

WE WILL
END
HOMELESSNESS
in Milwaukee



MID-COURSE REVISIONS:
10-Year Plan to End Homelessness

Approved Provider Advisory Group
December 11, 2014

Approved Executive Board
December 18, 2014

Approved Full Body Continuum of Care
January 22, 2015

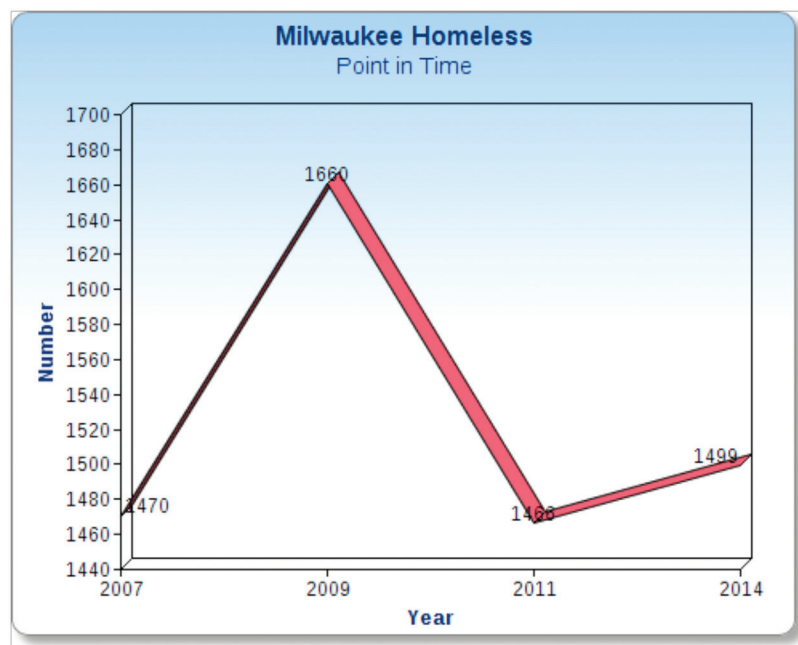


1. RATIONALE FOR PROPOSED REVISIONS

The 10-Year Plan to End Homelessness was developed by the Milwaukee Continuum of Care in 2008-2009, completed in January 2010, and approved by the Milwaukee County Board of Supervisors and City of Milwaukee Common Council in March/April 2010.

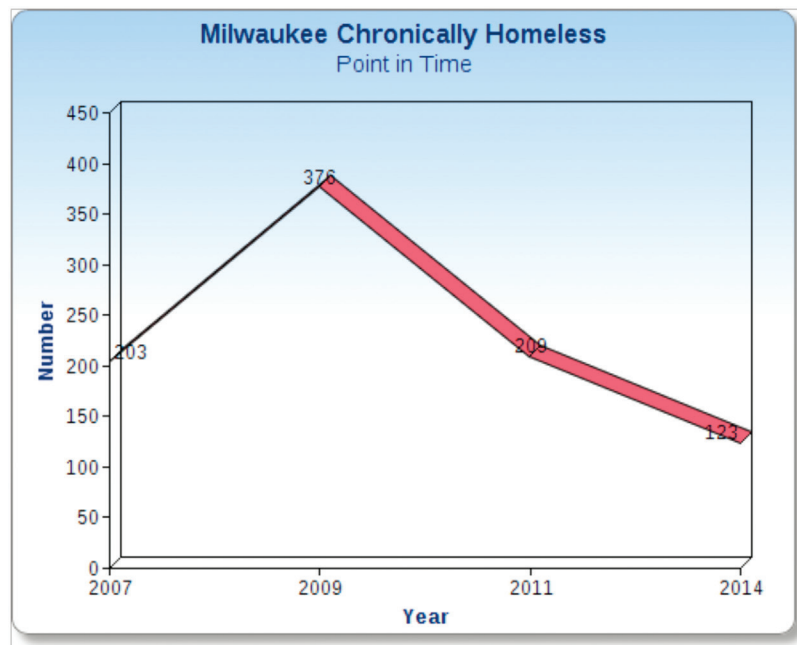
The end of 2014 marks the halfway point in Milwaukee's 10-Year Plan. There are many reasons to consider significant revisions to the 10-Year Plan at this time:

- There has been substantial progress on several plan elements, most notably coordinated entry and permanent supportive housing.
- Negligible progress has been made on other plan elements, specifically employment and behavioral health.
- The Continuum of Care governance structure has changed to include an Executive Board involving broad cross-sector representation and offering new opportunities.
- Changes in local funding, programs, and service delivery systems present different avenues for collaboration.
- Opening Doors, the federal 10-Year Plan to End Homelessness, lays out ambitious goals including ending chronic homelessness, veteran homelessness, and family and youth homelessness, and federal funding is being aligned to support those efforts.
- Although there has been progress on many elements of Milwaukee's 10-Year Plan, the number of people homeless as counted by the January Point in Time is essentially the same as in 2007.



As the line graph indicates, the number of homeless counted in the Point in Time has been static since 2007 with a spike in 2009.

While the number of homeless people counted by the Point in Time in 2014 is nearly the same as in 2007, the number of chronically homeless people is significantly reduced. Between 2007 and 2014, there was a 39% reduction in the number of chronically homeless people counted by the PIT.



This data suggests that 10-Year Plan efforts targeting the chronically homeless population, specifically in the area of creating new permanent supportive housing, appear to have been successful.

However, there has not been a similar level of progress with regard to the homeless population across the board. In fact, the homeless population stayed at about the same level even with the significant reduction in the number of chronically homeless.

For these reasons, this is an appropriate time to re-examine Milwaukee's 10-Year Plan and consider modifications which may accelerate progress toward the goal of ending homelessness.

2. PROGRESS UPDATE: 10-YEAR PLAN TO END HOMELESSNESS

The following is taken from a progress update completed by Wilberg Community Planning for the Continuum of Care dated May 8, 2014. This information is provided for the purposes of context and background.

Prevention and Emergency Shelter: There has been substantial work on the issue of institutional discharges to homelessness by the CoC; however, this remains a significant problem. An annual Project Homeless Connect has been conducted but with attendance (average 250) far lower than planned (1,500). Rapid Re-Housing was implemented from 2010-2012 along with homeless prevention, mediation and financial assistance. End of HPRP diminished rapid re-housing; this is currently a HUD high priority. Coordinated entry has been established but without the mobile capacity indicated in the plan and not yet covering all populations and all services on the continuum. Best practices for Housing First have not been established although there is some movement in starting a HF effort.

Economic Support and Employment: There has been a small job fair incorporated into Project Homeless Connect; two work-linked supportive housing projects are in operation (Guest House resident manager training program and Center for Veterans Issues Troop Café). There has not been progress on the creation of an Employment Opportunity Center for people who are homeless nor in opening new pathways, including improving access to existing employment and training programs. A feasibility study of a job creating social enterprise has not been done.

Mental Health, Substance Abuse, and Support Services: A planned advocacy campaign for supportive services funding (for people in permanent supportive housing) was never launched. There has been an increase in the number of successful SSI/SSDI application due to increased SOAR activity at Outreach Community Health Centers. PSH housing standards were developed and are monitored by the County; CoC has not been officially involved. A Voice for the Homeless Plan was not developed; however, there has been a significant increase in the number of trained peer support specialists primarily due to funding provided by Milwaukee County Behavioral Health Division.

Permanent Supportive Housing: Since 2010, there have been 525 new units of PSH built, 300 supported by CoC (HUD) funds, 225 by other sources, somewhat below the plan goal of 126 units per year. The Common Council adjusted the city's land use regulations to permit the construction of PSH in areas zoned for multi-family housing. A planned Housing Access Partnership was not formed. CoC agencies were successful in using other sources of funding for supportive housing including the Neighborhood Stabilization Program and HUD VASH. Increased philanthropic involvement in PSH could not be ascertained for the progress update.

Other Comments regarding 10-Year Plan: The plan did not state overall goals nor establish outcome targets. Plan elements do not align with the federal Opening Doors plan or with the priorities expressed by HUD in the annual NOFA. Work group involvement in advancing the plan has been uneven with Coordinated Entry and Discharge Planning the only consistent work groups over this period of time.

3. OVERARCHING 10-YEAR PLAN GOALS

Goal 1: End chronic homelessness among single adults.

2015 Benchmark: 2015 PIT

2016 Target: 0¹

Strategies:

- 1) Interrupt the cycle of homelessness and shelter stays at an earlier point, e.g. prior to 12 months of continuous homelessness and/or prior to the 4th episode of homelessness in 3 years.
- 2) Ensure that each homeless adult obtains the full array of mainstream benefits for which s/he is eligible.
- 3) Increase effective use of publicly-funded employment and training resources.
- 4) Connect individuals with mental illness and/or substance abuse disorders with appropriate treatment, case management, and supportive services including establishing linkages with Medicaid through FQHCs (Federally Qualified Health Centers) and Milwaukee County's Behavioral Health Division's Comprehensive Community Services (CCS).
- 5) Increase the supply of permanent supportive housing.
- 6) Leverage other grants such as SAMHSA to provide supportive services in PSH.

Goal 2: End veteran² homelessness.

2015 Benchmark: 2015 PIT

2015 Target: 0

Strategies:

- 1) Support early identification of veterans at risk of homelessness.
- 2) Continue effective collaborative networks of veterans' services to address health, mental health, housing, employment, and other needs including the VA, VA Community Referral Resource Center, Center for Veterans Issues, and others.
- 3) Increase effective use of publicly-funded employment and training resources.
- 4) Ensure that each homeless veteran obtains the full array of mainstream benefits for which s/he is eligible.
- 5) Improve access to affordable housing including publicly-funded subsidized housing and permanent supportive housing.

¹ Plan uses the concept of 'functional zero' utilized by the VA and others addressing veterans homelessness wherein functional zero is defined as a state where housing or program assets exist to house any new homeless individual.

² Veterans are defined as those having served on active duty regardless of discharge status.

Goal 3: Prevent homelessness among people discharged from institutions including foster care, hospitals, inpatient mental health facilities, and corrections.

2014 Benchmark: 2014 HMIS
2019 Target: 0

Strategies:

- 1) Ensure that each institution has meaningful discharge planning protocols for people at risk of homelessness that are adequately resourced and carefully monitored.
- 2) Strengthen discharging institutions' connections to community resources to prevent homelessness.
- 3) Increase the supply of permanent supportive housing and access to Rapid Re-Housing.

Goal 4: Prevent initial and repeat episodes of homelessness among single adults, youth, and families with children.

2014 Benchmark: 2014 HMIS
2019 Target: 0

Strategies:

- 1) Implement Coordinated Entry for all populations (families, youth, single women, and single men) and for all services in the Continuum of Care (emergency shelter, Safe Haven, transitional housing, permanent supportive housing, rapid re-housing, and prevention services).
- 2) Connect people at immediate risk of homelessness to an organized set of prevention, early intervention, and community support services that are homelessness-informed.
- 3) Focus effort on significantly reducing the rate of return, i.e. preventing repeat utilization of homeless services.
- 4) Increase the effective use of publicly-funded employment and training resources.
- 5) Ensure that each homeless person obtains the full array of mainstream benefits for which s/he is eligible.
- 6) Develop community partnerships for Medicaid billing for supportive services.
- 7) Focus resources on assisting single adults, youth, and families to obtain permanent housing through Rapid Re-Housing, rent subsidies including Section 8 and Tenant-Based CoC Rent Assistance (formerly Shelter + Care), and Permanent Supportive Housing.

Goal 5: Establish the Continuum of Care as a data-driven planning, program monitoring, and system management entity responsible for coordinating the provision of publicly-funded homeless services in Milwaukee County.

Strategies:

- 1) Create a Data Dashboard that will track an established set of agreed-upon progress indicators and report progress on a semi-annual basis.
- 2) Through cooperative agreement or other mechanism, establish the practice/policy of coordinating system development including activities such as program terminations, expansions, re-allocations, and other changes which would have impact on the system's operation and access to services.

4. FOUR PILLARS OF THE 10-YEAR PLAN: REVISIONS

PILLAR 1: Prevention and Emergency Shelter

- 1.1** Conduct an annual Project Homeless Connect providing 1,500 homeless and near-homeless people with direct access to information on housing, benefits, employment, legal services, health care, mental health care, clothing, and hygiene supplies; and use the event to publicize the issue of homelessness and the availability of prevention services.
- 1.2** Use a variety of strategies to reduce the number of discharges from institutions (foster care, hospitals, mental health facilities, and corrections) that result in emergency shelter utilization including:
 - 1.2.1** Working with the State of Wisconsin PATHS Initiative to improve foster care transition planning and resource coordination for youth ages 14-17 receiving out of home care and experiencing homelessness, youth aging out of foster care and becoming homeless, and youth ages 18-21 with prior child welfare involvement experiencing homelessness.
 - 1.2.2** Maintaining/expanding Milwaukee County's Community Intervention Specialist function to assist with discharges from the Milwaukee County House of Correction, Behavioral Health Division, and area hospitals.
 - 1.2.3** Continuing efforts to foster collaboration between the CoC and Wisconsin Department of Corrections.
 - 1.2.4** Continuing efforts to foster collaboration between the CoC, hospitals, and the Milwaukee County Behavioral Health Division.

- 1.3** Fully implement Coordinated Entry so that it includes a) 100% of publicly-funded emergency shelter, transitional housing, Safe Haven, and permanent supportive housing; b) 100% of homeless populations including single men, single women, youth, veterans, victims of domestic violence, and households with children; c) an organized inventory of homelessness-informed prevention services; and d) sustainable funding support including:
 - 1.3.1 Using a consistent instrument and process to assess vulnerability and priority for homeless services that is evidence-based and aligns with the Vulnerability Index-Service Prioritization Decision Assistance Tool.
 - 1.3.2 Establishing cooperative agreements with key mental health, substance use disorder, and crisis services providers such as the Milwaukee County Behavioral Health Division to assist individuals whose needs may exceed the service and resource capabilities of the emergency shelter and homeless services system.
 - 1.3.3 Exploring the feasibility of adding an outreach component to Coordinated Entry.
 - 1.3.4 Maintaining an inclusive advisory group focused on CE system improvement.
- 1.4** Develop and implement a special pilot project to reduce repeat utilization of emergency shelter among 25 homeless single women that includes:
 - 1.4.1 Identifying single women who have stayed in emergency shelter 4 or more times in the prior 12 months using the HMIS.
 - 1.4.2 Establishing collaboration between case managers and other community resources (with client consent) to identify, prioritize, and address specific issues related to repeat shelter use.
 - 1.4.3 Replicating the project if successful.
- 1.5** Improve the knowledge and skills of homeless services providers in the areas of Housing First, crisis intervention, and trauma-informed care.
- 1.6** Identify a funding source (s) to hire case managers for veterans' (non-VASH) permanent supportive housing.

PILLAR 2: Economic Support and Employment

- 2.1** Use SOAR and other benefits specialist services to increase the number of approved applications for SSI/SSDI for people who are homeless to 100 annually.
- 2.2** Use multiple strategies to increase the percentage of homeless people who receive cash benefits from other sources³ (not employment) to a minimum of 60% and non-cash benefits⁴ to 90% including:
 - 2.2.1 Maintaining a schedule of mainstream benefits training specifically focused on increasing case managers' proficiency in using ACCESS, the State of Wisconsin online single application form.
 - 2.2.2 Establishing a protocol with the State of Wisconsin to enable CoC project staff to access CARES (state benefit data system) with clients' consent to determine benefit eligibility and status.
 - 2.2.3 Improving the accuracy of benefit utilization data maintained by HMIS, specifically with regard to accurate categorization and updating.
- 2.3** Ensure that 100% of people who are homeless who come through the homeless services system have health coverage via the Affordable Care Act/Medicaid or other health care program.
- 2.4** Create partnerships with community medical and behavioral health providers including FQHCs and the Milwaukee County Behavioral Health Division to utilize Medicaid for supportive services.
- 2.5** Use multiple strategies to increase the percentage of homeless people who increase their income from employment to 20% including:
 - 2.5.1 Establishing a homeless navigator function at the Milwaukee Area Workforce Investment Board to assist CoC providers and consumers in accessing employment and training resources.
 - 2.5.2 Using CDBG to support job training and placement services for 100 people who are homeless through AmericaWorks.
 - 2.5.3 Implementing a pilot project involving 3 to 5 homeless workers with Goodwill of SE Wisconsin to identify ways to increase homeless workers' utilization of Workforce Connection Centers and other Goodwill employment and training resources; and then implementing these strategies across the board.
 - 2.5.4 Supporting training business and other enterprises that employ homeless workers like the CVI Troop Café, Guest House resident manager training program, Grand Avenue Club cleaning service.
 - 2.5.5 Aggressively marketing homeless workers to employers at Project Homeless Connect and employer-specific hiring events sponsored by Goodwill Workforce Connection Centers, Milwaukee Area Workforce Investment Board and others.

³ TANF, child support, alimony, Social Security, Unemployment Compensation, Workers Compensation, Veterans Pension, Veterans Disability Benefits, and other

⁴ Food Stamps, Medicaid, Medicare, BadgerCare, VA Medical, WIC, TANF Child Care, TANF Transportation, Temporary Rent Assistance, Section 8, and other

PILLAR 3: Mental Health, Substance Abuse, and Support Services

- 3.1** Ensure that 100% of people who are homeless who come through the homeless services system have health care coverage via the Affordable Care Act/Medicaid or other health care program.
- 3.2** Increase the knowledge of mental health and addiction treatment resources and capacity to access appropriate resources, including crisis services, of 100% of publicly-funded emergency shelter and transitional housing programs through information and training provided by the Milwaukee County Behavioral Health Division; and through increased knowledge about the VA's Community Resource Referral Center that recently opened to assist veterans experiencing mental health and substance abuse issues.
- 3.3** Improve the capacity of emergency shelters and transitional housing to work with individuals who may be experiencing mental health crisis by providing 16-hour Crisis Intervention Program training in cooperation with NAMI (National Alliance for the Mentally Ill).
- 3.4** Improve utilization of mental health and addiction treatment resources through collaboration with the Milwaukee County Behavioral Health Division including;
 - 3.4.1** Developing a plan to ensure that eligible homeless individuals are enrolled in TCM (Targeted Case Management) or CCS (Comprehensive Community Services) that includes the necessary level of professional assistance to complete applications.
 - 3.4.2** Designating a single point of contact at CARS/BHD to coordinate efforts with the homeless services system.
- 3.5** Establish harm reduction housing for 24-30 homeless individuals with substance use disorders.

PILLAR 4: Permanent Supportive Housing

- 4.1** Use a variety of partnerships with government, nonprofit organizations, local developers, and funding sources to complete the construction of 1,260 Permanent Supportive Housing units for homeless individuals and families which was initiated in 2010 including:
 - 4.1.1** Accessing PSH funding available through the HUD Continuum of Care Program.
 - 4.1.2** Utilizing City and County CDBG and HOME allocations for PSH.
 - 4.1.3** Maintaining adequate funding in the City and County Housing Trust Funds.
 - 4.1.4** Obtaining Low Income Housing Tax Credits.
 - 4.1.5** Continuing to seek new funding from local and national foundations, Section 811 Project Rental Assistance, National Housing Trust Fund, Neighborhood Stabilization Program, and set-asides of Section 8 for special populations.

- 4.1.6 Continuing to advocate to HUD for reversal of the policy of not allowing rents generated from PSH units to be used as match.
- 4.1.7 Encouraging collaborative planning involving the CoC and all Housing Authorities within Milwaukee County.
- 4.2** Develop a collaborative City-County plan to increase the availability of Project-Based Section 8 resources to provide operating support for newly-developed PSH units.
- 4.3** Expand the use of Tenant Based CoC Rent Assistance (multiple sources of TBRA beyond Shelter + Care) to provide housing options for individuals and families, i.e. voucher attached to an individual or family rather than to a specific project.
- 4.4** Improve access to City of Milwaukee and Milwaukee County Section 8 rent assistance for a minimum of 100 homeless individuals and families by establishing a priority category for homelessness, specifically, living in a place not intended for habitation or in emergency shelter.
- 4.5** Use the HUD/Continuum of Care reallocation process to convert 40 transitional housing units to PSH units designated for people who are chronically homeless.
- 4.6** Provide Rapid Re-Housing services to a minimum of 250 households with children annually through the use of SSVF (Supportive Services for Veteran Families), HUD Continuum of Care re-allocation projects, and State ESG (Emergency Solutions Grant).
- 4.7** Implement a Housing First project to engage, assess and place 30 unsheltered chronically homeless individuals into PSH in 2015 that will serve as a model for replication in future years.

5. PROGRESS INDICATORS (DATA DASHBOARD)

Consistent data reporting on outcomes relative to agreed-upon progress indicators is fundamental to successful implementation of the 10-Year Plan. Data sharing allows for the speedy identification of roadblocks, whether those exist with a specific population or a specific provider. Data sharing also establishes a high level of transparency in the system which supports better planning and improved outcomes.

Recommended is semi-annual review of data by the Provider Advisory Group, work groups, Executive Board and the CoC as a whole. The CoC should post summary information (in a trend/graphic format) from the Data Dashboard on the Milwaukee CoC website. A Dashboard Design Team should be appointed by the Executive Board to make the final selection of progress indicators, assign data reporting responsibilities, and establish a review schedule. A proposed approach is included below.

In order to most accurately assess progress and identify areas for improvement, data should be aggregated by: a) system as a whole, combining data for emergency shelters, transitional housing, and permanent supportive housing; b) homeless service type, i.e. separately for emergency shelters, transitional housing and permanent supportive housing; c) individual homeless service provider.

Although the Design Team would make final progress indicator selections, the following are recommended:

1. Persons served (single adults, youth, and persons in families with children)
2. Chronically homeless
3. Veterans
4. Persons with mental illness
5. Persons with substance use disorders
6. Persons identified as having been recently discharged from foster care, hospital, mental health facility, or corrections
7. Persons enrolled in ACA/Medicaid or other health care program
8. Persons who increased their income from employment from program entry to exit
9. Persons enrolled in cash benefit programs
10. Persons enrolled in non-cash benefit programs
11. Average length of stay
12. Rate of return (percentage of persons served who returned to shelter within 12 months of program exit)
13. Domestic violence
14. NOFA Scoring Measures

The Data Dashboard will require work on HMIS to ensure consistent data entry, updating of information and consolidation of data categories especially in the areas of benefit utilization, previous living situation, and disabilities.