2001 UPDATE

of

Milwaukee's Long Range Plan
for the Homeless

Long Range Plan to Reduce Homelessness
in Milwaukee County
for 2000 to 2004

February 2001

Synopsis

This report includes the original work in 2000 of the Long Range Planning Committee for Milwaukee's Homeless, which consisted of community representatives and representatives from agencies who directly serve the homeless. The Committee's work has been a guide for developing strategies to make the systems of services for the homeless more responsive to the needs of the homeless and better coordinated.

2001 UPDATE

In June 2000, after the completion of the 2000 CoC Exhibit I, the Homeless Steering Committee formed Implementation Subcommittees charged with the responsibility to develop more specific implementation strategies for the objectives with 2000 and 2001 deadlines. The subcommittees were organized around the four general goal areas in the plan: a) housing, b) prevention & support services, c) system improvement, and d) community awareness. The initial implementation strategies developed by the Implementation Subcommittees include:

1) ***Formulating a Housing Subcommittee of the Emergency Shelter Task Force which is focusing on developing transitional housing for 18-24 year-olds, creating a referral system to move people from emergency shelter to transitional housing, and creating an umbrella organization to develop permanent housing;***
2) ***Facilitating the use of TANF funds for AODA treatment of TANF-eligible homeless persons;***
3) ***Creating a Consumer Involvement Committee (CIC) to give the homeless a voice in the planning and implementation of services to the homeless;***
4) ***Creating a process for developing outcomes for homeless programs; and***
5) ***Conducting a survey of case management resources and organizing a Case Managers Forum as a means of better coordinating those services.***

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Long Range Plan to Reduce Homelessness in Milwaukee County for 2000 To 2004

I. Introduction

Over the past fifteen years, the Milwaukee community has developed a comprehensive range of services for the homeless. The Homeless Shelter Task Force, which has been in existence since 1985, has played a significant leadership role in expanding capacity and creating new services for the homeless in Milwaukee. In 1995, the U.S. Department of Housing and Urban Development initiated the Continuum of Care (CoC) to bring additional federal dollars to local communities for the development of a continuum of services for homeless individuals and families. Milwaukee's Continuum of Care, comprised of non-profit service providers, Milwaukee County, the City of Milwaukee, and providers for the homeless, created a community consensus on a strategic direction to address the needs of the homeless in the community.

The strategic direction details the vision, goals, strategies, and action steps needed to provide services and housing in a comprehensive and coordinated fashion over a five-year period. As a result of this funding stream, an expanded range of services beyond emergency shelters has been developed to assist homeless persons to move from homelessness to permanent housing with a greater degree of self-sufficiency. The strategic direction is under continuous review to insure coordinated implementation of projects initiated with HUD funding and other mainstream resources, to identify unmet needs and gaps, and to respond to critical issues as they arise. After several years of cooperatively building capacity through HUD's CoC funding, Milwaukee's CoC decided it needed a more comprehensive vision for what it wanted to achieve with regard to homelessness in the long term.

In May of 1999, the Continuum of Care planning group met to devise the blueprint for ensuring that long range planning would become an ongoing activity throughout the year. In the absence of an administrative entity or structure, agency staff decided to pool their resources and work together, and select a facilitator (the Planning Council for Health and Human Services, Inc.) to assist in developing a long-range plan to reduce homelessness in Milwaukee County over the next five years. The agency representatives felt that the annual planning activities engaged in each year to secure CoC funds from HUD needed to be done within the context of a broader, community-wide, and longer range plan.

The following sections present the planning process and the long-range plan, including the vision and mission of the Long Range Planning Committee, service needs and gaps, and five-year goals and objectives.

> **_2001 UPDATE_**
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> **_Updates are interspersed at appropriate points in _underline_bold italics_underline_ to inform the reader about changes in the plan and additional implementation strategies that were been developed by the Implementation Subcommittees during 2000 &2001._**

II.   Planning Process

A Steering Committee comprised of representatives from Milwaukee County, the Shelter Task Force, and several CoC agencies emerged during mid-1999 and took the important initial step of creating the Long Range Planning Committee (LRPC) that was charged with the responsibility of guiding the development of a long-range plan for reducing homelessness in Milwaukee. Since the focus of such an effort was to be comprehensive and community-wide, great care was taken in formulating the composition of the LRPC to include not only providers of homeless services but also community representatives from such areas as business, government, funders, landlords, and community volunteers (see Appendix A for a list of the LRPC membership). The intent in developing the long-range plan was to serve as the blueprint for the whole community, including all funders and funding streams (e.g., HUD's CoC) for developing a comprehensive, coordinated community response to the needs of the homeless population. It was also seen as a potential vehicle for creating public awareness about and support for homeless individuals and families.

Once the LRPC members were selected, a general orientation about homelessness in Milwaukee was conducted for the community representatives in September 1999 to enhance their participation with the service providers in developing the long range plan. Over the course of the six-month period from October 1999 to March 2000, numerous meetings were held to develop the various components of the long rang plan document, i.e., vision and mission, homeless sub-population needs, service gaps, and goals and objectives for 2000 to 2004.

> *2001 UPDATE*
> *In June 2000, after the completion of the 2000 CoC Exhibit I, the Homeless Steering Committee formed Implementation Subcommittees charged with the responsibility of developing more specific implementation strategies for the objectives having 2000 and 2001 timelines. The subcommittees were organized around the four general goal areas in the plan: 1) housing, 2) prevention & support services, 3) system improvement, and 4) community awareness.*

III.   Mission and Vision

At its first meeting, the LRPC adopted a mission statement to guide its activities over the course of the six-month planning period:

MISSION: *To create a three to five-year vision and plan for supporting homeless individuals and families to move into permanent housing on a self-sustaining basis for the long term.*

Over the course of its first several meetings, the LRPC developed a vision that would serve as a guide to more effectively meet the needs of homeless individuals and families over the course of the next five years.

Homelessness in America is a very complex issue. There are many global as well as local factors affecting who becomes homeless and how many homeless persons there are at any point in time. Economic factors play a significant role in the levels of homelessness. The world and national economies impact on the number of jobs and levels of unemployment. Even when global and national economic conditions are favorable, local economies can be affected negatively by local corporate downsizing or other local conditions. Other factors affecting the levels of homelessness are myriad and include a range of things such as the

availability of affordable housing, broad changes in welfare (e.g., W-2), natural disasters, to name a few. Even though local communities do not have much control over many of the factors leading to homelessness, the LRPC has a vision for preventing and reducing homelessness for the Milwaukee area:

VISION: *The Milwaukee community seeks to significantly reduce homelessness in its midst by 2004 through a combination of collaborative, preventive and remedial strategies designed to 1) eliminate causes of homelessness and 2) move all individuals and families experiencing homelessness into safe, affordable, permanent housing on a self-sustaining basis.*

In trying to achieve this vision, the LRPC will strive to promote the following goals:

- ♦ Create a broader community awareness of and responsibility for homelessness.

- ♦ Maximize resources available in the community for services to prevent and remedy homelessness.

- ♦ Move people from homelessness to permanent housing by better coordinating existing services and eliminating waiting lists.

- ♦ Improve the quality of data collection on who are being served and on the services they are receiving for use in decision-making.

- ♦ Develop better ways for consumer participation in homeless services planning and policy development.

IV.   Service Needs of Homeless Sub-Populations

The LRPC engaged in a thoughtful process of identifying the service needs of various segments of the homeless population. Initially, it defined four fairly discreet homeless sub-populations, 1) single women and families with children, 2) single men and veterans, 3) youth 17 and under, and 4) older adults. The LRPC looked at these four categories and determined that all other descriptors, e.g., HIV/AIDS, mental illness, substance abuse, family intimate violence victimization, were conditions that potentially applied across the above four main sub-populations. Appendix B presents the LRPC's collective thinking about the needs of the four main sub-populations as they relate to, among other things, housing, health care, social and family services, economic and employment supports, and education and training. Mental illness, substance abuse, family intimate violence, and HIV/AIDS issues were factored in across the sub-populations.

A. General Needs Across Sub-Populations

The LRPC cited additional affordable housing as one of the major needs for all homeless categories. Without more affordable housing options, it will be very difficult to move significant numbers of homeless persons into permanent housing over the long term. The issue of safety, including but not limited to, lead safety for children, domestic safety for women and children, and neighborhood safety for all, was also mentioned as an important issue across the board. More and better ongoing health care and health care access was seen as a need for all homeless groups of all ages as well as substance abuse and mental health services. Improvements in the areas of primary health care and behavioral health care services are seen as critical components to improving the quality of life of persons experiencing homelessness and to increasing their chances of living self-sustaining lives in permanent housing.

The need for more intensive and better-coordinated case management was identified by the LRPC as a major concern for all groups of homeless in Milwaukee. Being able to sustain one's self and family through a period of homelessness to permanent housing and a self-sustaining life often requires a considerable amount of support and consistency that can be provided through quality case management.

B. Needs Unique to Specific Sub-populations

1. Single Women and Families with Children

   This sub-population has some unique needs including more pregnancy prevention, prenatal care, screening and support for HIV/AIDS, more childcare, more AODA and mental health services, and services related to family intimate violence. This group is also heavily impacted by economic issues and needs better access to better-paying jobs. Family reunification support is considered an increasing need for many single women with children. With regard to housing for this group, there is a special need for more living units for larger families.

2. Single Men and Veterans

   In general, this homeless group includes many who are not well educated, with histories of unsuccessful work experiences and often having substance abuse issues. Job training, supportive employment, and vocational support are very important services for this population. More AODA services, as well as social stability supports, need to be woven throughout the system of services to this population. There is also a need for more, adequate emergency housing for this group.

3. Youth 17 and Under

   This group in particular needs additional transitional housing and more qualified foster homes. There is also a great need for a range of health and behavioral health services for this group. There needs to be an emphasis on family friendly and family-like services across the board for homeless youth. For older youth, including minor parents, transitioning support (transitional housing, independent living skills development, parenting skills, medical and mental health services, and supportive services) needs to be available as they pass from youth-oriented services to the adult "system". There is also awareness for increasing the need for similar support services for young adults ages 18-24 years old.

4. Older Adults

   More housing options need to be available for the older adult population. For example, there is no emergency shelter capacity specific to the needs of older adults in the Milwaukee area. Also, there is a need for more assisted living and group homes with AODA and mental health services. More affordable homes for disabled older adults are needed. Older adults are also vulnerable to family intimate violence and other forms of abuse. Older adults, as a group, often need financial planning and support as an aid to avoiding homelessness.

C. Systems Issues

One of the common themes in discussions with providers of services to the homeless is the need for more coordination and collaboration among providers. In a recent Planning Council survey of homeless service providers, it is clear that some organizations are formally and informally collaborating with one another to provide services in a more comprehensive and coordinated manner to their customers. However, these collaborations are inconsistent

across the system. Many providers are unaware of what other programs are providing, let alone coordinating and collaborating with them.

There are several areas that could be improved upon with increased and improved coordination. First, although we talk about providing a continuum of services, the reality is that many people experiencing homelessness come in and out of the system without consistent support, thus potentially prolonging their episodes of homelessness. Further, it is likely that service providers and the community are missing opportunities to use existing, valuable resources in the most effective and efficient ways. With better coordination and collaboration among homeless and other providers in the community, progress could be made to make the "system" of services more seamless as well as effective and efficient for those experiencing homelessness.

Two points should be emphasized about increasing coordination and accessibility. First, coordination and collaboration often require additional resources in the short run for implementation. However, in the long run, existing resources and services should be utilized more efficiently. Second, increasing accessibility to existing services can cause a strain on the system as well as on those seeking services. It is important to look at capacity when increasing accessibility.

V.   Action Plan

The LRPC analyzed both the needs of various homeless sub-populations (see Appendix B) and the services currently being provided to the homeless in Milwaukee (see Appendix C). The ultimate goal of the homeless service system is to assist people in moving to permanent housing. In order to do so, the LRPC recommends the following action agenda for the next three years:

A. Housing Objectives:

The Milwaukee community needs to increase its capacity for a range of housing for the homeless from emergency shelters, transitional housing, to a continuum of housing options for homeless individuals and families. The higher priority at the present time among the types of housing is an increase in affordable permanent housing. Limited capacity at this end of the housing continuum only serves to create more demand on already over-extended emergency and other temporary housing programs.

There continues to be a need for more emergency shelter capacity, although the development of additional capacity in transitional and permanent housing could reduce some of the demand on emergency shelters.

Also important is the development of new models for as well as additional capacity in transitional housing, especially given that in some situations, it takes considerable time and support to prepare homeless individuals and families for permanent housing. Without that preparation and support in transitional housing, placement in permanent housing can result in additional episodes of homelessness. It is with this in mind that the LRPC presents the following objectives:

1. Increase the amount and quality of both emergency and transitional housing options that ultimately lead to and support permanent housing.

    Activities:

    a. Develop more flexible models of transitional housing that link directly to permanent housing.

    b. Develop ways to assist transitional housing in becoming more supportive of diversity.

    c. Determine how much additional emergency housing is needed and for what sub-populations.

Timelines:

- ♦ Initiate discussion on new transitional housing models as part of 2000 and 2001 CoC Exhibit I planning processes as well as with other funders in March, 2000 and March 2001.

- ♦ Initiate analysis on the need for additional emergency housing subsequent to the development of new transitional and permanent housing options as early as 2001.

2001 UPDATE

The Emergency Shelter Task Force accepted the responsibility for the housing recommendations in the Homeless LRPC and formed a Housing Subcommittee. Within the context of the above timelines, the Subcommittee met several times and as of February 2001 reports that:

1) *With the addition in 2000 of the women's overflow shelter and additional family rooms at Salvation Army, there now appears to be sufficient Emergency Shelter in Milwaukee;*

2) *There continues to be a specific need for Transitional Housing, especially for 18-24 year-olds, upon which the subcommittee will focus some of its energies in 2001;*

3) *A formal referral system that moves people from emergency shelter into appropriate transitional housing needs to be created in 2001; and*

4) *It is debating the merits of establishing an umbrella organization to work with the housing providers, Local Initiatives Support Corporation (LISC), and consultants skilled in non-profit housing development to secure tax credits, other kinds of housing subsidy, and management support for Permanent Housing projects.*

Timelines: a) referral system for transitional housing – end of 2001

               b) umbrella organization – 2002

               c) new transitional housing for 18-24 year-olds - 2003

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2. Increase the use of subsidized housing (e.g., Public Housing, Section 8, Section 42, Section 202, Section 236, and Section 811 Housing) as permanent housing for homeless individuals and families. (See Appendix D for definitions.)

Activities:

    a. Identify what subsidized housing resources might be available.

    b. Explore with municipal, county, state and HUD officials what the possibilities are for expansion of such use of subsidized housing.

     c.   Identify and eliminate barriers for homeless use of subsidized housing.

     d.   Create collaborations to facilitate movement of homeless into subsidized housing.

     e.   Explore real estate development, including SROs.

Timelines:

- Begin exploration process by mid-2000.
- Develop a plan by the end of 2000.
- Initiate use of subsidized housing for homeless by mid-2001.

2001 UPDATE

No Activity To-Date – Will reconsider in 2002.

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3. Increase the use of unsubsidized housing, e.g., Habitat For Humanity, affordable rental property.

Activities:

     a.   Explore the availability of unsubsidized housing.

     b.   Work with interested landlords, bankers, and other community representatives to support efforts to use affordable units for the homeless.

     c.   Explore bonding for high-risk renters.

Timelines:

- Begin exploration process by mid-2001.
- Develop a plan by the end of 2001.
- Implement the use of additional unsubsidized housing by mid-2002.

2001 UPDATE

No Activity To-Date – Still within recommended timelines - 2002.

B. <u>Prevention and Support Service Objectives</u>:

Many homeless individuals and families who achieve permanent housing at times find themselves homeless again within relatively short periods of time. There needs to be a broader comprehensive set of support services available in Milwaukee to help sustain housing permanency for two groups: 1) those who are transitioning into permanent housing and 2) those already in permanent housing who may be at-risk for becoming homeless.

There is a wide range of health, behavioral health, and other support services in the community that provides services to a small population of homeless persons. This includes major heath systems i.e., Aurora, Covenant, and Horizon.

Homeless people encounter difficulties in accessing the services provided by "mainstream" or "conventional" providers because of the prevailing, and often erroneous, community attitudes about this population. This is the reason that separate services are often set up for the homeless which creates two problems, i.e., 1) the creation of duplicate services for the homeless which often are not cost efficient and 2) the false notion that homeless people need to be kept separate.

Therefore, the LRPC proposes the following:

1. Increase support service provision (e.g., behavioral health services, services to those experiencing family intimate violence, services to persons with HIV/AIDS) to those in permanent housing who may be at-risk for becoming homeless.

   Activities:

   a. Explore with local housing authorities, W-2, child welfare, and veteran's agencies ways of identifying those individuals and families who are already in permanent housing but at-risk for becoming homeless. Explore what obstacles they are facing.

   b. Work with existing service providers to develop appropriate crisis intervention mechanisms to protect those in high-risk situations.

   c. Explore with providers, community groups and funders ways to develop continuing care components for those in existing permanent housing programs to prevent future homelessness.

2. Increase support and enhance service provision (e.g., behavioral health services, services to those experiencing family intimate violence, services to persons with HIV/AIDS) to homeless individuals and families as they enter the housing continuum and transitioning into permanent housing.

   Activities:

   a. Work with existing providers to explore ways to open up existing services for homeless individuals.

   b. Identify resources and seek additional funding for identified gaps in support services.

   c. Develop formal collaborations and agreements to ensure that support services are seamlessly woven throughout the system. Form innovative partnerships with diverse service providers to leverage existing resources.

   d. Incorporate other communities' successful solutions into service delivery, and solicit input from consumers utilizing the services to make improvements.

   Timelines for both 1 and 2:

   ♦ Initiate efforts for both of the above objectives in July 2000.

2001 UPDATE

A Prevention & Support Services Implementation Subcommittee was created in the fall of 2000 and has met on seven occasions through February 2001. The Subcommittee determined early on that it would focus its efforts initially on improving support services for homeless persons experiencing behavioral difficulties. In so doing, the Subcommittee is exploring the relationship

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between homeless services and two areas: 1) Milwaukee County's General Assistance-Medical Program (GAMP) and 2) Milwaukee County's TANF and AODA voucher programs. The focus is on trying to expand or otherwise improve services to homeless persons with AODA and mental health problems. Meetings have been scheduled between subcommittee members and representatives of the above programs to explore additional strategies for providing better AODA and MH support services to Milwaukee's homeless population for implementation in 2001.

Timeline: End of 2001

C. <u>System Improvement Objectives</u>:

In order to accomplish the many goals and objectives contained in this plan, the "system" needs to be administered and managed more effectively. In the absence of a better-managed system, many of the other changes being suggested in this document will not happen. The LRPC, therefore, recommends that the following system-wide enhancements be made:

1. Create better access to appropriate levels of service for those already experiencing homelessness as well as those at-risk for becoming homeless.

    Activities:

    a. Create a common mechanism or process for accessing homeless services.

    b. Create standardized assessment tools and service plans for use across the system.

    c. Create a web-site capacity on all subsidized and unsubsidized permanent housing in collaboration with the new 211 I and R system scheduled to be implemented in April 2000.

    d. Create a manual on where services are provided. (Data on web site should be able to be downloaded continuously.)

    e. Develop consistent guidelines across the system on making referrals for service.

    Timelines:

    ♦   Begin developing a common access process for homeless services between July and December 2000.

    ♦   Create/modify the database for all homeless services for inclusion in 211 web site by December 2000.

    ♦   Pilot the new common access process in 2001 and fully implement it in 2002.

2001 UPDATE

The System Improvement Subcommittee worked to create better access to appropriate levels of service for those already experiencing homelessness as well as those at-risk for becoming homeless. The Committee:

1) Developed ways to implement a common intake and assessment strategy for the homeless system and proposed two different models for system-wide case management services.

2) Conducted a survey of case management resources among homeless service providers in order to identify gaps and possible duplication of services.

3) Organized a Case Managers Forum, which was held on February 7, 2001. The objective was to make recommendations for system-wide improvement to the delivery of case management services to homeless people and those at risk for homelessness. Ninety case managers attended and a number of ideas and strategies were explored.

4) Organized the case managers to meet on a regular basis, to network, to work on development and implementation of ideas presented, and to organize training activities.

Timeline: Ongoing

2. Develop both a program outcomes reporting system for all programs serving the homeless and consumer input mechanisms in order to determine what programs are working well, and engage in a process of quality improvement.

Activities:

   a. To develop program outcomes, measures, and performance standards in collaboration with agency representatives.

   b. Develop and implement outcomes data collection mechanisms.

   c. Standardize other forms of data collection, e.g., demographics and utilization.

   d. Develop a way to ensure that data collection procedures protect the interests of the homeless population.

Timelines:

   ♦ Initiate the development of outcomes and measures in January 2001.

   ♦ Pilot test outcomes reporting in last quarter of 2001.

   ♦ Implement outcomes data collection in 2002.

2001 UPDATE

A sub-group of the Systems Improvement Subcommittee was organized to work on this objective. The group consists of representatives from service provider agencies, UWM, and United Way, all who have expertise in the area of outcome development and/or evaluation. Two areas are being explored:

1) Developing a tool to inform the Continuum of Care process and to standardize the information presented by renewal projects on progress made toward meeting their goals; and

3. Enable the homeless to have a greater voice in how services are structured and provided.

   Activities:

   a. Develop and implement mechanisms for consistent consumer input and consumer satisfaction.

   b. Develop a trained leadership pool of former homeless persons (Homeless Council) to assist in above activity.

   Timelines:

   ♦ Develop Homeless Council in last half of 2000.

   ♦ Develop and implement consumer input mechanisms in 2001.

> *2001 UPDATE*
> *To enable the homeless to have a greater voice in how services are structured and provided, a new subcommittee was formed called the Consumer Involvement Committee (CIC). This Committee has met twice and is currently comprised of 4 formerly homeless or currently homeless individuals. Co-chairs of the System Improvement Committee are assisting the CIC in starting up and developing leadership.*
>
> *This Committee meets on a bi-weekly basis and will add new members as determined by the core group. It will make suggestions for improvements to the Long Range Planning Steering Committee through the co-chairs.*
>
> *Timeline: Ongoing*

D. Community Awareness Objectives:

   It is very important to create more community support for meeting the needs of Milwaukee's homeless population. In addition, the community needs to become aware that the homeless population is not homogeneous. The population has many faces. The often-portrayed stereotypical image of a disheveled street person does not do justice to the range of persons and families who are unable to find and sustain themselves in permanent housing. The LRPC, therefore, recommends the following objectives:

   1. Develop an accurate image of the homeless population and increase awareness in Milwaukee about the causes and the human costs of homelessness.

Activities:

    a. Create a pool of funds to develop a marketing strategy and outreach.

    b. Create a media/marketing strategy on homelessness in the community, which incorporates existing efforts of the agencies.

    c. Engage in active outreach in the community on homeless issues, e.g., sharing information at fairs, festivals, malls, community meetings.

Timelines:

- Approach local foundations, including the Non-Profit Management Fund, for funds to support the development of a marketing plan in the second half of 2000.

- Hire a marketing firm to develop a media/marketing plan in the first half of 2001.

2. Promote the seeking of solutions to homelessness in the community.

Activities:

    a. Take the Long Range Plan document to area businesses, foundations, and other funders and policy-makers to create support for increasing the community's efforts to reduce homelessness.

    b. Recruit political leaders and community activists to collectively embrace homeless issues.

    c. Involve grassroots volunteers to promote advocacy for the homeless.

Timelines:

- Ongoing

__2001 UPDATE__
__A Community Awareness Implementation Subcommittee is in the process of being established. The Committee will initially focus its efforts on:__

__1) Developing an accurate image of the face of homelessness in Milwaukee;__
__2) Create a public education strategy to inform the larger community about the causes of homelessness and who are experiencing it; and__
__3) Engage in fundraising to support a community education program.__

__Timeline__: __Ongoing__

VI.   **Next Steps**

The Homeless Services Steering Committee continues to oversee the implementation of the 2000 Homeless LRPC and the steps reflected in the 2001 Updated LRP. The above implementation subcommittees will continue to be active throughout 2001 and will expand upon the efforts identified above. A 2002 update of the LRPC including the activities of the Subcommittees is planned for early 2002.

Appendices

Long Range Planning Committee Members

Agency Representatives:

American Red Cross	Jeff Seider/Jeanne Lowry
Community Advocates	Joe Volk
Guest House	Holly Gardenier
Health Care for the Homeless	Lee Carroll
Hope House	Ken Schmidt
Housing with Help	Bill Weissert
IMPACT	Duncan Shrout
La Causa	Ben Ortega
Matt Talbot Recovery Center	Sam Marjanov
Mental Health-SAIL	John Chianelli
Meta House	Francine Feinberg/Neal Bork
Milwaukee County Housing	Nancy Olson/Ann Oldenburg
Milwaukee County	Pat Flannery/Fai DeMark
Milwaukee Women's Center	Carey Tradewell
Open Gate	Joyce Henry
Pathfinders-TCCM	Tim Baack
Repairers of the Breach	Mac Canon Brown
Salvation Army	Maureen Martin
Safe Haven	Sterling Gildersleeve
Social Development Commission	Audrey Robar
Sojourner Truth House	Kathie Stolpman
Veteran's Hospital	Dee Ramsel
Walker's Point Development Group	Todd Collins
Walker's Point Youth & Family	Andre Olton
Wisconsin Correctional Service - Community Support Programs	Diane Minor
YWCA	Carla Washington

Community Representations

Apartment Owners Association	Housing	Tim Ballering
Aurora Health Care	Business Development	Bob Pietrykowski
City of Milwaukee	CDBG	Hettie White
Community Volunteer		Karen Ellerbusch
Holy Cathedral Church	Faith Organization	Pastor Charles McClelland
Interfaith	Faith Organization	Marcus White
Marcus Center for Performing Arts	Business	Paul Mathews
Milwaukee County	County Board	Roger Quindel
St. Ben's	Meal Program	Horace Lee
U.S. Banks	Community Investments	Linda Bedford
United Way of Greater Milwaukee	Allocations	Essie Allen
Wisconsin Gas Company	Community Affairs	Thelma Sias

Appendix A

HOMELESS SUB-POPULATION NEEDS

	Single Women and Families with Children	Single Men and Veterans	Youth 17 and Under	Older Adults 60+
Housing	• safe environment, i.e., lead-safe homes, safe neighborhoods, and safety in the home • more units, i.e., more transitional and permanent units and single room units, more units for larger families • affordable housing	• more adequate emergency housing, e.g., better staffing, social services, family strength, and assessment support • safe, affordable housing stock/ furniture & household goods • rental subsidy/support	• safe environment • increased transitional housing • expand range of homes available • family resembling assistance • village concept • more qualified foster homes	• assisted living • more affordable (ADA) housing • more older adult group homes: AODA/MH • an emergency shelter capacity for older adults
Health Care Prevention/ Public Health	• more prenatal care / pregnancy prevention services / safe sex • coordinated assessment for infectious diseases	• coordinated assessment for infectious diseases	• more prenatal care / pregnancy prevention services / safe sex • childcare coordination after delivery • coordinated assessment for infectious diseases	• older adult abuse prevention for families • coordinated assessment for infectious diseases
Primary Care	• linking services with providers that can access HMOs, Medicaid, and Title XIX • more trauma care	• better health care	• oral health care • well child services for minor parents and kids • more ongoing health care • more trauma treatment	• affordable health care / medications
Behavioral Health Care	• mental health advocacy for more and better services • AODA advocacy for more and better services	• better AODA services	• access to mental Health treatment that is age and developmentally appropriate • access to AODA treatment that is age and developmentally appropriate	• appropriate mental health treatment • appropriate AODA treatment
HIV/AIDS	• case management, support, and screening	• case management, support, and screening	• case management, support, and screening • education, training, public awareness	
Family Intimate Violence	• use CDC definition of Domestic Violence and Assaults	• use CDC definition of Domestic Violence and Assaults	• use CDC definition of Domestic Violence and Assaults	• use CDC definition of Domestic Violence and Assaults

HOMELESS SUB-POPULATION NEEDS

	Single Women and Families with Children	Single Men and Veterans	Youth 17 and Under	Older Adults 60+
Social and Family Services	• more case management • more childcare • reunification of families / permanency for children in child welfare system • intergenerational guidance / training • increased utilization of assessments and screening at all programs	• continuous and consistent case management • necessary & continuous intervention is needed as individuals progress/back- slide on the path to self-sufficiency and permanent housing • family strength & assessment support • daily living skills	• increased transitional services • more family and individual case management • more legal services • adult supervision/ mentoring • more & better outreach • family friendly help • ongoing 18 & over transitional support services	• more consistent caretaking • more case management for disabled • more availability of social activities • advocacy • more respite care • more transportation services
Economic And Employment Supports	• better paying jobs more budget management supportive employment training to learn job skills & retaining a job Job Connection: assistance in finding a job	• job training & access to services • supportive employment • career development training • income support • realistic re-employment outcomes • vocational support • reality: not everyone can work full-time • transportation	• more economically sound & nurturing families	• more financial planning/ financial support • economic supports when children and grandchildren return to live • employment retraining • financial support for families caring for older adults
Education, Training, and Public Awareness	• increase in community awareness and support • a change in cultural perception on who are homeless / dissolve stereotypes • public awareness about homeless children and their needs	• change in employer attitudes • realistic re-employment outcomes • employer education about new and different ways of employment	• more education and training • more life skills development • more social skill development	

HOMELESS SUB-POPULATION NEEDS

	Single Women and Families with Children	Single Men and Veterans	Youth 17 and Under	Older Adults 60+
Systems Issues	• improvement in attitudes of people outside of system • decrease in system barriers: seamless system of services • improve systems and attitudes of collaborating agencies to provide care • better coordination among services, especially screening for infectious disease and working with other shelters • coordination with MPS for children in shelters: busing and enrollment	• more social stability supports woven throughout system of services • access to services is available through out the whole continuum, regardless of where the individual is, with an initial strategy of engagement • encourage economic development efforts in areas where homeless reside • improve public transportation to assist homeless with accessing services or jobs • develop collaborations with the private sector (employers, etc.) to provide access to transportation • develop strategies to create racial understanding and diminish racial stereotyping	• improvements of coordination between and among child care welfare and W-2 vendors • better coordination with juvenile justice system	• eliminate waiting lists for better access to all services • BadgerCare-type insurance for families without children
Faith Involvement	• need for spiritual guidance and support • need Faith based involvement in providing care, shelters, food, and faith services across all sub-populations		• access to multi-dimensional and voluntary support	• need for spiritual guidance and support • need Faith-based involvement in providing care, shelters, food, and faith services across all sub-populations

Note: It is understood that most needs described are desirable for all sub-populations; however, those needs identified are those considered most significant.

Programs / Services	Emergency Shelter	Overflow Shelter	Safe Haven	Transitional Housing	Residental AODA Facility	Permanent Housing	Advocacy	AODA Services	Case Management	Day Services*	Education Services	Employment Skills**	Life Skills***	Medical/Dental	Mental Health Services	Outreach - Organizational	Outreach - Street Based	Prevention
AIDS Resource Center				30 beds		X		X							X			X
American Red Cross		50 Beds	15 beds					X						X	X	X		
ANET								X							X			
Center for Veteran Issues	(73 Beds) -6			72 beds		X		X							X			
Community Advocates				11 units		X	X	X							X			
Daystar				10 beds							X	X			X			
Guest House	(80 Beds) -1			X		X		X	X			X	X	X	X			
Health Care for the Homeless				5 units			X							X	X	X		X
Hope House	(22 Beds/7Rooms) -2			12 Rooms			X					X	X		X	X		
IMPACT								X	X						X			
Intercession, Inc.				X			X											
Interfaith Conference							X											
Joy House	(52 Beds) -5			X														
La Causa	(12 Beds) -3														X			
Matt Talbot Recovery				4 beds				X	X			X	X	X	X			X
Meta House				13 units	X	X		X	X		X	X	X	X	X			
Milw. Co. Housing						X												
Milw. Co. Mental Health			23 units					X				X		X	X			
Milw. Urban League																		
Milw. Women Center	(22 Beds) -5							X	X			X	X		X			X
Open Gate				21 beds		X	X	X				X		X	X			
Repairers of the Breach							X	X		X		X	X	X	X	X		
Rescue Mission	(250 Beds) -1	X																
Salvation Army	(60 beds/13 rooms) -2			30 units				X				X	X					X
SDC-Family Crisis Center	(58 Beds) -2			60 beds				X					X		X			X
Sojourner Truth House	(36 Beds) -5						X	X					X	X	X			X
TCCM - Pathfinders	(8 Beds) -4						X		X	X			X	X	X	X		X
Tri-Corp.						X												
VA Mental Health				(189 beds) -6				X	X			X	X	X	X			
Walker's Point Development				20 units		X												
Walker's Point Youth/Fam.	(8 Beds) -4			8 beds			X	X				X	X	X	X			X
WI Correctional Service-CSP				13 beds		X	X	X				X	X	X	X			X
YWCA of Greater Milw.				22 units				X						X	X			

*Day Services: (Clothing, Hygiene, Laundry, etc). ***Life Skills:(eg. Money Management, Maintainance of a household,parenting classes etc).

**Employment Skills: Job Training, Job Placement, etc.

Shelters footnotes: 1: Men Only 2: Men, Women, Families 3: Children < 12 4: Youth < 17 5: Women and Children 6: Veterans Only

Appendix C

Glossary of Housing and Urban Development Terminology

Affordable Rents: Generally defined by HUD as 30% of a household's adjusted monthly income. The affordable rent includes utility payments made by the tenant.

Low Income Housing Tax Credit: Section 42: This program allows affordable housing projects to "sell' tax credits to investors, who, in return for their investments in the project, are permitted to apply the credits towards their taxes. Tax Credits are allocated by the federal government to the states who, in turn, allocate them to individual projects. Projects must meet rent, occupancy, and other use restrictions in order to be eligible for the tax credits.

Privately Owned, Publicly Subsidized Housing: An affordable housing program developed by HUD in which the federal government provides capital subsidies and/or mortgage insurance to private owners who build and operate affordable housing.

Project Based Section 8 Assistance: HUD-funded rental assistance that is tied to a particular property (as opposed to "Tenant Based Assistance").

Rental Assistance: Government payments to subsidize a tenant's rent. The tenant typically pays 30% of adjusted monthly income to the owner, and HUD makes up the difference between that amount and the rent the owner charges. Sometimes referred to as Section 8, after the section of the act that authorized the program.

Tenant-Based Assistance: HUD Section 8 assistance that is tied to an individual's resident household. If the household moves to a new unit, the assistance goes with the household (as opposed to "Project-Based Assistance").

Vouchers: A type of Section 8 tenant-based assistance where the federal subsidy is calculated based on the difference between a HUD established payment standard and 30% of the household's income. Households may choose housing that rents for more or less than the payment standard, and therefore pay more or less than 30% of their income (may soon be merged with certificates into a single tenant-based assistance program.)

Public Housing:

    A. Public Housing Operations and Residential Initiatives

    Public Housing Operations and Residential Initiatives focuses on operational issues, such as operating subsidies, tenant eligibility and admissions, tenant organization, services, and management improvement.

    B. Public Housing Capital Assistance

    Public Housing Capital Assistance description discusses federal aid for repair and revitalization of the housing itself.

Continuum of Care — Supportive Housing Program: (SHP) helps homeless people live as independently as possible by facilitating the development of housing and related supportive services for people moving from homelessness to independent living.

SHP funds states, local governments, and nonprofit organizations.

SHP supports five types of program designs:

- ♦ Transitional housing, which helps homeless people move to permanent housing.
- ♦ Permanent housing for homeless people with disabilities.
- ♦ Safe Havens: 24 hour supportive housing that serves hard to reach homeless people with severe mental illness.
- ♦ Supportive services for homeless people not living in supportive housing.
- ♦ Other types of innovations supportive housing for homeless people.

(Supportive services include employment assistance, outpatient health services, case management, assistance in locating and accessing permanent housing, child care, help to get employment, nutritional counseling, security arrangement, and help to obtain other assistance. SHP funds may be used to:

- ♦ Acquire land for a homeless facility.
- ♦ Build, rehabilitate, or lease housing for homeless persons
- ♦ Pay for new or increased supportive serves for homeless people.
- ♦ Cover day-to-day operating expenses of supportive housing.
- ♦ Pay administrative expenses.

Continuum of Care Section 8 Moderate Rehabilitation Single Room Occupancy (SRP)

Section 8 SRO is designed to ensure adequate supply of SRO units for the provision of housing for the homeless. This program provides funding to public housing agencies and private nonprofit for rental assistance for homeless individuals who rent rehabilitated SRO units.

Continuum of Care Shelter Plus Care

S+C is designed to ensure supportive housing opportunities for homeless people with disabilities and their families, primarily those who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have HIV/AIDS. Four types of rental assistance are available: (1) tenant-based, (2) project based (contracted with a building owner), (3) sponsor based (contracted with a non-profit organization, and (4) single room occupancy based.

Section 202 Supportive Housing for Elderly: The section 202 program is designed to enable very low-income elderly person (62 years or older) to live independently by increasing the supply of rental housing with supportive services. The program provides interest-free capital advances to private, nonprofit organizations to construct or rehabilitate rental housing with supportive services for very low-income elderly. The advance remains interest-free and need not be repaid as long as the housing remains available for very low-income elderly people for at least 40 years. The program also provides rental assistance for project resident. Resident pay 30% of their adjusted gross income in rent while Section 202 pays the difference between monthly-approved operating cost and rent received from the tenant.

Section 811 Supportive Housing for Persons with Disabilities. The Section 811 program is designed to enable very low-income persons with disability to live independently by increasing the supply of rental housing with supportive services. The program provides interest-free capital advances to nonprofit organizations to construct or rehabilitate rental housing, with supportive services if necessary, for very low-income persons with disabilities who are at least 18 years old. The advance remains interest free and need not be repaid as long as the housing remain available for very low-income persons with disabilities for at least 40 years. The program also provides rental assistance for project residents. Resident pay 30% of their adjusted gross income in rent while Section 811 pays the difference between monthly approved operating cost and rent received from the tenant.

Section 8 Mainstream Program. The purpose of the Section 8 Mainstream Program is to enable very low-income persons with disabilities to rent affordable private housing of their choice. The Mainstream Program provides public housing agencies with funding for rental vouchers for persons with disabilities.

Note: The preceding definitions are taken from "Connecting with Communities: A User's Guide to HUD Programs and the 1999 SuperNOFA Process", U.S. Department of Housing and Urban Development, February, 1999.

Implementation Subcommittee Members

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Gene Bomchill	Walker's Point Development
Michael Brever	Housing with Help/Tri-Corp
David Balcer	Dept. of Housing & Urban Dev.
Jackie DeLaRosa	
Richard Hicks	Aids Resource Center of Wisconsin
Daniel Lopez	
Ann Oldenberg	Milwaukee County Housing
Andre Olton	Walker's Point
Leo Ries	LISC
Joe Volk	Community Advocates
Mary Fran Willcoxson	Daystar

Prevention & Support Services Subcommittee

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John Chianelli	Milwaukee County-Mental Health
Amy Krymkowski	Milwaukee Women's Cenetr
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Beverly Njuguna	United Way of Greater Milwaukee
Sandra Pasch, MSN	UWM-Nursing
Robert Pietrykowski	Aurora Health Care
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Gena de Sousa	Milwaukee County-TANF
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System Improvement Subcommittee

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Barb Vandenburg	Joy House
Joe Volk	Community Advocates

Appendix E