

Milwaukee Continuum of Care

2005-2010 Strategic Plan

November 2004

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Background

The Milwaukee Continuum of Care (COC), through a grant from the Nonprofit Management Fund, hired BroomTree Enterprise to coordinate a strategic planning process in the summer-fall of 2004.

The COC recruited a planning team which was comprised of the following individuals:

Birdie Boyd – City of Milwaukee CBGA
Holly Gardenier – Guest House
Jeanne Lowrey – Red Cross
Donna Ronghold-Migan – The Cathedral Center
Lucia Murtaugh – Downtown Parishes Collaboration
SandiRae O'Brien – Matt Talbot Lodge
Jean Orlow – Guest House
DeeDee Rongstad
Ginny Schrag – The Gathering Meal Programs
Steve Schultz – SDC
Jeff Seider – Red Cross
Duncan Shrout – IMPACT
Joe Volk – Community Advocates

The team used the **Strategic Learning** – planning model which was developed by William G. Pietersen, professor of the practice of management at the Columbia Business School. The model is designed to be a “leadership process for creating and implementing breakthrough strategies”.

The planning team met a total of 6 times on the following dates

May 26, 2004
June 16, 2004
June 30, 2004
July 20, 2004
August 25, 2004
September 8, 2004

The draft Strategic Plan was presented to the full Continuum of Care at a regularly scheduled meeting on September 30, 2004. The plan was unanimously approved at that meeting.

The following documents were provided to the planning team for review via a website sponsored by BroomTree Enterprise (www.BroomTreeEnterprise.com)

Homeless Overview - Milwaukee & Nation - PowerPoint

What Will It Take To End Homelessness? - Martha R. Burt

National Alliance to End Homelessness (NAEH) 10 Year Plan

NAEH Tool Kit for Community Planning Initiatives

State & Local Plans From Across the US

NY City Ten Year Plan to End Homelessness - Overview

Other On Line National Resources

Best Practices

Under the Radar: A Survey of Homeless Adults in Milwaukee

Milw Homeless & Service Overview - Excerpt Pjt BEHM

Milw Shelter Beds 2002-2003 (COC Application)

Milw Shelter Beds 1995-2003 (COC Applications)

ASTREET Dispatch Report 1998-2003

COC HUD Application Exhibit 1 - Narrative - 2003

Milw Fair Market Rent - 2004

Milw County Housing & Census Data

COC 2000-04 Long Range Plan Excerpts

Emergency Services Usage 1995-2000

Wisconsin Working Poor

Job Watch Data - Center on WI Strategies

Milwaukee Job Gap - Employment & Training Institute

Strategies for Reducing Chronic Homelessness - Jan 2004

State Changes Improve MA Access for Homeless

Hunger & Homeless Survey - US Conference of Mayor's

Documented Savings of Housing 1st Model

U.S. GAO Report - Linking Homeless to Mainstream Resources

Ending Homelessness - The Philanthropic Role

Federal Homeless Funding History

Continuum of Care Strategic Plan Overview

“The results of a decade and a half of research to determine what works to end homelessness are fairly conclusive about the most effective approaches. Providing housing helps currently homeless people leave homelessness. It also prevents people from losing their homes. In fact, without housing, virtually nothing else works. Housing often needs to be accompanied by supportive services, at least temporarily, but such services without a housing component cannot end homelessness.”

Martha R. Burt – Helping
America’s Homeless: Emergency
Shelter or Affordable Housing

The Continuum of Care (COC) is presenting this strategic plan as a guide for a new way of thinking about providing services to homeless individuals and families. This new model is based on two fundamental principles:

1. People who are homeless would rather live independently; in a place they call their own.
2. Results from fifteen years of research suggest that housing – linked with services – is virtually the only strategy that works to reduce homelessness. This is found to be true whether we are talking about a single mom or someone who is chronically mentally ill or an individual battling alcohol or drug addiction.

The catch phrase for this new model is called “Housing First.”

Simply moving homeless persons into housing won’t work without ensuring that they have the means to remain housed. That is why another key component of the Housing First model is to ensure that needed services and mainstream resources follow the homeless into their new home.

And finally, this approach requires that the COC engage the broader community in creating the structural changes to provide the resources and affordable housing required to prevent and end homelessness within our time.

The COC fully recognizes that this cannot be a “one size fits all” approach. Moving homeless individuals or families rapidly into permanent housing may not fit well with all populations such as homeless youth or those who are victims of domestic violence. Homeless service providers are encouraged to be flexible and creative in their approach to this new model.

The following pages detail the five priorities recommended by the COC, along with the key measurements and systems changes needed to ensure success.

Vision Statement

We will move consumers rapidly into permanent housing. And, we will maintain a relationship with them to ensure that they receive the resources they want and need.

Milwaukee Homeless Situational Analysis

The COC looked at the data derived from the snapshot of nearly 800 homeless adults in Milwaukee which was conducted in September 2003 and detailed in the report entitled "Under the Radar – a Survey of Homeless Adults." Following are key findings of survey participants:

24% (181) were Temporarily Homeless -having never been homeless before and are currently homeless less than 6 months

- 56 % were Female
- 42% were under age 35 years old
- Needed significantly less AODA services (29%) or MH services (37%) than most other groups surveyed
- 23% were employed and of those 53% earn less than \$8.00 per hour
- 64% had a High School degree or better

41% (311) have been homeless 3 or fewer times in their life & are now homeless less than 12 months. Or, they are 1st time homeless and now homeless between 6-12 months

- 54 % were Female
- 37% were age 36-45 years old
- 55% Needed AODA services
- 48% Needed MH services
- 18% were employed with 58% earning < \$8/hr
- 62% had a High School degree or better

35% (243) were Chronically Homeless. Of Those:

- 66% were Male
- Nearly Half were Age 45 or Older
- 67% Needed AODA Services
- 63% Needed Mental Health Services
- 12% "Spent Last Night" Outside or in a public or abandoned building
- 23% were employed, of which 64% earned < \$8/hr
- 65% had a High School degree or better

When asked "Why did you leave your last permanent place to stay?" - Respondents offered the following (in order of frequency):

- Unemployed
- Couldn't pay rent or mortgage
- Alcohol or drug use
- Eviction or foreclosure
- Family rejection
- Mental health problems
- Domestic violence

The following is an assessment of the environment that homeless persons and homeless service providers find themselves operating in today.

- Homelessness has increased or stayed the same (depending upon the population served)
- The length of stay in shelters has increased dramatically
- Funding for Homeless services has decreased
 - HUD is funding less services
 - County & State funding is threatened
- Political support has waned
- Mainstream resources have dwindled remarkably
 - AFDC transformed to W2
 - Demise of General Assistance
 - Changes in Corrections release standards
 - Difficulty in obtaining SSI
 - Slashed Legal Aid funding
 - GAMP (medical care funding) reduced and threatened with extinction
 - Housing Vouchers (Section 8) reduced
- Shelters excel in providing emergency services
- Shelters are good at acquiring AODA resources
- Shelters could do better at
 - Homeless Prevention
 - Outreach to the hardest to serve
 - Long term systems change
- “Housing First” is becoming a new national model
- Success in Housing First requires:
 - Increased Household Income
 - Ongoing Services
 - More Affordable Housing

The data supporting the situational analysis is – in many instances – startling as the charts in the appendix - A - will show:

- Income Support to inner city families dropped 78% between 1994-2003ⁱ
- 22,400 central city families left AFDC – but only 8,200 showed up with employment between 1994 and 2002ⁱⁱ
- The number of families receiving Food Stamps declined 22% between 1994-2002ⁱⁱⁱ
- Working single parents who remained below poverty increased 31% between 1993-1999^{iv}.
- 70,000 children lost Income Support between 1993-2000^v
- Prior to its demise in 1995, General Assistance was providing income and services to nearly 2500 participants on a monthly basis.^{vi}
- More individuals in Milwaukee became homeless (22%) while on probation and parole or after being released from a correctional facility than in any other city monitored by a recent national study.^{vii}
- The average length of stay at Guest House increased 111% between 1997-2003 going from 18 to 38 days stay^{viii}

At the same time that Milwaukee has witnessed a drastic decline in services for poor and homeless populations, there has also been a dramatic decrease in affordable housing as evidenced by the demise of what had been Single Room Occupancy (SRO) Hotels in downtown Milwaukee. Since the 1980s the following SRO hotels were demolished, representing hundreds of affordable housing units:

- The Randolph
- The Belmont
- The Antlers
- The Plankinton
- The Towne

COC– Strategic Choices – Two fundamental principles guided the planning process. These principles were:

1. People who are homeless would rather live independently - in a place they call their own - rather than reside in a shelter.
2. Results from fifteen years of research suggest that housing – linked with services – is virtually the only strategy that works to reduce homelessness. This is found to be true whether we are talking about a single mom or someone who is chronically mentally ill or an individual battling alcohol or drug addiction.

Following these principles, the below list of “Strategic Choices” were identified:

- We will continue to serve all consumers who request assistance
- We will be Consumer Focused & Strength Based
- We will meet consumer housing needs quickly and without requiring pre-conditions
- We will maximize mainstream resources for each person we serve
- We will shift to a Housing First Model
- Resource Managers will follow each consumer into permanent housing
- Shelters and Meal Programs will increase their visibility as Neighborhood Service Centers
- Transitional housing will remain an option for youth, victims of domestic violence and those suffering from chronic and long term addictions

Five Key Priorities – The Continuum of Care has established five key priorities to guide its activities over the next five years. These priorities are listed below, and are detailed in the following section.

1. Housing First
2. Consumer Centered
3. Maximize Mainstream Resources
4. Systems Change
5. Early Intervention

COC Five Key Priorities

Key Priority	Measure & Reward	Structure & Process Change
<p>Housing First!</p> <p><i>Our primary focus will be to Provide Affordable & Permanent Housing First -- to the consumers we serve</i></p> <p>Definition: Assist consumers to find and maintain a place they can call home Where they can stay until THEY are ready to move.</p> <p>Where the only limitations are those in the "lease agreement"</p>	<ol style="list-style-type: none"> 1. 100 units of permanent-affordable housing will be constructed per year over the next five years. This will include SRO, Shelter + Care and Family housing units. 2. 75% of Emergency Shelter consumers will be placed into permanent housing and will remain out of the shelter system for at least 12 months 3. The average length of stay in emergency shelters will be reduced by 50% 4. Demand will reduce the number of Adult Emergency Shelter Beds by 33% within the next 5 years 	<ol style="list-style-type: none"> 1. Create and maintain a database of safe, affordable housing in the City 2. In partnership with others, build & operate 50 units of SRO housing on an annual basis 3. Our relationships with consumers will be "Consumer Centered & Strength Based" as noted in Priority 2 below 4. COC will work with HUD to move the current base of "Transitional Housing" into Permanent Housing -- where appropriate.
<p>Consumer Centered & Strength Based</p> <p><i>Our relationships with consumers will be "Consumer Centered & Strength Based"</i></p> <p>Definition: The consumer is the center of a team of service and resource managers.</p>	<ol style="list-style-type: none"> 1. Within five years, each agency which now provides case management services will have trained staff in the Single Coordinated Care Plan model 	<ol style="list-style-type: none"> 1. Involve consumers in Program Development 2. Ensure that every consumer is connected to a "Resource Manager" either through the shelter system or through a Mainstream Resource 3. Regularly sponsor training on the Coordinated Care Plan model

¹ Moving homeless persons rapidly into permanent housing may not fit well with homeless youth or those who are victims of domestic violence. Homeless service providers are encouraged to be flexible and creative in their approach to this new model.

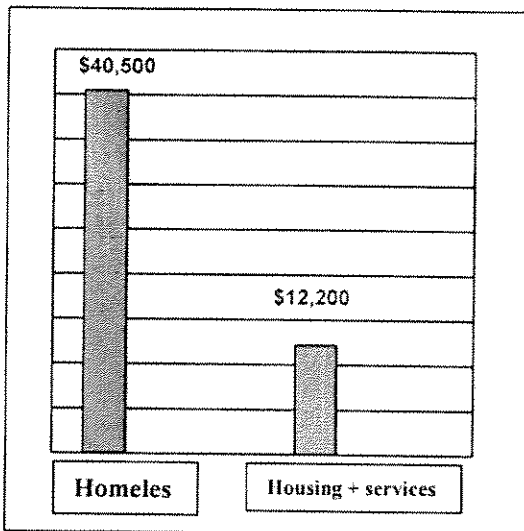
Key Priority	Measure & Reward	Structure & Process Change
<p>Mainstream Resources</p> <p><i>We will maximize Mainstream Resources for our consumers by working with the resource providers and, when necessary by holding them accountable for the provision of services to the individuals and families we serve.</i></p>	<ol style="list-style-type: none"> 1. Within five years, we will reduce by 50% the number of consumers entering the shelter system from Mainstream Resource systems 2. Every consumer will be enrolled in 100% of the Mainstream Resources for which they choose and for which they are entitled 	<ol style="list-style-type: none"> 1. Implement the Coordinated Care Plan or similar model 2. Develop an intake system that automatically identifies Mainstream Resources for which each consumer may be entitled.
<p>Systems Change</p> <p><i>We reaffirm our long standing commitment to "Systems Change" in order to provide the Affordable Housing Adequate Income Necessary Services</i></p>	<ol style="list-style-type: none"> 1. Eliminate by 100% the number of corrections and Health care discharges to streets and shelters 2. Reduce by one-half the time it takes to enroll a consumer for SSI benefits 3. Increase by 10% per year the number of slots for AODA and Mental Health treatment 	<ol style="list-style-type: none"> 1. Create a Housing Trust Fund in order to pay for new affordable housing 2. Host quarterly COC meetings with Mainstream Resource Providers & involve consumers in the process 3. Establish a system wide database charting inappropriate discharge into the shelters.
<p>Early Intervention</p> <p><i>We will seek to prevent homelessness by working on Early Intervention strategies in order to help individuals and families remain housed.</i></p>	<ol style="list-style-type: none"> 1. Demand will decrease the number of consumers accessing the shelter system by 10%/year 2. Demand will reduce the number of homeless accessing meal programs by 10%/year 3. The number of 211 referrals who remain housed will increase by 10%/year. 	<ol style="list-style-type: none"> 1. Implement new Outreach models and conduct outreach to individuals and families who are marginally housed. 2. Shelters and Meal Programs will increase their marketing, visibility and utilization as Neighborhood Service Centers.

Housing First - Continuum

Priority #1 Housing First ²	Description	Program Activities	Key Features	Time Limits	Outcomes
Permanent Housing	This is HOME	<ul style="list-style-type: none"> Consumer assisted to acquire permanent housing Establish & maintain an ongoing relationship w/ Resource manager Crisis intervention when requested 	<ul style="list-style-type: none"> No limitations outside of lease agreement Access new resources 	Until the consumer wants/needs to move	<ul style="list-style-type: none"> 85% do not transition back to the shelter system w/in 12 months 100% receive mainstream resources they desire & for which they are eligible
Transitional Housing	Short term housing designed to help homeless "stabilize" their lives and transition rapidly to permanent housing	<ul style="list-style-type: none"> Housing Assessment Mainstream Resource eligibility assessment & acquisition Relocation assistance Consumer Linked w/ Resource Manager 	<ul style="list-style-type: none"> Few rules or limitations Used on a limited basis -- not a "routine step" in the housing continuum Access new resources 	120 Days (goal)	<ul style="list-style-type: none"> 85% do not transition back to the shelter system w/in 12 months 100% receive mainstream resources they desire & for which they are eligible 85% move to permanent housing w/in 4-6 months
Emergency Shelter	Short term emergency housing	<ul style="list-style-type: none"> Shelter Bed Shower Safe Space Assessment for services & Resources Consumer Linked w/ Resource Manager 	<ul style="list-style-type: none"> Safe environment Rules for Participation Access new resources 	14 days (goal)	<ul style="list-style-type: none"> 75% move to permanent or transitional housing and will remain out of the shelter system for at least 12 months Identify 100% of eligible Mainstream resources

² Moving homeless persons rapidly into permanent housing may not fit well with homeless youth or those who are victims of domestic violence. Homeless service providers are encouraged to be flexible and creative in their approach to this new model.

Housing First Saves Money - one of the primary advantages of the Housing First model is that it has proven to be nearly cost neutral. A long term study conducted by Dennis P. Culhane and the University of Pennsylvania^{IX} documented impressive statistics.



**Housing First Savings Cover 95%
Of the Cost of:**

- Building
- Operating &
- Providing Services in supportive housing

The New York/New York Agreement Cost Study tracked nearly 4700 homeless individuals for four years, examining the study group's use of shelters, medical services, prisons, etc. The study found:

- A homeless mentally ill individual in NY City uses about \$40,449 of services per year
- Once placed in housing – with services - the cost dropped to \$12,145 per year
- The savings pay for 95% of the costs of building, operating & providing services in supportive housing, according to the study.

Creating the Community Will to Reduce Homelessness

We know what works to reduce homelessness: Housing linked with services. For too long, the shelter service providers have struggled virtually alone in this endeavor. Reducing homelessness is within our grasp – if we can muster the community will to do so.

COC has recommended specific changes that major segments of the Milwaukee community will need to accomplish in order to make a significant impact on reducing homeless.

COC Strategic Plan – Community Work Plan

Agency	COC Recommendation
Social Security Administration	Allow selected homeless service providers authority to determine “ presumptive eligibility ” for qualified homeless individuals
State of Wisconsin	<ul style="list-style-type: none"> ● Using W2 or other resources – create a fund to provide Temporary Income to homeless families (beyond the 1 time Emergency Assistance grant) ● Increase Food Stamp outreach ● Support the Milwaukee Housing Trust Fund effort
State & County Corrections	Discharge planning ensuring release to permanent housing with adequate income and services needed to remain housed
City & County Housing Authorities	<ul style="list-style-type: none"> ● Guarantee XX number of public housing or section 8 vouchers for homeless persons per year ● Support the Milwaukee Housing Trust Fund effort
City Government	<ul style="list-style-type: none"> ● Maintain current HOME & CDBG funding levels for housing & homeless provider groups ● Support the Milwaukee Housing Trust Fund effort
County Government	<ul style="list-style-type: none"> ● No retreat from GAMP funding ● No retreat from the IDAP Program funding (which gives \$200/mo to disabled persons waiting for permanent disability benefits) ● Support the Milwaukee Housing Trust Fund effort

Agency	COC Recommendation
Milwaukee County Behavioral Health Division	<ul style="list-style-type: none"> ● Assume a leadership role in identification, planning and application for federal grants targeted to homeless populations ● Continue to lead by example in discharging individuals to permanent housing vs. streets or shelters
Milwaukee County Adult Services	Make Permanent Housing & Case Management services available to Homeless individuals with disabilities.
Health Care Institutions	<ul style="list-style-type: none"> ● Support continued funding of GAMP at current levels ● No discharges to shelters or to the streets without ensuring that adequate housing or resources are available
Civic Groups (GMC, MMAC, etc)	<ul style="list-style-type: none"> ● Support the COC initiatives at the city, county, state & federal government levels ● Support the Milwaukee Housing Trust Fund effort
Foundations	<ul style="list-style-type: none"> ● Help fund SRO housing development & operations ● Continued support for homeless service provider organizations ● Support the Milwaukee Housing Trust Fund effort
United Way of Milwaukee	<ul style="list-style-type: none"> ● Fund New Housing Development ● Fund Supportive Services & Homeless Service Providers ● Support the Housing Trust Fund Initiative in Milwaukee
Neighborhood & Social Service Nonprofit Organizations	<ul style="list-style-type: none"> ● Support development of SRO housing in our communities ● Link homeless persons to community networks and services ● Support the Milwaukee Housing Trust Fund effort

**The Milwaukee Continuum of Care
2005-2010 Strategic Plan**

Was coordinated by

**Michael J. Soika, President
BroomTree Enterprise**

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COC Plan – End Notes

i *2004 Neighborhood Indicators of Economic and Employment Well-Being of Families in Central City Milwaukee Neighborhoods* - UW-Milwaukee Employment & Training Institute

ii Ibid

iii Ibid

iv *Economic Status of Milwaukee County Children in the Year 2000* - UW-Milwaukee Employment & Training Institute

v Ibid

vi *Jobs for Workers on Relief in Milwaukee County: 1930-1994* - UW-Milwaukee Employment & Training Institute

vii *The Welfare-to-Work Grants Program: Enrollee Outcomes One Year After Program Entry-Report to Congress February 2004* – Mathematica Policy Research, Inc.

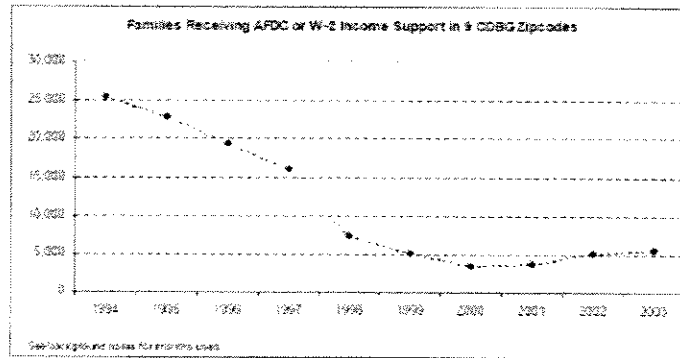
viii Guest House Data Print-out June 30, 2004 – prepared by Jean Orlow for the COC Planning Team

^{ix} *The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals* – Dennis P. Culhane, Stephen Metraux and Trevor Hadley Center for mental Health Policy and Services Research, University of Pennsylvania

APPENDIX – A

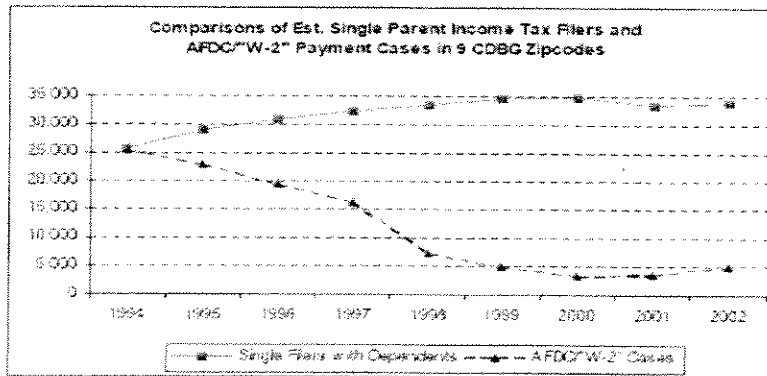
The Retreat of Mainstream Resources

78% Drop in Income Support to Inner City Families
1994-2003



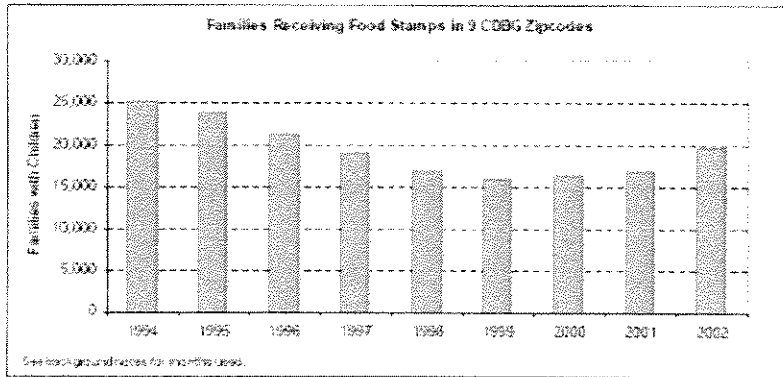
The Retreat of Mainstream Resources

22,400 left AFDC – But only 8,200 Showed Up with Employment



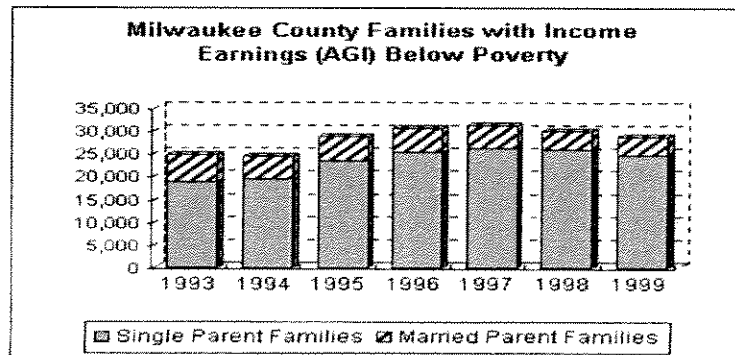
The Retreat of Mainstream Resources

22% Decline in Number of Families Receiving Food Stamps



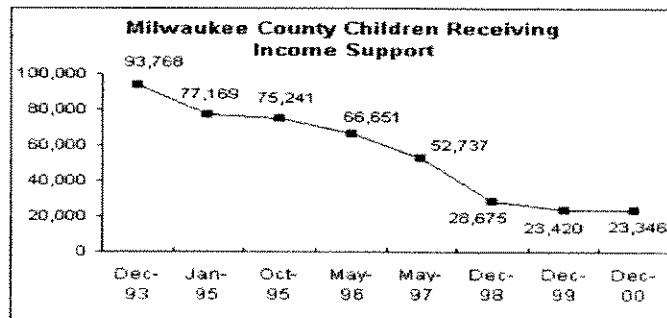
The Retreat of Mainstream Resources

31% Increase in Working Single Parents who Remain Below Poverty



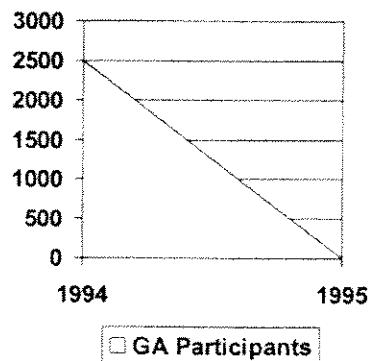
The Retreat of Mainstream Resources

70,000 Children Lose Income Support 1993-2000



The Demise of General Assistance

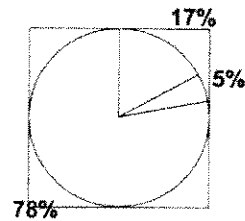
- In October 1994 – Milwaukee employed 1,587 GA recipients at minimum wage (\$4.35/hr) for 10 hours per week
- Another 900 GA recipients were in education, training and job placement programs
- In July 1995 – the state ended funding for GA – a commitment that had been honored since 1838



Corrections Linked to Milwaukee Homelessness

The Study: *“Welfare to Work Grants Program: Enrollee Outcomes One Year After Program Entry”* - Published February 2004 & Presented to Congress

22% Are Homeless



On Street Shelter Housed

Corrections & Homelessness continued

- The Study followed 195 Milw. individuals who were on Probation or Parole or who were scheduled to be released from corrections
- 17% were homeless during the study year & “lived on the streets”
- Another 5% lived in a shelter
- The ratio of living on the streets vs. living in shelters was “**far larger in Milwaukee than in any other site.**”
- The Milw “Under the Radar” survey showed that 117 individuals (15%) were homeless and on Probation & Parole

GUEST HOUSE OF MILWAUKEE

Sheltered Guests by Year

Year	Total Served	Ongoing	New	ReAdmits	Shelter Days
1997	1006	50	956		18,055
1998	1279	67	944	268	26,482
1999	1252	76	747	429	26,185
2000	1066	61	555	450	25,620
2001	738	70	296	372	26,211
2002	602	74	275	253	26,748
2003	716	74	342	299	27,502
2004	359	76	123	160	11,454

* As of 4/2/1997

** Through 5/31/2004

1997 Guests	1,006	
Total New	3,282	(Begin 1998)
Total Served	4,288	

Non-Program	2,896	67.54%
Program	1,392	32.46%

Sheltered Guests by Guest Years by Participation

Number of Guest Years	Total Guests	%	Non Program	%	Program	%
1	2725	63.55%	2270	78.38%	455	32.69%
2	890	20.76%	438	15.12%	452	32.47%
3	368	8.58%	121	4.18%	247	17.74%
4	182	4.24%	42	1.45%	140	10.06%
5	80	1.87%	19	0.66%	61	4.38%
6	26	0.61%	4	0.14%	22	1.58%
7	12	0.28%	1	0.03%	11	0.79%
8	5	0.12%	1	0.03%	4	0.29%

Sheltered Guests by Days Stayed by Participation

Total Days	Total Guests	%	Cumulative %	Non Program	%	Cumulative %	Program	%	Cumulative %
1Day	535	12.48%	12.48%	535	18.47%	18.47%	0		
2-3 Days	514	11.99%	24.46%	514	17.75%	36.22%	0		
4-7 Days	584	13.62%	38.08%	582	20.10%	56.32%	2	0.14%	0.14%
8 - 14 Days	595	13.88%	51.96%	544	18.78%	75.10%	51	3.66%	3.81%
15 - 30 Days	675	15.74%	67.70%	516	17.82%	92.92%	159	11.42%	15.23%
1-2 Months	520	12.13%	79.83%	175	6.04%	98.96%	345	24.78%	40.01%
2-3 Months	260	6.06%	85.89%	27	0.93%	99.90%	233	16.74%	56.75%
3-4 months	148	3.45%	89.34%	2	0.07%	99.97%	146	10.49%	67.24%
4-5 Months	110	2.57%	91.91%	0	0.00%	99.97%	110	7.90%	75.14%
5-6 Months	69	1.61%	93.52%	0	0.00%	99.97%	69	4.96%	80.10%
6-9 Months	160	3.73%	97.25%	1	0.03%	100.00%	159	11.42%	91.52%
9 - 12 months	71	1.66%	98.90%				71	5.10%	96.62%
12 - 15 Months	32	0.75%	99.65%				32	2.30%	98.92%
15 - 18 Months	10	0.23%	99.88%				10	0.72%	99.64%
18 - 23 months	5	0.12%	100.00%				5	0.36%	100.00%

06/30/2004

Prepared by J. Orlow
Guest House of Milwaukee

Profile of The Homeless Interviewed in Milwaukee
September 11, 2003

	Overview Of All Interviewed		Received Medical Care		Need Mental Health		1st Time Homeless		Employed		Women With Children		Probation Parole		Homeless < 18 yrs old		Transitional Shelter		Temporary Homeless		Episodic Homeless		Chronic Homeless		
Number	761	383	538	310	159	130	117	105	63	243	181	311	264												
Percent of All Interviewed	100%	50%	71%	41%	21%	17%	15%	9%	32%	24%	24%	41%	35%												
Gender																									
Male	56%	53%	56%	50%	58%	0%	56%	31%	75%	49%	44%	54%	66%												
Female	44%	47%	44%	50%	41%	100%	44%	69%	25%	51%	56%	46%	33%												
Age																									
Less than 35 years old	28%	24%	24%	32%	30%	67%	41%	64%	25%	25%	42%	27%	19%												
Between 36 & 45 years old	33%	33%	34%	29%	32%	27%	32%	24%	37%	37%	25%	34%	34%												
Over 45 years old	39%	41%	43%	39%	38%	6%	26%	12%	38%	36%	33%	35%	47%												
Race																									
African American	71%	68%	68%	66%	72%	82%	76%	76%	75%	66%	67%	73%	70%												
Caucasian	23%	26%	26%	26%	21%	11%	19%	16%	18%	26%	25%	23%	22%												
Hispanic or Other	6%	8%	6%	7%	6%	7%	5%	8%	6%	7%	7%	4%	8%												
Marital Status																									
Single	62%	57%	58%	60%	55%	75%	74%	60%	60%	61%	60%	65%	80%												
Married	5%	5%	6%	6%	8%	7%	3%	6%	0%	5%	10%	5%	3%												
Divorced, Separated, Widowed	32%	37%	37%	34%	37%	18%	22%	14%	41%	34%	29%	31%	37%												
Current Homeless Experience																									
Currently Homeless Less than 3 months	39%	30%	32%	42%	35%	53%	38%	42%	31%	27%	72%	63%	0%												
Currently Homeless Less than 12 months	75%	69%	71%	76%	72%	88%	76%	76%	65%	65%	100%	100%	0%												
Currently Homeless More than 12 months	25%	31%	29%	21%	28%	12%	22%	24%	35%	35%	0%	0%	100%												
Homeless for the First Time																									
Currently Homeless Less than 3 months	41%	35%	32%	100%	38%	46%	39%	35%	34%	48%	100%	78%	0%												
Currently Homeless Less than 12 months	42%	34%	36%	42%	52%	55%	49%	60%	32%	31%	72%	54%	0%												
Currently Homeless More than 12 months	78%	74%	75%	76%	88%	90%	64%	92%	59%	70%	100%	100%	0%												
Chronically Homeless (Number)	264	165	206	64	61	21	37	38	32	99	0	0	264												
Chronically Homeless (Percent)	35%	43%	38%	21%	38%	16%	32%	36%	49%	41%	0%	0%	100%												

Profile of The Homeless Interviewed in Milwaukee
September 11, 2003

	Overview Of All	Received		Need Mental	1st Time Homeless	Employed	Women With	Probation Parole	Homeless < 18 yrs old		Unsheltered	Transitional Shelter	Temporary Homeless		Episodic Homeless		Chronic Homeless
		Medical							Homeless	< 18 yrs old			Homeless	Homeless	Homeless	Homeless	
Employment																	
Earning less than \$8.00/ hr	21%	21%	20%	19%	100%	16%	24%	23%	32%	25%	23%	18%	23%	23%	18%	23%	
Full Time Employed	58%	56%	66%	53%	58%	57%	86%	63%	76%	53%	51%	58%	51%	51%	58%	64%	
Day Laborer	50%	51%	58%	52%	50%	48%	36%	54%	48%	50%	41%	32%	41%	41%	32%	59%	
Public Transit is Primary Mode of Transportation	8%	9%	4%	5%	8%	0%	32%	17%	28%	0%	7%	11%	7%	7%	11%	7%	
	72%	77%	76%	67%	72%	48%	71%	75%	75%	69%	61%	75%	61%	61%	75%	77%	
Education																	
No High School Diploma	36%	35%	36%	35%	25%	52%	49%	51%	48%	32%	35%	38%	35%	35%	38%	35%	
High School or GED Diploma	34%	34%	30%	39%	38%	26%	30%	28%	34%	33%	34%	31%	32%	31%	31%	32%	
Some College	19%	20%	22%	17%	4%	17%	15%	16%	11%	23%	14%	20%	20%	20%	20%	22%	
College Grad or Tech School	9%	11%	11%	8%	10%	5%	4%	4%	8%	12%	7%	11%	7%	7%	11%	9%	
Mental Health & AODA Services																	
Needing Mental Health Services	50%	56%	100%	44%	48%	48%	43%	56%	35%	64%	37%	48%	37%	37%	48%	63%	
Receiving Mental Health Services	47%	56%	83%	39%	42%	39%	36%	52%	25%	62%	34%	46%	34%	34%	46%	57%	
Needing AODA Services	53%	60%	63%	40%	50%	23%	70%	52%	71%	53%	28%	55%	28%	28%	55%	67%	
Receiving AODA Services	55%	61%	65%	36%	47%	28%	77%	56%	71%	55%	31%	59%	31%	31%	59%	67%	
Unable to Fill a Doctor's Prescription	32%	5%	38%	29%	26%	28%	37%	36%	29%	29%	27%	30%	27%	27%	30%	38%	
Currently on Probation or Parole	15%	15%	13%	15%	18%	15%	100%	38%	29%	12%	16%	16%	16%	16%	16%	14%	
Homeless When Under 18 Years Old	14%	14%	15%	12%	15%	25%	27%	100%	20%	12%	15%	12%	15%	15%	12%	14%	
Last stayed Correction or Health Care Facility																	
Currently Homeless Less than 3 months	9%	9%	9%	8%	11%	4%	27%	15%	14%	7%	11%	6%	11%	11%	6%	10%	
Currently Homeless Less than 12 months	41%	34%	35%	60%	39%	40%	45%	31%	44%	17%	75%	65%	75%	75%	65%	0%	
Currently Homeless More than 12 months	74%	68%	77%	92%	67%	100%	74%	69%	66%	56%	100%	100%	100%	100%	100%	0%	
Currently Homeless More than 12 months	24%	30%	23%	8%	33%	0%	26%	31%	33%	44%	0%	0%	0%	0%	0%	100%	

Profile of The Homeless Interviewed in Milwaukee
September 11, 2003

Services Received	Overview Of All		Received		Need		1st Time Homeless		Employed		Women With		Probation Parole		Homeless < 18 yrs old		Unsheltered		Transitional Shelter		Temporary Homeless		Episodic Homeless		Chronic Homeless	
AFDC	14%	16%	14%	8%	14%	7%	14%	7%	8%	9%	60%	10%	28%	3%	16%	17%	18%	7%								
Child Care	8%	8%	7%	8%	10%	10%	7%	5%	3%	38%	8%	8%	15%	0%	13%	10%	8%	6%								
Detox	7%	8%	10%	8%	48%	48%	10%	46%	30%	2%	9%	9%	10%	6%	7%	4%	6%	4%								
Food Stamps	45%	47%	48%	47%	16%	16%	16%	11%	6%	86%	44%	44%	47%	27%	43%	43%	47%	42%								
GED	13%	13%	16%	13%	20%	20%	20%	22%	21%	29%	15%	15%	20%	3%	16%	9%	14%	13%								
Job Training	20%	20%	20%	20%	29%	29%	20%	20%	26%	38%	26%	26%	23%	6%	22%	25%	20%	17%								
Rent Assistance	21%	23%	29%	23%	9%	9%	9%	5%	3%	36%	17%	17%	26%	3%	40%	18%	23%	21%								
Social Security Benefits	6%	7%	9%	7%	18%	18%	11%	11%	6%	4%	4%	4%	6%	6%	9%	3%	5%	9%								
Supplemental Security Benefits (SSI)	13%	14%	18%	14%	79%	79%	67%	67%	71%	12%	9%	9%	13%	13%	18%	10%	13%	14%								
Have Seen a Doctor While Homeless	71%	100%	79%	100%	3%	3%	3%	3%	31%	76%	61%	61%	64%	57%	80%	59%	71%	78%								
Have Seen a Dentist While Homeless	28%	28%	3%	28%						35%	26%	26%	23%	13%	38%	20%	28%	34%								
Payment for Medical Care																										
Medicaid/Medicare	27%	27%		27%																						
Camp	32%	32%		32%																						
Used a Health Clinic - Did Not Pay	5%	5%		5%																						
Used an ER or Hospital - Did Not Pay	8%	12%		12%																						
Total Did Not Pay	13%	17%		17%																						

Comparison of Milwaukee Homeless Survey Respondents & Milwaukee City Residents

Characteristic	City of Milwaukee	Homeless Survey Response
Race:		
<ul style="list-style-type: none"> • African American • White • Am. Indian • Asian, Pacific • Hispanic 	36.9% 45.4% 0.7% 2.9% 12.0%	70.7 % 23.1% 1.1% 0.7% 2.6%
Age *:		
<ul style="list-style-type: none"> • Under 35 • 36 – 45 • Over 45 	56.7% 14.4% 27.9%	28% 33.2% 38.6%
Education		
<ul style="list-style-type: none"> • < High School Grad • HS or GED • Some College • College Grad (Includes Associate or Tech degree)	25.2% 30.2% 5.7% 20.0%	36.4% 34.2% 19.1% 9.0%
Employment		
<ul style="list-style-type: none"> • Employed • Unemployed 	90.6% 6.0%	20.9% 78.3%
Main Form of Transportation		
<ul style="list-style-type: none"> • Public Transit • Automobile • Walk 	10.3% 82.4% 4.7%	59.9% 14.8% 23.3%
Source of Income		
<ul style="list-style-type: none"> • Earnings • Social Security • Public Assistance • Pension/Interest, etc 	79.3% 24.0% 4.6% 35.7%	20.9% 6.3% 13.8% N/A
<i>* There is a slight variation between the Census categories and the Survey categories for ages. (Census = age 35-44; Survey = age 36-45)</i>		

Census Data Source: City of Milwaukee – Dept of City Development

211 Milwaukee @ IMPACT *, Requests for Emergency Shelter

* Prior to June 2002, the service was known as "Community Information Line."

	Year			
	2000	2001	2002	2003 ¹
1st 6 Months	525	1,059	1,287	2,428
2nd 6 Months	1,134	1,154	2,186	5,844
Total	1,659	2,213	3,473	8,272

ACALL

Year	Number of Calls
1997	1,597
1998	6,166
1999	10,782
2000	11,571
2001	12,386
2002	7,934 ²
2003	6,333

¹ Beginning in September 2003, all calls to both 2-1-1@IMPACT and ACALL were recorded in the same database. Previous to this, calls were recorded into separate databases depending on which phone line the call came in on.

² Beginning in 2002, "information" calls were not recorded. Only calls where it was determined that a family was "homeless" were entered into the ServicePoint database, which was used to keep track of calls handled with ACALL. Therefore, the number of "calls" reflected in the data dropped beginning in 2002.

Combined ACALL and 2-1-1@IMPACT

Year	Number of Calls
1997	1,597
1998	6,166
1999	10,782
2000	13,230
2001	14,599
2002	11,407
2003	14,605

ASTREET Dispatch
1998-2003

ASTREET DISPATCH/REFERRAL 1998-2003	2003	2002	2001	2000	1999	1998	Total	Monthly Average	Yearly Average
Dispatch Information									
Total dispatches from ACALL	2,203	2,121	2,032	2,847	2,734	2,164	14,101	196	2,820
Face to Face interventions	1,931	1,896	1,853	2,700	2,395	1,828	12,603	175	2,521
Not at site for face to face	259	213	155	122	252	280	1,281	18	256
Intervention Information									
Referred to shelter	314	395	477	757	418	786	3,147	44	629
No shows at shelter	127	114	197	63	28	28	557	8	111
Sent to voucher space	276	318	455	193	35	139	1,416	20	283
Referred to case manager (Families)	1,613	1,477	1,277	1,485	1,026	879	7,757	108	1,551
# of children in families	4,164	4,419	4,986	7,063	6,016	4,797	31,445	437	6,289
Voucher + Shelter	590	713	932	950	453	925	4,563	63	913
<p><i>ASTREET - Is the street outreach and intervention service provided by Health Care for the Homeless. It initiates an on-site visit with the client and conducts a further assessment. ASTREET may, based on need, provide emergency shelter placement, food, intervention during an eviction, conflict negotiation, and more.</i></p>									

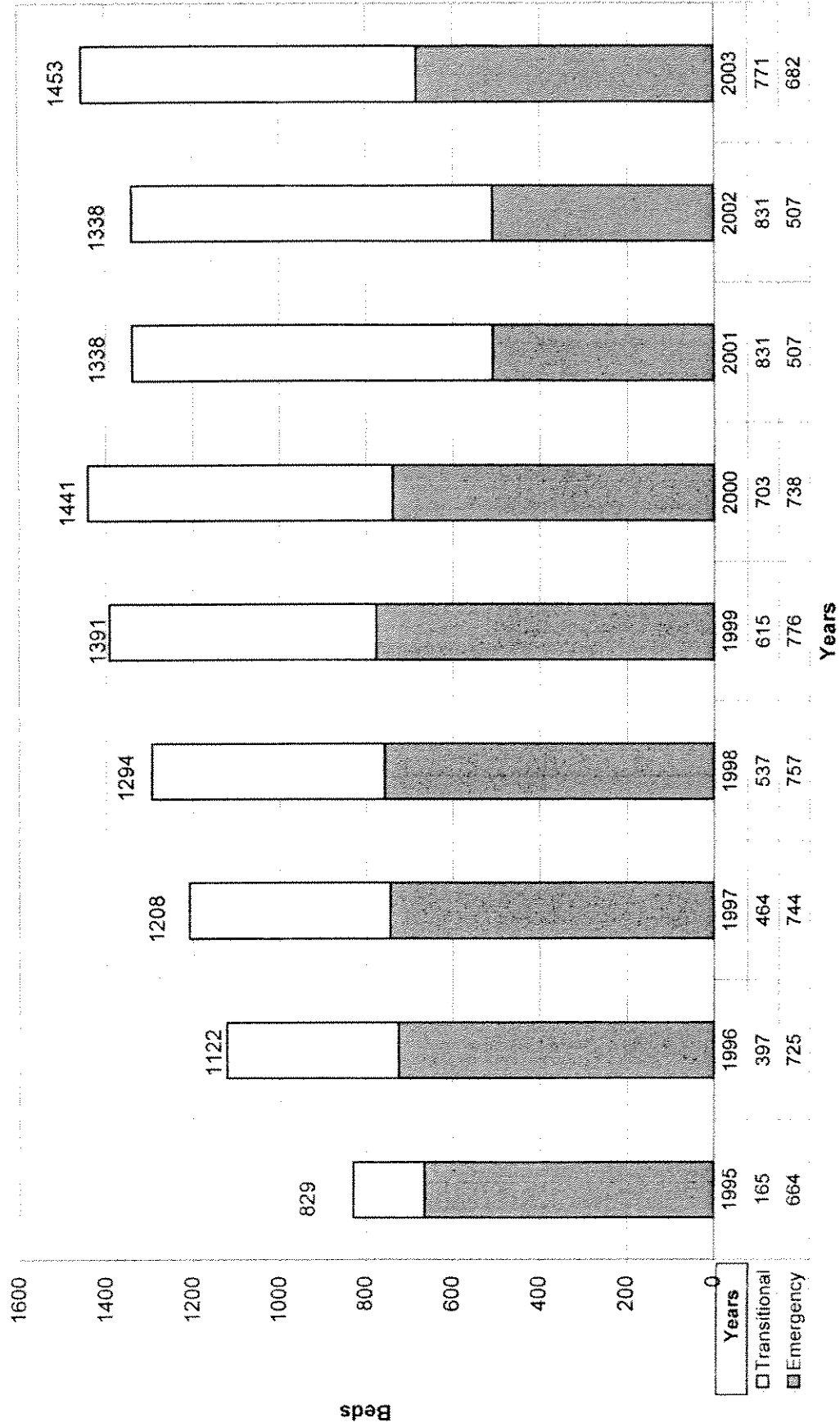
Homeless Estimates 1997-2004

Year (1)	Individuals			Persons in Homeless Families			All Total	
	Emergency	Trans	Unsheltered (2)	Total	Emergency	Trans		Unsheltered
1997	511	251	1126	1888	287	182	410	2767
1998	515	254	1119	1888	242	283	354	2767
1999	529	274	1697	2500	247	341	762	3850
2000	491	352	1657	2500	247	351	752	3850
2001	246	458	476	1180	261	373	162	1976
2002	246	458	476	1180	261	373	162	1976
2003	366	506	269	1141	349	395	121	2006
2004	423	327	598	1348	226	334	440	2348

(1) All data is derived from the COC Exhibit 1 submitted to HUD for the year noted

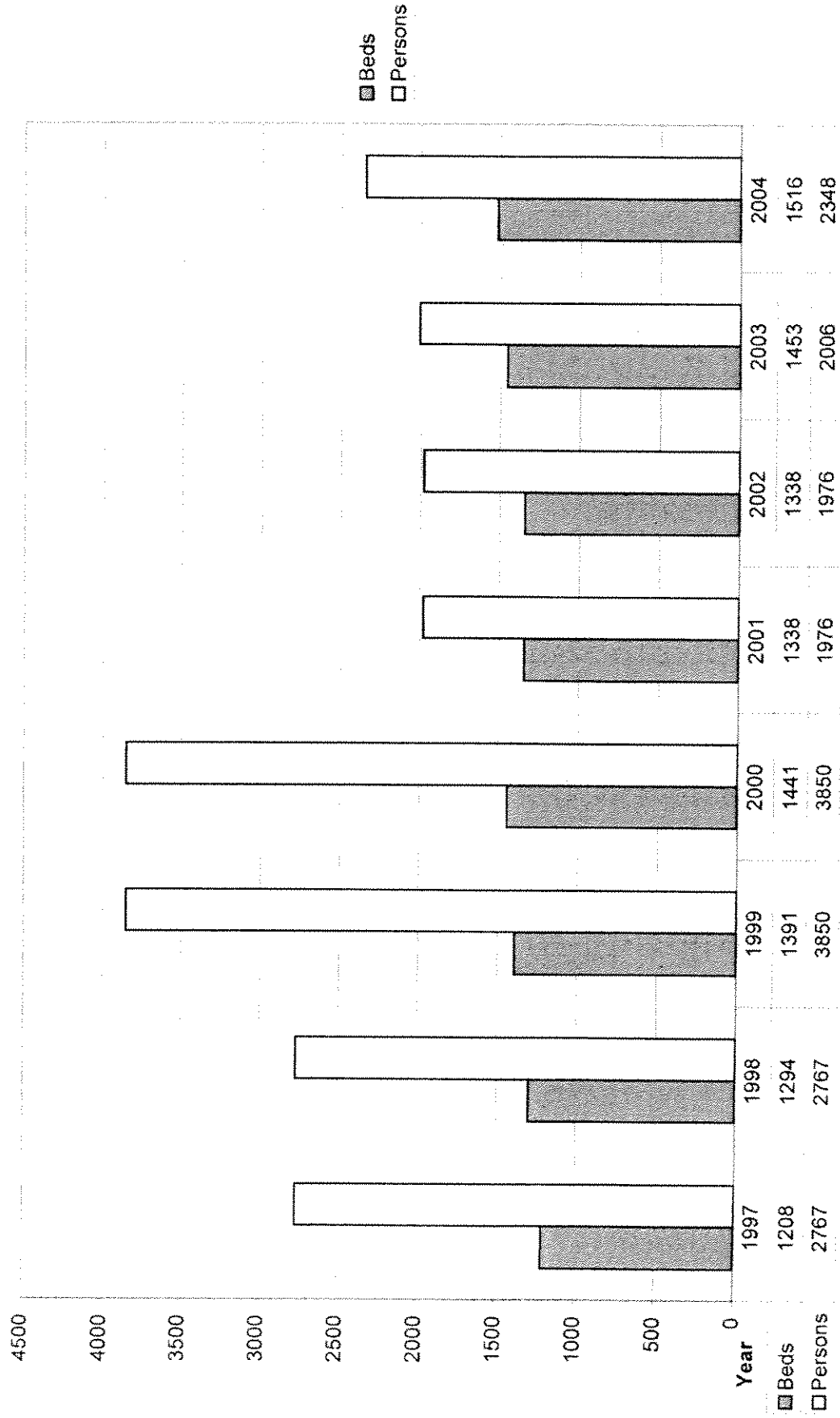
(2) The number of unsheltered is taken from the Gaps Analysis, except for years 2003 - 04 in which the homeless population is counted differently than in previous years.

**Milwaukee Shelter Beds
1995-2003**



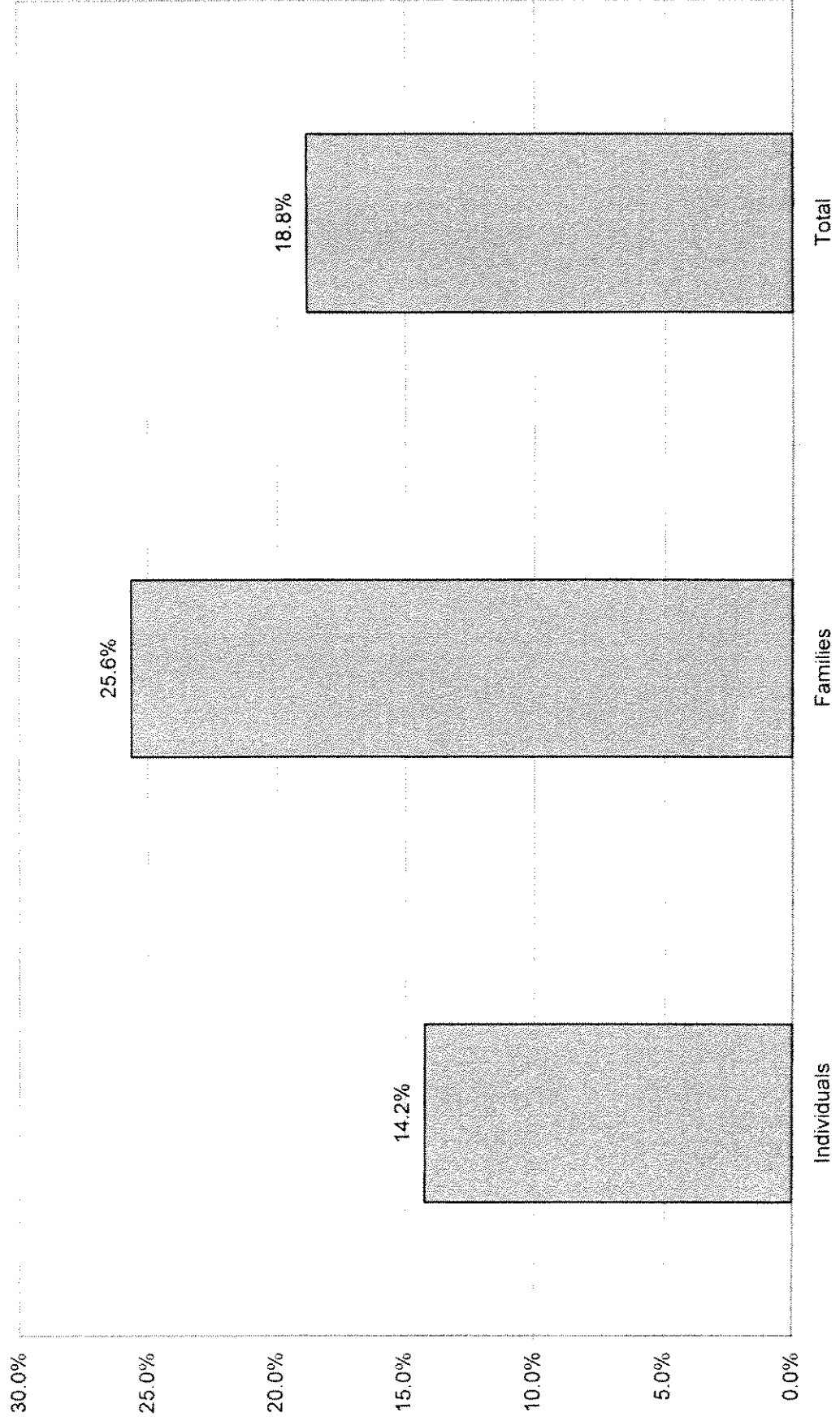
Extrapolated from the COC - Exhibit 1 Submitted to HUD for the years noted

Homeless Persons vs. Shelter Beds 1997-2004



Extrapolated from the COC Exhibit 1 submitted to HUD for the years noted

**Homeless Persons - Percent Increase
2001-2004**



**The Cathedral Center, Inc.
845 North Van Buren Street
Milwaukee, Wisconsin 53202
414-831-0394**

2003 Service Numbers

American Red Cross: Shelter

Unduplicated Count – Total individuals served (single women, parents, children)

- 710 single women (Jan. – Dec.)
- 117 families (July – Dec.)
- 198 children (July – Dec.)
- Total: 1,025

Duplicated Count – Total individuals served multiplied by number of nights in shelter

- 15,224 nights of shelter and meals

Ethnic Breakdown

- African American Female: 721 or 70%
- African American Male: 71 or 7%
- Caucasian Females: 181 or 18%
- Caucasian Males: 8 or >1%
- Hispanic Females: 40 or 4%
- Hispanic Males: 0
- Asian Females: 1 or >1%
- Asian Males: 0

Ethnic Breakdown – Total Percentages

- Total Percentage of African Americans served: 77%
- Total Percentage of Caucasians served: 19%
- Total Percentage of Latino Americans served: 4%
- Total Percentage of Asian Americans served: >1%

Average length of stay: (Total duplicated count divided by total unduplicated count)

- 15,224 divided by 1,025 = 14.85
- Average length of stay: 15 days
- Note: Actual average length of stay is longer, as we do not have service information for families prior to July 2003. Future figures will reflect a more accurate length of stay, as well as distinguish between single women and families.

Milwaukee County – ANET: Case Management

- Note: Case management services were provided to all guests who utilized the shelter. Therefore, numbers reflected in the shelter section, above, also apply to shelter case management services.
- Note: Case management services for shelter guests include: Assessment, goal setting/plans for independence, linking with community resources and telephone or in person follow up every 30 days, for 3 months after discharge from the shelter.

Total number referred for case management services – not in immediate need of shelter:

- Families: 1,613
 - Number of children in families: 4,164
 - Average number of children per family: 2.58
- Single Women: 432 (July – Dec.)

Catholic Charities: Outreach and Engagement

- Report period: February – December 2003
- Note: Engagement services include establishing relationships with more change resistant clients, offering support and assisting women with more effectively utilizing case management and other community support services.
- Note: All women served were guests in the shelter.
- Total number of women served (unduplicated): 98
- Number of women who received significant contact (more than 5 conversations): 56.
- Age breakdown:
 - Ages 18-34: 24 or 24%
 - Ages 35-54: 55 or 56%
 - Ages 55-64: 16 or 16%
 - Ages 65-74: 3 or >1%
- Ethnic breakdown:
 - African American: 59 or 60% of total served
 - Caucasian: 35 or 36%
 - Native American: 2 or >1%
 - Latino American: 1 or >1%
 - India: 1 or >1%

Columbia St. Mary's – St. Ben's Clinic: Health Intervention & Advocacy

- Report Period: June – December 2003
- Total number of women served (unduplicated): 253
- Total number of visits (duplicated): 448
- 16 flu shots given to guests October 2003.
- Health education and reflection sessions: (October – December 2003)
 - 6 sessions offered, 5 sessions held
 - 17 women served (unduplicated)

American Red Cross:

Homeless Outreach Nursing

- Report Period: October – December 2003
- Total number of women served (unduplicated): 34
- Guests seen each month: 14 (duplicated)
- Total number of encounters (duplicated): 88

Future Service Statistics:

1. Will track guest disposition at time of departure from shelter: Where they go upon departure (transitional, independent, family, unknown, treatment facility), whether or not departure is voluntary and types of services utilized during their stay.
2. Number of women utilizing the winter policy (warm room): duplicated and unduplicated, as well as description of need.
3. Attendance and guest feedback on day program services.

3. F. Housing Activity Chart

Fundamental Components in CoC System -- Housing Activity Chart								
Component: <i>Emergency Shelter</i>								
Provider Name	Facility Name	Geo Code	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory		<input type="checkbox"/> *	A	B	2002	2003	2002	2003
Community Advocates	Voucher Fund	554340	FC				16	16
Social Development Commission	Family Support Center	554340	FC				58	58
Salvation Army	Salvation Army Lodge	554340	FC				60	60
Rescue Mission	Rescue Mission	554340	SM		250	250		
Guest House	Guest House	554340	SM		55	55		
Hope House	Hope House	554340	SMF		11	11		
Rescue Mission	Joy House	554340	SF				80	80
American Red Cross	Cathedral Center (Women's Overflow)	554340	SF FC		30	32	20	32
Sojourner Truth House	Sojourner Truth House	554340	SF FC	DV		20	36	18
Milwaukee Women's Center	Milwaukee Women's Center	554340	FC	DV			22	22
La Causa	Crisis Nursery	554340	YMF		12	12		
Walker's Point Youth and Family Center	Runaway and Teen Crisis Program	554340	YMF		8	8		
The Counseling Center of Milwaukee	Pathfinders	554340	YMF		8	8		
Subtotal					574	396	292	286
Under Development								
NA								
Subtotal					0			0
Component: <i>Transitional Housing</i>								
Provider Name	Facility Name	Geo Code	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory		<input type="checkbox"/> *	A	B	2002	2003	2002	2003
Community Advocates	Transitional Housing	554340	FC				13	13
AIDS Resource Center of Wisconsin	Wisconsin House	554340	SMF	AIDS	26	26		
Walker's Point Youth and Family Center	Transitional Housing for Homeless Youth	554340	SMF		12	12	0	6
Wisconsin Community (Correctional) Services	Transitional Housing for Chronically Mentally Ill Men	554340	SM		13	13		
Guest House	Transitional Housing	554340	SM		31	31		
Matt Talbot Recovery Center	Transitional Housing	554340	SM		7	10		
The Open Gate	Transitional Housing	554340	SMF		48	48		

Meta House, Inc.	Transitional Housing for Women with Children	554340	SF FC		0	7	18	18
YWCA of Greater Milwaukee	Transitional Housing	554340	FC				45	45
Hope House	Transitional Housing	554340	SMF FC		13	13	74	74
American Red Cross	Safe Haven	554340	SM		15	17		
Milwaukee County Behavioral Health Division	Safe Haven	554340	SM		23	23		
Salvation Army	Winterstar	554340	SW		30	30		
Center for Veterans Issues	Vets Place Central	554340	SM FC	VET	72	72	12	12
Social Development Commission	Transitional Living Center	554340	FC				72	72
DayStar, Inc.	DayStar	554340	SF	DV	10	10		
Veterans Administration	VA Mental Health	554340	SMF	VET	189	189		
Health Care for the Homeless	FAITH I, II, III	554340	FC				24	24
My Home Your Home	Lissy's Place	554340	YF		0	6		
Subtotal					489	507	258	264
Under Development								
YWCA of Greater Milwaukee	Transitional Housing Program	554340	SW			3		
My Home Your Home	Lissy's Place	554340	YF			11		
Subtotal						14		0
Component: Permanent Supportive Housing**								
Provider Name	Facility Name	Geo Code	Target Population		Bed Capacity			
					Individuals		Families with Children	
		<input type="checkbox"/> *	A	B	2002	2003	2002	2003
Current Inventory								
Center for Veterans Issues	Vets Place Central	554340	SM FC		10	10	6	6
Milwaukee County Division of Housing	Shelter + Care AIDS, AODA	554340	SMF FC	AIDS	30 units	30 units	30 units	30 units
Milwaukee County Behavioral Health Division	Shelter + Care Mentally Ill	554340	SMF		235	235	15	15
The Open Gate	Permanent Housing for Men	554340	SM		29	29		
Meta House, Inc.	Permanent Housing for Women Phase 1, 2, & 3	554534	FC				35	41
Subtotal					304	304	86	92
Under Development								
Housing Authority of the City of Milwaukee	SRO Project	554340	SMF			13		
Guest House	HomeLine III	554340	SM			50		
St. Catherine	Permanent Housing for Women	554340	SF			20		
Subtotal						83		0

ESG/Homeless Surveys

The Gathering's Breakfast Program: Monday-Friday

St. James' Episcopal, 833 W. Wisconsin Ave.

Year	Month	% Hmls	# Srvyd	# Hmls	% Black	% White	% Hisp	% Asian	% Am Ind	% Other	# srvd for month
1998	July	53%	40	21	57%	29	10	0	5	0	4,499
1998	August	70%	40	28	68%	29	3	0	0	0	4,621
1998	September	58%	40	23	70%	26	4	0	0	0	4,822
1998	October	53%	40	21	47%	51	1	0	0	1	4,530
1998	November	55%	49	27	70	15	11	4	0	0	4,251
1998	December*	28%	40	11	56	41	0	3	0	0	3,631
1999	January	48%	50	24	58	36	6	0	0	0	3,772
1999	September	41%	49	20	80	20	0	0	0	0	4,575
1999	October	45%	38	17	76	24	0	0	0	0	4,333
1999	December*	65%	40	26	58	23	0	0	15	4	3,214
2000	January	67%	48	32	66	22	6	0	3	3	3,506
2000	February	73%	48	35	83	14	0	0	3	0	3,469
2000	March	30%	50	15	60	40	0	0	0	0	4,021
2000	May	60%	48	29	62	31	3	0	0	3	3,983
2000	September	58%	50	29	59	28	10	0	0	3	3,256
2000	December*	56%	50	28	54	35	7	0	4	0	2,545
2001	January	42%	50	21	38	47	5	0	5	5	4,042
2001	February	44%	50	22	36	64	0	0	0	0	3,251
2001	March	60%	50	30	37	60	3	0	0	0	3,872
2001	July	57%	51	29	66	21	7	0	3	3	3,927
2001	September	60%	50	30	53	40	3	0	3	0	4,072
2001	October	68%	50	34	47	44	0	0	3	6	4,938
2002	March	63%	51	32	59	38	0	3	0	0	3,935
2002	May	70%	50	35	54	20	14	3	6	3	4,474

* Breakfast not served December 25-31.

Time for a Common Sense Policy on Homelessness – Martha R. Burt

On any given day, at least 800,000 people are homeless in the United States, including about 200,000 children in homeless families. Over the course of an average year in the late 1990s, at least 2.3 million and perhaps as many as 3.5 million people experienced homelessness. This approximates 1 percent of the total U.S. population, and 5 and 10 percent of poor people.

There are many systemic factors that increase homelessness, including low rental vacancy rates, high rents, and great differences between the incomes of better-off and poor people, and these factors worsened in the 1990s. Personal difficulties such as mental illness or job loss may increase vulnerability to homelessness, but they cannot explain the magnitude of the problem. Therefore, a national strategy to prevent homelessness must include new housing resources, related services, and strategies that address societal factors contributing to homelessness.

The results of a decade and a half of research to determine what works to end homelessness are fairly conclusive about the most effective approaches. Providing housing helps currently homeless people leave homelessness; in fact, without housing, virtually nothing else works. Housing often needs to be accompanied by supportive services, at least for a time, but such services without the housing do not end homelessness.

Demonstration projects, and the experiences of providers in many communities around the country, have shown over the years that even the most chronic, most severely mentally ill people can be brought off the streets and can live stable lives, if they are supplied with housing. The same is true for families headed by a person struggling with mental illness. With the appropriate help, even people with extensive histories of substance abuse have been helped to leave the streets and find stable housing. Evidence shows, too, that the cost of providing housing plus supportive services is almost identical to cost savings that derive from reduced use of emergency room, jail, prison, mental hospital, substance abuse, and other public services.

Services for currently homeless people also need to be comprehensive and high quality. Too often certain key resources in areas such as health, mental health, substance abuse, child welfare, housing, vocational rehabilitation, and employment and training are missing from a service network, or don't function well.

For a housing-plus-services approach to succeed, case management for homeless people is essential. Homeless people often have difficulty finding the right program or negotiating a variety of systems. In addition, many of these agencies – whether providing drug rehabilitation or psychological counseling – may be unable or unwilling to address the specific problems of being homeless. Under these circumstances, some homeless service agencies expand their mission, providing their own psychiatric care, substance abuse treatment, health care. This approach may be necessary, but it is wasteful, and deprives homeless individuals and families of resources that would be available if mainstream agencies were competent and willing to do the job.

Finally, many people who have been homeless, especially those with multiple barriers to remaining stably housed, may need ongoing support; the programs that help them transition to permanent housing need to be funded at levels that enable them to provide these services.

When a community assures that housing exists within reasonable price ranges, offers its members living-wage jobs, provides schooling good enough to develop the capacity to hold these jobs, and offers other supports for families and individuals, people can keep themselves in housing. But far too few communities have these resources or are positioned to provide them.

Without these basic building blocks of a civil society, we are creating an underclass of persistently poor people vulnerable to homelessness. The costs of this neglect are too high in both individual lives and public dollars for health, mental health, and correctional institutions. It is more effective, more humane, and ultimately more fiscally prudent to invest in prevention and support that leads to self-sufficiency and independence for all residents.

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