

2015

Capacity Analysis

Milwaukee Continuum of Care

A review of the demand for homeless services, system capacity, utilization, unmet need and critical policy questions using data from the 2015 Housing Inventory, HUD Annual Performance Reports, Point in Time, and Coordinated Entry



TABLE OF CONTENTS

Introduction	3
1. What is the demand for homeless services?	3
2. What is the capacity of the homeless services system?	4
3. Who is the homeless services system serving?	6
Emergency Shelter	6
Transitional Housing	10
Permanent Supportive Housing	13
4. What is the nature and extent of unmet need?	15
5. What are the critical policy questions to consider?	17
a. To what extent does our current system reflect Housing First?	17
b. Are we fully utilizing existing capacity?	18
c. How does the racial distribution of participants vary across Continuum of Care program types?	18
d. When we say we aim to end homelessness, are we talking about Homeless as defined by HUD as Category 1 – Homeless or Category 2 – At imminent risk of losing housing?	19
e. Do reoccurrence rates tell us which programs are not as effective as Others or which programs are serving the ‘hardest to serve’?	20
f. Is the Continuum of Care serving people in greatest need?	21
Observations for Future Planning	22

INTRODUCTION

The Milwaukee Continuum of Care is embarking on the second 5 years of its 10-Year Plan to End Homelessness. Revised goals focus on the reduction of homelessness to functional zero for veterans, chronically homeless, single adults and families.

Key to achieving these goals is the effective use of the system's current homeless services and the addition of services that will fill critical gaps. This capacity analysis has been done to help open the discussion about the system's current capacity, who it is serving and what key policy questions need to be addressed going forward.

The analysis addresses five major questions:

- ✚ What is the demand for homeless services?
- ✚ What is the capacity of homeless services system?
- ✚ Who is the homeless services system serving?
- ✚ What is the nature and extent of unmet need?
- ✚ What are the critical policy questions to consider?
 - To what extent does our current system reflect Housing First?
 - Are we fully utilizing existing capacity?
 - When we say we aim to end homelessness, are we talking about homelessness as defined by HUD as Category 1 – Homeless or Category 2 – At imminent risk of losing housing?
 - How does the racial distribution of participants vary across Continuum of Care program types?
 - Do reoccurrence rates tell us which programs are not as effective as others or which programs are serving the 'hardest to serve'?
 - Is the Continuum of Care serving people in greatest need?

The following data sources were used for this analysis:

- WI 501 HIC (Milwaukee City & County CoC Housing Inventory Chart) 2015¹
- HUD CoC APR Annual Performance Report: Total System, Emergency Shelter, Transitional Housing, Safe Haven and Permanent Supportive Housing
- Point-in-Time Count WI-501 Milwaukee City & County CoC, 1/28/2015
- 211 IMPACT Coordinated Entry Monthly and Year-End Totals 2014

1. What is the demand for homeless services?

The most documentable portion of demand for homeless services is the **expressed demand for emergency shelter**. Since the establishment of Coordinated Entry in fall 2013, data has been compiled on the number of callers seeking emergency shelter, the number determined ineligible, those referred to other resources, and people referred to shelter or placed on a wait list. Finally, the data indicates how many people actually entered shelter after referral. We have a full picture of single female and family demand for emergency shelter as expressed by calls to Coordinated Entry but we do not have similar data for single males.

¹ The HIC includes the Rescue Mission facilities; the APR's do not include them.

In 2014, there were 5,813 (unduplicated) families and 5,036 (unduplicated) single women who called Coordinated Entry seeking emergency shelter. **Of these, 2,056 families (35.4%) and 1,985 single women (39.4%) were determined to be appropriate for emergency shelter.** This expressed demand, qualified by assessment to identify the most appropriate/most in need, is a legitimate proxy for demand for homeless services in terms of the system's front door (emergency services). An estimate for single men can start with utilization: 804 for emergency shelters excluding Rescue Mission + 2,427 for Rescue Mission = 3,231. **A tally of all three populations gives us 7,272 families and single individuals in need of emergency shelter in 2014.**

The **January 2015 Point in Time Count** provides another look at need. The Count identified a total of 1,521 homeless people. Of these, 1,389 were sheltered (91.2%) and 132 were unsheltered (8.7%) at the time of the count on January 28, 2015.

2. What is the capacity of the homeless services system?

There is a total of 3,040 'spaces' in Milwaukee's shelter services system. These are physical places for people to reside and include emergency shelter, transitional housing, safe haven, permanent supportive housing and rapid re-housing. Each component of the system has different average lengths of stay so there is very high turnover in the emergency shelter system, moderate turnover in transitional housing and safe haven, and very low turnover in permanent supportive housing. In other words, 44.9% of the system's capacity, namely, its permanent supportive housing inventory, is static in the sense that once a unit is filled, it becomes unavailable to new use/occupancy for a long time.

In addition to the 44.9% of the system represented by permanent supportive housing, 25.9% of the system is emergency shelter, 25.9% is transitional housing, 1.4% is Safe Haven, and 2.0% is rapid re-housing.

It is useful in the analysis of system capacity to separate family from individual resources. As one reviews the utilization data, especially pertaining to demographic characteristics and severity of need, it is clear that homeless families and homeless individuals represent two, fairly distinct, populations.

EMERGENCY SHELTER	Family Beds/Units	Single Adults	Youth Only	Total
Casa Maria	10/4	2		12
Cathedral Center	19/8	32		51
Community Advocates- Family Support Center	40/16			40
Community Advocates-Milwaukee Women's Center	20/6			20
Guest House - GATES		41		41
Hope House	39/10	25		64
La Causa-Crisis Nursery			8	8
Rescue Mission-Joy House	65/26			65
Rescue Mission-Safe Harbor		250		250
Salvation Army-Emergency Lodge	46/12	70		116
Salvation Army-Respite		20		20
Sojourner Truth House	35/9	7		42
The Counseling Center-Pathfinders			8	8
Veterans Administration-Dom		35		35
Walker's Point Youth & Family Center ES			14	14

Emergency Shelter - Total	274/91	482	30	786
TRANSITIONAL HOUSING				
AIDS Resource Center WI		10		10
Center for Veterans Issues-Boudicca House	6/2	13		19
Center for Veterans Issues-Vets Place Central Overflow		6		6
Center for Veterans Issues – MLD/VOID		12		12
Center for Veterans Issues-Vets Place Central		72		72
Community Development Partners-Project Restore TH	72/24	5		77
Day Star		10		10
Guest House – VA/Per Diem		7		7
Guest House-LEADS		38		38
Meta House-TH	18/9	3		21
Meta House-TH	41/16			41
MHYH-Lissy's Place		14		14
Outreach Community Health Center-Faith TH	86/26			86
Outreach Community Health Centers-Family Abodes	123/36			123
Rescue Mission-Joy House TH	20/10			20
Rescue Mission-Safe Harbor TH		25		25
Salvation Army-Winter Star		30		30
The Counseling Center-QBLOK		8		8
VA-TH		35		35
Walker's Point Youth & Family Center TH	2/1	16		18
Walker's Point Youth & Family Center TH Insights	20/9	12		32
YWCA-TH	82/19			82
Transitional Housing - Total	470/152	316		786
SAFE HAVEN				
Community Advocates-Autumn West Safe Haven		20		20
Milwaukee County Safe Haven		23		23
Safe Haven – Total		43		43
PERMANENT SUPPORTIVE HOUSING				
Center for Veterans Issues-Operation Turning Point	24/6	33		57
Center for Veterans Issues-Permanent Housing North		7		7
Center for Veterans Issues-Veterans Manor		17		17
Center for Veterans Issues-Vets Place Central PSH		16		16
Community Advocates-Autumn West PSH		80		80
Community Development Partners-Project Restore PSH	37/14	6		43
Guest House PSH	29/10	75		104
Guest House – Prairie Apts.		5		5
Heartland-St. Ben's-Capuchin Apts.		12		12
Housing Authority of the City of Milwaukee-Surgeon's Quarters SRO		12		12
Mercy Housing-Johnston		8		8
Meta House-PSH	41/16			41
Milwaukee County Shelter + Care	120/40	425		545

Milwaukee County Shelter + Care Mercy		33		33
Salvation Army-PSH		13		13
St. Aemilian-Lakeside		9		9
St. Catherine Residence		25		25
Veterans Administration-HUD VASH-HACM		238		238
Veterans Administration-HUD VASH-West Allis		100		100
Permanent Supportive Housing – Total	251/86	1,114		1,365
RAPID RE-HOUSING				
Center for Veterans Issues-SSVF	10/2	9		19
Guest House-RRH		11		11
Hope House-RRH	30/7			30
Rapid Re-Housing – Total	40/9	20		60
GRAND Total	1,035/338	1,975	30	3,040

Key notes:

- **Overall**, 34.0% of the system's capacity is devoted to families; 65.0% to single adults and 1.0% to unaccompanied youth.
- This distribution is evident with **emergency shelter** with 34.9% devoted to families, 61.3% to single adults and 3.8% to unaccompanied youth.
- This flips with **transitional housing** where 59.8% of TH capacity is devoted to families and 40.2% to single adults.
- And flips again with **permanent supportive housing** where 18.4% is devoted to families and 81.6% to single adults.
- And flips once more with **rapid re-housing** where 66.7% is devoted to families and 33.3% to single adults.

3. Who is the homeless services system serving?**Emergency Shelter: Who is entering the front door of the homeless services system?**

- In 2014, 2,792 people used emergency shelter; 1,771 adults and 1,019 children
- Average number of people served each night was 324.07
- Point in Time Count of households served the last Wednesday in January (2014) was 315

Gender of adults in Emergency Shelter

Gender	Total		Adults without Children		With Children and Adults	
Male	837	47.3%	804	58.7%	33	8.2%
Female	934	52.7%	565	41.3%	369	91.8%
Transgender/other	0	0.0%	0	0.0%	0	0.0%
Total	1,771	100.0%	1,369	100.0%	402	100.0%

- Overall, the emergency shelter population is nearly evenly split.
- That changes among adults without children (single adults) where the majority is male.
- And changes again with families where nearly all adults are female.

Age of adults in Emergency Shelter

Age	Total		Adults without Children		With Children and Adults	
18-24	246	13.9%	140	10.2%	106	26.4%
25-34	417	23.5%	252	18.4%	165	41.0%
35-44	357	20.1%	264	19.3%	93	23.1%
45-54	491	27.7%	457	33.4%	34	8.5%
55-61	202	11.4%	198	14.5%	4	1.0%
62+	58	3.3%	58	4.2%	0	0.0%
Total	1,771	100.0%	1,369	100.0%	402	100.0%

- Adults in families are much younger than single adults in shelter.
- Two-thirds of adults in families (67.4%) were ages 18-34 compared to 28.6% of single adults.
- Homelessness is a later in life occurrence for single adults. Associated with this: longer periods of unemployment, addiction, mental illness, involvement in the criminal justice system, and family estrangement.

Race of Persons in Emergency Shelter

Race	Total		Adults without Children		With Children and Adults	
White	544	19.5%	417	30.5%	108	8.9%
Black or African-American	2,093	75.0%	883	64.5%	1,045	86.0%
American Indian or Alaska Native	5	0.2%	5	0.4%	0	9.9%
Native Hawaiian or Other Pacific Islander	1	0.03%	1	0.1%	0	0.0%
Multiple Races	130	4.7%	57	4.2%	55	4.5%
Don't know/Refused	4	0.1%	3	0.2%	0	0.0%
Information Missing	3	0.1%	0	0.0%	3	0.2%
Total	2,792	100.0%	1,369	100.0%	1,216	100.0%

Hispanic/Latino: 7.3% (205) of people served by emergency shelter were Hispanic/Latino.

- Three-fourths of the people in emergency shelter in 2014 were African American.
- The percentage is significantly higher for families than for single adults.

Income at entry into Emergency Shelter (Adults)

Monthly Cash Income	All Adults	
No income	814	46.0%
\$1-\$150	46	2.6%
\$151-\$250	51	2.9%
\$251-\$500	107	6.0%
\$501-\$1,000	482	27.2%
\$1,001-\$1,500	131	7.4%
\$1,501-\$2,000	38	2.1%
\$2,001+	49	2.8%
Don't know/Refused	7	0.4%
Missing	46	2.6%

Total	1,771	100.0%
-------	-------	--------

- Over half (54.0%) of people entering emergency shelter have cash income.
- 39.5% have cash income of over \$500/month.

Physical and Mental Health Conditions at Entry into Emergency Shelter

Condition	Total		Adults without Children		With Children and Adults	
Mental Illness	702	25.1%	574	41.9%	126	10.4%
Alcohol Abuse	290	10.4%	278	20.3%	12	1.0%
Drug Abuse	301	10.8%	276	20.2%	25	2.1%
Chronic Health Condition	33	1.2%	28	2.0%	5	0.4%
HIV/AIDS	12	0.4%	10	0.7%	2	0.2%
Developmental Disability	115	4.1%	71	5.2%	42	3.5%
Physical Disability	557	19.9%	443	32.4%	115	9.5%

- Mental illness is the most common condition, affecting one-fourth of the shelter population.
- Single adults are four times as likely as adults in families to have mental illness.
- Overall, single adults are three times as likely to have one or more disabling conditions (68.3%) than adults in families (21.1%).

Domestic Violence

- Domestic violence is a major factor in homelessness: 25.3% of all homeless persons, 21.5% of single homeless adults and 39.2% of homeless adults in families
- For a significant proportion, the domestic violence was recent (within past 3 months): 40.2% of all homeless persons reporting DV, 37.8% of single homeless adults, 44.6% of homeless adults in families.
- Note that this data excludes women and families in domestic violence shelters; this information is for people in non-DV facilities only.

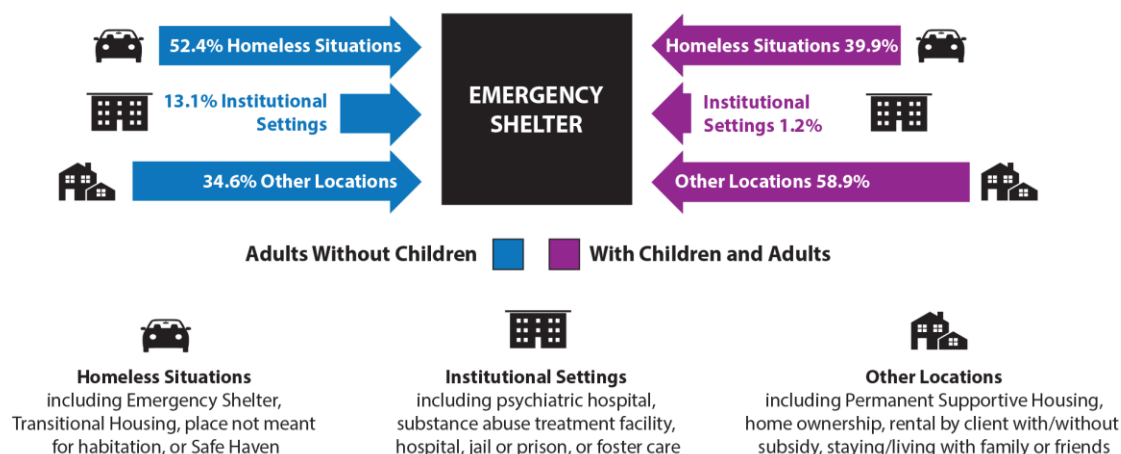
Prior Residence of Emergency Shelter Users

Prior Residence	Total		Adults without Children		With Children and Adults	
Homeless Situations	884	49.4%	717	52.4%	162	39.9%
Institutional Settings	185	10.3%	179	13.1%	5	1.2%
Other Locations	722	40.3%	473	34.6%	406	58.9%

- Overall, half of people in emergency shelter came from 'homeless situations' such as a place not for human habitation like the street, abandoned building or car, another emergency shelter or an institutional setting (given their stay was less than 90 days and they were homeless on entry).
- There are differences between populations. The majority of families came into shelter from 'other locations,' most commonly from living with family or friends (51.2%).

- Single adults were much more likely to come from 'homeless situations, most often places not meant for human habitation (32.1%) and also much more likely to come from institutions (13.1%).

Where are people in emergency shelter coming from?



Length of Stay (for Emergency Shelter Leavers)

Length of Stay	Total	
Less than 30 days	1,501	62.3%
31 to 60 days	481	20.0%
61-180 days	363	15.1%
More than 180 days	63	2.6%

- Nearly two-thirds (62.3%) of emergency shelter users who left (leavers only) stayed less than 30 days. This could mean that the shelters are able to quickly organize services and address permanent housing needs or it could mean that people are leaving prematurely. The table below would suggest that latter.

Next Destination (for Emergency Shelter Leavers Who Stayed 90 Days or Less)

Next Destination	Total		Adults without Children		With Children and Adults	
Permanent Destinations	571	25.6%	229	21.4%	281	29.2%
Temporary Destinations	826	37.0%	329	30.9%	379	39.4%
Institutional Settings	56	2.5%	40	3.8%	6	0.6%
Other Destinations (DK, Refused)	781	35.0%	468	43.9%	297	30.8%

- Two things stand out about this table: 1) only one out of four (25.6%) of shelter users left shelter for a permanent destination; and 2) we don't know where a very large percentage of shelter

leavers went; the bulk of other destinations is don't know/refused. In 2014, 688 of 2,234 leavers (30.8%) didn't tell anyone where they were going.

Transitional Housing: Who is using transitional housing?

- In 2014, 1,324 people used transitional housing; 823 adults and 504 children.
- Average number of people served each night was 595.27
- Point in Time Count of households served the last Wednesday in January (2014) was 334

Gender of adults in Transitional Housing

Gender	Total		Adults without Children		With Children and Adults	
Male	419	51.2%	395	70.0%	24	9.4%
Female	400	48.8%	169	30.0%	231	90.6%
Transgender/other	0	0.0%	0	0.0%	0	0.0%
Total	819	100.0%	564	100.0%	255	100.0%

- Overall, there is a nearly even gender split in transitional housing.
- This is not true, however, for single adults where most transitional housing users are male (70.0%); nor for families where almost all users are women (90.6%).

Age of adults in Transitional Housing

Age	Total		Adults without Children		With Children and Adults	
18-24	140	17.1%	61	10.8%	79	31.0%
25-34	186	22.7%	80	14.2%	106	41.6%
35-44	118	14.4%	74	13.1%	44	17.3%
45-54	212	25.9%	188	33.3%	24	9.4%
55-61	127	15.5%	125	22.2%	24	9.4%
62+	36	4.4%	36	6.4%	2	1.0%
Total	820	100.0%	564	100.0%	255	100.0%

- Adults in families are much younger than single adults in transitional housing. Most adults in families are between the ages of 18-34 (72.6%). Most single adults are over age 45 (61.9%).

Race of persons in Transitional Housing

Race	Total		Adults without Children		With Children and Adults	
White	313	23.6%	220	39.0%	93	12.3%
Black or African-American	931	70.3%	323	57.3%	608	80.1%
American Indian or Alaska Native	8	0.6%	0	0.0%	8	1.1%
Native Hawaiian or Other Pacific Islander	5	0.4%	0	0.0%	5	0.7%
Multiple Races	65	4.9%	21	3.7%	44	5.8%
Don't know/Refused	0	0.0%	0	0.0%	0	0.0%

Information Missing	2	0.2%	0	0.0%	1	0.1%
Total	1,324	100.0%	759	100.0%	0	0.0%

Hispanic/Latino: 8.2% (109) of people served by transitional housing were Hispanic/Latino.

- The racial composition of people in transitional housing is slightly different from emergency shelter with a reduced percentage of African Americans and an increased percentage of whites.
- This is true for both single adults and families

Income at entry into Transitional Housing (Adults)

Monthly Cash Income	Adults	
No income	323	39.4%
\$1-\$150	25	3.1%
\$151-\$250	22	2.7%
\$251-\$500	57	7.0%
\$501-\$1,000	224	27.4%
\$1,001-\$1,500	83	10.1%
\$1,501-\$2,000	34	4.2%
\$2,001+	21	2.6%
Don't know/Refused	2	0.2%
Missing	28	3.4%
Total	819	100.0%

- 60.6% of transitional housing residents have cash income.
- 44.3% have cash income over \$550/month.

Physical and Mental Health Conditions at Entry into Transitional Housing

Condition	Total		Adults without Children		With Children and Adults	
Mental Illness	412	31.1%	310	55.0%	102	13.4%
Alcohol Abuse	217	16.4%	198	35.1%	19	2.5%
Drug Abuse	214	16.2%	184	32.6%	30	4.0%
Chronic Health Condition	17	1.3%	12	2.1%	5	0.7%
HIV/AIDS and Related Diseases	15	1.1%	13	2.3%	2	0.3%
Developmental Disability	53	4.0%	22	3.9%	31	4.1%
Physical Disability	251	19.0%	187	33.2%	64	8.4%

- The incidence of mental health issues, alcohol abuse, drug abuse and physical disability are all higher for the transitional housing group than for those in emergency shelter.
- In other words, transitional housing appears to be serving a population with a high proportion of people with disabilities: 80.0% of single adults and 21.6% of families had one or more disabling conditions.

Domestic Violence

- One in four people (27.4%) in transitional housing reported having had a past domestic violence experience: 21.5% of adults without children and 40.4% of adults in families with children.
- 22.3% reported violence within the past three months: 16.5% of adults without children and 29.1% of adults in families with children.
- Note that this data excludes women and families in domestic violence shelters; this information is for people in non-DV facilities only.

Prior Residence

Prior Residence	Total		Adults without Children		With Children and Adults	
Homeless Situations	530	64.7%	325	57.6%	205	80.4%
Institutional Settings	82	10.0%	81	14.4%	1	0.4%
Other Locations	207	25.3%	158	28.0%	49	19.2%

- Most transitional housing users come from 'homeless situations,' most commonly emergency shelter (48.8%), reflecting the efforts of emergency shelters to make referrals to transitional housing.
- Single adults are much more likely than families to come from institutional settings and other locations.
- About one in five (19.7%) of single adults come from 'other locations,' most often family and friends. 17.6% of families also come into transitional housing from family or friends.

Length of Stay (Leavers Only)

Length of Stay	Total	
Less than 30 days	121	16.9%
31 to 60 days	79	11.1%
61-180 days	131	18.3%
181-365 days	167	23.4%
366-730 days	180	25.2%
731-1095 days	36	5.0%
Total	714	100.0%

- One in six transitional housing residents (16.9%) leaves within 30 days; however, this is a much lower rate of early leaving than seen in emergency shelter (62.3%).
- More than half (53.6%) stay six months to three years.

Next Destination (Leavers Who Stayed More than 90 Days)

Next Destination	Total		Adults without Children		With Children and Adults	
Permanent Destinations	330	70.7%	116	65.5%	214	73.8%
Temporary Destinations	95	20.3%	43	24.3%	52	17.9%

Institutional Settings	9	1.9%	7	4.0%	2	0.6%
Other Destinations (DK, Refused)	33	7.1%	11	6.2%	22	7.6%

- When people leave transitional housing, they are nearly three times as likely to go to permanent destinations as emergency shelter leavers.
- Overall, seven out of ten transitional housing leavers (70.7%) went to permanent destinations compared to just one out of four emergency shelter leavers (25.6%).

Permanent Supportive Housing: Who is using PSH?

- In 2014, 1,099 people used permanent supportive housing, 1,021 adults and 76 children.
- Average number of people served each night was 964.66
- Point in Time Count of households served the last Wednesday in January 2014 as 857

Gender of adults in PSH

Gender	Total		Adults without Children		With Children and Adults	
Male	636	64.8%	626	69.1%	10	13.2%
Female	342	34.8%	276	30.5%	66	86.8%
Transgender/other	4	0.4%	4	0.4%	0	0.0%
Total	982	100.0%	906	100.0%	76	100.0%

- The great majority of PSH residents (92.2%) are single adults.
- Unlike emergency shelter and transitional housing, genders are not evenly split with permanent housing where there are nearly twice as many men as women.
- Most of this difference is a function of the preponderance of males in the homeless single adult group along with the size of the single adult population.

Age of adults in PSH

Age	Total		Adults without Children		With Children and Adults	
18-24	35	3.6%	26	2.9%	9	12.0%
25-34	97	9.9%	69	7.6%	28	37.3%
35-44	147	15.0%	125	13.8%	22	29.3%
45-54	351	35.7%	338	37.3%	13	17.3%
55-61	249	25.3%	245	27.0%	4	5.3%
62+	103	10.5%	103	11.4%	0	0.0%
Total	983	100.0%	906	100.0%	75	100.0%

- Single adults in PSH tend to be over the age of 45 (75.7%).
- Adults in families in PSH are generally between the ages of 25 and 44 (66.6%).
- PSH has a larger percentage of older adults (62+) than either emergency shelter or transitional housing.

Race of persons in PSH

Race	Total		Adults without Children		With Children and Adults	
White	455	41.1%	392	43.3%	63	33.0%
Black or African-American	606	55.1%	488	53.9%	116	60.7%
Asian	1	0.1%	1	0.1%	0	0.0%
American Indian or Alaska Native	7	0.6%	6	0.7%	1	0.5%
Native Hawaiian or Other Pacific Islander	1	0.1%	1	0.1%	0	0.0%
Multiple Races	9	2.6%	18	2.0%	11	5.8%
Total	1,099	100.0%	906	100.0%	191	100.0%

Hispanic/Latino: 6.2% of people served by permanent supportive housing were Hispanic/Latino.

- PSH residents are much more likely to be white (41.1%) than people in emergency shelter (19.5%) or transitional housing (23.6%).
- This is true for single adults and for adults in families.

Income at entry into Permanent Supportive Housing (Adults)

Monthly Cash Income	Adults	
No income	267	27.2%
\$1-\$150	21	2.1%
\$151-\$250	26	2.6%
\$251-\$500	41	4.2%
\$501-\$1,000	464	47.3%
\$1,001-\$1,500	95	9.7%
\$1,501-\$2,000	30	3.1%
\$2,001+	23	2.3%
Don't know/Refused	0	0.0%
Missing	15	1.5%
Total	982	100.0%

- PSH residents are much more likely to have income at entry (72.8%) than people entering emergency shelter (54.0%) or transitional housing (60.6%).
- 62.4% of PSH residents had incomes of \$500/month or more, the big portion of residents with incomes between \$501 and \$1,000 probably represents SSI/SSDI, a key component in being able to obtain/retain PSH.

Physical and Mental Health Conditions at Entry into Permanent Supportive Housing

Condition	Total		Adults without Children		With Children and Adults	
Mental Illness	787	71.6%	732	80.8%	54	28.3%
Alcohol Abuse	318	29.0%	292	32.2%	27	14.1%
Drug Abuse	267	24.3%	236	26.0%	31	16.2%
Chronic Health Condition	4	0.4%	4	0.4%	0	0.0%
HIV/AIDS and Related Diseases	36	3.3%	34	3.8%	2	1.0%
Developmental Disability	48	4.4%	42	4.6%	6	3.1%

Physical Disability	321	29.2%	296	32.7%	25	13.1%
---------------------	-----	-------	-----	-------	----	-------

- The primary users of permanent supportive housing are single adults and most of those are individuals with mental illness.
- The incidence of mental illness among single adults in PSH is three times as great as among households with adults and children.
- PSH for single adults serves a population with substantial disabling conditions; PSH for households with adults and children serves a much less disabled population.

Where are people in permanent supportive housing coming from?

Prior Residence	Total		Adults without Children		With Children and Adults	
Homeless Situations	834	84.9%	766	84.5%	68	89.5%
Institutional Settings	32	3.3%	31	3.4%	1	1.3%
Other Locations	116	11.8%	109	12.0%	7	9.2%

- People come into PSH from 'homeless situations, specifically emergency shelter (41.1%), transitional housing (23.9%), place not meant for human habitation (12.5%) and Safe Haven (7.3%).
- A small percentage comes from 'other locations' including a rental unit and living with family or friends (11.8%) and 3.3% come from institutional settings.

Length of Stay: Once in permanent supportive housing, people tend to stay. Of the 1,099 in permanent supportive housing in 2014, 133 (12.2%) left after staying an average of 1,488 days (4.2 years); and 767 (87.9%) stayed and had an average length of stay of 1,908 or 5.2 years.

Next Destination: Of the 131 leavers, 85 (64.9%) went to permanent destinations, 12 (9.2%) went to temporary destinations, 6 (4.6%) went to institutional settings and 28 (21.4%) went to other destinations (deceased, don't know/refused).

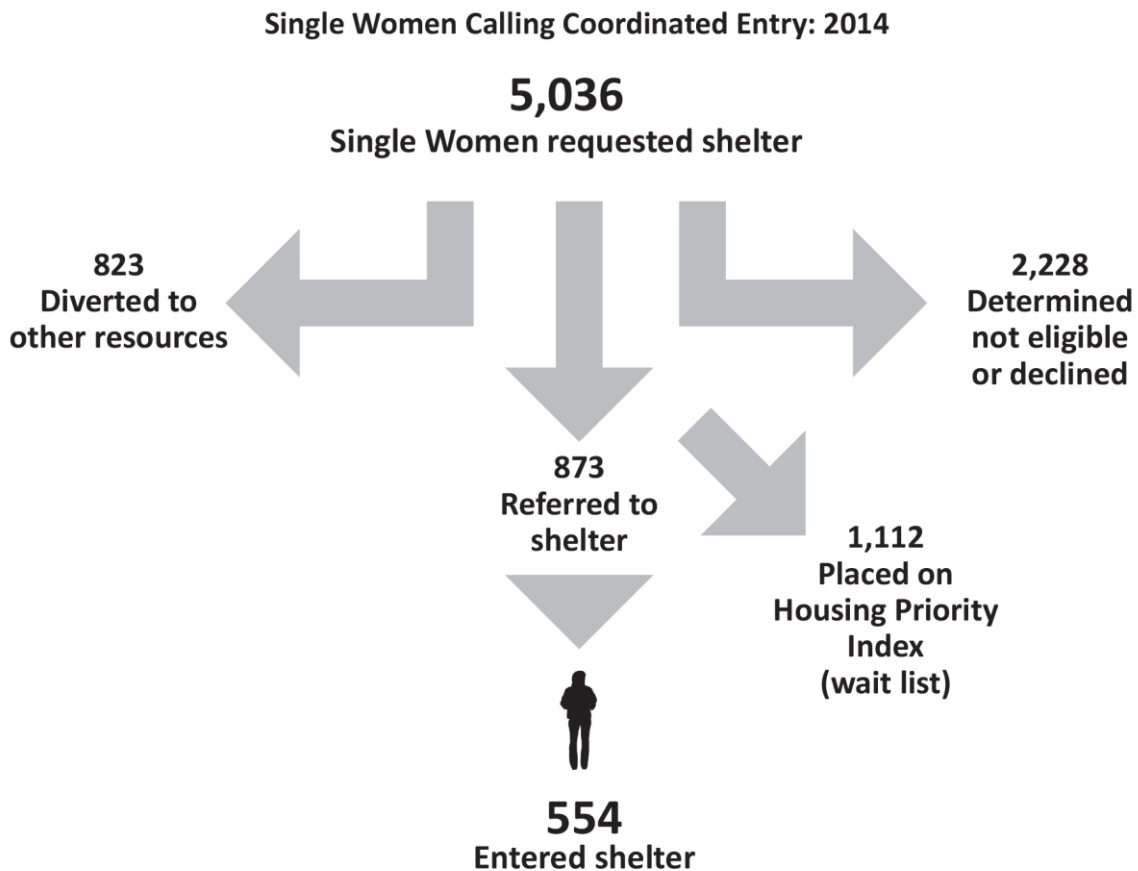
4. What is the nature and extent of unmet need?

Unmet need can be looked at in two ways. First, unmet need is represented by callers to Coordinated Entry who were essentially 'screened in' for shelter but who did not enter shelter. This is expressed demand; that is, calls to Coordinated Entry represent those individuals and families who have chosen to act on their desire to address their housing situation by seeking emergency shelter. As Coordinated Entry has become fully implemented and well-publicized, CE calls represent the most legitimate source of expressed demand. Latent demand, the number of people whose housing situations might make them eligible for emergency shelter but who haven't acted on their desire to address the situation, is less easily documented but could be represented by Census and other data showing people at risk of homelessness because of the combination of low income and high housing costs.

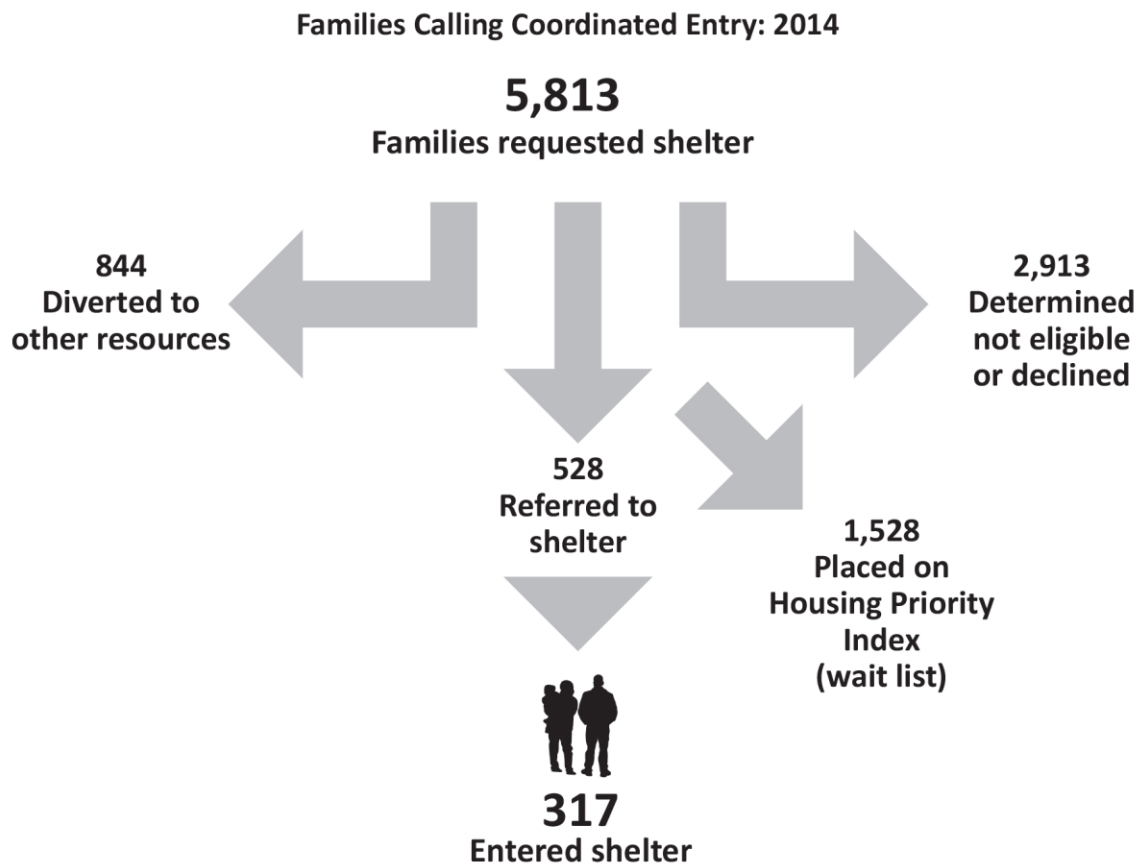
Second, unmet need is represented by people who enter shelter, exit and return to shelter at a later date indicating that their needs could not be fully met in shelter.

Unmet Need Documented by Coordinated Entry

Data for this section was provided by 211 IMPACT, 2014 Coordinated Entry monthly and year-end totals. Looking at the chart below: of the 5,036 (unduplicated) single women who called Coordinated Entry seeking shelter in 2014, 873 were referred to shelter and 554 entered shelter, leaving 319 who were referred but did not enter. Another 1,112 were also 'screened in' as being eligible for shelter but were placed on the Housing Priority Index (wait list) because there was not available space. This totals **1,431 single women** who met the criteria for entry into emergency shelter but who did not receive that service.



Using the same calculation for families gives us **1,739 families** who were determined to meet the criteria for entry into emergency shelter but who did not receive that service.



In summary, there were 3,170 single women and families who called Coordinated Entry whose needs were not met by entering emergency shelter.

In addition to the people who were determined to be eligible for shelter and were referred to shelter (whether or not they entered or were placed on the wait list), there is a significant number of people determined to be eligible but were diverted to other resources. This category included 844 families and 823 single women.

5. What are the critical policy questions to consider?

a. To what extent does our current system reflect Housing First?

Housing First is an approach to homelessness that involves immediately addressing the homeless person's housing needs and not making either the initial or ongoing receipt of housing assistance conditional on sobriety or participation in services. The approach differs from traditional homeless services which assume a linear progression from homelessness to emergency shelter to transitional housing and then permanent housing and which incorporates, at every level, expectations for the participant which if not met can result in his/her loss of housing. The Housing First thinking is that once housed, people will become open to services and this has generally occurred in other places where Housing First has been implemented.

Participants served who came from places not meant for habitation

Housing Type	Total	Adults without Children	With Children and Adults
Emergency Shelter	30.2%	32.1%	23.9%
Transitional Housing	12.8%	17.0%	3.5%
Safe Haven	72.1%	71.8%	0.0%
Permanent Supportive Housing	12.5%	13.0%	6.6%
Total	16.4%	18.3%	10.3%

Implementation of Housing First is new in Milwaukee; overall, only 16.4% of participants in the Continuum of Care system entered programs directly from a place not meant for habitation (the street). All components show low percentages of participants coming directly from the street except for Safe Haven where the percentage is 72.1%. Safe Havens, though small (43 beds total) provide a model for engagement of people using a Housing First strategy.

b. Are we fully utilizing existing capacity?

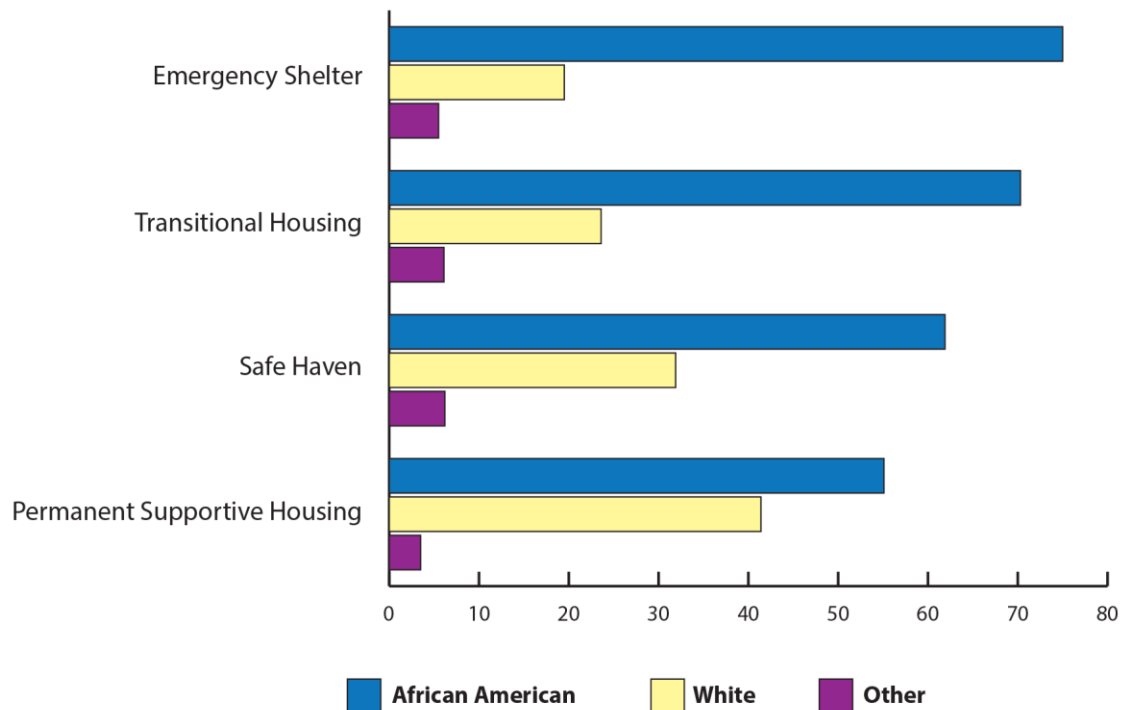
Of the 65 programs on Milwaukee's Housing Inventory (WI 501 HIC), 33 had less than 90% utilization at the time of the January 2015 Point in Time Count. In other words, 50.8% of the system had 10% of its beds available on the PIT night. Nineteen (19) had less than 80% utilization. This means that 29.2% of the system had beds available that night. This would suggest that there is unused capacity in the system that could be mobilized to address unmet need.

c. How does the racial distribution of participants vary across Continuum of Care program types?

Housing Type	African American	White	Other
Emergency Shelter	75.0%	19.5%	5.5%
Transitional Housing	70.3%	23.6%	6.1%
Safe Haven	61.9%	31.9%	6.2%
Permanent Supportive Housing	55.1%	41.4%	3.5%

At the emergency shelter level, three-fourths of participants (75.0%) were African American in 2014. This drops slightly to 70.3% in Transitional Housing, drops even further for Safe Haven to 61.9% but substantially drops for Permanent Supportive Housing where just over half (55.01%) of participants were African American. What accounts for this difference is not clear. There are many possible explanations: 1) Homeless people who are African American are more able to transition to non-CoC supported permanent housing; 2) Homeless people who are African American are less likely to meet disability and/or chronic homeless criteria necessary for Permanent Supportive Housing eligibility; 3) Participants in Permanent Supportive Housing are being referred from other non-CoC systems, e.g. directly from institutions; 4) There is racial disparity in the selection process for Permanent Supportive Housing.

How does the racial distribution of participants vary across Continuum of Care program types?



d. When we say we aim to end homelessness, are we talking about homelessness as defined by HUD as Category 1 – Homeless or Category 2 – At imminent risk of losing housing?

If we are talking only about Category 1, people who are entering the system from what is called a Homeless Situation, that represents only about half (49.6%) of the current population coming through the system's front door (Emergency Shelter). Because emergency shelter is included in Homeless Situation and many referrals come from Emergency Shelter, the percentage of participants falling in this category rises for Transitional Housing (64.7%) and Permanent Supportive Housing (84.9%). Safe Havens (whose mission is to take people directly from the streets) almost exclusively serves people who would come from Homeless Situations/Category 1 (98.2%).

The Category 1 definition is very explicit and limited.

Category 1 - Homeless is defined as follows:

Individual or family who lacks a fixed, regular, and adequate nighttime resident, meaning:

- *Has a primary nighttime residence that is a public or private place not meant for human habitation;*
- *Is living in a publicly or privately operated shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs; or*

- *Is exiting an institution where s/he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.*

In contrast, the Category 2 has considerably more latitude.

Category 2 – Imminent Risk of Homelessness is defined as follows:

Individual or family who will imminently lose their primary nighttime residence, provided that:

- *Residence will be lost within 14 days of the date of application for homeless assistance;*
- *No subsequent residence has been identified; and*
- *The individual or family lacks the resources or support networks needed to obtain other permanent housing.*

Category 1 is a fairly straightforward determination. Either people are living in an emergency shelter situation or on ‘the street’. Category 2, however, is considerably more elastic, specifically the third criterion: *The individual or family lacks the resources or support networks needed to obtain other permanent housing.*

There are two other categories of homelessness that come into play as well: Category 3 – Homeless under other Federal statutes covers unaccompanied youth under age 25 and family with children experiencing a pattern of housing instability; and Category 4 – Fleeing/Attempting to Flee DV (domestic violence) includes individuals or families who are fleeing a DV situation without other housing options.

In summary, it is important, when discussing the ambitious goal of ending homelessness in Milwaukee, that it be made clear which category of homelessness we intend to end. It would seem much easier to end (or achieve functional zero) Category 1 homelessness because it is so clearly defined than it would be to achieve the goal of ending Category 2 homelessness where there is enough flexibility in the criteria to essentially guarantee a constant pool of people at imminent risk.

e. Do reoccurrence rates tell us which programs are not as effective as others or which programs are serving the ‘hardest to serve’?

Reoccurrence is the term used to describe a return to shelter after a shelter exit. This HMIS data provides a snapshot of reoccurrence by looking at utilization between January 1, 2012 and June 22, 2015. Reported are total occurrences (shelter exits) along with the number of positives (instances where people exited and did not return) and the number of negatives (instances where people exited and then returned within that timeframe). Note that the returns could have occurred at any Wisconsin shelter, not just Milwaukee County’s. Note that someone exiting very recently would have less time to return to shelter than someone who exited a longer time ago.

CoC Program Type	Total occurrences (exits)	No shelter reoccurrence after exiting	Shelter reoccurrence after exiting	Reoccurrence rate
Emergency Shelter	9,256	4,422	4,834	52.2%
Transitional Housing	2,229	1,674	555	24.9%
Safe Haven	279	187	92	33.0%
Permanent Supportive Housing	544	462	82	15.1%

Rapid Re-Housing	431	365	66	15.3%
------------------	-----	-----	----	-------

As the table shows, if there is a revolving door in the Continuum of Care system, it is the front door (Emergency Shelter). This is also the part of the system that has shifted to serving people in greatest need with the implementation of Coordinated Entry and the severity (vulnerability) ranking process.

The two permanent housing components: permanent supportive housing and rapid re-housing show very low rates of shelter reoccurrence after exit. In both cases, the number of people exiting is very small.

f. Is the Continuum of Care serving people in greatest need?

Greatest need could be defined using three factors:

- 1) Coming from a 'homeless situation,' also known as being in Category 1
- 2) Having one or more disabling conditions
- 3) Having no income

Participants coming from 'homeless situations'

The proportion of participants coming from homeless situations increases as people move up the service chain. People in PSH are very likely to come from homeless situations because they likely spent time in emergency shelter as a step toward permanent housing. Still, at every level of the system, there is a significant, if small, percentage coming directly from the street: 30.2% for emergency shelter, 12.8% for transitional housing and 12.5% for PSH.



Having one or more disabling conditions

The incidence of disabling conditions increases with each level of the system starting with 42.8% of shelter participants having one or more disabling conditions, increasing to 46.9% of transitional housing participants and jumping to 88.1% for PSH participants.

Having no income

The likelihood that participants will have no income decreases with the level of service. At emergency shelter, 46.0% have no income; at transitional housing, the rate is 39.4%. Finally, at PSH, only 27.2% have no income.

Observations for Future Planning

1. What is the problem the Continuum of Care wants to solve? Is it HUD Category 1 – Homelessness or Category 2 – At Imminent Risk of Homelessness or both?
2. Category 1 – Homelessness is well-defined and finite. Category 2 – At Imminent Risk of Homelessness is much more subjective and elastic. If Category 2 is to be included in the goal of ending homelessness, what is its outer boundary, ie, how do we make it more well-defined?
3. The fact that 62.3% of emergency shelter users stay less than 30 days is a red flag, especially when coupled with the high rate of movement to temporary or unknown destinations (72.0%).
4. Only one in four people exiting emergency shelter go to a permanent destination (25.6%). This is slightly lower for single adults and slightly higher for families. This leaves the remainder (74.4%) to continue to deal with homelessness/housing instability.
5. #3 and 4 above create continuous churn in the homeless system. More study is needed to determine: 1) who is successful in leaving to permanent destinations and why; 2) what is the cause of short (less than 30 day) stays; 3) why are people leaving without their destination being known, is this a data collection issue or a walking out the door without telling anyone issue; 4) what needs to be done to increase length of stay and increase likelihood of exit to permanent destinations.
6. A significant percentage of people, both single adults and adults in families, enter the homeless system from prior residence with family and friends. This is especially true of families entering emergency shelter where 58.9% enter from 'other locations' including own rental and staying/living with family or friends. Could coordinated provision of prevention services keep this group housed in their current location either temporarily or while more permanent housing can be obtained?
7. More than half of people coming into emergency shelter have cash income (54.0%). How are these resources currently managed; are there opportunities for new cooperative/shared housing to reduce costs before people come into shelter, e.g. roommate exchange.
8. Disabilities are a constant theme across all levels of the system, specifically mental illness, alcohol abuse, drug abuse and physical disabilities but are most critical at the front door (emergency shelter) where there are also the fewest resources to deal with complex problems. Residents of PSH have very high rates of disabilities but are also the most stable and least likely to leave PSH and reenter the shelter system, likely due to the PSH service package and peer support.
9. Permanent Supportive Housing, once filled, becomes a static resource. Residents rarely leave so opportunities for new people coming in are limited. To what extent should there be greater efforts to encourage positive turnover in PSH, especially among people potentially eligible for other housing support such as those over age 62?
10. New resources targeted to prevention (helping people in place) could have a more significant impact on homelessness (by serving more people for a shorter length of time) than building new physical capacity which will be filled with long-time residents.