

*...our whole community faces a major challenge in pulling together a more comprehensive and collaborative strategy that is powerful enough to attack the root drivers of the disparity crisis we face. The strategy has to be a “two-generation” approach that focuses on increasing health, developmental readiness, motivation, academic achievement, graduation and post secondary training for all of our at risk children and youth, while at the same time addressing the income, employment, housing security, child care, health and parenting information needs of their families....*

*...To move meaningful numbers of historically disadvantaged and under-resourced men and women into productive, family supporting roles in the workforce will require a long term joint effort by employers, job placement and training providers, child care resources, family support workers, along with a lot of informal help from volunteers, neighbors and kin. In a growing number of places across the country, communities are creating place-based resources called “centers for working families” that bring together, in an accessible location, all of the diverse resources and supports needed to move the most disadvantaged families from the economic margins to the economic mainstream. It is an approach that warrants exploration of its applicability to the challenges we face here in Dane County....In the end, the willingness of the city, county, school districts, business, non-profit providers, and funders to come together and sustain this kind of targeted two generation strategy may determine whether we in Dane County undo our deep racial disparities, or whether they undue us ...*

(pages 22-23, Race to Equity – A Baseline Report on the State of Racial Disparities in Dane County, Wisconsin Children and Families, 2013)

**Recommendation:**

***Pilot an approach for three years in a geographic area that integrates “all” of our efforts from the public, private, independent and informal sectors to create household stability and meaningful, viable, sustained educational and employment opportunities for low income individuals and families.***

The planning of this pilot should be independently facilitated and evaluated. It should have a rigorous evaluation component. The effort should be based on a “resource redirection and services integration strategy” to afford its replication, to other parts of Madison and Dane County, if successful. We believe funding of this pilot effort should be requested from local and national foundations with some investments coming from key institutional funders. We estimate the cost for facilitating and evaluating this 3 year pilot to be \$450,000 (or \$150,000 a year).

## **Background – Challenges, Trends, and Proposed Strategy**

Major emerging and persistent challenges in Dane County entail increasing poverty and inequality, and significant disparity issues including disproportionate minority confinement, a growing achievement gap, and a housing and employment crisis for low income people among others.

A significant subset of families have a nexus of issues related to AODA, mental health, trauma, and domestic violence against the back drop of severe poverty. This presents huge barriers to succeeding in parenting, obtaining a good education and employment and sustaining a stable household. Many of these families have intergenerational involvement in formal systems and consume a significant amount of resources. A significant proportion of the families we serve are concentrated in relatively small neighborhood areas. Service capacity in many areas is outstripped by demand (e.g. housing, mental health). Application processes to obtain resources are often confusing and cumbersome. A silo approach to delivering services and resources is still predominant which is complicated by a lack of coordination among service providers and systems. Collaboration is decreasing in many areas due to different priorities and reduced staff with many organizations retreating from decentralized service delivery and basing personnel in neighborhoods. Our collaborations are less extensive and significant than they once were. Families with multiple issues living in isolated neighborhoods are not served well within this service context. A piecemeal approach to enhancing programs and systems will not have a significant positive impact on the problem.

## **Proposed Strategy**

We need to develop and pilot test a promising approach to services integration and community building in a low income community area.

In no order of priority, components of the pilot response should include:

- AODA/MH/Trauma/Domestic Violence response capacity
- Housing response with an approach targeted on eviction prevention
- Employment response
- A community based school social worker
- An integrated services platform and consumer evaluation of services offered
- Coherent, integrated service continuums (e.g. employment, housing, education)
- Planning and training to enhance collaboration and service coordination
- An array of “core services” addressing basic human needs that are accessible and decentralized
- Implementation of a relational service and networking model among providers and community members

- Resource clusters such as Allied Partners, the DeForest Area Needs Network (DANN) or Oregon's Neighbors in Need (NINA) where private citizens, faith-based organizations, and business provide dollars and other resources to support their neighbors
- Key investments in housing, education, training and employment to get people out of poverty
- Linkages to faith-based and other organizations for resources and volunteers
- Resource mobilization strategies ala Timebanking, Schools of Hope, etc.
- Early Childhood Programing and Early Childhood Zones
- Other?

## **Family Vignettes**

Below are a few examples of families and individuals trying to make it against all odds.

### **“Instability in Mental Health Services Leading to Homelessness”**

A client has Badger Care with an HMO and significant trauma impacting mental health. The HMO providers drop the client after 2 missed appointments. She has to find a new provider for therapy within the HMO network, meds and physical health assistance multiple times. She goes off meds and becomes homeless. The HMO finally says no HMO provider partners will see her and refer her to a private clinic. After much advocacy she gets connected to a new therapist and psychiatrist. She is back in housing and working with new providers for mental health. Will the cycle repeat itself?

### **“ Giving Up on Trying to Access Services”**

A client does not have insurance and struggles with bipolar disorder. He is asking for help. We contact a mental health provider. He goes once for their 'walk in appointments' and is told they are full and to come back the next day. A social worker goes with him the next day. They are first in line, and after talking to 3 different people, and being asked very intrusive and triggering assessment questions, he is signed up for a two session pretreatment group a month away. He is told that if he makes both groups, he will get a therapist. He goes to one and has to work during the second session so he misses it. He is told he has to start over. He gives up on getting help.

### **“The Plight of an Undocumented Family and Deportation”**

The mother has three children (RG (9), YG (7) and DG (5). The father was arrested and is being held on an immigration hold. The mother has no money for rent or for her car payment. She works at McDonalds 20-25 hours a week and receives about \$240/ever every two weeks in pay checks. She talked about possibly getting a new job, and looking into job resources to support her family....She also plans to go to the dealership, trading in her vehicle for something more affordable. This mother is quite distraught with what has happened and although the father has almost been cleared for the physical abuse of his child, he may still be deported back to Mexico.

### **“A single mother looking for work”**

Rosario is in a dire situation. She is a single mother of four children. Her husband is in prison for trying to kill her. Money was already tight for her, but has become even tighter because she was recently laid off from her job. She currently works part-time and is trying to find another job to support her family. Rosario is a sweet, hard-working, and dedicated mother trying to help her family. Rosario is undocumented and does not speak English.

### **“The Housing Crisis in Madison”**

A few JFF workers are currently working on a crisis situation occurring on the near East side of Madison. There are 8 to 10 families who are having their leases non-renewed at an apartment complex off of Cottage Grove Road. The complex was recently purchased by another company that plans on renovating the units and re-renting them to a higher income population. They have stated that the current tenants can reapply in order to remain in their apartment if they would like, but to be honest, almost all of them do not meet the new income guidelines nor would they pass the new background standards. This is the same thing that has been happening in Dane County for the past 3 to 4 years since the housing market crashed and home owners became renters. Landlords have taken advantage, and are finding ways of putting out current tenants in order to rent to higher income families. The problem we are now facing is that the families who are becoming homeless because of this, are not able to find any landlords willing to rent to them. For many of the families in the complex I just mentioned, as well as many homeless families we work with, their income total in their household is about \$700 to \$1000 per month. A current 2 bedroom apartment in the most affordable areas in Madison now averages about \$800 a month. These families cannot afford these units. This is a dramatic increase from what a two bedroom unit used to rent for just a few years ago. It was not uncommon for families to pay just under \$600 a month on the South/ South West side of Madison prior to the housing market crash. Rent has increased drastically while income has either stayed the same or has gone down. At the same time, landlords are no longer willing to work with tenants who may have a debt, a criminal charge, or a previous eviction on their background. These are the majority of the families we are seeing coming through our doors.

On top of the increasing rents and stricter standards, what makes this situation even more difficult is that ALL shelters in Madison are completely full. There are waiting lists to get into places like the Salvation Army, The Road Home, and the YWCA. Section 8 and Public Housing for the most part, are closed to taking any new applications. There are just no options to stabilize homeless families in Madison. What often happens in these cases is that many of these families will end up moving in with friends or family who are renters themselves. We see a lot of 2 or 3 families doubled up, living in a 2 bedroom apartment. This poses several problems. Not only is it unsafe and unsanitary, but they run the risk of losing this housing if the landlord finds out.

We are increasingly finding ourselves without any tools in our tool belt to help in these frustrating situations. We give out lists of landlords for people to try calling and we tell them the process for trying to get into the warming shelter. However, both of these options are longshots and most parents and children just end up literally homeless.

### **“Trying to Save a Family with Multiple Issues and Systems in Play”**

D lives a few doors down from our JFF office with her husband and 5 children. Dad worked, mom worked very limited hours, and the family had a section 8 voucher. Together, this family was stable and we heard very little from them. Until... D's eldest daughter walked into middle school gym class one morning with noticeable bruises on her arms. It turns out that she had been posting videos of herself and a boyfriend on Facebook that were not appropriate. This resulted in physical discipline, and the parents sent her to school the next day unaware of the consequences that would come.

The father was arrested and the middle school child was removed from the home temporarily. Both parents lost their jobs. Now stability is very much in question. Assistance was necessary for this family to maintain their housing. Even with a section 8 voucher, people are expected to pay the same amount of rent for 2 months while trying to find another job. Dad is unable to find work at this time, even with significant assistance, due to the charges against him. Mom does not have a high school diploma, but has found very limited part time work after applying for nearly 40 jobs. Her work runs later than the bus system, and so paying for a cab or walking 5 miles home is an everyday reality. The family is in real danger of losing their electricity in the spring. All of the school aged children have seen increased challenges in their classes brought on by the overall level of family stress.

We are engaged with this family working on parenting resources, early childhood support, housing stability, mental health, child care, education and employment. Stitching all of these things together will be necessary for this family to get back on their feet and move forward in a positive direction. Despite the concern over discipline choices, this family has been caring towards each other and resilient in the face of all this adversity. The daughter was returned home, both parents are working towards an HSED, both parents are very temporarily employed through our transitional employment (STEP) program, the family is receiving parenting support, and there is a long way to go.

## **A Thumb Nail Sketch of Benefits Available and Housing Costs in Madison and Dane County**

**W2 Benefit Tiers:** CSJ \$653, W2T \$608, CMC \$673, ARP \$673.

**SSI maximum benefit:** \$721 plus \$83.78 state supplement = \$804.78

**Cheapest 2 bedroom apartment on Tenant Resource Center Vacancy List:** \$695 (Stoughton), \$720 (Oregon), \$725 (south west). 2 bedrooms in my area: \$740 plus heat to \$850 heat included. Every once and a while there is an outlier that is less, but rarely.

**W-2 has the following paid placements: CSJ, W-2 T, CMC, and ARP:** Community Service Jobs (CSJ): CSJ placements are developed for individuals who lack the basic skills and work habits needed in a regular job environment. CSJ positions offer real work training opportunities, but with the added supervision and support needed to help the participant succeed. CSJ participants receive a monthly grant of \$653. Individuals who are employed part-time, but have personal barriers that prevent them from increasing their work hours, may be placed in a part-time CSJ position with prorated benefits. In addition to a cash grant, CSJ participants may be eligible for FoodShare, Medicaid, child care assistance, and Job Access Loans.

**W-2 Transition (W-2 T):** W-2 T is reserved for those individuals who, because of employment barriers, are unable to perform independent, self-sustaining work. Those individuals who have permanent employment barriers are assisted in securing federal Supplemental Security Insurance benefits. W-2 T participants receive a monthly grant of \$608. In addition to a cash grant, W-2 T participants may be eligible for FoodShare, Medicaid, child care assistance, and Job Access Loans.

**Caretaker of an Infant (CMC):** CMC placements are for individuals who are the custodial parent of an infant who is 8 weeks old or less. Individuals in a CMC placement receive a monthly payment of \$673 and are not be required to participate in an employment position unless he/she volunteers to participate. In addition to a cash grant, CMC participants may be eligible for FoodShare, Medicaid, child care assistance, and Job Access Loans.

**At Risk Pregnancy (ARP):** ARP placements are available to unmarried women in the third trimester of pregnancy who have a medically verified at risk pregnancy. Individuals in an ARP placement receive a monthly payment of \$673. In addition to a cash grant, ARP participants may be eligible for FoodShare and Medicaid.

In addition to the paid placements described above, noncustodial parents, minor parents, and pregnant women may be eligible for an array of case management services. Also, custodial parents who are employed when they apply or become employed after participating in W-2 may be eligible for case management services. The final group eligible for case management services is W-2 participants who reach their time limit but ask for case management services.

