adults made up 76% of referrals to shelter, they comprised 92% of referrals to PSH. This is largely due to the fact that PSH is prioritized for chronically homeless households, and single adults are more likely to be chronically homeless than other population types.

While referrals to TH and RRH decreased from 2019 to 2020, referrals to PSH increased by 36%. This is partially due to the Clay Center PSH project opening in Fall, 2020. Almost all of the PSH referrals went to chronic households with the exception of 6 non-chronic families.





Housing Referrals Annual Comparison¹⁹

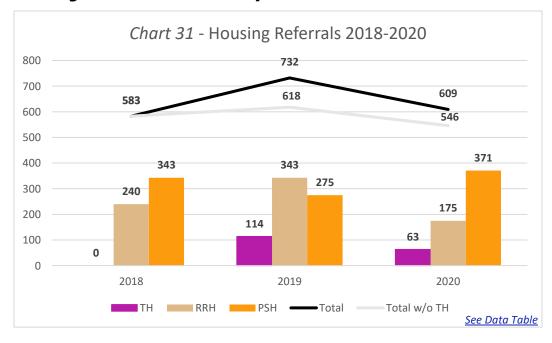


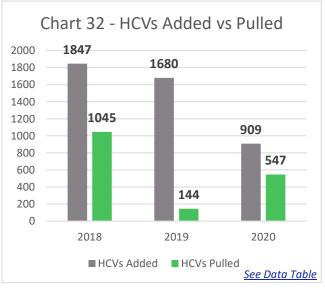
Chart 31 shows the trend in housing referrals for the last three years. The light gray line shows the total referrals when excluding referrals to TH, which began in 2019. Referrals in 2020 were lower than the previous year largely because of the significant decrease in the number of referrals made to RRH. It's likely that the lower number of HCVs pulled in 2019 (see Chart 32) meant that many households stayed enrolled in RRH programs for longer, impacting the number of referrals RRH providers could take in 2020.

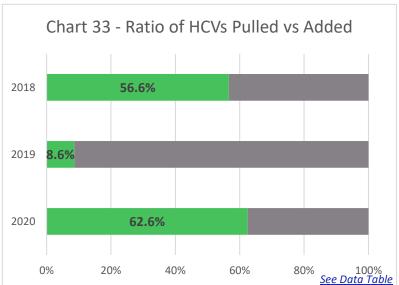
¹⁹ Transitional Housing providers officially began taking 100% of referrals from CAM on September 1, 2019, however CAM began making referrals to TH prior to that on an informal basis. The RRH data includes referrals for Security Deposit (SD) assistance only. There were 42 referrals for SD in 2019, and 25 referrals for SD in 2020.



Homeless Preference - Housing Choice Vouchers (HP-HCVs)

CAM added 909 households to the HP-HCV waiting list in 2020, and 547 households were pulled 20

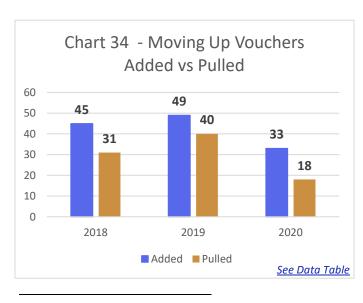


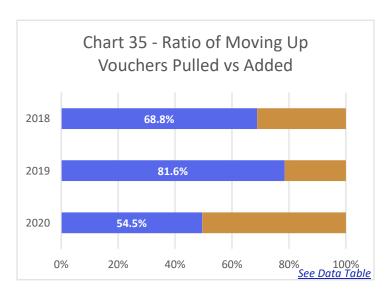


There was a 46% decrease in the number of households added to the HP-HCV waiting list from 2019 to 2020. This could be partially explained by the decrease in shelter referrals. Additionally, CAM's prioritization policy changed in 2019 which adjusted who was eligible to have an HP-HCV pre-application submitted. The intent of this policy change was to target resources to more vulnerable households and bring the number of households added to the HP-HCV waiting list closer in line with how many households are pulled from the waiting list. Chart 33 shows that a higher percentage of clients were pulled as compared to the number added than in previous years. It should also be noted that all of the HP-HCV pulls in 2020 occurred in the second half of the year. It is anticipated that a larger number of HCV pulls will occur throughout 2021 due to COVID relief funds. While HP-HCVs are an invaluable resource for Detroit to have, it can be difficult to make strategic decisions on how best to utilize this housing resource due to the uncertainty around when and how many HCVs will be pulled.

Moving Up Vouchers

CAM staff added 33 households to the Moving Up List in 2020, and 18 were pulled from the list





²⁰ This data has not been de-duplicated.

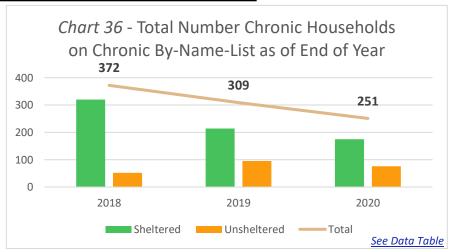


POPULATION-SPECIFIC DATA

Chronic Homelessness²¹

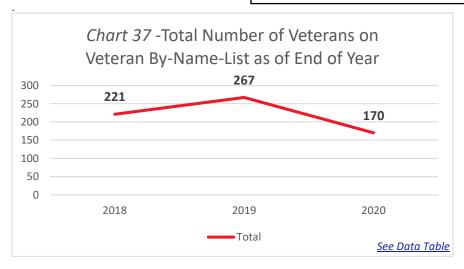
176 households from the CBNL housed in 2020

The overall number of chronic households has declined steadily from year to year as can be seen in *Chart 37*. This chart also shows that unsheltered household make up a larger share of the list than in previous years.



Veteran Homelessness

289 veterans housed in 2020



After increasing in 2019, the number of Veterans on the VBNL at the end of the year decreased in 2020. There were 36% fewer Veterans on the VBNL at the end of 2020 than in 2019.

Family Homelessness

CAM is partnering in a system-wide effort to quickly house families experiencing homelessness called the Family Housing Accelerator. The project identified **66** families experiencing homelessness on December 1, 2020 to try and house by spring of 2021.

This short-term project is an opportunity to address barriers to housing and apply lessons learned to long term efforts in the future. The project draws from new and existing resources, such as CARES-funded Rapid Re-Housing (RRH) and Housing Choice Vouchers (HCV).

²¹ Chronic Homelessness is defined by HUD. Essentially it refers to people who have experienced homelessness for at least a year continuously or repeatedly and who have a disabling condition. You can find the full definition here.

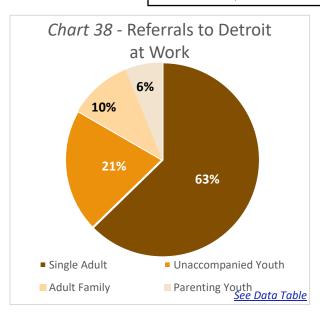


CROSS SYSTEM COLLABORATION

Workforce Development

CAM staff referred 228 households to Detroit at Work in 2020

Of these, **85** households connected with Detroit at Work



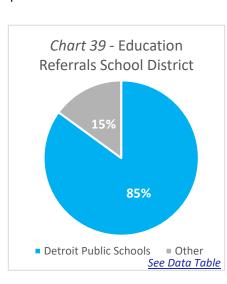
Income is a crucial factor for households to obtain and maintain stable housing. CAM has established a partnership with Detroit's workforce development system (Detroit at Work (DAW)) to advance systems change efforts to support homeless jobseekers. CAM and DAW received Technical Assistance support from Heartland Alliance in 2020, and worked together to offer seven trainings to homeless services and workforce development staff. Additionally, CAM initiated efforts to share data across systems in order to identify shared households and eventually track and support households across the two systems.

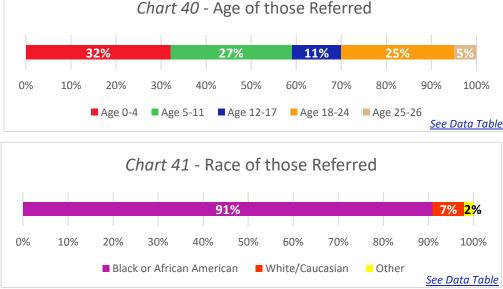
CAM and DAW also began a very basic referral pilot in July 2020. CAM intake staff began asking households six employment related questions, and provided interested households with information on DAW's services and how to schedule an appointment. A goal in 2021 is to expand this into a more formal, expanded referral process.

Education

CAM staff referred **1,083** children and youth for McKinney-Vento educational resources

Under the McKinney-Vento Homeless Assistance Act, children and youth experiencing homelessness are entitled to immediate school enrollment, the option to stay in their school of origin, transportation to their school of origin and support for academic success.²² CAM refers eligible children and youth to Wayne Metro Community Action Agency which works to make sure they are enrolled, connects them to the school district's homeless services liaison, and provides available services.





²² More information on the McKinney-Vento Act can be founder here: https://nche.ed.gov/mckinney-vento/



COVID-19 RESPONSE

People experiencing homelessness are at a heightened vulnerability to the negative impacts of the COVID-19 pandemic. Homelessness may increase people's chance of exposure, and many people experiencing homelessness lack access to health care. Additionally, the prevalence of chronic health conditions among people experiencing homelessness increases the risk of severe illness from COVID-19. On top of this, the economic fallout from the pandemic may push more people into homelessness and makes it more difficult to regain economic security.

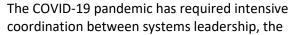
For these reasons, it was imperative that CAM and the entire homelessness response system quickly adapt to protect to the health and safety of people experiencing homelessness. At the onset of the pandemic, CAM stepped into a leadership role partnering with the CoC, HAND and City of Detroit to adjust services, change policy, and communicate to the community. CAM quickly switched to phone-based operations. While utilizing a call center model presents a number of challenges to staff and clients, it allowed clients to more easily access services without needing to make in-person contact. At the same time CAM moved to phone operations, it also expanded services from five days a week to seven days a week with longer hours of operation.

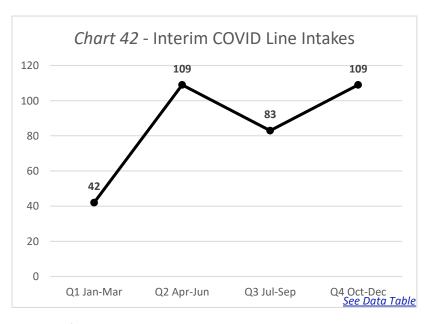
To prevent the spread of COVID-19 in shelters, the homelessness system supported shelters to make environmental changes, began screening households for symptoms and set-up testing of households in partnership with the Health Department.

New shelters were created to allow for isolation and quarantine when required. *Shelter Type I* serves people with COVID symptoms awaiting test results and *Shelter Type II* serves COVID positive households. CAM played a key role facilitating these system changes, screening households, and coordinating referrals and transportation to Shelters Type I and II.

CAM created a phone line specifically for hospitals and shelters to coordinate services for COVID symptomatic and/or positive households. The charts below show the volume of calls and intakes CAM staff handled on these lines.

CAM has also worked hard to ensure households have access to new resources that have become available through COVID-19 relief efforts. This has included utilizing diversion funding, coordinating with the eviction diversion program and preventions providers, and working to quickly navigate and refer households to housing resources.





health department, hospitals, homeless service providers and funders. There are opportunities to build upon this coordination to advance efforts to end homelessness beyond the pandemic.



KEY ACCOMPLISHMENTS IN 2020

- 1. Piloted two new Access Point locations to increase access to CAM
- 2. Implemented new prioritization process in "partial implementation" phase and monitored data
- 3. Launched Salesforce database to improve tracking and reporting on CAM-related data
- 4. Incorporated HUD Coordinated Entry data elements
- 5. Planned for integrating prevention into CAM (plan for early 2021 launch)
- 6. Planned for merging Veteran CES with CAM (plan for early 2021 launch)
- 7. Incorporated veteran representative on Committee
- 8. Strengthened partnership with Detroit at Work by launching soft referral process; hosting series of cross-system trainings; securing funds for a full time Detroit at Work staff member to focus on alignment between the homeless and workforce systems.
- 9. Adapted operations to provide services remotely in response to the COVID-19 Pandemic.



APPENDIX

Data Tables and Sources

Data Table 1 – 2020 Quarterly Volume by Access Type			
	In Person	Phone	Total
Q1 Jan-Mar	3397	1939	5336
Q2 Apr-Jun	0	19031	19031
Q3 Jul-Sep	68	21063	21131
Q4 Oct-Dec	108	21658	21766

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Data Table 2 – 2020 Total Calls by Outcome		
	Calls by Outcome	
Connected	38675	
Missed/Abandoned	15241	
Voicemail	5822	
Outbound No Answer	3953	

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Data Table 3 - Engagements by Access Type		
In Person	3573	
Phone	38675	

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Data Table 4 – Quarterly Engagements by Access Type			
	In Person	Phone	Total
Q1 Jan-Mar	3397	1478	4875
Q2 Apr-Jun	0	13127	13127
Q3 Jul-Sep	68	13864	13932
Q4 Oct-Dec	108	10206	10314

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Data Table 5 - Intakes by Household Type		
Single Adult	5775	
Unaccompanied Youth	918	
Adult Family	103	
Parenting Youth	315	

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Data Table 6 – Intake Outcomes by Household Type			
Diverted Referred to Shelte			
Parenting Youth	155	160	
Adult Family	654	549	
Unaccompanied Youth	215	703	
Single Adult	1270	4505	

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Data Table 7 – Quarterly Intake Outcomes			
	Diverted	Referred	Total
Q1 Jan-Mar	676	2130	2806
Q2 Apr-Jun	598	1449	2047
Q3 Jul-Sep	535	1155	1690
Q4 Oct-Dec	485	1183	1668

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Data Table 8 - Diversion by Household Type	
Single Adult	1270
Unaccompanied Youth	215
Adult Family	654
Parenting Youth	155

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Data Table 9 – Total Diversion Financial Assistance		
	Total Spent	
Gas	\$50	
Rideshare	\$131	
Hotel Assistance	\$1,440	
Grocery	\$8,898	
Bus Ticket	\$10,128	
Rental Assistance	\$40,174	

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Data Table 10 - Shelter Referrals by Household Type	
Single Adult	4505
Unaccompanied Youth	703
Adult Family	549
Parenting Youth	160

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Data Table 11 - Shelter Referral Outcome		
Accepted	4014	
Declined	1737	
Unknown	166	

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Data Table 12 – Proportion of Youth Shelter Referrals to Youth-Specific Shelter			
	Unaccompanied	Parenting Youth	
	Youth		
Youth Specific Shelter	427	45	
Non-Youth Specific	276	115	
Shelter			



Data Table 13 – Shelter Referrals by Agency		
AFG	103	
Shelters Type I & II (COVID)	228	
Cass	72	
Cass Rotating	144	
Cass WC	100	
COTS	189	
Covenant House	375	
DRMM 3rd St	1238	
DRMM 3rd St WC	264	
DRMM East Grand Overflow	38	
DRMM G2	61	
DRMM G3	260	
DRMM G3 WC	73	
DRMM Oasis Overflow	428	
Love Outreach	65	
NSO	1096	
OGD	213	
SA Booth	215	
St. John's	755	

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Data Table 14 – Total		
Annual Shelter Referrals		
2018	5117	
2019	7386	
2020	5917	

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Data Table 15 – Quarterly Shelter Referrals Annual Comparison 2018-2020			
	2018	2019	2020
	Referrals	Referrals	Referrals
Q1 Jan-Mar	1134	1768	2130
Q2 Apr-Jun	1203	1732	1449
Q3 Jul-Sep	1200	1784	1155
Q4 Oct-Dec	1580	2102	1183

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Data Table 16 – Annual Unique Shelter Referrals			
2018			
2019	4280		
2020	3679		

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Data Table 17 – Number of Shelter Referrals per		
Household		
Times Referred to Shelter	Number of Households	
12	2	
11	1	
10	5	
9	2	
8	5	
7	15	
6	29	
5	54	
4	115	
3	253	
2	666	
1	2532	

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Data Table 18 – Households Assessed and Added to Acuity Group	
Parenting Youth	87
Adult Families	288
Unaccompanied Youth 3	
Single Adults	2270

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Data Table 19 – Distribution of Acuity Groups by Household Type				
	Acuity	Acuity	Acuity	Acuity
	Group	Group	Group	Group
	4	3	2	1
Parenting Youth	7	67	8	5
Adult Family	27	213	21	27
Unaccompanied				
Youth	97	209	73	5
Single Adults	725	836	325	384

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Data Table 20 – Acuity Group 1				
Packets Submitted, Shelter Status				
	Sheltered	Unsheltered		
2019	235	156		
2020	263	104		

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Data Table 21 - TH Referrals by Household Type		
Single Adults	15	
Unaccompanied Youth	3	
Adult Families	23	
Parenting Youth	22	



Data Ta	ble 22 – (Quarterly TH Refer	rals		
	Single	Unaccompanied	Adult	Parenting	
Month	Adults	Youth	Families	Youth	Total
Q1					
Jan-					
Mar	0	0	12	7	19
Q2					
Apr-					
Jun	8	2	4	1	15
Q3					
Jul-					
Sep	4	0	4	10	18
Q4					
Oct-					
Dec	3	1	3	4	11

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Data Table 23 - TH Referrals by Agency		
TIPS	19	
NLSM	28	
DRMM	8	

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Data Table 24 - RRH Referrals by Household Typ	
Single Adults	69
Unaccompanied Youth	18
Adult Families	74
Parenting Youth	13

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Data Table 25 – Quarterly RRH Referrals					
		Unaccompa		Parentin	Total
	Adults	nied Youth	Families	g Youth	
Q1 Jan-Mar	8	0	16	2	26
Q2 Apr-Jun	8	3	3	4	18
Q3 Jul-Sep	25	8	19	4	56
Q4 Oct-Dec	28	7	36	3	74

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Data Table 26 - RRH Referrals by Agency	
NSO	30
SW	36
NLSM	77
AFG	15
CHS	4
WAYNE	12

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Data Table 27 - PSH Referrals by Household Type		
Single Adults	341	
Unaccompanied Youth	9	
Adult Families	19	
Parenting Youth	2	

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Data Tal	Data Table 28 – Quarterly PSH Referrals				
Month	Single	Unaccompa	Unaccompa Adult F		Total
	Adults	nied Youth	Families	Youth	
Q1 Jan-	74	2	6	1	83
Mar					
Q2 Apr-	56	3	4	0	63
Jun					
Q3 Jul-	119	2	5	1	127
Sep					
Q4 Oct-	92	2	4	0	98
Dec					

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Data Table 29 – Chronic vs Non-Chronic PSH Referrals			
	Chronic Non-Chronic		
Referrals	366	5	

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Data Table 30 - PSH Referrals by Agency		
NSO	174	
DRMM	17	
DCI	10	
CASS	14	
MER	17	
SW	50	
CCIH	15	
CHS	27	
COTS	18	
NLSM	13	
TASMD	11	
WAYNE	5	

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Data 1	Data Table 31 – Housing Referrals 2018-2020				
	TH	RRH	PSH	Total	Total w/o TH
2018	0	240	343	583	583
2019	114	343	275	732	618
2020	63	175	371	609	546



Data Table 32/33 – HCVs Added vs Pulled			
	HCVs Added	HCVs Pulled	
2018	1847	1045	
2019	1680	144	
2020	909	547	

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Data Table 34/35- Moving Up Vouchers Added vs Pulled		
	Added	Pulled
2018	45	31
2019	49	40
2020	33	13

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Data Table 36 - Households on CBNL as of End of the Year			
	Sheltered	Unsheltered	Total
2018	320	52	372
2019	214	95	309
2020	175	76	251

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Data Table 37 - Households on		
VBNL as of End of the Year		
2018	221	
2019	267	
2020	170	

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Data Table 38 - Referrals to Detroit at Work	
Single Adult	143
Unaccompanied Youth	47
Adult Family	24
Parenting Youth	14

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Data Table 39 – Education Referrals School District	
Detroit Public Schools	921
Other	162

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Data Table 40 – Education Referrals Age				
Age 0-4	Age 5-11	Age 12-17	Age 18-24	Age 25-26
347	292	119	271	54

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Data Table 41 - Education Referrals Race			
Black or African	White/Caucasian	Other	
American			
985	76	22	

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Data Table 42 -Calls to Interim COVID Line	
Q1 Jan-Mar	439
Q2 Apr-Jun	1707
Q3 Jul-Sep	557
Q4 Oct-Dec	551

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Data Table 42 - Interim COVID Line Intakes		
Q1 Jan-Mar	42	
Q2 Apr-Jun	109	
Q3 Jul-Sep	83	
Q4 Oct-Dec	109	