

Alliance for Housing –
Oakland County's Continuum of Care

2014 Annual State of Homelessness Report



TABLE OF CONTENTS

BACKGROUND1

METHODOLOGY2

OVERALL DEMOGRAPHICS3

HOMELESS SINGLES AND FAMILIES4

CHRONICALLY HOMELESS5

HOMELESS VETERANS6

UNACOMPANIED YOUTH AND HOMELESS YOUTH HOUSEHOLDS7

POINT-IN-TIME COUNT8

KEY INITIATIVES AND AREAS OF FOCUS9

BACKGROUND

Oakland County Michigan is part of the Detroit metropolitan area and has an estimated population of 1,237,868 approximately 12% of the total estimated 9,909,877 Michigan residents¹. The county encompasses nearly 870 square miles including 62 cities, townships and villages. 2014 statistics report 533,047 housing units and the homeownership rate at 72%. Median household income was \$65,594 with 10% of persons living below poverty level (under \$15,000 for a family of two).

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

The 2014 Homeless Data Report is designed and intended to provide a snapshot of the state of homelessness in Oakland County using data extrapolated from the Homeless Management Information System (HMIS) and data provided by various other service organizations that also serve homeless persons in local programs but do not use the HMIS.

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

The numbers presented in this report tell the story of persons in Oakland County who experienced homelessness in 2014 and sought out assistance from organizations committed to ending homelessness. In 2013, the Alliance for Housing revised their original "Ten Year Plan to End Homelessness" blueprint (created in 2004) to continue strengthening the county's efforts to address homelessness and increase the supply of sustainable, affordable housing.



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

METHODOLOGY

Oakland County's Annual State of Homelessness uses figures and reports available in the County's Homeless Management Information System (HMIS) to produce this report. HMIS is a web-based database used to collect homeless data including unduplicated counts of program participants, basic demographic data, and service delivery information. Bowman Systems is the vendor for Michigan's HMIS, ServicePoint to which Oakland County participates as part of the statewide implementation. During 2014, data was entered by 14 organizations (5 funded by the United States Department of Housing and Urban Development (HUD) and 9 non-HUD funded) representing over 100 programs and 118 end users. The organizations provide community resources, outreach, emergency shelter, transitional housing, supportive services, short term rental assistance and permanent supportive housing in Oakland County.



HMIS data is used to:

- Coordinate entry and data sharing
- Assist with project screening and prioritize services
- Produce a unduplicated count of clients receiving services
- Compliance with regulations
- Report to Congress and funders
- Provide referrals to services throughout the County
- Track outcomes
- Assist in writing grants
- Update the CoC's 10 year plan to end homelessness
- Inform the community
- Supports informed-decision making
- Identifies gaps and supports best practices

Limitations:

- HMIS is a living system where data can be changed/added/removed and is therefore subject to change over time.
- Available reports in ServicePoint are regularly updated and different versions can yield different results.
- HUD updated its HMIS Data Standards, requiring compliance on 10/1/2014. The change in required elements may not be available for the entire calendar year.

- Not all agencies providing services enter into HMIS and some only enter a little amount.
- Data elements are captured for the head of household and may not always include elements for other household members. Demographic information related to children only represents those children which had their information entered into HMIS.
- Data entry errors can reduce accuracy (although this is negligible).
- The total percentages sometimes include other, data not collected, or unknown. In instances where these types of responses exceed 10% they were excluded from the total.
- Variables such as homeless status, disability and chronicity are self-reported. Verification may be required at the time of project entry and not necessarily at the initial screening stage.

OVERALL DEMOGRAPHICS

A baseline was established to provide demographic information for all persons entered into HMIS in Oakland County during 2014. The overall demographic information provides a context and reference to better understand and measure the state of homelessness in Oakland County. During 2014, approximately 9,500 unduplicated persons had their information stored in HMIS. This includes adult singles (n=5,246), adults in families (n=1,895), and children in families (n=2,420) experiencing a variety of housing issues.

A majority of individuals captured in the system are singles while a significant proportion, approximately 25% are children in households. In total there were close to 1,700 families entered into HMIS, of which 67.8% (n=1,147) were identified as female single-parent households. This far exceeds the other identified household types, with the second highest being two-parent households at 13.1% (n=222). On average a higher percentage of singles were female at 59% (n=3,100) compared to males at 36.5% (n=1,920). The percentage of females of adults in families is approximately 20% higher than singles, which coincides with the majority female single-parent households found. The average age for singles is slightly higher in males at 46 than females at 41. These averages are likewise both higher than the average age for adults in family at 36. The average age of children in families is 8, which indicates there are quite a few young children in these households.

A majority of singles and adults in families have identified their primary race as Black/African American at 55.7% (n=2,935) and 72.4% (n=1,371) respectively. Children in families have identified primary race as Black/African America similar to that of adults in families at 76.9% (n=768). On average, singles and adults in families have similar educational backgrounds. Close to 25% of each group have less than a high school education while approximately 35% have a high school diploma or GED. An additional 25% of persons have some college background (not including completed degrees).

Overall, the disabilities represented in Oakland County include mental health problem 74%; physical 29%; physical/medical 19%; substance abuse 18%; and chronic health condition 14%.

OVERALL SINGLES AND FAMILIES						
	SINGLES		ADULTS IN FAMILIES		CHILDREN IN FAMILIES*	
TOTAL	5,246		1,895		2,420	
GENDER						
Female	3,100	59.0%	1,541	81.3%	594	53%
Male	1,920	36.5%	316	16.7%	533	47%
AVERAGE AGE	43		36		8	
Female	41		36		9	
Male	46		36		8	
PRIMARY RACE						
American Indian/Alaska Native	42	0.08%	11	0.58%	7	0.70%
Asian	18	0.34%	5	0.26%	3	0.30%
Black/African Am.	2,935	55.7%	1,371	72.4%	768	76.9%
Native Hawaiian/Other Pacific Islander	12	0.23%	3	0.16%	3	0.30%
White	2,129	40.4%	426	22.5%	204	20.4%
EDUCATION						
Less than High School Diploma	345	22.9%	222	26.1%	93	65%
High School Diploma/GED	579	38.5%	303	35.6%	8	5.6%
Some College	350	23.3%	205	24.1%	1	0.70%
College Degree	75	4.98%	28	3.29%	1	0.70%
Post-Secondary School	59	3.92%	37	4.35%	2	1.40%
Technical School Cert/Training	35	2.3%	29	3.4%	1	0.70%

**There are a significant number of Children in Families that do not have recorded demographic information and the percentages are based on a total of completed variables.
These figures are pulled from #00001 2014 All Client Count Report by Provider Group - 9.9.15 for the provider group Oakland County State of Homelessness CY2014(2904) for 1/1/2014-12/31/2014*

HOMELESS SINGLES AND FAMILIES

There were approximately 3,200 persons identified as homeless in Oakland County during 2014. In total there were about 600 homeless households, 72% (n=439) of which were female single-parents. There was a more equal proportion of children to adults in homeless families, in contrast to the overall persons entered into HMIS which included families with more children. There was a significant higher percentage of single homeless males at 53% (n=1,030) than what was found overall at 36.5% (n=1,920). Single homeless females likewise, had a lower percentage at 46% (n=897) than what was found overall at 59% (n=3,100). The gender of homeless adults in families was similar to what was found overall with 81% (n=503) female. The average age for homeless singles at 43, adults in families at 34, and children in families at 8 was nearly the same to what was found overall.

Homeless individuals had similar percentages of identified race from what was found overall. Homeless singles had a lower percentage of persons that identified Black/African American as their primary race at 55.6% (n=1,069) than homeless adults in families at 73.3% (n=455). The educational background of homeless individuals is parallel to what was found overall.

Disabilities reported by homeless single adults include mental health problem 76%; physical 29%; physical/medical 19%; substance abuse 20%; and chronic health condition 15%; and alcohol abuse 12%. This nearly mirrors what was found overall with the addition of alcohol abuse found for homeless singles. A major contrast comes from the disabilities reported by homeless adults in families, which reported a higher rate of developmental disability and a much lower reported alcohol, drug or substance abuse disability.

HOMELESS SINGLES AND FAMILIES						
	SINGLES		ADULTS IN FAMILIES		CHILDREN IN FAMILIES	
TOTAL	1,950		621		601	
GENDER						
Female	897	46.0%	503	81.0%	277	46.3%
Male	1,030	52.7%	113	18.2%	286	47.8%
AVERAGE AGE	43		34		8	
Female	40		34		8	
Male	45		37		7	
PRIMARY RACE						
American Indian/Alaska Native	16	0.82%	5	0.81%	5	0.84%
Asian	6	0.31%	0	0.00%	1	0.17%
Black/African Am.	1,069	55.6%	455	73.3%	438	73.2%
Native Hawaiian/Other Pacific Islander	2	0.10%	0	0.00%	1	0.17%
White	823	42.0%	150	24.2%	112	18.7%
EDUCATION						
Less than High School Diploma	209	23.1%	88	26.1%	85	75.2%
High School Diploma/GED	340	37.7%	121	35.8%	4	3.50%
Some College	204	22.6%	79	23.4%	1	0.88%
College Degree	48	5.32%	8	2.37%	1	0.88%
Post-Secondary School	44	4.87%	16	4.73%	0	0.00%
Technical School Cert/Training	19	2.10%	8	2.37%	1	0.88%

These figures are pulled from #00001 2014 Homeless Count Report by Provider Group – 3-16-15 for the provider group Oakland County State of Homelessness CY2014(2904) for 1/1/2014-12/31/2014

CHRONICALLY HOMELESS

During 2014, there were approximately 700 individuals considered chronically homeless within Oakland County. A majority of these individuals were singles, 87% (n=617) with the remaining in families. The chronically homeless population was predominately male at 60% (n=411), which is nearly 10% higher than the proportion of single homeless population. The average age for chronically homeless individuals is 44, which is similar to the overall homeless population for singles.

Chronically homeless individuals had a slightly lower percentage of persons identified as Black/African American at 50% (n=337) and slightly higher percentage of persons identified as White at 47% (n=317) than the overall single homeless population. The educational background for chronically homeless had a slightly higher percentage of persons with less than a high school diploma at 30.6% (n=117) than the overall homeless population.

Disabilities reported by homeless single adults include mental health problem 76%; physical 38%; physical/medical 11%; substance abuse 33%; and chronic health condition 23%; alcohol abuse 19%; and drug abuse 14%. Based on the disabilities reported, the percentage of individuals with a mental health disability is similar to what was found for the overall homeless population. However, those experiencing chronic homelessness had a higher percentage of physical, chronic health, substance abuse, alcohol abuse, and drug abuse than what was found in the overall homeless population. This indicates that persons who are chronically homeless may also be experiencing multiple disabilities.

CHRONICALLY HOMELESS		
TOTAL	710	
GENDER		
Female	265	39.1%
Male	411	60.6%
AVERAGE AGE		
	44	
Female	42	
Male	46	
PRIMARY RACE		
American Indian/Alaska Native	6	0.89%
Asian	2	0.30%
Black/African Am.	337	49.8%
Native Hawaiian/Other Pacific Islander	1	0.15%
White	317	46.8%
EDUCATION		
Less than High School Diploma	117	30.6%
High School Diploma/GED	143	37.4%
Some College	74	19.4%
College Degree	16	4.19%
Post-Secondary School	11	2.88%
Technical School Cert/Training	7	1.83%
<i>These figures are pulled from #00001 2014 Homeless Count Report by Provider Group – 3-16-15 for the provider group Oakland County State of Homelessness CY2014(2904) for 1/1/2014-12/31/2014</i>		

HOMELESS VETERANS

During 2014, there were approximately 250 individuals who were classified as homeless veterans. A majority of these individuals are singles at 85% (n=214). Of the veteran adults in families, an equal proportion of households are two-parent families at 31% and female single-parent families at 31%. The number of single male homeless veterans far exceeds the average found within the overall homeless population at 80% compared to 53%.

The identified race for homeless single veterans is comparable to what is found in the overall homeless population. However there is a lower proportion of adults in families that identify as Black/African American as 46% (n=17) compared to 73% (n=455) overall homeless adults in families.

Approximately 50% of homeless veterans have a disability. There is a higher proportion of reported physical and physical/medical disabilities with homeless veterans at 44% and 25% re-

spectively. The veteran population also has a lower percentage of mental health disabilities at 55% compared to approximately 75% in the overall homeless population.

HOMELESS VETERANS				
	SINGLES		ADULTS IN FAMILIES	
TOTAL	214		37	
GENDER				
Female	37	17.3%	15	40.5%
Male	173	80.8%	21	56.8%
AVERAGE AGE	49		43	
Female	46		37	
Male	50		43	
PRIMARY RACE				
American Indian/Alaska Native	2	0.93%	0	0.00%
Asian	1	0.47%	0	0.00%
Black/African Am.	118	55.1%	17	46.0%
Native Hawaiian/Other Pacific Islander	0	0.00%	0	0.00%
White	87	40.65	18	48.7%
EDUCATION				
Less than High School Diploma	14	12.4%	2	12.5%
High School Diploma/GED	45	39.8%	7	43.8%
Some College	22	19.5%	3	18.8%
College Degree	8	7.08%	1	6.25%
Post-Secondary School	15	13.3%	1	6.25%
Technical School Cert/Training	5	4.42%	1	6.25%
<i>These figures are pulled from ##00001 2014 Homeless Count Report by Provider Group - VETERANS - 3-16-15 for the provider group Oakland County State of Homelessness CY2014(2904) for 1/1/2014-12/31/2014</i>				

UNACOMPANIED YOUTH AND HOMELESS YOUTH HOUSEHOLDS

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

- In Oakland County during 2014 there were a total of 51 homeless unaccompanied youths (11-24 age range).
- In addition, there were approximately 40 youth (under 18) receiving services at the local youth agency who are not literally homeless.
- 56% are White
- 42% of youth present with a disability
- 86% of youth are first time homeless

UNACCOMPANIED YOUTH		
TOTAL	51	
GENDER		
Female	32	62.8%
Male	18	35.3%
AVERAGE AGE		
	16	
Female	16	
Male	16	
PRIMARY RACE		
American Indian/Alaska Native	0	0.00%
Asian	1	1.96%
Black/African Am.	29	56.9%
Native Hawaiian/Other Pacific Islander	0	0.00%
White	21	41.2%
<i>These figures are pulled from ##00001 2014 Homeless Count Report by Provider Group – 3-16-15 for the provider group Oakland County State of Homelessness CY2014(2904) for 1/1/2014-12/31/2014</i>		

POINT-IN-TIME COUNT

HUD requires CoCs across the country to conduct an annual count of homeless persons who are sheltered (i.e., persons in emergency shelter, transitional housing, and Safe Havens) and unsheltered street count during the last ten days of January. In 2014, the Point in Time count, or PIT, included a physical street count of persons unsheltered as well as a sheltered count of persons by participating agencies in HMIS. The resulting offers a “snapshot” of homelessness on a single night in January and includes estimates of the unsheltered homeless population. The annual PIT counts also provides information on the numbers of homeless persons within particular subpopulations, such as persons who are chronically homeless, severely mentally ill, substance abusers, veterans, unaccompanied youth, or living with HIV/AIDS.

The PIT is regularly conducted within the last 10 days of January, which occurred on the 29th this year. A total of 457 persons were counted on the night of the PIT, 84% (n=382) of which were sheltered and 16% (n=75) were unsheltered. A total of 22% (n=100) of persons were children, under the age of 18 and 3 were unaccompanied youth in shelter. There was a total of 14 veterans in shelter and 4 veterans who were unsheltered.

Approximately 22% (n=52) of persons in emergency shelter were classified as chronically homeless. Of those sheltered, 16.5% (n=63) had a serious mental illness; 6.3% (n=24) had a substance use disorder; and 16.5% (n=63) were victims of domestic violence. It is important to note that this level of information was not readily collected by those who were unsheltered due to the nature of the count.

2014 POINT-IN-TIME				
	SHELTERED		UNSHELTERED	TOTAL
	EMERGENCY	TRANSITIONAL		
Total Number of Households	219	59	75	353
Total Number of Persons	241	141	75	457
Number of Children (under age 18)	20	80	0	100
Total Number of Veterans	14	4	4	18
Adults with a Serious Mental Illness		63	1	64
Adults with a Substance Use Disorder		24	0	24
Adults with HIV/AIDS		1	0	1
Victims of Domestic Violence		63	0	63

KEY INITIATIVES AND AREAS OF FOCUS

Chronic Homelessness

In 2014, ending Chronic Homelessness has continued to be a priority within our community. The Alliance for Housing supports new efforts geared toward prioritizing housing opportunities for chronically homeless individuals and households. This includes using the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to identify persons with the greatest need. The process for managing this tool is described in more detail in the VI & SPDAT section below.

In response to HUD’s 2014 Notice of Funding Availability, CoC projects prioritize 85% of bed turnover to chronically homeless. The CoC will use this measure within its competitive project scoring application.

Oakland County participates in the Zero 2016 initiative which targets veterans as well as chronically homeless to reach a functional zero in regards to housing these individuals. Additional information specific to this initiative can be found in the section below.

The definition of chronically homeless changed in October 2014 to the following:

1. An individual who:
 - (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **AND**
 - (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years. **AND**
 - (iii) Can be diagnosed with one more of the following conditions; substance use disorder, serious mental illness, developmental disability, PTSD, cognitive impairments results from brain injury, or chronic physical illness or disability.

- **OR-**

2. **An individual who** has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria in paragraph 1 of this definition, before entering that facility.

- **OR-**

3. **A family with an adult head of household (or if there is no adult in the family, a minor head of household) who** meets all the criteria in paragraph 1 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

HUD continues to change the definition to better represent those who are chronic and are often most vulnerable. The change in definition will improve accuracy of those the County serves and prioritizes over time. As the CoC complies with these changes the number of HUD-defined-chronic persons may change until a true baseline is established.

Coordinated Assessment

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

Homeless Healthcare Collaboration

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

The Oakland County Homeless Healthcare Collaboration is unique in Michigan. It brings together healthcare and service agencies to address the issue of homelessness and healthcare. It has established a communication portal to connect partners to useful and relevant information. The National Association of Counties gave Oakland County an award in 2013 for creating and facili-

tating this community-wide, problem-solving initiative. In 2014 The Homeless Healthcare Collaboration was selected as a Model Practice, meaning it is an innovative best practice that will be shared across the nation as an effective program with positive results. The 57 organizations involved in this initiative continue to make great strides in coordinating care.

Permanent Supportive Housing Registry

The HARA was the first step in creating an infrastructure for a coordinated system of care to assist persons receiving services to progress along the CoC efficiently in order to achieve self-sufficiency and achieve personal empowerment and economic independence. In 2013, a workgroup was convened that included a representative from each Permanent Supportive Housing (PSH) provider along with other community representatives to review program specific requirements, number of beds and units, type of registry being used and process to apply. The workgroup met monthly and created a local plan that includes screening using an agreed upon assessment that determines potential eligibility, a more comprehensive assessment completed by a housing case manager, placement on a centralized registry and subsequent determination of placement according to need. The plan has been approved and adopted by the Alliance Board and began implementation in 2014.

The PSH registry group meets on a weekly basis to discuss the placement of persons referred to the registry for permanent supportive housing. The meetings provide a platform to place those most in need as identified by their VI-SPDAT score and to ensure equitable and consistent access to permanent supportive housing within the County. The meetings also create dialogue between partner agencies to ensure homeless individuals are linked to services and resources within the community. As the workgroup continues to evolve, formalized policies and procedures will be developed and implemented by the work group.

Project Monitoring and Performance Outcomes Committee

The Project Monitoring and Performance Outcomes Committee have continued to rigorously review the Continuum of Care measurable outcomes. The committee followed the Continuous Quality Improvement tools created by the MSHMIS project lead for the purpose of analyzing and reporting out data on community wide outcomes. The committee has wide representation from agencies across the CoC with expertise in many areas. The committee reviewed the Community Performance Outcome Plan (C-POP) as presented to, and adopted by, the membership of the CoC in 2011. The committee agreed that as part of the analysis process a program evaluation methodology document would assist in formatting the desired outcomes with aligning goals and indicators. Committee members researched best practices and agreed on a format similar to the Community Shelter Board of Columbus, Ohio. The document was updated as the committee reviewed each goal. In some instances goals were expanded and new goals created. In March of 2013, the committee provided the methodology document to the Alliance board for review and feedback. Since that time, further review and refinement of the C-POP has occurred. The progress that the committee has made was presented at the 2014 Alliance for Housing Retreat to much applause. All providers are committed to providing the best data possible and will continue to work on data quality and outcomes. These initiatives bring the community one step closer to being a high performing community and ending homelessness in our Oakland County.

VI-SPDAT & SPDAT

The HEARTH Act (Homeless Emergency Assistance and Rapid Transition to Housing Act) mandates that communities utilize a mechanism for common assessment and coordinated access.

Oakland County has adopted the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT), a practical, evidence-based tool. The VI-SPDAT incorporates two assessments:

- The Vulnerability Index (VI), developed by Community Solutions, is a street outreach tool. The VI helps determine the chronicity and medical vulnerability of homeless individuals.
- The Service Prioritization Decision Assistance Tool (SPDAT), developed by OrgCode Consulting, is an intake and case management tool. The tool helps service providers allocate resources in a logical, targeted way.

The VI-SPDAT is designed to help identify who is in the greatest need for intervention and to help providers make a decision as to the best solution to meet an individual's housing needs.

The tool helps identify the best type of support and housing intervention for an individual by relying on three categories of recommendation: Permanent Supportive Housing, Rapid Re-Housing, and Affordable Housing. The tool is utilized across the CoC at time of screening.

The Full SPDAT was created so that there can be a common assessment and intake tool in place specifically for housing programs. The tool is utilized at intake and regular intervals throughout an individual's stay in housing. The SPDAT allows for continuity of service from intake through to case management without individuals/families having to retell their story or be reassessed by different tools along the way. The SPDAT was specifically designed to not only provide a focus of attention throughout the case management process and help individuals and families work through the Stages of Change – but also provide assessment along the journey of support to understand progress along the way. At its core, the SPDAT helps providers focus on the outcomes of their support rather than the outputs of their supports. In other words, the SPDAT helps program staff and funders better appreciate that it is not the number of people that are housed that matters most, but the housing stability of those supported and the changes in their life as a result of the support.

Veteran Services and Zero: 2016

In 2013, the Veterans Administration awarded grants to private non-profit organizations and consumer cooperatives who can provide supportive services to very low-income Veteran families living in or transitioning to permanent housing. This program called Supportive Services for Veterans Families Program (SSVF) provides eligible veteran families with outreach, case management, and assistance in obtaining VA and other benefits including: health care services, daily living services, personal financial planning services, transportation services, fiduciary and payee services, legal services, child care services, housing counseling services, and time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help veteran families stay in, or acquire, permanent housing on a sustainable basis. Oakland County organizations received approximately \$1 million in funds. To date approximately 100 persons have been assisted.

During 2014 there has been considerable support to assist homeless veterans. In Oakland County, the Supportive Services for Veteran Families (SSVF) Program has been implemented by Training & Treatment Innovations, Blue Water Center for Independent Living, Southwest Solutions, and Oakland Livingston Human Service Agency to provide prevention and rapid rehousing assistance for veterans.

Oakland County joined the Zero: 2016 initiative in late 2014. This initiative, instituted by Community Solutions, is a rigorous follow-on to the 100,000 Homes Campaign designed to help an elite group of communities do whatever it takes to end chronic and veteran homelessness by the end of 2016. Zero: 2016 involves implementation of transparent data and performance management and a shared learning environment. In tackling this initiative, we plan to take inventory of our local resources and processes. We will track a number of factors about our current homeless veteran population, including the number of homeless veterans, the services needed by veterans, and better practices to move these individuals into housing. We will set targets to end chronic and veteran homelessness in Oakland County and submit monthly reports about the number of housing placements made to reach these goals. The goal is to reach a functional zero to veteran homeless in Oakland County by December 31, 2015 and chronic homelessness by the end of 2016.