

## Washtenaw County's Homeless Population: A Descriptive Analysis of the 2005 Point-in-Time Survey of Homeless Persons

*By Stacy Ebron, Sarah Haradon, and Robin Phinney*

### Summary

In early 2005, Washtenaw County, Michigan administered its second annual Point-in-Time Homeless Survey, designed to collect information on all sheltered and unsheltered homeless persons residing within Washtenaw County at a single point in time. This report describes the characteristics of 374 homeless individuals on the night of the survey. The report presents basic demographic information for these individuals and describes individual pathways to homelessness, use of housing facilities, degrees of homelessness, and barriers to achieving stable housing.

Key findings from this analysis include:

- In 2005, most homeless respondents in Washtenaw County were male, white, and over the age of 40. Children represented approximately one-fifth of those counted through the survey, although they were not administered their own survey. Approximately 16 percent of adult respondents had children with them on the night of the survey.
- Nearly 30 percent of respondents met the criteria for “chronic homelessness,” defined as having a disabling condition and four or more experiences of homelessness in the previous three years or continuous homelessness for more than one year.
- Many respondents suffered from serious disabilities including mental health problems (54 percent), physical or cognitive disabilities (32 percent), and substance abuse (50 percent). Women were significantly less likely to report physical or cognitive disabilities or substance abuse.
- There were significant differences between homeless individuals and adults in homeless families on every characteristic examined. Striking differences emerged with respect to physical and mental disabilities, drug and alcohol problems, and self-reported causes of current homeless episodes.

These findings are elaborated in the report, and are compared to findings from the county's 2004 Point-in-Time Homeless Survey.



## Introduction

On January 25, 2005, Washtenaw County, Michigan administered its second annual Point-in-Time Homeless Survey. The survey is designed to collect information on all sheltered and unsheltered homeless persons residing within Washtenaw County at a single point in time. The point-in-time count (PITC) serves multiple purposes: it allows the county to produce reliable and unduplicated counts of homeless persons for its Continuum of Care application for federal homeless funding, and it helps the community assess discrepancies between the needs of homeless persons and the services provided by the local homeless assistance network. The survey also gathers other information on the number of homeless individuals, families, and children, including basic demographic information from each homeless respondent, individual pathways to homelessness, use of housing facilities, degrees of homelessness, and barriers to achieving stable housing. Through the PITC survey, Washtenaw County can monitor the characteristics of the local homeless population, and assess how these characteristics change over time.

Using data collected from the PITC survey, this report presents a ‘snapshot’ of Washtenaw County’s homeless population on January 25, 2005. This report describes the demographic characteristics and subpopulation groupings of all homeless adults who responded to the survey, their self-reported causes of homelessness, use of housing facilities, and barriers to achieving stable housing; presents data highlighting the length, severity, duration, and type of homelessness experienced in Washtenaw County; and examines trends over time by comparing 2005 data to statistics obtained from an analysis of the 2004 PITC data.<sup>1</sup>

## Descriptive Analysis

The 2005 PITC identified 596 adults and 99 children who were homeless in Washtenaw County on the night of January 25<sup>th</sup>. Of these individuals, 466 adults and 3 children between the ages of 14 and 17 were administered the complete survey instrument (referred to as “respondents”) and 117 individuals declined to participate (referred to as “nonrespondents”). Children of respondents were counted in the

survey, but were not administered their own survey. Survey data were collected from respondents via face-to-face interviews (44.3%), administrative records (48.1%), a combination of administrative data and face-to-face interviews (0.9%), or over the phone (6.7%).<sup>2</sup>

While the PITC data provide detailed information on the 469 sheltered and unsheltered homeless respondents, it is important to remember that these individuals represent only a subset (about 79 percent) of the adult homeless population of Washtenaw County (due to survey nonresponse). The statistics presented in this report may misrepresent the characteristics of the county’s homeless population if survey respondents differ systematically from nonrespondents. Additionally, because the experience of homelessness differs between subpopulations, some groups may be either over- or underrepresented in the data. For example, populations that are more likely to be ‘doubled-up’ or precariously housed – such as families – are likely to be underrepresented in the data because these individuals were harder to locate on the night of the PITC. Because the data represent only a subset of Washtenaw County’s adult homeless population, the estimates produced in this report should be interpreted with some caution.

Furthermore, while children represented over 15 percent of Washtenaw County’s homeless population on the night of the PITC, the data do not permit a detailed analysis of homeless children. This report’s focus on the adult homeless population is not meant to detract attention from the extent or severity of child homelessness in Washtenaw County. Children are a significant proportion of the homeless population, and are likely to experience homelessness differently than do adults.

The analysis in this report is restricted to individuals who were administered the

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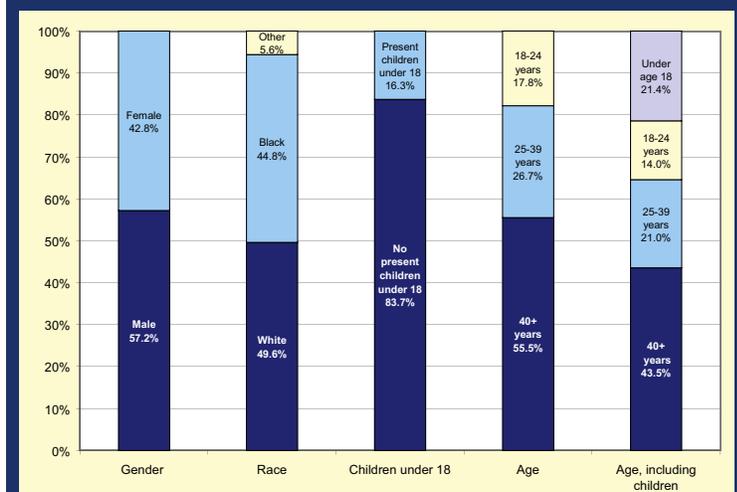
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PITC survey (N=469). Of the 469 respondents, 95 were further excluded because they were staying in permanent supportive housing (PSH) on the night of the PITC. By Washtenaw County’s definition, people residing in PSH are considered part of a community’s “met” need. Excluding respondents in PSH provides a more accurate estimate of the “unmet” need for housing and services in Washtenaw County. Readers interested in estimates of both the “met” and “unmet” need are referred to Appendix B (in the separate companion document to this report), which reports descriptive information for all 469 respondents (including those residing in PSH).

### DEMOGRAPHIC CHARACTERISTICS OF 2005 SAMPLE

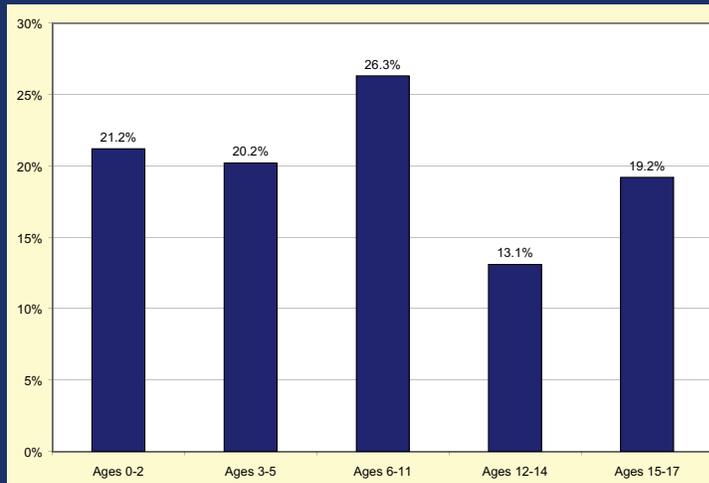
Figure 1 shows the demographic characteristics of the 374 PITC respondents not resid-

Figure 1. Demographic Characteristics of PITC Respondents



The first four columns show the frequency distribution for 374 respondents not residing in permanent supportive housing on the night of the count. The fourth column shows the age distribution for 370 adult respondents, and excludes three individuals who completed the full survey but were under the age of 18. The fifth column shows the distribution of ages for 471 individuals: 373 adult respondents who reported their age, and 99 children who were present with their parents on the night of the count.

Figure 2. Age of Children Present During 2005 PITC



ing in PSH on the night of the survey. The first four columns group respondents according to gender, race, age, and whether or not they were responsible for any children under age 18. The fifth column shows the distribution of ages when children who were in the care of adult homeless respondents on the night of the count are included. In 2005, the modal respondent was male, white, and over the age of 40. There were strong majorities of men (57.2 percent male, 42.8 percent female) and individuals without children (83.7 percent had no children for whom they were responsible). Nearly 50 percent of respondents were white (49.6 percent white, 44.8 percent African American, and 5.6 percent other races) and slightly more than half were age 40 or older (55.5 percent). When children are included in the analysis, 21.4 percent of the sample was under age 18, 14 percent were between the ages of 18 and 24, 21 percent were between 25 and 39, and 43.5 percent were age 40 or older.

These distributions are consistent with national patterns in many ways. For instance, most research on homelessness finds that at any given point in time, men are more prominent than women in homeless populations. However, Washtenaw County's homeless population in January 2005 was on average older than other homeless populations – national averages for the homeless are in the low to mid-30's compared to age 39 in Washtenaw County (Burt et al., 2001; Sommer, 2000). And though racial minorities were overrepresented in the county's homeless population

relative to the local population, the overrepresentation of racial and ethnic minorities in national estimates is typically even more pronounced. For example, national data from 1996 found that the racial breakdown of the national homeless population was 41 percent white, 40 percent black, 11 percent Hispanic, and 9 percent other races (Burt et al., 2001). With respect to families, Washtenaw County had a smaller proportion of adults in homeless families relative to national estimates.

While specific data regarding the demographic characteristics and personal experiences of children in Washtenaw County's homeless families are limited, respondents with children did provide the ages of children for whom they were responsible on the night of the survey. Among adult respondents who were responsible for a child under the age of 18, 99 children were present. Approximately one-fifth of these children were 2 years of age or younger, while slightly more than one-fourth were between 6 and 11 years of age. Figure 2 shows the ages of the children present during the 2005 PITC.

When homeless individuals are compared to adults in homeless families, striking differences emerge. In this report, the term "family" refers to an adult responsible for at least one present child under the age of 18. The statistics presented for "families" are thus estimates for the adults who are

part of families rather than the family unit as a whole. Sixty respondents were responsible for a child on the night of the count, 308 respondents had no present children, and 6 respondents have missing data and are excluded from all comparisons between individuals and families.

Table 1 shows the age, gender, and race of respondents by individual and family status. Adults in families are younger (33.3 years compared to 39.6 years for individuals), more likely to be female (90 percent compared to 34.1 percent of individuals) and African American (61 percent compared to 41.9 percent of individuals), and less likely to be white (35.6 percent compared to 52.3 percent of individuals).

### HOMELESS SUBPOPULATIONS

Table 2 groups respondents into nine subpopulations, including whether they were chronically homeless, or had mental health problems, drug or alcohol problems, other physical or cognitive disabilities, dual diagnosis (defined here as having both a substance abuse and a mental health problem), HIV/AIDS, or were veterans, domestic violence survivors, or families.<sup>3</sup> Because categories are not mutually exclusive, respondents may fall into more than one category.

Table 1. Demographic Characteristics, by Individual and Family Status

	All (N=374)	Individuals (N=308)	Families (N=60)
Average age	38.7 yrs.	39.6 yrs.	33.3 yrs.
Gender			
Male	57.2%	65.9%	10.0%
Female	42.8	34.1	90.0
Race			
Black/African American	44.8	41.9	61.0
White	49.6	52.3	35.6
Other non-white	1.3	1.6	0.0
Multi-racial	3.8	3.9	1.7
Unknown	0.5	0.3	1.7

Due to missing data, it was not possible to determine whether 6 of the 374 respondents were responsible for a child on the night of the count. These respondents are included in the estimates for all individuals, but are excluded from all comparisons involving individuals and families.



**Table 2. Subpopulations of Homeless Respondents, by Gender and Family Status**

	All (N=374)	Men (N=214)	Women (N=160)	Individuals (N=308)	Adults in Families (N=60)
Chronic homeless	26.2%	34.6%	15.0%	31.8%	NA
Chronic homeless, including families	28.9	34.6	21.3	31.8	16.7
Mental health (Total)	54.0	54.2	53.8	58.8	28.3
Mental health condition and/or emotional stability	37.2	36.5	38.1	39.0	25.0
Severe and persistent mental illness	23.0	24.3	21.3	27.0	3.3
Physical or cognitive disability (Total)	32.1	35.5	27.5	37.3	16.7
Physical disability	14.2	15.9	11.9	14.3	11.7
Learning disability	6.2	7.0	5.0	7.1	1.7
Developmental disability	5.6	4.7	6.9	6.2	3.3
Chronic medical condition	17.1	17.8	16.3	18.8	10.0
Drug or alcohol problem	50.1	63.5	32.3	56.7	19.0
Dual diagnosis	29.0	36.3	19.4	33.7	6.7
HIV/AIDS, related diseases	0.8	0.9	0.6	0.7	1.7
Veteran	10.0	15.0	3.2	10.5	3.3
Domestic violence survivor	24.9	9.8	45.0	20.5	46.7
Families	16.3	13.0	44.3	0	100

The first two rows of this table show the proportion of respondents who meet the criteria for chronic homelessness, defined as a disabling condition (mental health problem, physical or cognitive disability, substance abuse, or HIV/AIDS) and four or more experiences of homelessness in the previous three years or continuous homelessness for more than one year. The first row applies HUD’s definition of chronic homelessness by including only homeless individuals. The second row, consistent with Washtenaw County’s definition, includes both individuals and adults who are part of a family unit. In 2005, approximately 26 percent of Washtenaw County’s homeless population satisfied the HUD criteria for chronic homelessness, while nearly 29 percent of respondents met Washtenaw County’s criteria.

These statistics reveal that a majority of respondents had either a mental health condition (54 percent) and/or a drug or alcohol problem (50.1 percent). Twenty-nine percent of respondents had a dual diagnosis (mental health and substance abuse). Approximately 0.8 percent of respondents reported HIV/AIDS and 32.1 percent reported some other

physical or cognitive disability. Approximately 25 percent of the sample reported being survivors of domestic violence. Veterans represented 10 percent of those surveyed, though they may be underrepresented in the count because agencies that primarily serve veterans did not participate in the 2005 PITC. Finally, adults in families represented just over 16 percent of the sample.

The percentages reported in the previous paragraph mask considerable variation by gender and family status. The second and third columns show that while men and women reported similar levels of mental health problems and physical and cognitive disabilities, a smaller proportion of women reported substance abuse problems (32.3 percent of women compared to 63.5 percent of men) and dual diagnosis (19.4 percent of women compared to 36.3 percent of men). Fewer women were veterans (3.2 percent of women compared to 15 percent of men) or chronically homeless (15 percent of women compared to 34.6 percent of men). Women were significantly more likely to be domestic violence survivors (45 percent of women compared to 9.8 percent of men) and to have had children present for

whom they were responsible (44.3 percent of women compared to 13 percent of men).

Individual homeless adults were more likely than adults in homeless families to report chronic homelessness (31.8 percent compared to 16.7 percent of families), mental and physical health problems (see chart for percentages), dual diagnosis (33.7 percent compared to 6.7 percent of families), and drug or alcohol problems (56.7 percent compared to 19 percent of families). On the other hand adults in families were much more likely to report being survivors of domestic violence (46.7 percent of families compared to 20.5 percent of individuals).

While this report does not include detailed demographic information for each subpopulation, the PITC data can be used for more extensive analysis of distinct groups within the homeless population. Further analysis of those who identified themselves as survivors of domestic violence provides a useful example. Nearly one-fourth (24.9 percent) of all respondents identified themselves as survivors of domestic violence. Survivors of domestic violence were overwhelmingly female (77.8 percent), and slightly younger than the general homeless population (37.2 years of age compared to 38.7 years of age).

Table 3 shows additional demographic characteristics as well as the prevalence of health problems among respondents who have experienced domestic violence, relative to the those who have never experienced domestic violence. Survivors of domestic violence are more likely to be in families (30.8 percent compared to 11.5 percent of respondents who have not experienced domestic violence), and are less likely to be African American, but are more likely to be white, from another non-white race, or multiracial. Finally, while mental health problems are more prevalent among domestic violence survivors (59.1 percent compared to 52.3 percent of other respondents), substance abuse is less pronounced among this subpopulation (44 percent compared to 52.2 percent of other respondents).

## CAUSES OF CURRENT HOMELESS EPISODE

Nearly all respondents (369 of 374 respondents) offered a reason for their current episode of homelessness on January 25, 2005, as shown in Figure 3. Of these respondents, a strong majority (64.8 percent) attributed



**Table 3. Subpopulation Analysis of Survivors of Domestic Violence**

	All Respondents (N=374)	Survivors of Domestic Violence (N=93)	Never Experienced Domestic Violence (N=281)
<b>Gender</b>			
Male	57.2%	22.6%	68.7%
Female	42.8	77.4	31.3
<b>Family status</b>			
Individuals	83.7	69.2	88.5
Families	16.3	30.8	11.5
<b>Race</b>			
Black/African American	44.8	42.4	45.5
White	49.6	51.1	49.1
Other	5.6	6.5	5.4
<b>Mental health condition/emotional instability</b>	54.0	59.1	52.3
<b>Substance abuse problem</b>	50.1	44.0	52.2

their current homeless episode to more than one cause, reinforcing the multidimensional nature of homelessness. Because respondents were allowed to report more than one cause, individuals may be in one or more groups.

Respondents most frequently attributed a current homeless episode to health problems, including alcohol or drug use, a medical or mental health condition, or a physical disability. Of the different health problems, substance

abuse problems were most pronounced: 36.6 percent of all respondents cited alcohol or drug use as a primary reason for their current homeless experience, while 12.0 percent reported medical problems, 32.1 percent reported mental health problems, and 5.1 percent cited a physical disability.

In addition, a large minority of respondents in the full sample cited unemployment or insufficient income as a primary reason for

homelessness (40.1 percent), while 32 percent attributed their homelessness to family problems including a divorce, separation, domestic violence, or family violence. Twenty-two percent cited a lack of affordable housing, and 19.6 percent mentioned housing problems including substandard housing, eviction, or mortgage foreclosure. Relatively few respondents reported that a discharge from a hospital or correctional facility contributed to their current homelessness (11.3 percent).

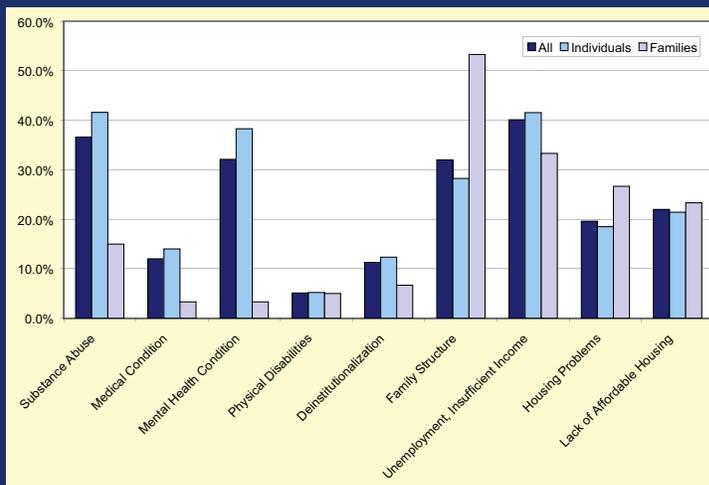
The second and third sets of columns in Figure 3 show some significant proportional differences in the causes of homelessness reported by individuals compared to adults in families. For instance, individuals were much more likely than adults in families to report health-related causes of homelessness, including alcohol or substance abuse (41.6 percent of individuals compared to 15 percent of adults in families), medical conditions (14 percent compared to 3.3 percent), and most strikingly, mental health conditions (38.3 percent compared to only 3.3 percent). There is very little difference between the percentage of individuals and adults in families who cited physical disability as a cause of homelessness (5.2 percent of individuals compared to 5.0 percent of families).

On the other hand, adults in families were much more likely to attribute homelessness to family structure issues such as family violence or divorce (53.3 percent of adults in families cited family structure issues compared to 28.3 percent of individuals). These family respondents were also somewhat more likely to report that housing problems (26.7 percent compared to 18.5 percent of individuals) and the lack of affordable housing (23.3 percent compared to 21.4 percent of individuals) contributed to their homelessness, but were less likely to cite unemployment as a cause of homelessness (33.3 percent of adults in families compared to 41.6 percent of individuals).

### USE OF HOUSING FACILITIES

Homeless individuals and families in Washtenaw County seek shelter in many different types of housing and non-housing facilities. These can be loosely grouped into private locations (staying with friends or family, or in motels), institutions (jails, prisons, juvenile detention centers, hospitals, or psychiatric hospitals/facilities), places not intended for sleeping (outside on the street, in cars, or in

**Figure 3. Self-Reported Causes of Current Homeless Episode**



abandoned buildings), and places within the homeless assistance network (emergency shelters, transitional housing, substance abuse treatment centers, the warming center, or the YMCA).

Table 4 shows the use of housing facilities by 2005 PITC respondents, both on the night of January 25<sup>th</sup> and over the preceding year (for those previously homeless in the preceding year). On the night of the PITC, the vast majority of respondents were staying within the homeless assistance network (63.1 percent) or in a private location (23.5 percent stayed with family/friends or in a motel). Just under 3 percent were staying in an institution, and 7.2 percent were staying in a place not intended for sleeping. Those in jails or hospitals may be underrepresented in the data because those who were not receiving support services from agencies in the homeless assistance network were not included in the count.

Of those respondents staying within the homeless assistance network, 50 percent were in emergency shelter, 8.5 percent were in a substance abuse treatment facility, 17.4 percent were in transitional housing, 13.1 percent were in the warming center, and 11 percent were in a YMCA room.

Some differences emerge, again, when comparing individuals to families. Adults in families were somewhat more likely to report staying in a private location (30 percent compared to 23.4 percent of individuals) or in the homeless assistance network (67.8 percent compared to 61.7 percent of individuals). Meanwhile, individuals were more likely to be staying in an institution (3.3 percent compared to 0 percent of families) or in a place not intended for sleeping (8.4 percent compared to 1.7 percent of families).

Within the homeless assistance network, individuals and families appear to utilize different housing facilities: while 50 percent of families were staying in transitional housing, only 9.5 percent of individuals were in this type of housing. Larger proportions of individuals were in emergency shelter, the warming center, and the YMCA, relative to families. These differences in individuals and families residing in emergency shelter may emerge because of the relative proportion of shelter facilities available for families versus individuals. The warming center and the YMCA are individuals-only facilities.

Many of these statistics increase dramatically when respondents are asked to report on their

**Table 4. Use of Housing Facilities, in 2005 and Over the Past Year**

	Location on January 25, 2005			Typical Location, if Homeless in Previous Year		
	All (N=374)	Indiv. (N=308)	Adults in Families (N=60)	All (N=165)	Indiv. (N=147)	Adults in Families (N=14)
Private location	23.5%	23.4%	30.0%	53.9%	51.7%	85.7%
Institution	2.7	3.3	0.0	18.2	20.4	0.0%
Place not intended for sleeping	7.2	8.4	1.7	35.8	39.5	7.1%
Homeless assistance network	63.1	61.7	67.8	51.5	52.4	28.6%
Emergency shelter	50.0%	52.6%	45.0%	NA	NA	NA
Substance abuse treatment center/detoxification	8.5	10.0	2.5	NA	NA	NA
Transitional housing	17.4	9.5	50.0	NA	NA	NA
Warming center	13.1	14.2	2.5	NA	NA	NA
YMCA room	11.0	13.7	0.0	NA	NA	NA

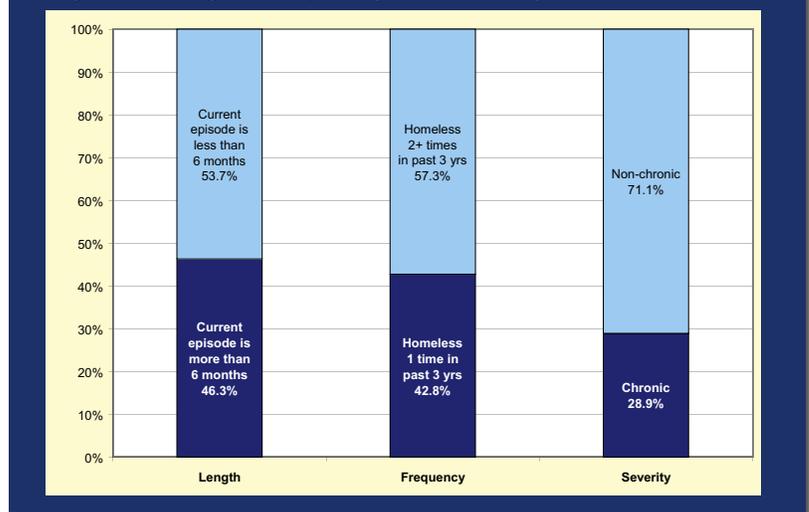
Private = with family, friends, or in motel; Institution = hospital, jail, psychiatric hospital or facility; Place not intended for sleeping = in a car or abandoned building. Columns do not sum to 100% because some respondents reported staying in an "other" location that did not fit neatly into one of the categories. It was most common for respondents staying in private locations to be interviewed at a non-housing service provider location – approximately 55 percent of respondents currently staying in private locations were interviewed at one of these service locations. Smaller percentages completed phone interviews (5 percent), or were interviewed outside (11 percent), or at an undisclosed location (26 percent). Unfortunately, the data do not specify whether or not respondents were receiving subsidies to stay in motels or other types of housing facilities.

typical location if homeless in the previous twelve months. In Table 4, respondents may report one or more "typical locations" over the past year. The larger percentages in each column reflect the fact that over the course of a year, respondents use a wider array of housing/non-housing facilities. For example, more than half of respondents stayed in a private location (53.9 percent of all respondents,

51.7 percent of individuals, and 85.7 percent of families), while 18.2 percent stayed in an institution, and strong minorities stayed in places not intended for sleeping (35.8 percent of all respondents, 39.5 percent of individuals, and 7.1 percent of families).

Relative to the single point in time of January 25, 2005, smaller percentages of respondents reported staying within the homeless

**Figure 4. Length, Frequency and Severity of Homelessness**



**Table 5. Highest Level of Education Achieved**

	All (N=367)	Individuals (N=303)	Families (N=58)
0-8th grade	4.6%	5.0%	1.7%
9th-12th grade/did not graduate	28.9	28.7	32.8
GED	12.8	13.9	8.6
High school diploma	22.1	22.8	19.0
Some college/did not graduate	19.9	18.2	29.3
2 year college/associates degree	4.6	3.3	8.6
Undergraduate degree	5.2	5.9	0.0
Technical/vocational school	0.5	0.7	0.0
Post-graduate degree	1.4	1.7	0.0

assistance network (51.5 percent of all respondents, 52.4 percent of individuals, and 28.6 percent of families) during the previous year. This appears to result in part from the fact that respondents in families are less likely to report using emergency shelter as a typical location if homeless in the past year. This may also result in part from the fact that not all facilities within the homeless assistance network serve families.

### DEGREES OF HOMELESSNESS

Figure 4 offers insight into the dynamics of homelessness in Washtenaw County by providing estimates of the average length, frequency, and severity of homeless episodes. The 2005 data reveal that while a majority of respondents had been homeless for less than six months (53.7 percent), a strong minority had been homeless for more than six months (46.3 percent), and over 30 percent had been homeless for more than one year (not shown in Figure 4). Over half of the 2005 respondents reported more than one episode of homelessness in the past three years, sug-

gesting that many in Washtenaw County's homeless population cycle in and out of the homeless assistance system. Almost 29 percent of respondents were considered "chronically homeless" by Washtenaw County's definition, meaning that they had a disabling condition (mental health problem or physical or cognitive disability or HIV/AIDS), and had been homeless four or more times in the previous three years, or had been continually homeless for more than one year.

There are important differences between individuals and families with respect to length, frequency, and severity of homeless episodes (data not shown). For example, a greater proportion of families had been homeless only once in the previous three years (62.5 percent of families compared to 42.8 percent of individuals). Families were also less likely to report that their current episode was from zero to six months long (47.4 percent of families compared to 55.7 percent of individuals) but more likely to report that their current episode was from one to five years in length (31.6 percent of families compared to 26.1 percent of individuals).

**Table 6. Current Employment Activity**

	All (N=373)	Individuals (N=307)	Families (N=60)
Regular full-time job	9.4%	7.2%	20.0%
Regular part-time job	8.6	8.8	8.3
Temporary or seasonal work	2.7	2.3	8.3
Other work	9.4	9.5	8.3
Looking for work	36.5	36.5	35.0
Unable to work	32.7	35.8	20.0

### BARRIERS TO HOUSING STABILITY

Some barriers to housing stability – including persistent mental illness and substance abuse – have been discussed in previous sections of this report. This section highlights the educational attainment and employment activity of homeless individuals and families.

Table 5 shows the highest level of education achieved and Table 6 shows the employment situation of the 2005 PITC respondents. Approximately one-third of respondents reported less than a high school education, one-third possessed a GED or completed high school, and one-third attended college or vocational school (although most did not complete college). Adults in families were more likely to have attended college (37.9 percent of adults in families had some college compared to 29.8 percent of individuals).

Of the 367 respondents who answered this question, 6 could not be classified as individuals or families and are excluded from this comparison.

As shown in Table 6, a minority of respondents reported having a regular full- or part-time job. Sixteen percent of homeless individuals, and 28.3 percent of adults in homeless families, were working regularly. Strong minorities were either looking for work (36.5 percent of individuals and 35 percent of adults in families) or were unable to work (35.8 percent of individuals and 20 percent of adults in families). The majority of respondents who were unable to work reported that disabilities including substance abuse (16.4 percent), a physical disability (22.1 percent), or severe and persistent mental illness (49.2 percent), prevented them from working (not shown in Table 6). Approximately two-thirds of all respondents reported they had some form of employment or were looking for work.

## Comparison of 2004 and 2005 PITC Data

On average, statistics reported in 2004 closely resemble those presented in this report, with some notable differences discussed below. Methodological differences between years that may contribute to different estimates are



discussed in Appendix C (in the companion document to this report).

Relative to 2004, the 2005 sample had a greater percentage of females (38.9 percent in 2004 compared to 42.8 percent in 2005). Similar proportions of the two samples were white (51.5 percent in 2004 and 50.5 percent in 2005) and over the age of 40 (55 percent in both years). In 2005, a greater percentage of respondents reported having children (11.5 percent in 2004 compared to 16.3 percent in 2005).

In each year, similar proportions of respondents attributed their current episode of homelessness to a physical or mental health problem: 62.5 reported these causes in 2004 and 61.8 in 2005. Additionally, approximately 40 percent of respondents in each year reported an income-related cause. Compared to 2004, a smaller percentage of 2005 respondents offered problems with family/friends as a reason for their current homeless episode (39 percent in 2004 and 32 percent in 2005).

Interesting differences emerge regarding severity of homelessness for each sample. In 2004, a majority of respondents were experiencing their first period of homelessness (52.4 percent); in 2005, a majority of respondents had experienced more than one homeless episode in the past three years (57.3 percent). Additionally, chronic homelessness was more extensive in 2004 than in 2005 – 36.3 percent of respondents satisfied the criteria for chronic homelessness in 2004 compared to 28.9 percent in 2005. This decrease may be partly due to differences in agency participation in 2004 and 2005: one agency providing substance abuse treatment did not participate in the 2005 PITC.

## Discussion and Conclusion

The 2005 PITC survey data provide insights into the basic demographic characteristics of Washtenaw County's homeless population, as well as the self-reported causes of homelessness and barriers to housing stability for individuals and families without a home. These data reveal that disabilities, including mental health, substance abuse, and other physical and cognitive disabilities, are prevalent within the local homeless population. Large minorities of homeless individuals and families attribute

their homelessness to these disabilities. However, a significant proportion of the homeless population also cites structural, economic, and housing problems as important causes of their homelessness.

In addition, the analysis highlights important differences between homeless individuals and homeless families on many characteristics examined. Some of the most striking differences arise with respect to subpopulation groupings – for example, adults in families exhibit a lower incidence of substance abuse and severe mental illness compared to individuals, but are much more likely to report domestic and family violence.

Future point-in-time counts will allow the community to assess changes in the homeless population over time. An important step in this process will be to incorporate all service providers into future point-in-time counts. This will permit a more comprehensive canvassing of the homeless population, and will offer the community a more accurate assessment of the characteristics and needs of all homeless persons living within Washtenaw County. In addition, future counts might collect additional survey data about homeless children. This could provide the community with a more complete picture of homelessness among families, as well as the characteristics of homeless children in the community.

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### ENDNOTES

1. Information from the 2004 PITC survey is available in a report prepared by graduate students at the University of Michigan: "Homelessness in Washtenaw County: A Descriptive Analysis of the Point-In-Time Survey of Homeless Persons 2004" by Bria Barker, Hugo Navarro, and Uchenna Ukaegbu. The report is available online at: [http://www.ewashtenaw.org/government/departments/community\\_development/plans\\_reports\\_data](http://www.ewashtenaw.org/government/departments/community_development/plans_reports_data).

2. For survey respondents, if providers were able to answer all questions from administrative data, they were allowed to use this data to complete the surveys in advance for known residents. The phone interviews were conducted as part of a crisis line, and for clients

added to an agency's waitlist but not residing in that agency on the night of the PITC.

3. In Questions 12-14 of the survey, respondents were asked to report on the extent to which they had ever experienced a range of characteristics commonly experienced by those without a home. It is important to note that these subpopulation groupings are sometimes based on self-reports (from face-to-face interviews and phone interviews), and therefore may underestimate the true extent of problems that involve sensitive information, including mental and physical health problems, HIV/AIDS, substance abuse, and domestic violence. Furthermore, it was impossible to assess missing information for the following groups: mental health, other physical or cognitive disability, and HIV/AIDS. Specifically, respondents were asked to check a box if they experienced any health problems, but it is impossible to tell whether respondents who did not check this box did not experience a health problem, or simply did not want to answer this question. All respondents who did not check a box for health problems are coded as not having that health problem. Coding all unanswered responses as "no" is likely to understate the true prevalence of these disorders in the population. For domestic violence and substance abuse, a respondent is asked to report on these characteristics over his or her lifetime; smaller percentages of clients would be expected to experience substance abuse problems and domestic violence at any single point in time.

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