

COMMUNITY PLAN
TO PREVENT AND END HOMELESSNESS
IN DANE COUNTY

April 2006



**Prepared by:
Dane County Homeless Services Consortium**

Homeless Services Consortium Our Vision Statement

All households in Dane County should have the opportunity to secure and maintain safe, stable, affordable housing.

Our Guiding Principles

- Everyone deserves an equal opportunity to housing free of discrimination.
- The Community will continue to explore creative solutions to ending homelessness beyond those objectives highlighted in this plan.
- There has to be shared ownership and responsibility for preventing and ending homelessness across all Dane County groups including, but not limited to, business, faith communities, funders, government, homeless and formerly homeless individuals, and social service providers.
- Consumers, those individuals who have been helped by services provided, have an integral role in the design of solutions to prevent and end homelessness.
- Community volunteers are recognized as an essential part of preventing and ending homelessness.
- The Homeless Services Consortium is a partnership of agencies, funders, advocates and formerly homeless persons and its success at preventing and ending homelessness is dependent on a commitment to the strategies and results in this plan.

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The Community Plan to Prevent and End Homelessness is an ambitious plan. Can we really end homelessness in our community? The answer must be “yes”, because anything short of that says that some level of homelessness in our community is acceptable. We believe that homelessness in Dane County is not acceptable. Our vision is that “***All households in Dane County should have the opportunity to secure and maintain safe, stable, affordable housing***”.

This Plan’s goals, objectives and strategies create a road map to prevent and end homelessness in Dane County. Our Goal Statements affirm that an end to homelessness is possible through the provision of:

- Effective support services to homeless persons and those at risk of homelessness enabling them to access and maintain stable housing;
- A short-term safety net with a move to permanent housing as quickly as possible; and
- Adequate inventory of affordable housing by developing new housing and making existing housing more affordable.

This Plan is the result of a process that began with the Housing for All Community Conversation in March 2005. The aim of the Community Conversation was to engage Dane County residents in addressing ways to achieve safe, affordable and sustainable housing for people with extremely low incomes. The public forum was attended by 200 people willing and ready to provide input on solving the issues of homelessness.

One of the sponsors of the Community Conversation was the Homeless Services Consortium (HSC). The HSC is an organization of service providers, funders, advocates and formerly homeless individuals that meets regularly to address challenges and create solutions to issues that touch homeless individuals and families in Dane County. Following the Community Conversation, the HSC formed a small committee to begin the detailed writing effort. This writing committee combined ideas gathered during the Community Conversation as well as ideas from previous Consortium planning efforts.

Other components that impacted the recommendations of this plan were the review of “best practices”, a partial review of local and national research, and outcome data on current programs reported to local funders. A review of “best practices” included an analysis maintained by the National Alliance to End Homelessness that shares efforts of successful programs, e.g. the Rapid Exit Program in Hennepin County, Minnesota, and Project HOME in Philadelphia, Pennsylvania. Local research included the *Housing Stability Evaluation* of the DIGS Program conducted by Real World Research in 2002 and 2003; and an analysis of rental application rejections and the availability of existing affordable rental units. Both works were conducted by the United Way and the Housing in Action Leadership Team. National research included the benchmark analysis of Mary Beth Shinn that focused on predictors of homelessness among families from shelter to stable housing, and Gary Morse and his literature on homelessness and case management, especially as it related to treatment effectiveness and critical factors to prevent and end homelessness. Reported outcomes were from data submitted by local homeless services providers to the City of Madison and the United Way. In addition, a review was conducted of several other communities’ plans to end homelessness.

What follows is the result of those efforts which has been accepted by both the Mayor and the County Executive. The Homeless Services Consortium, along with other members of the community, will now set in motion the implementation of this Plan. The Consortium will develop Action Steps for the strategies in the Plan and determine how the results will be monitored. The HSC has created an Oversight

Committee, with representatives from four homeless services provider agencies, the City, County, and United Way, to keep abreast of the implementation of the strategies and results and provide annual reporting on progress.

Some may ask, if more services are provided for homeless individuals and families, won't that be an inducement for more homeless people to relocate here? It is true that some individuals and families who access emergency shelter are new to Dane County. Conversations with homeless families who have relocated to the area tell us that they came to Dane County to escape the violence that was prevalent at their previous residence and to give their children the opportunity to attend quality schools. We all benefit from the high quality of life that we enjoy in Dane County. Another dimension to this issue is that a number of low-income households move out of the area as a result of not being able to afford the high cost of housing. It would seem wrong-minded to work towards providing a mediocre quality of life so that others from outside the area will not want to relocate here.

This Plan is meant to direct future policy decisions and to identify and create resources. While the development of the goals and objectives was not influenced by currently available funding, without additional funding, we will be unable to achieve many of these results. But additional funding is not the only mechanism to assisting homeless people and those at risk of homelessness. Working smarter combined with using new and innovative methods to help households avoid homelessness will benefit all those who live in Dane County. The Plan is intended to be a guide for the future, a living document that will be routinely re-assessed and examined. We will be encouraged by the successes that we will see along the way, and challenged by what we still have to accomplish.

ROLE of OUTREACH in CONNECTING HOMELESS PERSONS to SERVICES

Some households access emergency shelter and services through referrals from friends or social service agency staff. Other homeless individuals are more isolated and resistant to offers of assistance. For those individuals, the first step to ending their homelessness involves the service providers reaching out to them in the environment in which they live, for example in public parks, central business districts, or vehicles parked along sparsely traveled roads or parking lots. Outreach services are designed to connect homeless individuals with necessary services, such as housing, treatment for alcohol and other drug abuse issues (AODA) or mental illness issues, employment and benefits. Services are often provided at "street level" and usually begin with the outreach worker developing a level of trust with the street person. According to HSC agency staff, there is a continuing need for outreach services for families with children, single adults and unaccompanied youth.

Single Adults and Unaccompanied Youth

In 2004, there were an estimated 200 single adults who spent daytime hours in and around State Street, St. Paul's and Luke House meal sites, public buildings such as the Municipal Building, City County Building, Madison Public Library, and city parks; and nighttime hours spent in and around State Street, in vehicles, in unoccupied buildings, in basements and other spaces in privately owned buildings, with friends, occasionally in emergency shelter beds. While the majority of the single individuals are single adult men, about one-quarter (50) are single women. In 2004, Youth Services of Southern WI (YSOSW) – Briarpatch served 101 unaccompanied youth (under 19 years of age) who spent the daytime hours in and around State Street or in public buildings and nighttime hours on the street. Nearly 30% of the youth living on the street are young women.

Untreated mental illness and alcohol and other drug abuse often contribute to homelessness for single adults, both single men and single women; family violence often contributes to homelessness for unaccompanied youth.

The ReachOut Program has had some success in connecting homeless people to housing and services. The ReachOut Program began in 2003 as a collaborative effort to address the issues of homelessness and the negative interactions with downtown businesses and the public. An advisory committee was created to design, fund and guide the initial stages of the ReachOut Program. Partners included Madison police, homeless services providers, staff from the City of Madison, Dane County, United Way, UW-Madison and Downtown Madison, Inc. and other downtown businesses and housing providers. Two local agencies, Tellurian UCAN and Youth Services of Southern WI – Briarpatch, were selected to provide outreach services along the State Street corridor during the late spring, summer and early fall months.

There are three primary goals of the ReachOut Program. The first goal is to "Connect homeless individuals and street people with needed services". These services include housing such as emergency shelter (i.e. Drop-In Shelter, Safe Haven, The Salvation Army) and transitional housing programs operated by non-profit agencies (i.e. Porchlight and Tellurian transitional housing programs). It could also be residential treatment for substance abuse or mental illness (i.e. Hope Haven, Tellurian's Addiction Treatment Programs). In 2004, ReachOut workers were able to move 33 individuals from the street to housing. Many of the homeless living on the street need assistance in finding employment or accessing public benefits, for example Social Security Disability Income if they are unable to work. Many will also need help with finding food and clothing. Outreach workers assist the homeless with medical detox and STD and HIV/AIDS testing, when appropriate. Homeless adults and unaccompanied youth are often victims of crime and violence; a priority for the outreach worker is to assist in finding a safe place from the street, even if it is temporary. The second goal is to "Reduce disruptive behaviors exhibited by some street people". Examples of disruptive behaviors include aggressive panhandling and

talking loudly or angrily. Some of these behaviors are a result of untreated mental illness or intoxication. Aggressive panhandling, while still present, appears to be declining according to pre- and post- survey results conducted by ReachOut staff. Since the initiation of the ReachOut Program, 68% of the respondents in the pre-test thought that panhandling was aggressive and 66% said that panhandlers had approached them frequently. In the post-test 50% of the respondents perceived panhandling as aggressive and 54% said that panhandlers had approached them frequently. ReachOut workers report that during the summer months in 2004, disruptive behaviors such as panhandling and public intoxication were reduced by nearly 500 hours as a result of intervention by ReachOut workers. Techniques included aggressive outreach and community coordination, specifically with Madison police, storeowners and managers, and staff at the meal sites. ReachOut workers offered bus tickets or transportation to the job center, to the Social Security Office, etc. The third goal is to "Educate the public on issues related to homelessness". Downtown Madison, Inc. (DMI) staff and members embraced this goal. As part of their efforts, they conducted a series of focus groups to determine what perceptions people already have of homeless street people. Using this information gathered from business people, employees, students and residents from the Drop-In Shelter, a campaign was developed to educate users of State Street to the services offered to help homeless persons and encouraged a campaign to get contributions to the existing service agencies rather than directly to individuals by way of panhandling.

In 2005, the ReachOut Program was expanded as a result of a Tellurian and Porchlight collaboration that resulted in the award of a large federal grant¹. As a result of the additional funding, the program now includes three FTEs to provide outreach and short-term case management to the homeless. Staff paid for with federal funds concentrate on individuals with mental illness; the local funds can be used to provide outreach for any population. In addition, YSOSW Briarpatch receives additional funds to do outreach with a focus on providing HIV/AIDS and STD information to prevent infection.

Many single adults, both men and women, who are living on the street, have been homeless for an extended period of time. They would likely be considered "chronically homeless" by HUD's definition, which is a single disabled individual who is continuously homeless for one year or has at least four episodes of homelessness in three years. The Bush Administration has a goal of eliminating chronic homelessness in 10 years and has allocated additional funding to assist communities in their local efforts. While the number of homeless individuals on the street is less than 10% of the total homeless populations, those that are chronically homeless use a disproportionate amount of resources than the rest of the homeless population.

Families

Most homeless families with children have already made contact with the emergency shelter providers and are doubled up with friends and/or families while waiting for services. According to agency staff, outreach services are needed for those families with children who have not connected with service providers, such as those who are living in vehicles. Many of these households are out of contact with shelter and service providers. In 2004, 76 individuals in families reported living on the street or in vehicles prior to coming to emergency shelter.

Recommendations

Provide effective street-level outreach services to increase the access to housing and services by chronically homeless individuals.

Year-round outreach services are needed in order to address the issues of homeless persons who are considered chronically homeless and those homeless persons who have been resistant to services. These services would help address the issues, such as

¹ Tellurian was awarded \$125,000 in federal Projects for Assistance in Transition from Homelessness (PATH) funds, administered through the Wisconsin Bureau of Supportive Housing.

substance abuse and mental illness that make it difficult for the single adults to accept assistance. While increasing outreach services, it will be imperative to have residential treatment beds, outpatient treatment and services and housing options available for people who are ready to come in from the street. Additional street-level outreach services will result in annually moving 30 single adults from the street to residential treatment or supportive housing.

Increase the availability of psychiatric diagnosis and treatment for those with mental illness who live in uninhabitable places.

Untreated mental illness is a major barrier for single adults to maintaining stable, independent housing. However, without a medical diagnosis of the mental illness there is no access to appropriate medication and treatment. There is a need for additional resources in the form of professional hours dedicated to psychiatric diagnosis and treatment for homeless individuals with no resources. The result of additional dedicated hours of psychiatric diagnosis and treatment provided to homeless persons by community mental health professionals would result in better access to services and fewer homeless persons on the street with untreated mental illness.

Increase the availability of residential and outpatient drug abuse treatment services for those who live in uninhabitable places and increase the availability of residential treatment beds for those with co-occurring substance abuse and mental health needs.

Alcohol and other substance abuse is a significant barrier for single adults and is prevalent amongst those homeless individuals on the street. The outreach efforts are successful only when there is resources available appropriate to the needs of the homeless individual. The current inventory of residential treatment beds available for persons without insurance are not adequate; the same can be said of the outpatient treatment slots available. The result of additional residential treatment beds and out-patient treatment slots will be fewer single adults who are homeless largely as a result of their inability to obtain and maintain housing because of alcohol and other substance abuse.

Provide effective outreach services to unaccompanied youth living in unsafe or in uninhabitable places to increase access to housing and services. Provide safe housing alternatives for unaccompanied homeless youth.

Provide year-round outreach services to better connect unaccompanied youth living in unsafe places to needed services. Create a program for homeless youth under the age of 18 that will provide scattered site housing with supportive services and provide an opportunity for stable housing once the youth turns 18 years old.

Provide effective outreach services to families with children who are living in unsafe, uninhabitable places to increase access to housing and services.

Provide year-round services to ensure that individuals in families who are not connected with emergency shelters or transitional housing are in some contact with the system.

Provide and expand on ready-access for homeless individuals and families to store personal belongings as needed and to access transportation services, voice mail, showers and meals during the daytime hours.

Support the expansion of programs that supply personal storage space and daytime access to supportive services. The HSC will continue to explore the unmet need for additional availability of services.

Develop a "Housing First" model to serve the needs of homeless single adults.

Some experience has shown that moving homeless individuals directly from the street to a stable housing environment increases the chances of success in addressing other barriers that created and sustained homelessness. The move to housing can provide a more supportive environment than the street to bolster a homeless person in their struggle with addiction(s) and/or mental illness. Intensive case management and stabilizing support services will assist the person in gaining income stability through employment or disability assistance, increasing their chances of gaining back their independence and dignity. A "Housing-First" program serving single adults will result in six single previously homeless adults annually moved into stable housing with home-based case management and stabilizing support services.

INTAKE and ASSESSMENT PROCESS

The intake system currently in place in the Dane County continuum of care allows for a household to enter the system at multiple points based on need. For example, households seeking transitional housing can access services directly from the agencies that provide transitional housing. Intake procedures vary from program to program and from agency to agency, but nearly all procedures involve collection of basic demographic information and documentation of need.

Assessment of household need is a continuous process across programs. Each program and service conducts assessments at different stages in the service delivery process. The quality and depth of assessment is contingent upon the training and skill level of the staff making the assessment.

The Dane County continuum of care employs a gatekeeper system for the provision of emergency shelter. The Salvation Army serves as gatekeeper for most homeless families with children and single adult women. Porchlight serves as the gatekeeper for most single adult men. YSOSW is the gatekeeper for youth as it is the primary agency providing shelter for homeless unaccompanied youth under 18 years of age.

While the gatekeeper system results in a majority of homeless families with children being sheltered at The Salvation Army or YWCA, homeless families can also access shelter by direct contact with Interfaith Hospitality Network, Dane County Parent Council's Hope House, or Domestic Abuse Intervention Services (if their situation involves domestic violence).

Single adult men are primarily sheltered at the Drop-In Shelter operated by Porchlight. However, they can also access shelter at Port St. Vincent operated by St. Vincent de Paul. Single adult women are sheltered at The Salvation Army. Homeless adult men and women with a mental illness can receive shelter through Porchlight's Safe Haven.

Unaccompanied youth are sheltered at either volunteer host homes through YSOSW or at the YWCA (if single female youth), as the YWCA is licensed as a foster placement.

Over the years, the Dane County emergency shelter system has moved away from the original gatekeeper system. While the majority of families enter the emergency shelter system at The Salvation Army, other families enter at various points. The gatekeeper system remains primarily in place for homeless singles. The shelter providers did not plan to de-emphasize the gatekeeper structure. Rather, the system has evolved out of individual agency and funder practices. The HSC, specifically agencies and funders providing shelter, will want to further discuss the current direction away from gatekeepers and determine if this is a trend that should be allowed to continue or whether there is reason to make some changes.

The intake process used by transitional, supportive permanent housing and homeless prevention programs is unique to each agency. Households are often referred directly to a specific agency by another HSC agency or homeless households contact the agency directly having heard about the housing and services through a variety of sources.

A critical element to the intake and assessment process is data collection. In order to get a complete picture of the population using the Dane County homeless services continuum of care, it is necessary to collect a uniform amount of information at intake to the greatest extent possible. The data collected by programs is reported on a quarterly basis to the City of Madison Community Development Office. This includes data from 11 shelter programs, nine transitional and permanent supportive housing programs,

and seven services-only programs. Information provided to the city includes: household demographics on those served, reason for seeking shelter, household income, length of homeless episode, length of time residing in Dane County and Wisconsin, where they spent the last night, and any special needs such as mental illness, physical disabilities, etc. The data is compared to previous quarterly report periods to determine any trends and distributed to agencies quarterly. An annual year-end report is completed by the City of Madison Community Development Office and widely distributed. This data is currently the best information on the homeless served in Dane County with some limited data on the number of people turned away.

All HUD funded programs in Dane County use a Homeless Management Information System (HMIS) called Wisconsin Service Point (WISP). Congress has mandated that all HUD-funded programs serving homeless households enter client-based data into a HMIS. Dane County's HMIS, Wisconsin Service Point, is a statewide system implemented and administered by the Wisconsin Bureau of Supportive Housing. The system was implemented in May of 2001. The intended value of the HMIS is that it will provide reliable, unduplicated data on households served by agencies serving the homeless. The client information can also be shared via WISP with other WISP agencies to determine how to collaboratively serve the same household.

WISP software gives the end user the ability and flexibility to control the level of information that is shared on clients served with direction and permission from the client. Users can choose to keep client records completely open, completely closed, or keep certain elements within the records open or closed. Currently there is no uniform practice for HSC agencies.

Recommendation

Assure households' access to appropriate services by improving the process used by HSC agencies to direct and refer (no "wrong door").

- *Encourage standardized assessment tools to provide better service delivery.*
- *Encourage coordination amongst funders of application and reporting standards for non-profit homeless services agencies.*
- *Improve the breadth and reliability of information collected by HSC agencies so that decisions, such as funding and program design, are based on solid data.*
- *Examine how Wisconsin Service Point can be used to increase the quality and reliability of data while reducing the burden of reporting by HSC agencies, keeping in mind issues of client privacy.*

THE ROLE of SUPPORT SERVICES in PREVENTING and ENDING HOMELESSNESS

Prevention Activities

In 2004, approximately 5,000 households received assistance to prevent homelessness either through financial assistance or receiving educational services. Prevention of homelessness comes in the form of primary prevention and prevention of re-occurring homelessness. Prevention is the provision of any service or ongoing activity for which the main purpose is to provide housing stability, thereby avoiding homelessness. This can be accomplished through maintaining existing housing or through a planned move from one unit to another affordable housing unit. Prevention and prevention of a re-occurrence of homelessness often come in the same form. For example, eviction prevention funds can be used in both instances.

There are several types of assistance that are classified as prevention activities. These activities are intended to assist households in maintaining their current housing and include protective payees, financial assistance to pay costs related to housing, mediation, and financial and tenant education.

Protective payees assist individuals and families that have been identified as needing assistance with money management. Typically a protective payee receives the money on behalf of an individual and disperses the money to the individual's debtors and to the individual to ensure that all the expenses are paid. Protective payees are typically assigned to vulnerable persons who would have trouble paying bills (such as rent) on their own.

Dane County Human Services provides protective payee services traditionally to persons receiving Social Security, SSI, or SSDI who have been identified as having an inability to manage their finances. DCHS is reducing their role in providing protective payee services as it is reducing resources where the service (such as payee services) is not federally mandated because of budget cuts. Other Dane County non-profits currently provide some level of payee services, including Community Action Coalition of South Central Wisconsin (CACSCW), Jewish Social Services, and Porchlight.

The most common form of prevention services comes in the form of financial assistance that pays costs related to housing, typically in the form of eviction prevention. Eviction prevention funds provide a limited amount of money in the form of a grant paid directly to the property owner/manager to assist households maintain their existing housing. There are numerous programs operating in Dane County that provide eviction prevention assistance. Examples of programs providing one-time financial grants to individuals:

- CACSCW is the largest provider of federal and state eviction prevention funds in Dane County used to pay a portion of the back rent owed by the tenant to avoid eviction.
- Middleton Outreach Ministry (MOM) provides services and financial assistance to prevent homelessness.
- Porchlight's DIGS Program coordinates more than \$300,000 from faith communities, grants and private donations to provide eviction prevention grants.
- Madison-area Urban Ministry (MUM) works with Allied Partners and Northside Communities of Faith to provide eviction prevention grants.
- Tenant Resource Center provides financial assistance to households to prevent eviction using state and federal grant funds.
- St. Vincent de Paul provides financial assistance to avoid eviction through the use of private donations and proceeds from their clothing operation.

- AIDS Resource Center of Wisconsin (ARCW) provides financial assistance to avoid eviction to individuals and families affected by HIV/AIDS.

Another form of prevention financial assistance comes in the form of ongoing rent subsidies. Ongoing rent subsidies provide a portion of the rent for either a pre-determined term (such as the Rentable Program) or indefinitely (such as the Section 8 Housing Choice Voucher Program). The Rentable Program, operated by CACSCW, uses state funds to subsidize a portion of a low-income household's rent for a 12-month period. The federal Housing Choice Voucher program (also known as Section 8) provides rent subsidies based on household income and the Fair Market Rent amounts for rental units in the private market. Housing Initiatives provides affordable housing through federal rent subsidies from the Shelter Plus Care program for previously homeless persons with mental illness. A requirement for the household receiving the housing subsidy is that they are also receiving case management services. Also, AIDS Resource Center of Wisconsin provides monthly rent subsidies to individuals and families who are diagnosed with HIV/AIDS.

Mediation serves as a prevention activity by avoiding or mitigating an eviction action by helping to negotiate a settlement between a landlord and tenant (i.e. re-payment plan for back rent) or a move-out day without formal eviction proceedings. The Tenant Resource Center, CACSCW, and ARCW all provide mediation services.

Many low-income households are denied rental housing due to poor credit ratings or poor landlord references. This can be overcome with financial and tenant education. Financial and tenant education provides a household with the knowledge they need to successfully apply for rental housing, read and understand their credit report, understand landlord/tenant housing laws, and budget their resources. Examples of programs that provide financial and tenant education to prospective tenants include the CACSCW Financial Literacy Program and the YWCA Second Chance Tenant Education Program and S.K.I.L.L.S. Program for at-risk high school students. In addition, the United Way's Housing in Action Leadership Team and UW-Extension are initiating a drop-in Financial Education Center to provide one-on-one financial assistance, provide information and appropriate referrals to existing services, and access to classes on financial literacy.

Recommendations

Increase the number of existing rental units that are affordable to low-income households through the use of Housing Choice vouchers, Shelter Plus Care, and locally designed rent subsidy programs and by advocating for increases in federal and state funding.

The Homeless Services Consortium will advocate retaining the number of Housing Choice vouchers in the short-term and to increase the number of vouchers available in future federal budgets distributed by the CDA and DCHA.

The HSC will annually apply for Shelter Plus Care slots that can be used to pay a portion of the rent for a disabled household and will advocate for additional funding for community support program slots to ensure that the S+C residents have support services.

The HSC will annually apply for funds that can be used to pay a portion of the households' rent for a specific period of time, thereby making the rental unit affordable.

The HSC will also continue to explore new sources of funding.

Increase financial resources to households so that they are able to afford the cost of housing.

These financial resources include such publicly-funded benefits such as SSI/SSDI, Interim Assistance, Medicare, Food Share (food stamps), Badger Care and access to safety-net supports such as food and clothing to maximize resources for housing.

Provide education to help households better manage their resources.

Improve access to financial and tenant education and counseling services through new and existing programs. Create a format, acceptable to landlords, for a "housing resume" so that households will have personal housing histories and reference information needed to successfully access housing. Increase training of financial literacy skills in public schools so that young people are better prepared for independence.

Build on efforts to improve relationships between those who need housing and those who have housing.

Decrease the number of evictions by providing access to landlord/tenant mediation, legal advocacy, financial assistance and protective payee services. Market to landlords the benefits of the Financial Education Center, Second Chance Tenant Education Workshops, Financial Literacy Program, and other similar programs, in order to encourage early tenant referrals. Encourage landlords to provide incentives to appropriate tenants to participate in financial literacy/tenant education programs.

Protect the legal rights of tenants to ensure that all are treated without discrimination and within the boundaries of the law.

Increase legal advocacy services to tenants so that homelessness is prevented via legal representation when appropriate. In those cases where the landlord does not have the legal grounds to evict, tenants can receive legal services that keep them in their housing for the balance of the lease. In cases of termination of rent assistance, homelessness may be avoided through legal advocacy on behalf of the household with the Community Development Authority or the Dane County Housing Authority. In cases where there is a procedural error in the eviction process made by the landlord, legal advocacy can delay an eviction, thereby allowing the household to find other housing and avoid eviction.

Case Management Services

The terms "case management" and "support services" are used by most homeless service providers but are defined differently as they relate to frequency and intensity of services, level of education of the persons providing those services, and the types of services provided. This plan focuses on those case management services available to households that are homeless, have recently been homeless, or are at risk of homelessness. While these programs assist clients in meeting a variety of needs, a primary focus is on helping clients find and maintain housing.

The services offered by case managers vary across agencies and target populations. Some case managers serve only residents of shelter or housing programs, others serve households in particular neighborhoods, while others serve households who have completed training or shelter programs. Some programs serve families, others work with single adults, while another program works with youth. While agencies maintain their individual approaches, they share many common elements. Case managers typically start by assessing the needs, desires, and strengths of their clients. This is followed by the creation of a service plan, developed in partnership with the client. Case managers provide some services directly, such as teaching budgeting skills and educating clients about finding and maintaining housing. In other areas of need, case managers refer clients to outside services. They often act as an advocate or ongoing liaison with other service providers. While housing is a primary focus, households may face many obstacles and barriers that put them at risk of homelessness. Generally speaking, case managers look at their clients holistically, coordinating whatever services are needed to help their clients live successfully in the community. Areas of need typically addressed by case managers include: housing, employment, income stability, budgeting, credit, medical, mental health, substance abuse treatment, dental, child care, parenting, education, legal assistance, transportation, housekeeping and daily living skills.

The intensity of case management programs can vary greatly. A typical caseload ranges from 10 to 15 households per case manager (although some agencies report 30 or more clients per case manager). The frequency of contact ranges from daily to monthly, although weekly contact between case manager and client is most common. Most agencies report that their frequency of contact varies depending on the needs of the client at any given time.

Case management services that are tied to particular housing programs usually end when the individual or family moves out. Those case management services not connected to housing typically last for one year, although some variation exists among programs.

While success of case management programs may be measured in different ways, many agencies report that 75% to 80% of their clients are successfully able to maintain housing for at least six months².

The following is a list of some agencies that provide housing focused case management and the number of clients they serve annually:

- ARC Center for Women & Children/Healthy Beginnings – 300 individuals
- AIDS Resource Center of Wisconsin (ARCW) – 18 households
- Community Action Coalition for South Central Wisconsin – 453 households
- Interfaith Hospitality Network (IHN), Housing Stabilization – 20 families
- IHN/YWCA Second Chance Apartment Project – 12 families
- Joining Forces for Families (JFF), Bridge Road – 50 to 60 families
- Middleton Outreach Ministry (MOM) – 45 households
- Porchlight, Inc. – 55 families, 175 individuals
- Salvation Army, Family Shelter – 130 families
- Society of St. Vincent de Paul, Port St. Vincent – 175 individuals
- Society of St. Vincent de Paul, Seton House – 50 households
- Youth Services of Southern WI – Briarpatch Division – 390 youth, 265 families
- YWCA Madison, Homeless Shelter – 85 families in shelter
- YWCA Madison, Second Chance Tenant Education Program – 150 to 200 households receive some level of services
- YWCA Madison, Third Street – 22 to 24 families.

Volunteers are an integral part of providing supportive services to homeless individuals and families. In 2004, more than 4,600 individuals volunteered their time in agencies that provide shelter to the homeless. Some specific examples of volunteer responsibilities include childcare, counseling, educational presentations, transportation, recreational activities, tutoring, meal preparation, as well as street outreach and emergency shelter for youth.

In addition to volunteers, approximately 50 trained mentors gave their time to HSC agencies in 2004. In this context, a mentor is defined as a volunteer who forms a long-term, one-on-one relationship with a client, usually to accomplish specific goals. Some examples of services provided by mentors include financial counseling and budgeting, tutoring, and participating in recreational activities. Agencies currently with mentoring programs include: Porchlight, St. Vincent de Paul, Interfaith Hospitality Network/YWCA Second Chance Apartment Project, and the YWCA Second Chance Tenant Education program.

Research conducted both nationally and locally shows that case management is an effective tool to reduce homelessness. It is difficult to quantify the number of households in Dane County who could benefit from housing case management services. However, it is clear to homeless service providers that

² Program reports from agencies that contract for services with the City of Madison CD Office.

there is a great unmet need. When shelters are full, many families are placed on waiting lists. Very few of these families receive case management until they are actually sheltered. When families leave shelter for permanent housing, few receive ongoing case management to help them maintain that housing. Efforts should be made to extend the duration of case management services so that those households leaving shelter continue to receive the support they need to maintain stable housing.

Recommendations

Increase the number of case management staff available to provide support services.

By 2010, increase the number of families receiving case management services by 50 over the 2005 levels, followed by annual increases as needed.

Improve the effectiveness of case management services through the availability of education and training.

This will require a commitment by area funders and agency administrators to encourage and pay for additional training for case management staff, and it will ultimately lead to a measurable increase in the ability of households to maintain their housing long term.

Develop internal organizational policies to determine best practices, including the optimal frequency of case manager/client contact and the optimal length of the case manager/client relationship.

Each provider of services can best determine the internal policies related to providing case management to their clients. Most agencies already have internal policies related to best practices; we encourage all provider agencies to revisit their policies as needed to ensure that clients are being served in the most efficient way possible.

By 2011, as a result of increasing the number of case management staff and improving their effectiveness, 80% of households receiving case management will maintain stable housing at the six month mark and 75% of households will maintain stable housing at the 12 month mark.

BREAKING DOWN the BARRIERS to STABLE HOUSING

The role of case management is to assist each individual or family in breaking down the barriers that keep them from obtaining and maintaining stable housing. Some of the major concerns that need to be addressed include:

Unemployment / Low or No Job Skills

Many low-income wage earners do not have the skills necessary for the jobs available in our community. Yet funding cutbacks have forced Dane County Department of Human Services to reduce adult basic education programs and job skills training programs. The emphasis of the State of Wisconsin's Department of Workforce Development, which funds Dane County's W2 (Wisconsin Works) program, is to move people into jobs, but not necessarily jobs that provide a living wage. In 2004, the fair market rent for a 2-bedroom unit in Dane County was \$746.00/month. The annual wage needed to afford a 2-bedroom apartment was \$29,840, or \$14.35/hour. A minimum wage earner in Dane County would have to work 111 hours per week to afford a 2-bedroom apartment³.

In 2000, 24.7% of Dane County workers earned poverty wages⁴ defined as a wage that is insufficient to lift even a full-time (40 hours/week), year round (52 weeks/year) worker to the poverty line for a family of four with two children (\$19,307 in 2004).

An outgrowth of the Community Conversation to End Homelessness held in March 2005 was the formation of a small group of providers, consumers, and advocates who are focusing on the employment needs of the homeless. They have initiated a discussion about how to connect employers with potential employees from HSC agencies and hope to develop strategies for providing direct assistance to those persons served by the HSC agencies.

Implementation of the following recommendations would increase the income of potentially homeless individuals, thus improving their ability to obtain and maintain stable housing.

Recommendations

Improve connections between those persons seeking employment and employers. Ensure a level of comprehensive support services and mentors for potential employees (served by HSC agencies) to improve chances of success in obtaining and maintaining employment.

A pilot program, utilizing a number of volunteers and interested business people, could begin to recruit other employers and potential employees from HSC agencies to match those in need of employment with available jobs.

Decrease the mismatch between the current skill level of the low-income workforce and the employment opportunities available.

HSC agencies that operate job-training programs will work to increase the number of persons receiving transferable and marketable job skills training

Encourage efforts to increase the wages of the bottom 20% of Dane County workers.

Efforts may include advocating for increases in the federal minimum wage or similar actions at the state and local level.

³ National Low Income Housing Coalition: Out of Reach, 2004.

⁴ The Center on Wisconsin Strategy (COWS), The State of Working Wisconsin, 2004.

Difficulties in Accessing Federal Benefits

Many chronically homeless adults suffer from severe and persistent mental illnesses that would qualify them for Supplemental Security Income and Social Security Disability Income (SSI/SSDI). However, the application process is lengthy and can be very difficult for those with limiting disabilities. Several agencies assist individuals in completing their applications. This assistance does, in many cases, decrease the length of time it takes for an SSI/SSDI application to be approved. However, institutional change at the federal level should be encouraged to make the application process less cumbersome.

While some individuals in the application process receive a monthly cash grant (\$247.00/month) from Dane County Department of Human Services Interim Assistance (IA) program, many receive nothing because the IA program has at least a 6-month waiting list.

Agencies assisting individuals with the SSI/SSDI application process include:

- Legal Action of Wisconsin
- Porchlight
- ReachOut (Tellurian and Porchlight)
- Dane County Department of Human Services

Recommendations

Increase outreach and assistance to the chronically homeless population in order to increase the number of SSI/SSDI applications submitted and approved in a timely manner. Advocate for institutional change to make the SSI/SSDI application process less cumbersome.

Increase the number of eligible households who are approved for SSI/SSDI and shorten the length of time between the application and approval process. A reliable income can shorten the time that an individual or family is homeless.

Increase funding for Dane County Department of Human Services Interim Assistance program in order to bridge the gap for more individuals before SSI/SSDI eligibility is established.

Increased funding for Interim Assistance will provide financial resources for households waiting for SSI/SSDI approval.

Accessing Entitlement Programs

Dane County ranks 60th out of 72 Wisconsin counties for the percentage of people in poverty receiving FoodShare (food stamps) yet we rank 1st out of 72 for the numbers of families paying more than 35% of their income for rent (30.31%)⁵ Dane County's enrollment in other Wisconsin Shares programs is also low. Efforts to increase enrollment in these entitlement programs should be encouraged, including increased screening for eligibility by HSC agencies.

Recommendation

Increase participation in entitlement programs, such as FoodShare, Medical Assistance and Badger Care, so that more household income becomes available for rent and associated housing costs.

Increase screening for financial assistance/entitlement program eligibility by HSC agencies.

Prior to sweeping welfare reform changes that occurred in the last decade, individuals with little or no income were eligible for monthly cash grants through the General Assistance program. Families with

⁵ Hunger Close to Home, UW Extension and Wisconsin Food Security Project

children were eligible for cash grants through AFDC, the previous Temporary Aid to Needy Families (TANF) program. These were entitlement programs with limited work requirements. The General Assistance program no longer exists, and Wisconsin Works (W2) has replaced AFDC. With these sweeping reforms, our community lost a financial safety net that may have prevented some from becoming homeless. Locally, the Dane County Department of Human Services administers the W2 program, but it must do so within the parameters and funding provided by the State. Many advocates believe that the current statewide W2 program does not sufficiently meet the needs of low or no income families. They would argue that, rather than receiving adequate job skills training, recipients are pushed into low-wage jobs, or jobs for which they are ill-prepared. The supports that are needed to help individuals succeed in the workforce may be lacking, and state funding for these programs has recently been reduced. Participation in the W2 program has time limits after which families in need are not eligible for continuing assistance. No comparable program exists for single adults without children.

Recommendation

Have ongoing discussions among advocates, consumers, providers, and government policy makers to identify ways to increase the financial resources available to low and no-income households. Without this, efforts at eliminating homelessness cannot succeed.

Some would argue for a return to cash assistance entitlement programs. Others support the work component of W2, but would argue that the program needs to be re-structured and better funded at the state level to be successful. It is clear that homeless and near-homeless individuals and families need to have sufficient income in order to obtain and maintain housing.

Accessing Safety Net Supports

The average American household spends \$187 per person per month on food (2002 statistic, U.S. Department of Labor's Bureau of Labor Statistics). Many low-income households must choose between feeding their family or paying their rent. Providing low-income households with greater access to surplus food would maximize the financial resources available for housing. Other commodities available to low-income households, such as free or low-cost clothing and household items, also free up income to pay for housing.

Recommendation

Support efforts to increase the capacity and accessibility of Dane County's existing network of food pantries and clothing centers.

Availability and Costs of Child Care

Child care subsidies are available through Wisconsin Shares, administered locally by Dane County Department of Human Services, for working families earning 185% or less of the federal poverty level upon application (once they are receiving a subsidy, their incomes can rise to 200% of poverty). Regardless of low-income status, all families must still pay a portion of their child care costs (except families enrolled in the W2 program, who have no co-pay). For very low-income families spending most of their income on rent, even modest co-pays for child care can be unaffordable.

The 185% of poverty standard is set by the State of Wisconsin, Department of Workforce Development, and it is uniform across the state. It does not take into account the fact that the cost of living in Dane County is significantly higher than it is in many predominantly rural counties. The Self-Sufficiency Standard for Wisconsin – 2004 (Wisconsin Women's Network) indicates that a family in Dane County consisting of one adult, one preschooler, and one school-age child needs to earn \$44,237 annually to adequately meet their basic needs. For a family of three, 185% of poverty is \$28,989. Using the self-sufficiency standard as a guide, it is clear that many families are not eligible for child care subsidies, yet they have insufficient income to adequately meet their basic needs in Dane County.

The City of Madison operates a very small child care subsidy program (80 to 100 families per year), using the same 185% of poverty limit. However, the City program deducts health care costs when determining if a family is income-eligible, so they are able to serve some families not eligible for assistance through Wisconsin Shares. The City also provides subsidies in some special needs situations not covered by the statewide program. There is a six to nine month waiting list for a City subsidy.

Parents needing care for children under the age of 2 may have a difficult time finding an available provider. Dane County's resource and referral agency, Community Coordinated Child Care, estimates that local child care providers can serve approximately half the children under the age of 2 who need care. It is even more difficult for families to find child care during 2nd and 3rd shifts, or on weekends.

The connection between child care and homelessness is clear – parents without child care may be unable to work and therefore at risk of homelessness due to insufficient income. Implementation of the following recommendations would assist families who are challenged by the lack of quality child care options available to them.

Recommendations

Support the increase in the availability and affordability of quality child care to low-income households by doing the following:

- *Encourage efforts to increase quality child care slots, particularly for those under the age of 2.*
- *Encourage efforts to provide quality child care to accommodate a variety of employment schedules.*
- *Reduce or eliminate co-pays for the lowest income families.*
- *Expand child care subsidies to serve families who do not qualify for current subsidy programs, but still cannot afford the cost of quality child care.*
- *Create new child care slots available for children with temporary medical needs.*

High Cost and Availability of Medical and Dental Care

Eight percent of the Dane County population does not have health insurance⁶. Seventy-five percent (75%) to 80% of uninsured people in Wisconsin are working adults⁷.

Uninsured families, with children, who earn 185% or less of the federal poverty level may be eligible for Medicaid or BadgerCare health insurance (once enrolled, their incomes could reach 200% of poverty). Families earning at least 150% of poverty level are charged co-pays for medical services. For a family of three 185% of poverty is \$28,989. The Self-Sufficiency Standard for Wisconsin – 2004 from the Wisconsin Women's Network, indicates that a family in Dane County consisting of one adult, one preschooler, and one school-age child needs to earn \$44,237 annually to adequately meet their basic needs. Using the self-sufficiency standard as a guide, many uninsured working families are not eligible for Medicaid or BadgerCare, yet their income is insufficient to adequately meet their basic needs in Dane county. Low-income, single adults without children are only eligible for Medicaid if they are over 65 or blind/disabled and meet income criteria.

Uninsured individuals have few health care options. Hospital emergency rooms do not turn people away for lack of insurance, so many use emergency rooms for health needs that could have been more appropriately treated at an outpatient clinic. Unpaid medical bills often lead to bad credit ratings for the uninsured, which can become a barrier for those seeking housing.

⁶ 2000 Dane County Health Council Report

⁷ Wisconsin Citizen Action

Among those individuals who do see a medical professional, cultural barriers may prevent some from receiving adequate care, especially regarding sensitive topics (sexual assault, birth control). Interpreters are not always available, preventing non-English speaking individuals from receiving quality care.

Very few dentists in Dane County accept Medicaid. Low-income individuals often go without dental care.

Recommendation

Support increased access to medical and dental health services for low-income households so they can receive adequate and timely care.

This will lead to a reduction in the number of unnecessary emergency room visits by low-income, uninsured households.

Lack of Reliable Transportation

It can be very challenging getting from home to childcare, then to work using public transportation. Some parents report that they spend up to two hours in the morning transporting themselves and their families to where they need to be, only to repeat the long journey at the end of the day. Families without cars are limited in where they can seek housing and employment, since they must be near a bus line. Those who are unemployed, or very low-income, cannot afford to use public transportation. Low-income families who have their own cars often cannot afford to pay for fuel, insurance or repairs. Any disruption in one's transportation plan can lead to missed work, which ultimately could result in homelessness.

Recommendation

Support the access to a variety of transportation options available to low-income households enabling them to access jobs and childcare.

This will reduce the number of households served by HSC agencies who report that transportation is a barrier to obtaining and maintaining stable housing.

Adult Basic Education

Many adults who stay in emergency shelters report that they do not have a high school diploma or equivalency. In 2004, the YWCA family shelter reported that 48% of heads of household did not have a high school diploma or HSED/GED. Without education, the barriers to being employed at a living wage and maintaining stable housing will be substantial. Currently, the Madison Area Technical College sends an instructor to the YWCA shelter once a week to provide adult basic educational services.

Recommendation

Increase emphasis by HSC agencies on connecting individuals to basic education opportunities, including GED and HSED preparation, as a means to increasing income and preventing future episodes of homelessness.

HSC agencies will commit to efforts to identify those in need of basic education in order to connect them with appropriate services.

Re-integrating Persons Released from Prison

Persons recently released from prison face a number of challenges in their attempt to successfully re-integrate back into the community. They often have no recent job history, no income, and they have a criminal conviction, which makes it difficult to be accepted into rental housing, both in the public and private sectors. They may have difficulty finding employment for the same reasons. Often they are uninsured, and therefore have limited or no access to health care or necessary treatment. They may have few community supports due to the stigma associated with their criminal backgrounds, and they may not know where to go for assistance. Many returning prisoners find themselves homeless.

Statewide, two-thirds of those being admitted into prisons are offenders who are being sent back because they were unsuccessful on probation or parole, not because of a new conviction. In 2003, of the 518 offenders released into Dane County, 342 (66%) were returned to prison for committing a new crime or revocation of probation and/or parole. Efforts directed toward helping former prisoners succeed benefit not only the individuals, but also the entire community. Madison-area Urban Ministry (MUM) offers programs that assist returning prisoners as they return to the community, including:

- Circles of Support – a group of four or five volunteers meet regularly with a newly released person as he or she negotiates returning to life in the community.
- Voices Beyond Bars - a speakers' bureau and mutual support team that develops leadership skills and public responsibility among formerly incarcerated people.

MUM has also developed tools to educate the community about the challenges faced by returning prisoners, including the Re-entry Video and Returning Prisoner Simulations.

The Madison Jobs and Housing Partnership Phoenix Program is a 40-hour, faith-based life skills and job search program that incorporates both group work and individual coaching. Graduates of the week-long training program receive four hours of follow-up services. The majority of participants in the program come from the correctional system, either the William H. Ferris Center or referrals from probation/parole officers.

Porchlight contracts with the Department of Corrections to provide six units of short term, single room occupancy (SRO) housing for persons who are being released from prison or jail with no where to go. Four of these units are for men and two units are for women.

Seton House, operated by the Society of St. Vincent de Paul, contracts with the Department of Corrections to provide short-term housing for three women who are either on probation or parole and have no other living arrangements.

Recommendations

Support persons released from prison who are re-entering the community to help them access housing and other services.

Create new partnerships between HSC agencies and the Department of Corrections to determine ways to minimize barriers to finding appropriate housing. One method of doing this is to increase the number of eligible incarcerated individuals who are approved for SSI/SSDI benefits prior to release. Continue ongoing and encourage new efforts by HSC agencies to commit to providing housing and services for ex-offenders who would likely otherwise be homeless upon their release.

Increase AODA treatment services to those in jail, and increase community aftercare programming available to those released from jail.

Treatment for alcohol and other drug abuse issues could prevent an offender from becoming homeless once released from jail. The ability to maintain employment, reconnect with supportive friends and family, and obtain and maintain stable housing is more likely possible when AODA issues are being treated.

Untreated Mental Illness and Availability of Ongoing Support Services

In 2004, 29% of homeless households in Dane County shelters reported that at least one member of the family had a mental illness. This number is probably low since it is based on self-reporting. For a variety of reasons, persons with a mental illness may not disclose this fact to shelter intake staff.

For the purposes of this report, the term "mental illness" may be used to refer to two broad categories of disorders. Some individuals suffer from a serious and persistent mental illness, which requires long-

term comprehensive services, including psychiatric and medical treatment, case management, assistance in daily living and money management skills, and other ongoing supports. Without these services, individuals may be at high risk for hospitalization, jail, or homelessness. While life circumstances may not directly cause these disorders, trauma caused by abuse, violence or homelessness may worsen their symptoms.

Other individuals may suffer from situational depression or anxiety brought on by a life crisis, such as the death of a loved one, the end of a significant relationship, trauma caused by sexual or physical abuse, or homelessness itself. These persons may require short-term support to stabilize their lives. Without this support, these individuals may be at a higher risk of homelessness. If already homeless, they may need intensive assistance to find safe and appropriate housing.

Dane County's mental health system has been looked to as a national model. However, while quality programs and services are available, extensive waiting lists prevent new consumers from entering the system. For example, the four Community Support Programs (CSPs) funded by Dane County currently serve approximately 400 individuals. Two case management programs, SOAR Case Management Services and Tellurian Community Intervention Team, each serve approximately 100 individuals (Tellurian CIT consumers must have either a mental illness, substance abuse concern, or both). An extensive waiting list of more than 100 individuals exists for these six programs. Typically only one or two new consumers are admitted into any of these programs per year from the waiting list. Another 10 – 12 persons are admitted annually to these programs directly from the Mental Health Center of Dane County's Emergency Services Unit. These individuals are identified while in crisis and bypass the waiting list. Providing outreach to the homeless population with the intent of connecting mentally ill individuals to treatment programs is futile if the outcome is only to get them on a waiting list. Additionally, it is difficult to notify a homeless, mentally ill individual when his or her name should come to the top of a waiting list.

An extensive list of private mental health providers can be found in Dane County. However, homeless or near-homeless individuals in need of mental health services are most likely to be served through publicly funded programs. Therefore, the following list of mental health services focuses on public sector programs, which serve more than 4,000 individuals annually.

Emergency Services Unit of the Mental Health Center of Dane County (MHCDC) provides a 24-hour mental health crisis line, as well as a range of crisis stabilization services.

Information and Referral: New Directions provides information and referral services to individuals seeking mental health or substance abuse treatment. They primarily serve individuals receiving Medicare or Medicaid benefits, or those with no insurance.

The ReachOut Program is a collaborative effort between police officers, Tellurian, Porchlight, YSOSW - Briarpatch, City of Madison and Dane County, Downtown Madison, Inc., United Way, UW – Madison, and downtown businesses. One of the program goals is to connect homeless, mentally ill individuals with needed services, such as housing, food, income, and treatment.

Community Support Programs (CSPs) are comprehensive support programs for individuals with serious and persistent mental illnesses. The services include treatment, medication, case management, rehabilitation, work services, assistance with daily living skills, and other support services designed to help individuals live independently in the community. Services are provided through interdisciplinary teams within these programs:

- Blacksmith House (MHCDC)
- Cornerstone (MHCDC)
- Community Treatment Alternatives (MHCDC)

- Gateway (MHCCDC)
- PACT (Mendota Mental Health Institute)
- VA Community Support Program

The four MHCCDC CSPs serve approximately 400 individuals, PACT serves 145 persons, and the VA CSP serves 46 individuals.

Outpatient Mental Health Treatment may include medication monitoring, psychotherapy, individual and group therapy. These programs provide services:

- Mental Health Center of Dane County (MHCCDC)
- Lutheran Social Services
- Catholic Charities
- Family Services

Case Management is provided system-wide by the following agencies; case managers coordinate a variety of services with a consumer-centered approach.

- SOAR Case Management Services
- Tellurian Community Intervention Team

Day Treatment is provided by:

- Yahara House (MHCCDC) provides case management, medication, counseling and supported work opportunities. They serve 165 individuals with a three to four month waiting list.
- Off the Square Club (Lutheran Social Services) provides individuals with a serious and persistent mental illness a hot lunch, supportive services and referrals for housing, medical care, and legal advocacy, as well as peer support, and opportunities for socialization and recreation. They serve approximately 200 people annually.

Services to special populations include:

- MOST (MHCCDC): mental health services for seniors.
- Kajsab House: culturally sensitive, accessible mental health services for Southeast Asian individuals and families.
- Children, Youth and Family (MHCCDC): culturally sensitive, accessible mental health services for children, youth and families.

Work Services and supported employment programs include:

- Work Plus
- Valley Packaging Industries
- Chrysalis

When Hospitalization is necessary, there are the following resources:

- Mendota Mental Health Institute
- Badger Prairie Health Care Center
- University Hospitals
- St. Mary's Hospital
- Meriter Hospital

Most Emergency Shelters in Dane County serve persons with mental illnesses. Staff at the shelters connect individuals to existing mental health services. Safe Haven, operated by Porchlight, is a shelter program specifically designed for persons with mental illnesses. Support services are provided with the ultimate goal of connecting individuals to mental health services

and housing. Safe Haven has 14 beds, the length of stay varies, and it has a one to three month waiting list.

Supervised Living Arrangements are available for persons with serious and persistent mental illnesses. Tellurian UCAN's Centralized Referral Exchange (CRX) serves as gatekeeper for most of these facilities, as well as the CSPs and case management programs. The most structured type of living arrangement is a Community-Based Residential Facility (CBRF), which has 24-hour staff supervision. In Dane County there are nine CBRF's. Eight of these facilities are primarily for persons who have been protectively placed by a court order. The other facility, Tellurian UCAN's Transitional Housing Program with 20 beds, serves as a receiving center for homeless persons. Additional CBRFs are: Lutheran Social Services' (LSS) Parkside Heights (six beds) and Dean Avenue (eight beds); Tellurian UCAN's Acewood (six beds) and Crawford (six beds); Goodwill Industries' Northport (eight beds), Jamestown (seven beds) and Offshore (eight beds); and Women In Transition Halfway House (10 beds).

Other less supervised living arrangements are available through adult family homes, crisis homes, boarding homes, and subsidized congregate apartments, including LSS's – Washington (four beds) and Johnson Street (four beds) Boarding Homes, Tellurian UCAN's Marshall Boarding Home (six beds), Women In Transition Corner House (eight beds), Goodwill Industries Supportive Apartment Program's Sunfish (eight units), Debra Beebe (six units), Craig Kinney (five units), Elaine Meyer (10 units), Leonard Stein (10 units), and Old Middleton Road (five units).

Porchlight provides the Skills Training And Barrier Limiting Education Program (STABLE), consisting of 12 single room occupancy units (SRO) primarily for women with mental health issues. Support services are included. Maximum stay is two years.

Individual living arrangements in apartments, with rent subsidies, may be arranged by Housing Initiatives. Applicants must be receiving services from a Community Support Program or other case management program.

Most of these living arrangements are transitional, with the goal of helping individuals learn the skills needed to live more independently. Providers of residential programs report that it is difficult to find appropriate housing for individuals who are transitioning out of their supportive living programs.

In the summer of 2005, Centralized Referral Exchange reported 67 individuals on their waiting list for residential services. One hundred thirty nine (139) individuals were on the waiting list for case management programs (including CSPs).

With long waiting lists for treatment and support services, as well as housing, there are few ready-resources to help chronically homeless individuals who suffer from a mental illness. Those programs that are specifically intended to provide outreach to the chronically homeless population are listed in the "Outreach" section of this plan.

Individuals with serious and persistent mental illnesses likely cannot maintain stable housing without diagnosis, treatment, and ongoing support. Current mental health programs are at capacity, with long waiting lists. Implementing the following recommendations will result in fewer individuals being homeless as a result of a mental illness.

Recommendations

Improve access to the diagnosis and treatment of mental health concerns for homeless persons.

Increase ongoing support services available to people with mental illnesses, including the expansion of CSP slots.

Increase the availability of on-going supportive living arrangements for those persons who need a higher level of assistance to maintain themselves in the community.

Housing with supportive services is needed to ensure that persons with mental illness are prevented from becoming homeless or are able to maintain stable housing after experiencing homelessness. Waiting lists are an indication of a portion of the unmet need.

Improve the quality of data collected by HSC agencies in order to better track and report on the relationship between mental illness and homelessness in our community, which may ultimately lead to better service delivery systems.

HSC agencies need to be committed to collecting accurate data on the special needs of their clients such as existing mental illness. Other methods, in addition to self-reporting, should be explored to improve data collection accuracy.

Recognizing that mental health treatment is not always linear and successful, ensure the safety of persons struggling with mental illness by providing shelter, transitional and long term housing options for those in all stages of their recovery.

Alcohol and Other Drug Abuse Issues

In 2004, 12% of households in shelter reported an alcohol or drug abuse (AODA) problem. This number is believed to be low as it is self-reported by the person requesting assistance. All shelters prohibit the use of alcohol or drugs on the premises, and some shelters deny entry to anyone under the influence.

Alcohol and other drug abuse treatment programs are available in both the public and private sectors. Homeless or near homeless individuals in need of substance abuse treatment are most likely to be served by publicly funded programs. Therefore, the following list of services will focus on those programs that receive at least partial public funding. The Mental Health Center of Dane County (MHCDC) receives the largest proportion of Dane County's funding for AODA treatment (outpatient, in-home treatment, and case management). In 2004, the MHCDC served 1,200 people in their AODA treatment programs, with 700 of those individuals receiving case management services. There is a three-month waiting list for these programs.

Tellurian UCAN's Detoxification and Detention Services Program provides medically supervised detoxification from alcohol and other drugs in a 29 bed locked detention facility. Patients also receive therapeutic services designed to educate them and motivate them to accept referrals to treatment. Commitment proceedings may be initiated for individuals who are a danger to themselves or others due to their abuse of alcohol or other drugs. There are 3,000 -- 3,500 admissions annually, serving about 1,900 individuals.

New Directions provides Information and Referral services to individuals seeking mental health or substance abuse treatment. They primarily serve individuals receiving Medicare or Medicaid benefits, or those with no insurance.

AODA Prevention services are offered by:

- ARC Community Services
- Mental Health Center of Dane County
- Family Services - PICADA

- Genesis Development Corp.
- Tellurian UCAN
- Youth Services of Southern WI – Briarpatch Division

Assessment services are provided by:

- Mental Health Center of Dane County
- Family Services - PICADA

Outpatient Treatment is provided by:

- Lutheran Social Services
- Mental Health Center of Dane County (many programs, including UJIMA, which provides culturally specific outreach and treatment services to African American youth and families)
- Meriter Hospital
- University Community Clinics – Gateway Recovery
- Thomas and Associates

Day Treatment (full day treatment in a non-residential setting) is provided by:

- ARC Community Services which also offers some child care or helps to arrange community child care when their own slots are filled
- Meriter Hospital
- Tellurian UCAN

The Mental Health Center of Dane County provides In-home Treatment.

Case Management Services are provided by:

- ARC Community Services
- ATTIC Correctional Services
- Tellurian UCAN

The following Community Based Residential Facilities (CBRFs) provide AODA treatment with 24-hour staff supervision:

- Hope Haven/REBOS, United has 22 beds with an average length of stay of 21-30 days.
- North Bay Lodge (Hope Haven) has 15 beds for individuals over 55 years of age with a long-term chronic abuse history. The length of stay is open-ended.
- REBOS Chris Farley House (Hope Haven) has 15 beds for adult men with an average length of stay of approximately two months.
- Colvin Manor has 18 beds for men and women in early recovery from alcohol or other drug addiction. The length of stay is open-ended and there is a short waiting list.
- Tellurian UCAN's Adult Residential Program has 27 beds in its intensive 90-day program for persons with severe AODA problems. A waiting list for county-funded individuals is approximately two months with some special needs groups given priority.
- ARC House has 15 beds for women referred by the Department of Corrections (DOC). The average length of stay is four months.
- ARC Dayton has a total of 12 beds, 8 of which are for referrals from the DOC and three - four are for referrals from the Federal Bureau of Prisons. The length of stay varies.
- ARC Maternal and Infant Program has eight beds for women referred by DOC, four beds for infants, and four beds for women coming from other AODA treatment programs.

Hope Haven, REBOS Chris Farley House and Colvin Manor have four to six week waiting lists. The wait for North Bay Lodge is usually three to six months. The waiting list for ARC residential programs ranges from one to three months.

Porchlight offers several housing programs specifically for people in recovery; the waiting list is approximately one to three months to get into these programs:

- Partnership for Transitional Opportunities (PTO) has 18 SRO units with case management for individuals in recovery. Maximum length of stay is two years.
- Sobriety Training Orientation Program (STOP) has 5 beds with support services for men who have become homeless as a result of their addictions. Maximum length of stay is two years.
- Sobriety Training After Recovery Treatment Program (START) has 16 one- bedroom units with support services for individuals with a minimum six to twelve months of consistent recovery from addiction prior to admission. Maximum length of stay is three years.

Providers of residential programs report that it is difficult to find appropriate housing for individuals who are transitioning out of their programs.

Offenders with AODA Issues

It is estimated that 70% or more of people in jail have AODA problems associated with their unlawful behavior that lead to incarceration. There are some AODA treatment, education and support programs available to persons in jail (Thomas and Associates, Christian Intervention Program, Jail Mental Health Team), but the services available cannot meet the extensive need. Some individuals are referred to jail diversion programs or other treatment programs upon release, but most are not able to access treatment programs that are already at capacity. Furthermore, many individuals who are released from jail have nowhere to live.

Women with AODA Issues

Very few residential beds are available for women in Dane County, with the exception of those programs listed previously that take referrals from the Department of Corrections. The need for these beds far surpasses the supply. Furthermore, single mothers may have difficulty accessing residential treatment services because no one else is available to care for their children. There is an unmet need for supported housing where women and their children can live together while the woman is involved with AODA treatment. Currently only one program, ARC Maternal and Infant Program, provides any residential services to women with children (infants only). Most of their referrals come from the Department of Corrections.

Individuals with current substance abuse issues may not be able to obtain or maintain stable housing without treatment and ongoing supports, as needed. Current AODA programs are at capacity. Referring individuals in need to a waiting list does not offer much hope. Implementing the following recommendations would result in fewer individuals being homeless because of substance abuse issues.

Recommendations

Increase the availability of outpatient AODA treatment services.

Increase the availability of residential treatment beds for individuals (male and female) with AODA needs, and for those with co-occurring substance abuse and mental health needs. Provide supported housing programs where women and their children can live together while the woman is undergoing AODA treatment.

Provide more comprehensive services for individuals in treatment to assist them in meeting their basic needs such as housing, transportation and childcare.

Recognizing that substance abuse treatment is not always linear and successful, ensure the safety of persons with AODA issues by providing shelter, transitional and long term housing options for those in all stages of recovery.

Support the development of consumer operated sober homes for individuals in recovery.

The existence of waiting lists for all programs that accept those with little or no income confirm that there is an unmet need for AODA treatment services. It is imperative that there be available a wide range of service options from out-patient and residential treatment services to long-term supportive after-treatment living situations

Increase AODA treatment services to those in jail, and increase community aftercare programming available to those released from jail.

Treatment for alcohol and other drug abuse issues could prevent an offender from becoming homeless once released from jail. The ability to maintain employment, reconnect with supportive friends and family, and obtain and maintain stable housing is more likely possible when AODA issues are being treated.

Improve the quality of data collected by HSC agencies in order to better track and report on the relationship between alcohol and other drug abuse and homelessness in our community, which may ultimately lead to better service delivery systems.

HSC agencies need to be committed to collecting accurate data on the special needs of their clients such as alcohol and other drug abuse issues. Other methods, in addition to self-reporting should be explored to improve data collection accuracy.

NEED for HOUSING with INTEGRATED SUPPORT SERVICES

Housing programs with integrated services include emergency shelter facilities, transitional housing facilities and supportive permanent housing facilities. In the future the Dane County Homeless Services Consortium plans to implement the "Housing First" model that will also be a component in this category.

We recognize that issues of homelessness and affordable housing needs are not static and they fluctuate over time for a variety of reasons. Economics in surrounding large cities (i.e. Milwaukee, Chicago, and Minneapolis) and rural communities have an influence on our community. With changes (negative and positive) in surrounding areas it is possible for Dane County to experience an influx, or decline, in homeless populations.

Below is a discussion of the three types of housing with integrated services in Dane County, with the majority of housing opportunities located in the greater Madison area.

Emergency Shelter, Transitional Housing, Supportive Permanent Housing

Emergency shelter is predominately the first point of contact a homeless person/family has with a HSC agency. Once contact is made with a HSC agency, the household need is identified and eligibility is determined, the homeless person/family will be placed in an emergency shelter bed providing one is available. Emergency shelter is considered short-term housing for generally 90 days or less⁸. All shelters require that individuals and families have no other housing resources available, be sober and agree not to use drugs or alcohol⁹ on the premises, and exhibit good behavior. Violent behavior will likely result in removal from the shelter. Emergency shelter is viewed as a short-term safety net; there is a desire to move households from homelessness to stable housing in as rapid a manner as possible as this is perceived as healthier for the entire family.

In 2004, Dane County provided 2,611 individuals with emergency shelter utilizing the 308 available shelter beds. During this same period there were 2,484 individuals turned away without shelter. Dane County has approximately 10 programs¹⁰ providing emergency shelter for single men, single women, women with children, families, and unaccompanied youth.

Emergency shelter is provided through a variety of means: 1) motel vouchers (limited use for short stays when an emergency shelter bed is unavailable, when there is a medical reason that the individual be separated from the others, or when the family requires just a short stay to get back on their feet); 2) shelter beds (dormitory-style, single rooms or combination individual and shared space); 3) warming house (overflow facilities for families and single men which operate in otherwise public space at The Salvation Army and downtown churches and uses mattresses placed on the floor); and 4) volunteer youth host homes (average stay is less than two nights).

Currently the emergency shelter systems that serve single adults and families with children are uniquely operated by policies guided by the principles and beliefs of the shelter's governing board of directors, funders, and staff. There are two areas where this is the most apparent: 1) in the amount of time that

⁸ Safe Haven exceeds the 90-day limit and allows for longer lengths of stay.

⁹ Madison Warming Center Campaign is a group of UW students and downtown homeless advocates who advocate for the city to create a shelter for single men that does not require sobriety in order to be accepted (also known as a wet shelter). This is based on the premise that providing stable housing to a homeless person with AODA issues will allow treatment of the AODA issues more quickly and successfully. A draft proposal has been put forward to create a 24-hour, 14-bed facility at an annual cost of \$325,000. The proposal for a wet shelter has been discussed by the HSC and there has been no clear consensus on moving forward or rejecting the project.

¹⁰ In Dane County, shelter is provided by the following agencies: Dane County Parent Council (women with children), Domestic Abuse Intervention Services (single women and women with children), Interfaith Hospitality Network (families with children), Porchlight (single men and single men & women with mental illness), The Salvation Army (single women and families with children), St. Vincent de Paul (single men), Youth Services of Southern WI – Briarpatch (unaccompanied youth under the age of 18), and the YWCA (families with children).

households are allowed to reside in shelter, and 2) whether participation in support services is a requirement for housing. The Salvation Army Family shelter operates a 62-bed facility on E. Washington Avenue and places families at the YWCA on E. Mifflin Street and in local motels when both shelters are full. Both the YWCA and The Salvation Army are open 24 hours/seven days a week. The largest funder of the TSA/YWCA family shelters is Dane County Human Services which has instituted a 90-day lifetime limit on the amount of time a family can stay in shelter. The 90 days is not automatic; the family must be actively working with a case manager to obtain housing and gain skills needed to retain housing to receive the full 90 days of shelter. The other agencies providing shelter for families with children operate in somewhat the same fashion. The Salvation Army also operates a 30-bed drop-in shelter for homeless single women. This is a drop-in shelter that uses cots set up in a gymnasium at the E. Washington Avenue location for nighttime use only. Homeless single women who use the shelter are required to participate in support services in order to continue to stay at the shelter. Single men are housed nearly exclusively at the Porchlight-operated Drop-In Shelter at a church located on the Capitol Square with overflow space available during winter months at two additional downtown churches. Porchlight's policy is that each single man is allowed to stay at the Drop-In Shelter for a maximum of 90 days¹¹ in a twelve-month period that runs from November 1st through October 31st. Porchlight has no requirement that a shelter resident be working with a case manager. The Porchlight Board of Directors sees the shelter as a safety net to ensure that single men who are not a danger to themselves or others (inebriated or violent) do not succumb to the weather or violence on the streets. The different philosophies and practices that guide the operations of the emergency shelter have not been seen by a majority of the HSC as a problem. While there has been recognition that there are different philosophies at work in the different facilities, it has not been a priority of the HSC to more formally align the philosophies, policies and practices of each program providing emergency shelter. Recommendations included in this Plan highlight the importance of both providing a short-term safety net and providing support services to homeless persons. There is currently a difference in the safety nets available for families with children who can access shelter 90 days over their lifetime and single adults who can access shelter from 60-90 days each year. The HSC will discuss the time limits imposed on shelter stays for families with children and single adults and advocate for any changes deemed appropriate.

It is not appropriate for some individuals with medical needs to stay in the existing shelters, either because their health might be compromised by exposure to others in a congregate shelter, or because they are contagious and would pose a risk to others in the shelter. Motel vouchers have been used to serve these individuals, when funding has been available. There has been some discussion about the need in our community for a housing safety net with built in medical supports to serve homeless individuals who need time to recover from an infectious disease, trauma, or are undergoing medical treatment. Discussions between HSC agencies and funders and the medical community should continue to determine the feasibility of such a program.

The continuum of care is intended to make available transitional housing or supportive permanent housing to families and single adults upon completion of the emergency shelter program if a unit is available and the household meets eligibility guidelines. The difference between transitional and supportive permanent housing is primarily in the length of time a resident is allowed to stay. If the transitional housing program is funded through HUD there is an imposed 24-month time limit. Some agencies have other imposed time limits intended to turn the units around so that more individuals can receive assistance. Supportive permanent housing projects do not have timing restraints and both the transitional and supportive permanent housing programs include support services attached to residency.

¹¹ The 90-day limit is often waived in the event of severe weather.

In 2004, 1,924 single men, women and individuals in families found housing and received services in one of Dane County's 808 transitional and supportive permanent housing units¹². A minority of homeless individuals directly accesses transitional housing and do not come by way of an emergency shelter referral. Units can be a variety of forms ranging from dormitory style, SRO beds, efficiency units, and one-, two- or more bedroom apartment units. All units (emergency, transitional, and supportive permanent housing) provide some level of services, including support for mental illness and AODA issues.

Integrated Support Services

Shelter alone is not sufficient to provide individuals and families the stability they need to become self-sufficient. In addition to shelter and housing, agencies provide case management and other services to address the reasons for their homelessness. Individually targeted programs are created to target specific areas where individuals/families need assistance. One agency does not provide 100% of the services but rather a network of agencies provides needed services to homeless persons.

Services available in emergency, transitional, and supportive permanent housing include:

- Intensive case management with group activities
- Housing counseling to obtain housing
- Medical services
- Income stability
 - Employability/ job related training
 - Daily living skills
 - Access to entitlement benefits
 - Protective payees
- Children's programming
- Legal assistance and advocacy
- Tenant/landlord relationship education
- Basic education

According to HSC agencies that provide emergency shelter, there were 2,484 individuals turned away in 2004 without shelter. While agencies attempt to provide unduplicated numbers, it is possible that these numbers do not accurately portray the unmet need. This is primarily because agencies spend far less time gathering information from households that are being turned away without services.

Some shelters now provide case management services for households that are turned away in an attempt to help the household find a housing solution and avoid shelter all together. For example, Interfaith Hospitality Network offers a family the opportunity to receive case management services while waiting to access IHN provided shelter.

Recommendations

Help homeless households by providing a short-term safety net with continuous support services with the goal of moving to stable housing as quickly as possible.

Provide a local "Housing First" model to serve the needs of homeless families, single adults and unaccompanied youth. Place homeless individuals and families in permanent housing as quickly as possible, providing intensive home-based case management and stabilizing support services. Monitor the local "Housing First" programs, evaluate the successes and challenges and make appropriate changes to the model. Explore the

¹² Inventory of existing transitional housing include 262 beds/units for single men, 290 beds/units for single women, 95 units for families with children and couples, 17 beds for single women with one child, 9 beds in volunteer host homeless for unaccompanied youth under 18 years of age. In addition, some beds/units are specifically for individuals with special needs such as mental illness and alcohol and other drug abuse issues. There are 7 beds for single men who are veterans, 15 beds for single who are over 55 years of age and have AODA issues, and 122 units for single adults and families with HIV/AIDS.

expansion of the local model to serve additional individuals and families with children. The HSC will commit to maintaining a minimum of 30 family and six single adult "Housing First" slots, and add new slots as appropriate pending the evaluation of the success(s) of current local programs.

Provide safe shelter beds for homeless families with children and single adults, including those with mental illness, AODA concerns and medical needs, until such time that other more appropriate housing alternatives are available. The HSC will review the continuing need for shelter beds by reviewing the data on shelter use and unmet needs and explore other effective shelter alternatives.

Respond to urgent short-term needs of homeless persons by the flexible use of community resources. Continue to address short-term needs for shelter with purchased and provided space, seasonal family warming shelter, and other alternatives in order to respond to the safety needs of the homeless.

Provide housing alternatives for unaccompanied homeless youth. Create a program for homeless youth under the age of 18 that will provide scattered site housing with supportive services and provide for housing opportunities once the youth turns legal age. Commit to providing a minimum of six slots to house homeless unaccompanied youth.

Ensure safe housing alternatives with on-going supportive services for victims of domestic violence. Support the efforts of HSC agencies in their efforts to serve the victims of all types of domestic violence. Track and report on the relationship that domestic violence has on local homeless families, single adults and unaccompanied youth.

Support persons released from hospitals to help them access housing and other services. Create new partnerships between the HSC agencies and funders and local hospitals and other medical facilities to determine a process to determine appropriate housing prior to discharge. Explore the local need for a short-term housing option to serve persons who are released from hospitals who are physically unable to work or who are going through extensive out-patient treatment and who would otherwise be homeless.

Non-profit housing agencies, including agencies that comprise the Homeless Services Consortium, have become housing developers in order to better serve the individuals and families served by their agencies in other capacities. This process is time consuming and few non-profit homeless housing providers have available staff who are knowledgeable of housing development. Tellurian UCAN, Porchlight and Housing Initiatives are three agencies that have either recently completed or are in the initial construction stage of creating new units combined with supportive services.

Recommendations

Provide a variety of housing units, coupled with supportive services that are affordable for low-income single adults and families with children and for those with special needs such as mental illness, AODA or physical disabilities.

Encourage HSC agencies, funders and advocates to explore cooperative housing, home share programs and other possible alternatives that would support appropriate housing for low-income households.

Increase the number of existing rental units that are affordable to low-income households by encouraging partnerships between non-profit agencies and private partner who subsidize the cost of rent.

The Second Chance Apartment Project is an example of a collaborative effort between HSC provider agencies, faith communities and community organizations to expand the stock of available affordable housing by subsidizing rent on private apartments and making them available to homeless families. Professional case managers and volunteer mentors help the family succeed in maintaining housing. Other possibilities for collaborative efforts could be a home-share program matching a housed person/household who is in need of some service that can be provided by a person who otherwise does not have affordable housing.

While individuals and families are living in emergency shelter, many have a continuing need to have a place to store personal belongings, have mail delivered, have an accessible phone number for housing and employment call-backs, and to access information on other support services. Porchlight currently operates Hospitality House, a daytime resource center open primarily during regular business hours during the summer and for extended periods during the winter months. Hospitality House staff serve as resources to connect people in need to financial assistance, support services and information.

Recommendation

Provide and expand on ready access for homeless households to store personal belongings and to access transportation services, voice mail, showers, and meals.

There is a need for a home base from which a household/individual in transition can operate. This includes having access to incoming mail and incoming phone messages, which are both essential to obtaining employment and housing. It also includes having space available to store personal belongings. There is a need to expand the number of locations where these services are available.

AFFORDABLE RENTAL HOUSING in the PUBLIC/PRIVATE MARKET

Current Market Trends

The Ladies Home Journal listed Madison on its list of Top Ten Cities for Women (and families), Family Fun Magazine touted Madison as one of the nation's best small cities for families, and Money Magazine ranked Madison in 1998 as the No. 1 mid-sized city in which to live. Dane County has been growing both in population and economy and is now one of the wealthiest counties in Wisconsin. As a result of this popularity, Dane County has some of the highest priced real estate in Wisconsin.

Census data collected for the year 2000 for Dane County showed that just over 56% of families with incomes between 30% and 80% of the area median income (AMI) were experiencing problems with housing¹³. Families and households below 30% of AMI have an even greater housing burden and have fewer affordable independent options.

Property prices continue to increase in Dane County at a rate well above the state average, leading to less affordable rental units in the area. With property prices increasing, economic viability and the desirability of Madison/Dane County as a place of residence, affordable rental units become increasingly harder to find. The number of one- and two-bedroom rental units has increased slightly with rental amounts ranging from \$450 to \$850 per month¹⁴.

Attempts have been made to compile data on the number of publicly and privately operated affordable rental units in Dane County. However, since the method of advertising rental units varies among owners it is difficult to determine the exact availability of affordable units. Current data from MG&E suggests that there are 3,416 vacant units in their service area; however, there is no data to indicate how many of these would be affordable to low-income households.

Wisconsin Front Door Housing has created a database where landlords can voluntarily place rental units on the web site. This is one effort to maintain a listing of available and affordable vacant units. The interactive site allows for users to choose their location, their preferred rent, and to search for publicly assisted units. The site also allows users to calculate how much rent they can afford for their household size.

Federally Supported Housing Programs

There are a number of federally supported programs that encourage the development of affordable housing or provide subsidies to make rent affordable for low-income households.

The Federal Tax-Credit (Section 42 Program) provides tax credits to investors who build or capitalize affordable housing units. In exchange for receiving the tax credit, owners set aside a minimum of 20% of the units for 30 years. These set aside units must be for households with incomes less than 50% of the area median income (AMI). Developers also have the option of setting aside 40% of the units for households with incomes at less than 60% of AMI. The area median income is updated annually. In 2005, 40% of area median income for a household of four people is \$29,280 and 60% of area median income for the same household is \$43,920¹⁵.

According to WHEDA, in 2005 there were 2,479 affordable rental units made available through federal tax credits. Discussion with local developers and non-profits in the Dane County area has provided

¹³ HAS Data Book (2000 Special tabulation data from U.S. HUD prepared by U.S. Census Bureau), Dane County Regional Planning Commission.

¹⁴ HUD annual income limits for Dane County.

¹⁵ Apartment Owners Association of South Central Wisconsin study of vacant units, 2003-2005.

information that while the outcomes of the tax credit program are desirable the process is cumbersome and in some instances a deterrent from utilizing this program.

The Section 202 Program is intended to expand the supply of affordable housing with services for low-income elderly. It provides the opportunity for elderly to live independently, but in an environment that provides support activities. HUD provides interest-free capital advances to private, non-profit sponsors to finance the development. The capital advance does not have to be repaid as long as the project serves very low-income elderly persons for 40 years.

According to WHEDA, the current inventory of Section 202 units available in Dane County for income eligible elderly individuals and couples is 524 units.

Similarly, the Section 811 Program is intended to allow persons with disabilities to live as independently as possible in a community setting. The Section 811 provides rental assistance that covers the difference between the HUD-approved operating costs of the project and the tenant's contribution toward rent. Dane County currently has 409 Section 811 units available for income eligible disabled individuals.

According to some developers, excessive documentation and reporting requirements to federal and local agencies prove to be significant barriers to using federally subsidized programs to create affordable rental housing. Requiring tenants with limited resources and potential mental illness to provide information is time consuming and often difficult for property managers to obtain.

The required reporting and documentation may discourage potential developers from creating new housing using these resources which could prevent low-income households from accessing affordable housing in a timely manner.

Recommendations

Provide a variety of housing units that are affordable for low-income single adults and families with children, and for those with special needs such as mental illness or physical disabilities. Maintain the current number of federally subsidized rental units operated by non-profit and private developers once the required period of affordability is over.

There are currently 2,007 units¹⁶ that are set to expire in 2009 meaning a likely net loss of affordable rental units.

Encourage new applications to create federally subsidized units by private housing developers and non-profit agencies. With private housing developers, market the opportunities available for creating affordable rental housing. Share information about best practices used in other successful developments.

There is a need to encourage interested developers, both private and non-profit, to apply for federal programs that create new affordable units. The Housing in Action Leadership Team indicated this is a priority and will actively work on this recommendation by annually identifying one new housing developer interested in creating affordable housing units.

Monitor the current application and reporting processes by collecting information about difficulties encountered by developers. Advocate for the removal of regulatory barriers that make using state and federal programs difficult.

¹⁶ WHEDA, "Saving our Stock" The Governors Task Force Report for Housing Preservation, October 15, 2004

The Housing in Action Leadership Team is also committed to actively monitoring the process for federal subsidized units in an attempt to simplify the process.

Shelter Plus Care (S+C) is a federally funded program designed to provide housing with supportive services for homeless individuals with disabilities and their families. Housing Initiatives, Inc. (HII), a Madison-based non-profit agency, operates the S+C program in Dane County. Housing Initiatives provides the rental housing for a disabled individual (the primary disability being mental illness) with a requirement that the individual receives ongoing services through a source outside of the agency. Community Support Program staff and other non-profit agencies provide these services. HII currently has 107 S+C slots that are used at scattered rental sites and HII owned and operated buildings.

Recommendation

Increase the number of existing rental units that are affordable to low-income households through the use of Shelter Plus Care by advocating for increases in federal and state funding.

The Dane County Continuum of Care will continue to apply for S+C slots for homeless disabled households on an annual basis.

There are two local redevelopment authorities operating in Dane County providing publicly owned affordable housing: the Community Development Authority (CDA) and the Dane County Housing Authority (DCHA). The Community Development Authority Contracts with the City of Madison Housing Operations Unit to provide Section 8 Housing Choice Vouchers and Public Housing programs. The CDA owns 327 units suitable for families and 530 units for households with people over the age of 50 or people with disabilities. Their inventory is comprised of apartment units, townhouses, duplexes and single-family homes at 40 locations across the City of Madison.

The Dane County Housing Authority has a low rent public housing program with 86 housing units serving families in Sun Prairie, Stoughton, Mazomanie, and Monona and the Rural Development Housing Program serves elderly and disabled persons in a 16 unit apartment building in Cross Plains.

The Federal Housing Choice Voucher Program, also known as Section 8, is a federally funded program that provides low-income households the opportunity to choose and lease privately owned rental housing. Section 8 allows the tenant to pay a set portion of their income for rent with the balance of the rent being federally subsidized. The City of Madison Section 8 program is operated by the CDA and is authorized for 1,606 vouchers. There is currently a waiting list consisting of 1,035 household names; Housing Operations is not actively taking new applications.

The applications that are already on file are prioritized using the following preferences:

- Persons who live in the City of Madison,
- Person who are homeless or disabled,
- Families,
- Singles, and
- Persons residing outside of the City of Madison.

The Dane County Housing Choice Voucher Program, covering the balance of the County excluding Madison, is operated by the DCHA and is authorized for 1,127 vouchers. The DCHA also administers the Middleton Section 8 Housing Choice Voucher Program with 103 vouchers. Currently there is a waiting list of 1,934 household names and the DCHA is not actively taking new applications.

Applications already on file are prioritized using the following preferences:

- Persons paying over 40% of their income on rent and utilities, homeless persons, or displaced persons are all given equal preference over those who do not meet one of the three listed criteria.

- Within the preference category persons who are disabled, elderly, or a family unit are given preference over single individuals.

Reports suggest that there is a shortage of vacant affordable housing units in Dane County. Quantifying the unmet need in Dane County for affordable rental housing is difficult, for reasons mentioned above. Many factors make it difficult to quantify a housing gap in the greater Madison rental market including:

- The number of privately owned rental units with affordable rents cannot be easily quantified.
- The term “affordable” is arbitrary. There are persons in Dane County with no income and therefore no finances with which to pay rent.
- The need of households for specific sized units based on the household size is ever changing.
- The available data on vacancy rates calculated by Madison Gas & Electric is spotty but provides some evidence of a changing market. While MG&E data is not specific as to affordability for vacant units, we know that some households are having difficulty in obtaining housing..
- The availability of rental units that are determined to be affordable does not assure a homeless household access, as they may have other barriers, such as mental illness, AODA issues, or history of evictions, that keep them from obtaining housing.
- The mobility of the population that makes up the lowest income households in need of housing, either homeless or at risk of homelessness are ever changing. Some households searching for housing in July may have moved out of the County by September while other households have moved into Dane County seeking housing and employment.

There are waiting lists for nearly every supportive permanent housing program and many of the publicly subsidized buildings in Dane County. This fact alone suggests that there is an unmet need for affordable housing in Dane County.

Recommendations

Increase the number of existing rental units that are available through the use of Housing Choice (Section 8) vouchers. Support full funding of public housing units that, in addition to providing safe scattered-site housing, provide housing counseling and support services to low-income Dane County.

One of the best ways to prevent homelessness for many households is to have an inventory of affordable rental housing available to persons making the lowest incomes. Federal budgets have made it difficult to add new vouchers or public housing units. Without additional affordable units and rental subsidies to make existing units affordable, many Dane County households will not be able to obtain and maintain stable rental housing.

Increase the number of staff dedicated to providing housing counseling to public housing tenants, assisting tenants in maintaining stability.

For some households, barriers to stable housing include other issues in addition to the availability of rental housing. For those persons who have mental and physical disabilities, support services might be the difference between maintaining stable housing and homelessness.

Privately Owned Affordable Housing for Low-Income Persons Without Public Subsidies

The number of unsubsidized, in Dane County is difficult to identify as there is no requirement to list properties on a central location. In addition what often makes a unit affordable is the location and condition of the property. Attempts are being made to centralize the listing of all affordable units (both subsidized and unsubsidized) in Dane County through a new web-based service developed by the WI Bureau of Housing. Wisconsin Front Door Housing provides an on-line location for landlords to list properties and for prospective tenants to find properties. For example, as of 2005, the current Dane County vacancies listed on WI Front Door considered affordable (30% of the adjusted income available for rent for a household income of 65% of the area median income) include 44 one-bedroom units with rents ranging from \$345 – \$725; 100 two-bedroom units with rents ranging from \$495 - \$900; and 50 three-bedroom units with rents ranging from \$400 - \$1,050.

In addition to identifying and maintaining affordable rental units there are other tools available to developers to make housing more affordable.

The City of Madison Housing Trust Fund provides loans and grants to for-profit and non-profit housing developers for the acquisition, capital and soft costs necessary for the creation of new affordable rental and owner-occupied housing. Units are intended for low-income persons earning no more than 30% of AMI. Units must remain affordable for a specified period of time, after which they are allowed to charge any rent that the market will bear.

The Inclusionary Zoning Ordinance for the City of Madison requires a 15% set-aside in housing developments with 10 or more dwelling units. The set-aside rental units are to be made affordable for households at or below 60% AMI (which in 2005 is \$43,920 for a family of four). Owner-occupied units are also eligible and are to be made affordable for households at or below 80% of AMI.

The Tax Incremental Finance (TIF) District 10% Set-Aside Fund is required for the development of affordable housing in TIF districts with residential areas. The rental units created cannot exceed the current Section 8 Fair Market Rent for the unit size. Owner-occupied units are also eligible and shall be targeted to households who have not owned a home or property within the last three years and the direct TIF assistance shall be a forgivable loan for the period of affordability.

The community land trust model purchases and holds the land on which a property is constructed. The purchaser is only paying for the improvements made to the land so is the beneficiary of a lower-priced property. The land trust continues to own the land ensuring that the property will be made available to another low-income household when ownership changes hands. The Madison Area Community Land Trust currently has 30 such properties occupied and 34 in production.

Recommendations

Advocate with private housing developers about the opportunities available for creating affordable rental housing. Share information about best practices used in other successful development.

HALT and other members of the HSC share a commitment to learning more about what works, both locally and in other communities and working collaboratively with private developers to create affordable units.

Explore the use of innovative approaches such as the community land trust model to create affordable rental.

Continue the dialogue with local housing developers familiar with the land trust model to explore the possibilities of using the model for rental units.

Use a variety of funding options, such as the City of Madison's Housing Trust Fund and 10% TIF Set-aside monies to subsidize the cost of creating new affordable rental units for previously homeless households. Build on opportunities to create housing for low-income households through the efforts made possible by the City's Inclusionary Zoning ordinance.

While the affordable units that are created by the current initiatives do not specifically target housing to previously homeless households, a portion of the rental units created could be targeted for that population. The HSC will want to monitor the process and advocate for targeted units as appropriate.

Encourage creativity in finding solutions to housing for homeless households. Encourage policy makers to review local regulations regarding the creation of modular homes and other alternative building models as options for creating affordable housing.

This will be an on-going process of improving current efforts and searching for new solutions.

**COMMUNITY PLAN
TO PREVENT AND END HOMELESSNESS
IN DANE COUNTY, WISCONSIN
2006
Summary of Recommendations**

Homelessness in Dane County is not acceptable. This Plan's goals, objectives and strategies create a road map to prevent and end homelessness in Dane County. We believe that our success at ending homelessness is dependent upon achieving these goals and other goals identified in the future. This Plan is meant to be used as a tool to advocate for change and to increase resources.

What follows is a summary of the recommendations that appeared as part of the previous narrative section. We, the Homeless Services Consortium:

- Endorse the creation and use of this important planning document.
- Believe that this plan is useful to help educate our community about complex issues and provide a common base of information for planning purposes.
- Believe that the vision and guiding principles are consistent with those of our individual organizations.
- Encourage increased collaboration among funding entities and providers.
- Believe that measurable outcomes are important to assure that the strategies we support move our community toward success in addressing critical needs of housing and services.
- Endorse this plan as a means to prevent and end homelessness while not committing specific resources except those already identified or others consistent with our funding priorities.
- View this plan as a dynamic document that changes as circumstances in our community change.



**Prepared by:
Dane County Homeless Services Consortium**

Goal and Objective Statements

- **Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing.**
 - Increase the availability of effective case management services.
 - Increase financial resources to households so that they are able to afford the cost of housing.
 - Advocate for resources to help households maintain housing such as employment services, medical and dental services, AODA prevention and services, mental health services, child care, transportation, and education.
 - Provide education to help households better manage their resources.
 - Build on efforts to improve relationships between those who need housing (tenants) and those who have housing (landlords).
 - Protect the legal rights of tenants to ensure that all are treated without discrimination and within the boundaries of the law.
 - Assure households' access to appropriate services by improving the process used by HSC agencies to direct and refer (No "wrong door").

- **Help homeless households by providing a short-term safety net with continuous support services with the goal of moving to stable housing as quickly as possible.**
 - Develop a local "Housing First" model to serve the needs of homeless families, single adults and unaccompanied youth.
 - Provide safe shelter beds for homeless families with children and single adults, including those with mental illness, AODA concerns and medical needs, until such time that other more appropriate housing alternatives are available.
 - Provide housing alternatives for unaccompanied homeless youth.
 - Ensure safe housing alternatives with on-going supportive services for victims of domestic violence.
 - Provide and expand on ready-access for homeless households to store personal belongings and to access transportation services, voice mail, showers and meals during the daytime hours.
 - Provide effective street-level outreach services to increase the access to housing and services by chronically homeless individuals.
 - Respond to urgent short-term needs of homeless persons by the flexible use of community resources.

- **Provide an adequate inventory of affordable housing units for low-income households, whether by creating new units or making existing units affordable.**
 - Provide a variety of housing units that are affordable for low-income single adults and families with children, and for those with special needs such as mental illness or physical disability.
 - Support housing subsidies that will increase the number of private market housing units affordable to low-income households.
 - Explore the feasibility of other housing models in the effort to find affordable housing for low-income households. Encourage small-scale innovative approaches to preventing and ending homelessness.

COMMUNITY PLAN TO PREVENT AND END HOMELESSNESS IN DANE COUNTY, WISCONSIN

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing.</p>	<p>Increase the availability of effective case management services.¹⁷</p>	<p>Increase the number of case management staff available to provide support services.</p> <p>Improve the effectiveness of case management services through the availability of training and education and the commitment to purchase such training and education.</p> <p>Develop internal organizational policies to determine best practices, including the optimal frequency of case manager/client contact and the optimal length of the case manager/client relationship.</p>	<p>By 1/2008, the number of homeless families receiving case management services will increase by 30 families over 2005 levels.</p> <p>By 1/2009, the number of homeless families receiving case management services will increase by 40 families over 2005 levels.</p> <p>By 2010, the number of homeless families receiving case management services will increase by 50 families over 2005 levels.</p> <p>Continue annual increases to accommodate the need. Source: United Way Housing in Action Leadership Team (HALT)</p> <p>By 2011, 80% of households receiving case management through Homeless Services Consortium (HSC) agencies will maintain stable housing at the 6-month mark and 75% will maintain stable housing at the 12-month mark. Source: City of Madison Community Development Office</p>	<p>Homeless Services Consortium (HSC) agencies, United Way of Dane County</p>

¹⁷ Further discussion in Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing. (continued)</p>	<p>Increase financial resources to households so that they are able to afford the cost of housing.¹⁸</p>	<p>Shorten the length of time between the application and approval of SSI/SSDI benefits by advocating for institutional change and improving agencies' knowledge of the application process.</p> <p>Increase the number of households approved for SSI/SSDI benefits.¹⁹</p> <p>Increase the number of eligible incarcerated individuals who are approved for SSI/SSDI benefits prior to release.²⁰</p>	<p>10% annual increase in the number of households who receive SSI/SSDI benefits. Source: Social Security Administration, Supplemental Security Record</p>	<p>Legal Action of WI, Porchlight HSC agencies, Social Security Administration</p>
		<p>Increase funding for the Interim Assistance Program that provides resources for households waiting for SSI/SSDI approval.²¹</p>	<p>By 2011, increase in number of individuals receiving Interim Assistance Source: Dane County Human Services</p>	<p>Federal, state and local government HSC agencies, funders, and advocates</p>
		<p>Increase financial resources to households through entitlement programs such as Medicaid, Food Share, Badger Care, etc. by increased screening for eligibility by HSC agencies.²²</p>	<p>10% annual increase in the number of households who receive entitlement programs through Dane County Human Services. Source: Dane County Human Services</p>	<p>Federal, state and local government HSC agencies</p>

¹⁸ Further discussion in Support Services section narrative.

¹⁹ Further discussion in Outreach section and Support Services section narratives.

²⁰ Further discussion in Support Services section narrative.

²¹ Further discussion in Outreach section and Support Services section narratives.

²² Further discussion in Support Services section narrative

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing. (continued)</p>	<p>Increase financial resources to households so that they are able to afford the cost of housing.²³ (continued)</p>	<p>Maximize the available financial resources for housing by extending the capacity and access to safety net supports such as food and clothing.²⁴</p>	<p>Increased use of available free foods (TEFAP); access to food pantries as often as needed and food pantry shift to customer-selected food. Availability of appropriate work-related clothing through HSC agencies. Source: HSC agencies</p>	<p>United Way Hunger Prevention Council, Dane County Food Pantry Network, HSC agencies</p>
	<p>Advocate for resources to help households maintain housing such as employment services, medical and dental services, AODA prevention and services, mental health services, childcare, transportation, and education. The HSC will prioritize the efforts and identify advocacy roles and activities to increase resources.</p>	<p>Decrease the mismatch between the current skill level of the low-income workforce and the employment opportunities available.²⁵</p> <p>Encourage efforts to increase the wage of the bottom 20% of Dane County workers.</p>	<p>Annual increase (over the 2006 level) in the number of persons receiving transferable and marketable job skills training provided by programs operated by HSC agencies. Source: HSC agencies</p> <p>Increase wages of the bottom 20% of Dane County workers over 2006 level. Source: DWD</p>	<p>HSC agencies and funders</p> <p>Federal, state and local government Private sector</p>
	<p><i>Employment</i></p>	<p>Improve connections between those persons seeking employment and employers. Ensure a level of comprehensive supportive services and mentors for potential employees to improve chances of success in obtaining and maintaining employment.²⁶</p>	<p>A pilot program will be initiated that will recruit employers and potential employees from HSC agencies to match those in need of employment with available jobs. Source: HSC agencies</p>	<p>Local business community HSC agencies</p>

²³ Further discussion in Support Services section narrative.

²⁴ Further discussion in Support Services section narrative.

²⁵ Further discussion in Support Services section narrative.

²⁶ Further discussion in Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing. (continued)	<i>Medical and dental health</i>	Support increased access to medical and dental health services for low-income households. ²⁷	Annual decrease (from the 2006 level) in the number of unnecessary emergency room visits by low-income, uninsured households. Source: HAP data	Dane County Health Council Access Pilot United Way Healthy for Life Team
	<i>Mental health</i>	Increase the availability of psychiatric diagnosis and treatment for persons with mental illnesses. ²⁸	Annual increase (over the 2006 level) of dedicated hours of psychiatric diagnosis and treatment provided to homeless persons by community mental health professionals. Source: HSC agencies	Federal, state and local government HSC agencies Medical community
		Increase the on-going support services available to people with mental illnesses. ²⁹	Annual increase (over the 2006 level) of new Community Support Program (CSP) slots providing on-going services to clients in their homes. Source: WI DHFS	Federal, state and local government Mental Health Center of Dane County HSC agencies
		Ensure the safety of persons struggling with mental illness by providing shelter, transitional and long term housing options for those in all stages of their recovery.	The number of new supportive living units serving persons with persistent mental illness who require a higher level of support to maintain stable housing will increase annually (over the 2006 level). Source: City of Madison Community Development Office The number of supportive living arrangements for persons with persistent mental illness in any stage of recovery will increase annually over the 2006 level. Source: HSC Agencies	Federal, state and local government HSC agencies

²⁷ Further discussion in Support Services section narrative.

²⁸ Further discussion in Outreach section and Support Services section narratives.

²⁹ Further discussion in Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing. (continued)</p>	<p><i>Mental health (continued)</i></p>	<p>Track and report on the relationship that mental illness has on the local homeless population.³⁰</p>	<p>Improved quality of the data collected on households with mental illness issues reported in the <i>Annual Report on Homeless Served in Dane County</i> to better implement strategies to address the issues. Source: HSC agencies, City of Madison Community Development Office</p>	<p>HSC agencies City of Madison Community Development Office</p>
	<p><i>Alcohol and Other Drug Issues</i></p>	<p>Increase the availability of outpatient alcohol and other drug abuse (AODA) treatment services.³¹</p>	<p>By 2011, the number of outpatient treatment slots will increase (over the 2006 level), with comparable increases in each five-year period after. Source: HSC Agencies</p>	<p>Federal, state, and local government Private foundations / funders HSC agencies</p>
		<p>Increase the availability of residential AODA treatment beds for both men and women that provide the range of assistance from acute treatment to long-term supportive living.³²</p> <p>Increase the availability of residential treatment beds for both men and women with co-occurring substance abuse and mental health needs.³³</p>	<p>By 2011, the number of residential treatment beds for single men, single women and women with children will increase (over 2006 level), with comparable increases in each five year period after. Source: HSC Agencies</p>	<p>Federal, state, and local government Private foundations / funders ARC Community Services Hope Haven/REBOS United HSC agencies</p>
		<p>Ensure the safety of persons struggling with AODA by providing shelter, transitional and long term housing options for those in all stages of their recovery.</p>	<p>The number of supportive living arrangements for persons in any stage of their recovery will increase annually over the 2006 level. Source: HSC Agencies</p>	

³⁰ Further discussion in Support Services section narrative.

³¹ Further discussion in Outreach section and Support Services section narratives.

³² Further discussion in Outreach section and Support Services section narratives

³³ Further discussion in Outreach section and Support Services section narratives.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing. (continued)</p>	<p><i>Alcohol and Other Drug Issues (continued)</i></p>	<p>Increase supported housing programs where women and their children can live together while the woman is undergoing AODA treatment.³⁴</p>		
		<p>Increase AODA treatment services to those in jail, and increase community aftercare for those being released from jail.³⁵</p>	<p>Increased budget for providing AODA treatment for those in jail. Source: Dane County</p>	<p>Federal, State and local government HSC agencies</p>
		<p>Support the development of consumer operated sober homes for individuals in recovery.³⁶</p>	<p>The number of sober living options available to those with AODA issues will increase (over 2006 level). Source: HSC agencies</p>	<p>Private foundations / funders Faith communities Consumers HSC advocates</p>
		<p>Track and report on the relationship that alcohol and other drug abuse has on the local homeless population³⁷</p>	<p>Improved quality of data collected on households with AODA issues reported in the <i>Annual Report on Homeless Served in Dane County</i> to better implement strategies to address the issues. Source: HSC agencies, City of Madison Community Development Office</p>	<p>HSC agencies City of Madison Community Development Office</p>

³⁴ Further discussion in Support Services section narrative.

³⁵ Further discussion in Support Services section narrative.

³⁶ Further discussion in Support Services section narrative.

³⁷ Further discussion in Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing. (continued)	<i>Child care</i>	Support the increase in the availability and affordability of quality child care to low-income households. ³⁸	<p>Increased number (over 2006 level) of child care slots in general and specifically for children under the age of 2 years old.</p> <p>Create new (over 2006 level) child care slots available for children with temporary medical needs.</p> <p>Increased number (over 2006 level) of child care slots that accommodate worker schedules on nights and weekends.</p> <p>Lowest income families will have co-pays lower than 2006 levels, or no co-pays at all. Source: Dane County Human Services, City of Madison OCS Office, Community Coordinated Child Care, Inc. (4C's)</p>	Federal, state and local government Private foundations / funders HSC agencies and advocates Community Coordinated Child Care Private sector
	<i>Transportation</i>	Support the access to a variety of transportation options available to low-income households enabling them to access jobs and childcare. ³⁹	By 1/2009, the number of households served by HSC agencies who have transportation as a barrier to obtaining and maintaining stable housing will decrease. Source: WI Service Point (WISP)	Federal, state and local government Private foundations / funders HSC agencies Private sector
	<i>Basic Education</i>	Increase the emphasis by HSC agencies on basic education opportunities, including GED and HSED. ⁴⁰	Increased number (over 2006 level) of Dane County residents with high school diplomas or equivalency. Source: U.S. Census Bureau	Federal, state and local government Private foundations / funders DPI/ MMSD/ other county public school districts HSC agencies

³⁸ Further discussion in Support Services section narrative.

³⁹ Further discussion in Support Services section narrative.

⁴⁰ Further discussion in Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing. (continued)</p>	<p><i>Re-integrating Offenders</i></p>	<p>Support those persons released from prison who are re-entering the community and need assistance navigating the often inaccessible housing, jobs, benefits and services systems.⁴¹</p>	<p>Integration initiatives will link former prisoners with housing, jobs, benefits and services needed to successfully re-enter the community. New partnerships with HSC agencies and the Department of Corrections to minimize barriers to finding appropriate housing in Dane County. Source: HSC</p>	<p>Federal, state and local governments WI Department of Corrections Legal Aid of WI Madison Jobs and Housing Partnership Madison-area Urban Ministry United Way Safe Communities, Strong Neighborhoods Team Private Sector</p>
	<p>Provide education to help households better manage their resources.⁴²</p>	<p>Improve access to financial education and counseling services through new and existing programs.</p>	<p>By 1/2006, the Financial Education Center (FEC) will open and by 1/2007 be fully functioning as a drop-in style facility providing one-on-one assistance, information and referrals, and access to classes on financial literacy. Annually 75 households accessing services from FEC will obtain housing. Source: Financial Education Center (FEC)</p>	<p>United Way of Dane County HSC agencies Property owners/landlords Private sector</p>
			<p>The number of households who complete financial literacy and tenant education classes offered by HSC agencies will increase annually (over 2006 level). Source: HSC agencies</p>	<p>YWCA Community Action Coalition for South Central WI. United Way of Dane County Private foundations / funders HSC agencies Private sector</p>

⁴¹ Further discussion in Support Services section narrative.

⁴² Further discussion in the Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing. (continued)	Provide education to help households better manage their resources. ⁴³ (continued)	Create a format, acceptable to landlords, for a "housing resume" so that households will have personal housing histories and reference information needed to successfully access housing.	20% annual increase (over 2006 level) of potential renters who have a completed "housing resume". Source: FEC	United Way of Dane County HSC agencies Property owners/landlords Private sector
		Increase training of financial literacy skills in public schools.	Increased number of youth who participate in financial literacy and tenant education programs offered by HSC agencies to prevent barriers to housing. Source: HSC agencies	YWCA HSC agencies Private sector
	Build on efforts to improve relationships between those who need housing (tenants) and those who have housing (landlords). ⁴⁴	Decrease the number of evictions by providing access to landlord/tenant mediation, financial assistance to pay a portion of back rent and protective payee services when appropriate.	Annually decrease the number of Dane County evictions filed from 2006 levels. Source: Dane County Small Claims Court	Tenant Resource Center CACSCW Porchlight HSC agencies Dane County Human Services Property owners/landlords
		Market to landlords the benefits of the Financial Education Center, Second Chance Tenant Education Program and CACSCW Financial Literacy Program in order to encourage early tenant referrals. Encourage landlords to provide incentives to appropriate tenants to participate in FEC programs.	The number of units operated by landlords who commit to renting to prospective tenants primarily because of the tenants' participation in FEC and other related programs such as the Second Chance Tenant Education Program will increase (over 2006 level). Source: FEC, YWCA	United Way of Dane County Housing in Action Leadership Team YWCA CACSCW HSC agencies Tenants Private sector

⁴³ Further discussion in the Support Services Section narrative.

⁴⁴ Further discussion in the Support Services Section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing. (continued)	Protect the legal rights of tenants to ensure that all are treated without discrimination and within the boundaries of the law. ⁴⁵	Increase legal advocacy services to tenants so that homelessness is prevented via legal representation when appropriate.	Through increased funding or fund reallocation, annually increase the number of people who are able to avoid homelessness as a result of legal services (over 2006 level). Source: Legal Action of WI	Legal Action of WI HSC agencies, funders and advocates Tenants
	Assure households' access to appropriate services by improving the process used by HSC agencies to direct and refer (No "wrong door"). ⁴⁶	Encourage standardized assessment tool(s) by HSC agencies to provide better service delivery.	By 1/2007, HSC will have created a standardized client assessment tool and by 2011, 50% of the HSC agencies will use the assessment tool as appropriate for the services they provide. Source: HSC	HSC agencies
		Encourage coordination amongst funders of application and reporting standards for non-profit homeless services agencies.	Funders will have increased and/ or improved upon their coordinated efforts related to providing funds to non-profit agencies providing similar services. Source: HSC	Public and Private funders
		Improve the breadth and reliability of information collected by HSC agencies so that decisions, such as funding and program design, are based on solid data	Increase the number of data quality training opportunities for HSC agency staff. Continue the WISP User Group meetings no less than quarterly. Source: WISP Provider Group Administrator	WISP Provider Group Administrator HSC agencies

⁴⁵ Further discussion in the Support Services section narrative.

⁴⁶ Further discussion in the Intake and Assessment section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Help homeless households by providing a short-term safety net with continuous support services with the goal of moving to stable housing as quickly as possible.</p>	<p>Develop a local "Housing First" model to serve the needs of homeless families, single adults and unaccompanied youth⁴⁷</p>	<p>Place homeless individuals and families in permanent housing as quickly as possible, providing intensive home-based case management and stabilizing support services.</p> <p>Monitor the local "Housing First" programs, evaluate the successes and challenges, and make appropriate changes to the model. Explore the expansion of the local "Housing First" model to serve additional individuals and families with children.</p>	<p>By 1/2008, there will be a minimum of two "Housing First" programs serving 30 families with children and 6 single adults.</p> <p>Annually maintain a minimum of 30 family and 6 single adults "Housing First" slots.</p> <p>New "Housing First" slots added if determined to be appropriate in light of the need and the evaluation of the success(s) of current programs.</p> <p>Source: City of Madison Community Development Office, WISP</p>	<p>Federal, state and local government United Way of Dane County Housing in Action Leadership Team Porchlight The Salvation Army HSC agencies</p>
	<p>Provide safe shelter beds for homeless families with children and single adults, including those with mental illness, AODA concerns, and medical needs, until such time that other more appropriate housing alternatives are available.⁴⁸</p>	<p>The HSC will review the continuing need for shelter beds and explore other effective shelter alternatives based on solid data.</p>	<p>Annually the HSC will review available data on shelter use and the perceived unmet need and make recommendations to the appropriate organizations regarding future policy and funding decisions.</p> <p>Source: HSC agencies data, WISP</p>	<p>HSC shelter provider agencies, funders and advocates Private foundations/ funders</p>

⁴⁷ Further discussion in the Housing – Housing and Integrated Support Services section narrative.

⁴⁸ Further discussion in the Housing – Housing with Integrated Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Help homeless households by providing a short-term safety net with continuous support services with the goal of moving to stable housing as quickly as possible. (continued)</p>	<p>Provide housing alternatives for unaccompanied homeless youth.⁴⁹</p>	<p>Create a program for homeless youth under the age of 18 that will provide scattered site housing with supportive services and provide for housing opportunities once the youth turns legal age.</p>	<p>By 1/2008, there will be 6 beds for homeless youth, providing supportive services. Annually the HSC will review the available data on the perceived unmet need for housing opportunities for unaccompanied youth and make recommendations to the appropriate organizations regarding future policy and funding decisions. Source: HSC agencies data, WISP</p>	<p>Federal, state and local government Private foundations/ funders Youth Services of Southern Wisconsin (YSOSW)– Briarpatch HSC agencies Landlords/Private Sector</p>
	<p>Ensure safe housing alternatives with on-going supportive services for victims of domestic violence.⁵⁰</p>	<p>Support the efforts of HSC agencies in their activities to provide services and safe housing for victims of all types of domestic violence.</p> <p>Track and report on the relationship that domestic violence has on local homeless families, single adults and unaccompanied youth.</p>	<p>Safe environment for persons who have suffered from the effects of violence in their homes.</p> <p>Improved quality of the data collected on households with domestic violence issues reported in the <i>Annual Report on Homeless Served in Dane County</i> to better implement strategies to address the issues. Source: HSC agencies, City of Madison Community Development Office</p>	<p>Federal, state and local government Private foundations/ funders Domestic Abuse Intervention Services YSOSW-Briarpatch HSC agencies City of Madison Community Development Office Private Sector</p>

⁴⁹ Further discussion in Outreach section and Housing – Housing with Integrated Support Services section narratives.

⁵⁰ Further discussion in the Housing – Housing with Integrated Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Help homeless households by providing a short-term safety net with continuous support services with the goal of moving to stable housing as quickly as possible. (continued)</p>	<p>Support persons released from hospitals to help them access housing and other services.</p>	<p>Create new partnerships between the HSC agencies and funders and local hospitals and other medical facilities to determine a process to determine appropriate housing prior to discharge and explore the local need for a short-term housing option to serve persons who are released from hospitals who are physically unable to work or who are going through extensive out-patient treatment and who would otherwise be homeless.</p>	<p>Increased availability (over 2006) levels of safety net housing for individuals whose temporary medical conditions would otherwise result in their homelessness. Source: HSC agencies, City of Madison Community Development Office</p>	<p>Federal, state and local government Local hospitals and medical facilities HSC agencies and funders</p>
	<p>Provide and expand on ready- access for homeless households to store personal belongings and to access transportation services, voice mail, showers and meals during the daytime hours.⁵¹</p>	<p>Support the expansion of programs that supply personal storage space and daytime access to transportation, voice mail, showers and meals. Expand the locations where these services are available and explore the unmet need for additional services.</p>	<p>Increased consumer satisfaction with the storage and daytime services available to them in order to access employment and stable housing. Source: Customer Satisfaction Surveys, 2006 Needs Assessment Survey</p>	<p>Porchlight HSC agencies Private foundations/ funders Private Sector</p>

⁵¹ Further discussion in the Housing – Housing with Integrated Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
Help homeless households by providing a short-term safety net with continuous support services with the goal of moving to stable housing as quickly as possible. (continued)	Provide effective street-level outreach services to increase the access to housing and services by chronically homeless individuals. ⁵²	Provide year-round outreach services to better connect single adults living in uninhabitable places to needed services.	The number of staff hours devoted to providing outreach services to single homeless individuals will increase (over 2006 level). Annually 30 single adults will move from the streets to residential treatment or supportive housing. Source: HSC agencies data	Federal, state and local government Private Sector Tellurian UCAN Porchlight YSOSW-Briarpatch
	Provide effective outreach services to families with children who are living in unsafe, uninhabitable places to increase access to housing and services. ⁵³	Provide year-round outreach services to better connect families with children who are living in unsafe and uninhabitable places to needed services	The number of staff hours devoted to providing outreach services to families will increase (over 2006 level).	Federal, state and local government Private Sector HSC family shelter providers
	Provide effective outreach services to unaccompanied youth living in unsafe or in uninhabitable places to increase access to housing and services. ⁵⁴	Provide year-round outreach services to better connect unaccompanied youth living in unsafe places to needed services.	The number of staff hours devoted to providing outreach services to unaccompanied youth will increase (over 2006 level).	Federal, state and local government Private Sector YSOSW-Briarpatch
	Respond to urgent short-term needs of homeless persons by the flexible use of community resources. ⁵⁵	Continue to address short-term needs for shelter, for example the use of motel vouchers, seasonal family warming shelter, and other alternatives, in order to respond to the safety and medical needs of the homeless.	Annually the HSC will review available data on shelter use and the perceived unmet need and make recommendations to the appropriate organizations regarding future policy and funding decisions. Source: HSC agencies data, WISP	HSC shelter provider agencies, funders and advocates Private foundations/ funders

⁵² Further discussion in the Outreach section narrative.

^F Further discussion in the Outreach section narrative.

⁵⁴ Further discussion in the Outreach section narrative.

⁵⁵ Further discussion in the Housing – Housing with Integrated Support Services section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide an adequate inventory of affordable housing units for low-income households, whether by creating new units or making existing units affordable.</p>	<p>Provide a variety of housing units that are affordable for low-income single adults and families with children, and for those with special needs such as mental illness, AODA issues or physical disabilities.</p>	<p>Maintain the current number of federally subsidized rental units operated by non-profits and private developers once the required period of affordability is over.</p> <p>Annually monitor the number of units that were developed with federal subsidies to ensure that there remains an inventory of affordable housing.⁵⁶</p>	<p>By 2009, 2,007 federally subsidized rental units will be maintained as affordable housing for low-income households.</p> <p>Source: WI Housing and Economic Development Authority (WHEDA)</p>	<p>Federal, state and local government Dane County Housing Authority (DCHA) Community Development Authority (CDA) Housing in Action Leadership Team Greater Madison Chamber of Commerce Work Force Housing Fund Private Housing Developers</p>
		<p>Support HSC agencies and other non-profit housing developers who create affordable housing units, coupled with supportive services, for households with issues such as mental illness, AODA, and other physical and mental disabilities.⁵⁷</p>	<p>By 1/2009, 12 additional supportive housing units will be created (over 2006 level); the number will increase by 12 units in each three-year period that follows.</p> <p>Source: City of Madison Community Development Office, Dane County Community Development Office</p>	<p>Federal, state and local government WHEDA Private foundations/funders Goodwill Industries Housing Initiatives Porchlight Society for St. Vincent de Paul Tellurian HSC agencies</p>
	<p>Support housing subsidies that will increase the number of private market housing units affordable to low-income households⁵⁸</p>	<p>Encourage new applications to create federally subsidized units by private housing developers and non-profit agencies.</p>	<p>Bi-annually there will be at least 1 application for new federally subsidized affordable housing units.</p> <p>Source: WHEDA</p>	<p>Federal, state and local government CDA DCHA WHEDA/ private lenders Housing in Action Leadership Team Private sector</p>

⁵⁶ Further discussion in the Housing - Affordable Rental Housing in the Public/Private Market section narrative

⁵⁷ Further discussion in the Housing – Housing with Integrated Support Services section narrative.

⁵⁸ Further discussion in the Housing – Housing Affordable Rental Housing in the Public/Private Market section narrative

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide an adequate inventory of affordable housing units for low-income households, whether by creating new units or making existing units affordable. (continued)</p>	<p>Support housing subsidies that will increase the number of private market housing units affordable to low-income households (continued).</p>	<p>Advocate for the removal of regulatory barriers that make using federal programs difficult.</p> <p>Monitor the current process by collecting information about difficulties encountered by developers and advocate for changes in the process when needed.</p>	<p>The Housing in Action Leadership Team will monitor the process on an annual basis. Source: WHEDA, HUD</p>	<p>Housing in Action Leadership Team Private sector HSC agencies</p>
		<p>With private housing developers, market the opportunities available for creating affordable rental housing. Share information about best practices used in other successful developments.⁵⁹</p>	<p>Housing in Action Leadership Team will annually identify 1 new housing developer interested in creating affordable housing units. Source: City of Madison and Dane County Departments of Planning and Development</p>	<p>Housing in Action Leadership Team CDA DCHA Private Housing Developers</p>
		<p>Explore the use of innovative approaches such as the community land trust model to create affordable rental housing. Continue the dialogue with local housing developers familiar with the land trust model to explore the possibilities of using the model for rental units.</p>	<p>By 2011, it will be determined if the land trust model will effectively be an option for creating affordable rental housing Source: City of Madison and Dane County Departments of Planning and Development</p>	<p>City of Madison and CDA DCHA HSC agencies Private Housing Developers WHEDA/ private lenders</p>

⁵⁹ Further discussion in the Housing – Housing Affordable Rental Housing in the Public/Private Market section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide an adequate inventory of affordable housing units for low-income households, whether by creating new units or making existing units affordable. (continued)</p>	<p>Support housing subsidies that will increase the number of private market housing units affordable to low-income households (continued).</p>	<p>Increase the number of existing rental units that are affordable to low-income households by encouraging partnerships between non-profit agencies and private partners who subsidize the cost of rent.</p>	<p>5 new housing units per year will be created by HSC agencies to house homeless households that are financially supported by private community organizations, (for example, faith communities). Source: HSC</p>	<p>YWCA/IHN HSC agencies Faith communities Private sector</p>
		<p>Increase the number of existing rental units that are affordable to low-income households through the use of Housing Choice vouchers (Section 8), Shelter Plus Care, and locally designed rent subsidy programs by advocating for increases in federal and state funding.⁶⁰</p>	<p>Retain the number of Housing Choice vouchers distributed by the Community Development Authority and the Dane County Housing Authority. Through advocacy, increase the number of Housing Choice vouchers in future federal budgets. Source: CDA,DCHA</p>	<p>Federal government Community Development Authority (CDA) Dane County Housing Authority (DCHA)</p>
			<p>Annually the HSC will apply for funds that can be used to pay a portion of the household's rent for a specific period of time, thereby making the rental unit affordable. New sources of funding to increase the number of units will be explored. Source: HSC, City of Madison and Dane County Community Development Offices</p>	<p>Federal, state and local government City of Madison and Dane County Community Development Offices HSC agencies</p>

⁶⁰ Further discussion in the Support Services section and Housing – Affordable Rental Housing in the Public/Private Market section narratives.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide an adequate inventory of affordable housing units for low-income households, whether by creating new units or making existing units affordable. (continued)</p>	<p>Support housing subsidies that will increase the number of private market housing units affordable to low-income households (continued)</p>	<p>Increase the number of existing rental units that are affordable to low-income households through the use of Housing Choice vouchers (Section 8), Shelter Plus Care, and locally designed rent subsidy programs by advocating for increases in federal and state funding.⁶¹ (continued)</p>	<p>By 2010, increase the number of Shelter Plus Care slots available to Dane County disabled individuals over the 2005 level. Source: Housing Initiatives, COC</p>	<p>Federal, state and local government Housing Initiatives HSC agencies</p>
		<p>Support full funding of public housing units that, in addition to providing safe scattered-site housing, provide housing counseling and support services to low-income Dane County households.⁶²</p>	<p>By 2011, an increase over the 2006 level of public housing units in Dane County available to low-income households. Source: CDA, DCHA</p>	<p>Federal, state and local government Community Development Authority Dane County Housing Authority</p>
			<p>By 2011, an increase in the number of staff (over 2006 level) dedicated to providing housing counseling to public housing tenants, assisting tenants in maintaining stable housing. Source: CDA, DCHA</p>	<p>Federal, state and local government Community Development Authority Dane County Housing Authority</p>

⁶¹ Further discussion in the Support Services section and Housing – Affordable Rental Housing in the Public/Private Market section narratives.

⁶² Further discussion in the Housing – Affordable Rental Housing in the Public/ Private Market section narrative.

GOALS	OBJECTIVES	STRATEGIES	RESULTS	RESPONSIBILITY
<p>Provide an adequate inventory of affordable housing units for low-income households, whether by creating new units or making existing units affordable. (continued)</p>	<p>Support housing subsidies that will increase the number of private market housing units affordable to low-income households (continued)</p>	<p>Use a variety of funding options, such as the City's Housing Trust Fund and 10% TIF Set-aside monies, to subsidize the cost of creating new affordable rental housing units for previously homeless households. Build on opportunities to create housing for low-income households through the efforts made possible by the City's Inclusionary Zoning ordinance.⁶³</p>	<p>By 2016, 40 units of rental housing affordable to very low income households will be created over the 2006 level as a result of Housing Trust Fund and TIF 10% Set-aside monies in the project. Source: City of Madison Community Development Office</p>	<p>City of Madison Department of Planning and Development WHEDA / private lenders Private Housing Developers</p>
	<p>Explore the feasibility of other housing models in the effort to find affordable housing for low-income households. Encourage small-scale innovative approaches to preventing homelessness.</p>	<p>Encourage policy makers to review local regulations regarding the creation of modular homes and other alternative building models as options for creating affordable housing.⁶⁴</p>	<p>On-going efforts to research options and advocate for models that best fulfill the needs of low-income households in Dane County. Source: City of Madison Community Development Office, Dane County Department of Planning and Development</p>	<p>City of Madison and Dane County Departments of Planning and Development HSC agencies and funders Housing in Action Leadership Team</p>
		<p>Encourage HSC agencies, funders and advocates to explore cooperative housing, home share programs and other possible alternatives that would support appropriate housing for low-income households.⁶⁵</p>	<p>By 2011, gauge interest of HSC agencies and the households that they serve, identify successful models, and determine the feasibility of potential models for replication in Dane County. Source: HSC</p>	<p>City of Madison and Dane County Community Development Offices Dane County Department of Planning and Development Private sector HSC agencies</p>

⁶³ Further discussion in the Housing – Affordable Rental Housing in the Public/Private Market section narrative.

⁶⁴ Further discussion in the Housing – Affordable Rental Housing in the Public/Private Market section narrative.

⁶⁵ Further discussion in the Housing – Housing with Support Services section narrative.

APPENDIX A

Letters of Support for the Community Plan to Prevent and End Homelessness

APPENDIX B

Serving the Chronically Homeless

Definition of Chronically Homeless

According to the United States Interagency Council on Homelessness, the definition for chronically homeless is an unaccompanied individual who is disabled and who has been homeless continually for a period of one year, or has had four homeless episodes over a period of three years.

The United States Interagency Council on Homelessness (USICH) was created in 1987 as part of the Stewart B. McKinney Homeless Assistance Act. Cabinet-level staff from the following federal agencies comprise the USICH: Housing and Urban Development, Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Homeland Security, Interior, Justice, Labor, Transportation, Veterans Affairs. Others on the USICH include the CEO of the Corporation for National and Community Services and the Directors of the General Services Administration, Office of Management and Budget and the U.S. Postal Services. With a recommendation from the USICH, President George Bush made one of his administration's goals to end chronic homelessness in ten years. Department of Housing and Urban Development has been encouraging local Continuums of Care, such as the Dane County Homeless Services Consortium, to create a 10 year plan to end chronic homelessness locally.

Locally there were approximately 190 homeless individuals who met the USICH definition for chronically homeless. This number was determined as part of a point-in-time survey completed by the HSC agencies during the last week of January 2005. It is, however, difficult to determine exactly how many of these individuals would fall strictly within the USICH definition. Local provider agencies are provided the definition when indicating the number of individuals who would qualify as chronic, but there is no data system currently used that could confirm the reliability of this number. Locally we acknowledge that there are individuals and families with children who are considered to be chronically homeless but who do not specifically meet the USICH definition. For the purpose of this report, the term "chronic" is meant to be consistent with the USICH definition. However, the number of chronically homeless individuals locally was approximately 7% of the total homeless population in 2004. The Homeless Services Consortium decided that the effort to prepare a 10 year plan to end chronic homelessness would be better spent creating a local plan to both prevent and end homelessness for single adults, families with children and unaccompanied youth. This plan is not limited by a specific time frame. It is intended to be a guide for the future, a living document that will continually be re-examined and re-assessed as external factors and local actions influence the homeless and at-risk of homelessness population. We felt that while we believe it possible to end homelessness, we were not confident that this could be done within ten years without significant changes in federal, state and local priorities.

Many of the goals, objectives, strategies and results in the Community Plan to Prevent and End Homelessness will effect the chronically homeless population. The achievement of the results in this Plan are intended to impact all subpopulations of homeless in Dane County, including those who meet the definition of chronically homeless.

Community Plan Strategies That Benefit Those Who Fit the Definition of Chronically Homeless

The following is a summary of objectives and strategies that benefit the local chronically homeless population, as well as other homeless families with children, single individuals, and unaccompanied youth:

Increase financial resources to households so that they are able to afford the cost of housing.

- Shorten the length of time between the application and approval of SSI/SSDI benefits by advocating for institutional change and improving agencies' knowledge of the application process.

- Increase the number of households approved for SSI/SSDI benefits.
- Increase funding for the Interim Assistance Program that provides resources for households waiting for SSI/SSDI approval.
- Increase financial resources to households through entitlement programs such as Medicaid, Food Share, Badger Care, etc. by increased screening for eligibility by HSC agencies.

Advocate for resources to help households maintain housing.

- Increase the availability of psychiatric diagnosis and treatment for person with mental illness.
- Increase the on-going support services available to people with mental illness. Increase the number of new supportive living units serving persons with persistent mental illness who require a higher level of support to maintain stable housing.
- Increase the availability of residential AODA treatment beds that provide the range of assistance from acute treatment to long-term supportive living.
- Increase the availability of residential treatment beds for those with co-occurring substance abuse and mental health needs.

Develop a local "Housing First" model to serve the needs of homeless single adults.

- Place homeless individuals in permanent housing as quickly as possible, providing intensive home-based case management and stabilizing support services.

Provide effective street-level outreach services to increase the access to housing and services by chronically homeless individuals.

- Provide year-round outreach services to better connect single adults living in uninhabitable places to needed services.

Support housing subsidies that will increase the number of private market housing units affordable to low-income households.

- Increase the number of existing rental units that are affordable to low-income households through the use of Shelter Plus Care and locally designed rent subsidy programs by advocating for increases in federal and state funding.
- Support full funding of public housing units that, in addition to providing safe scattered-site housing, provide housing counseling and support services to low-income Dane County households.

Anticipated Results That Will Benefit Chronically Homeless Individuals

With the implementation of the Plan's objectives and strategies, we anticipate the following results by 2016:

- A 10% annual increase over the 2006 level in the number of individuals who receive SSI/SSDI benefits.
- An increase in individuals receiving Interim Assistance over the 2006 level.
- A 10% annual increase over the 2006 level in the number of households who receive entitlement programs through DCHS.
- An increase of dedicated hours of psychiatric diagnosis and treatment provided by community mental health professionals over 2006 levels.
- An increase over 2006 levels in new supportive living units serving persons with persistent mental illness who require a higher level of support to maintain stable housing.

- By 2011 an increase in the number of residential treatment beds over the 2006 level with comparable increases in each five-year period thereafter.
- Creation of a local "Housing First" program that will serve a minimum of 6 single adults annually.
- An increase in the number of staff hours devoted to providing outreach services to single homeless individuals; annually 30 single adults will move from the streets to residential treatment or supportive housing.
- An additional 36 units of supportive housing units will be created for households with mental illness, AODA issues and other physical and mental disabilities.
- Additional Shelter Plus Care slots will be available locally for single individuals with a disability such as mental illness. Additional funds will be obtained to pay for additional rent subsidies to make housing affordable
- An increase in the number of public housing units over 2006 levels will be available to single individuals with disabilities such as mental illness.

APPENDIX C

List of Homeless Services Consortium Agencies/Funders Serving Homeless and Those At Risk of Homelessness

AIDS Resource Center of Wisconsin (ARCW)..... Doug Nelson, President & CEO, 1-800-359-9272

AIDS Resource Center provides leadership in serving persons who are HIV and AIDS with medical, social service, and educational efforts. For persons/families with HIV/AIDS who are homeless, ARCW provides assistance in: locating emergency housing, short-term financial assistance to help pay housing costs, placement in long-term financial assistance programs, and referrals to additional health and social services. ARCW tailors its housing program to help people with HIV who also have chronic mental illness or substance abuse issues. Individuals receive counseling, support services and rent assistance to reduce or eliminate behaviors that may prevent them from maintaining secure housing. ARCW owns and operates housing facilities in Milwaukee that include a 29-bed SRO building and a 6- unit three-bedroom apartment building for families.

ARC Community Services, Inc.....Norman Briggs, Director AODA Services, 278-2300

ARC Community Services, Inc. is a private, not-for-profit agency providing responsive, strengths-based, family-focused, community-based, wrap-around services to low-income women and their families. ARC's mission is to: provide the services necessary to foster healthy family functioning; reduce out-of-home placements of young children; assist in stopping the cycle of family violence, abuse and neglect; enhance the mother/child bond; and provide services to enable women to develop safe, economically viable and constructive lifestyles. Since 1976, ARC has specialized in the development and implementation of programming based on current research and best practices in response to the special needs of women at risk for criminal activity and/or substance abuse in residential, day treatment and outpatient programs in Madison and Fond du Lac. ARC currently operates: 1) four half-way houses (ARC House, ARC-Dayton and ARC Maternal & Infant Program in Madison and ARC Fond du Lac) funded by the Wisconsin Department of Corrections; 2) three diversion programs in Madison (TAP Case Management, ARC Drug Court and RESPECT Project on Prostitution); 3) four substance abuse treatment programs (Center for Women and Children, Healthy Beginnings, Integrated AODA and Work Services Project in Madison and ARC Services for Women and Their Children in Fond du Lac; and 4) ARC Smart Start which is a fetal alcohol spectrum disorder prevention and early intervention project in Dane County. All services are provided free of charge.

Catholic Charities Brian Cain, Executive Director, 821-3100

Catholic Charities operates a number of programs that provide the full spectrum of services to individuals and families. Catholic Charities operates four facilities that provide services for homeless individuals who are chemically addicted. North Bay Lodge, Hope Haven and Colvin Manor and REBOS Chris Farley House provide sober housing for single men and women. Hope Haven/REBOS United contracts with Dane County to provide AODA treatment to participants in a jail diversion program.

City of Madison Community Development Office.....Hickory Hurie, Supervisor, 267-0740

The CD Office/ CDBG Commission is charged with distributing federal, state and local funds so as to achieve the following goals: maintain and expand the supply of safe, affordable housing throughout the community; help businesses grow in ways that create employment opportunities for lower income persons; expand opportunities for low- and moderate-income persons to access self-help and recreational activities in friendly, safe, accessible and well-maintained civic spaces; and promote comprehensive, sustainable revitalization efforts within selected neighborhoods of the city where a majority to residents are low and moderate income.

City of Madison Housing Operations.....Augustine Olvera, Unit Director, 266-4675

The Housing Operations Unit of the City's Department of Planning and Development provides the core services necessary to operate important, federally funded, low-income housing programs and related services for the Community Development Authority (CDA). These services include low-cost public housing in 40 locations throughout the City of Madison with 327 units for families and 530 units for households with people over the age of 50 or people with disabilities; and 1,598 housing vouchers worth approximately \$6 million dollars used to pay a portion of rent for eligible low-income persons renting property from private landlords.

Community Action Coalition for South Central WI.....Greta Hansen, Executive Director, 246-4730 ext 217

Founded in 1966, CAC has created and operated a wide variety of programs aligned with their mission of developing the economic and social capacities of individuals, families and communities to reduce poverty in Dane, Jefferson and Waukesha Counties. CAC engages all parts of the community in the struggle to eliminate poverty, and encompasses eight divisions. The Family Support Division assists individuals, families and persons affected by HIV/AIDS prevent homelessness among people experiencing poverty. The division helps households find affordable housing or stabilize existing housing through case management, mediation, and information and referral. Caseworkers are located at CAC's Madison office and at select neighborhood JFF Offices. The Financial Services Division helps households experiencing poverty develop long-term financial security through financial literacy courses, Individual Development Accounts (IDAs), financial assistance to qualifying households experiencing emergency housing needs, and telephone and bill-paying assistance programs. Financial assistance programs include first month's rent, eviction prevention and rent subsidy. Housing Services Specialists provide housing and

budget counseling to households in need. The Food Resources Division works toward hunger prevention and increases food access and food security among people experiencing poverty by mobilizing and distributing food resources. The Food Resources Division distributes USDA commodities and other food to food pantries, meal sites and other distribution sites. In addition, the division coordinates food drives, supports the Dane County Food Pantry Network, and operates Food Fair (a food-buying club) and Wisconsin Harvest (a volunteer-run food recovery program). The Business Development Division promotes entrepreneurship and job opportunities for people experiencing poverty by equipping them to own and operate their own business. This division provides participants with one-on-one training to successfully complete a business plan, obtain start-up capital and operate their own profitable business. The Community Gardens Division promotes self-reliance for food security and fosters community building and management development by organizing communities experiencing poverty to collectively build, maintain and sustain the management of a community garden. This division provides technical assistance, leadership training and workshops at 14 Madison-area community gardens. The Citizen Advocacy Division initiates and supports freely given advocacy relationships between members of the community and people with developmental disabilities. The division initiates, supports and strengthens long-term relationships between advocates and partners. The Volunteer Services Division mobilizes volunteer and in-kind resources to assist CAC in obtaining its mission. The Volunteer Services Division includes AmeriCorps VISTA community organizers who help residents experiencing poverty learn leadership skills and improve their neighborhoods; community members who volunteer vital assistance; and a Clothing Center that ensures that people experiencing poverty have access to free, seasonally appropriate clothing and helps them stretch their budget.

Dane County Community Development Office.....Steve Steinhoff, Community Development Coordinator, 261-9781

The Dane County Community Development Office is responsible for the administration of all CDBG, HOME and ADDI funds in 55 communities throughout Dane County, excluding the City of Madison. The office provides funding for projects committed to developing affordable housing, projects committed to ending homelessness, projects that provide economic development opportunities and all other projects that provide assistance to low-income person in Dane County

Dane County Housing Authority..... Carolyn Parham, Executive Director, 224-3636

Dane County Housing Authority works to further affordable housing for low-income families through the administration of rental and home ownership programs. Operated by the DCHA, the Dane County Section 8 housing vouchers serve 1,057 families, the Middleton Section 8 housing vouchers serve 103 families, 86 families receive housing in units located in Sun Prairie, Stoughton, Mazomanie and Monona and 16 elderly and disabled families are housed in Cross Plains. The Housing Resource Center provides first-time homebuyer's education classes, one-on-one financial and ownership counseling, materials on the home-buying process, budgeting and credit information.

Dane County Human Services Lynn Green, Director, 242-7400

The Dane County Department of Human Services provides a comprehensive array of services and programs to over 30,000 customers in Dane County each year. Homeless families and individuals in the county are served primarily by two of the divisions. The Economic Assistance and Work Services Division helps people meet their basic needs, including shelter, food and medical care. The Division also promotes self-sufficiency through an array of employment services. The Adult Community Services Division funds and provides care and support for people who have a severe and persistent mental illness. A variety of services are provided by county staff and contracted agencies including, but not limited to, case management, community support programs, residential care, vocational services, and transportation.

Dane County Parent Council.....Maria Huemoeller, Executive Director, 275-6740

The Dane County Parent Council is a community-based private non-profit agency that sponsors a variety of child development and family support programs include Early Head Start, Head Start, and Hope House. Hope House provides housing for up to 90 days for three Early Head Start families at a time. Hope House provides families with case management support, including assistance with employment, education, parenting skills and child care as needed. Families receive staff support in obtaining needed services and help in finding permanent housing. Hope House staff continues to provide case management for a year after leaving for permanent housing to increase the chances that the family will remain stable.

Dane County Veterans Services OfficeMichel Jackson, Veterans Service Officer, 266-4158

The Dane County Veterans Services Offices helps veterans and their families obtain local, state and federal benefits. The Office helps veterans discover the benefits to which they are entitled and assists them with the application process. The Dane County Veterans Service Office is committed to advocate for veterans, provide quality services and programs for them and their families.

Goodwill Industries of South Central WI, Inc.....Barbara Leslie, President & CEO, 246-3140

Goodwill Industries' mission is to assist individuals with disabilities and other special needs to live in, work in and be part of the community. In doing so, Goodwill provides both vocational and residential services. The vocational program supports individuals to become independent tax-paying members of the community. Goodwill owns and/or manages 11 different residential buildings that offer safe, supervised and affordable living with privacy and dignity for residents. Goodwill also operates retail and donation facilities within a 14-county territory. The retail/conation revenue generates funds which supports Goodwill's missions. Over \$.87 of every dollar earned goes into services for people with disabilities. The local Goodwill

operation is part of Goodwill Industries International which is a network of over 200 community-based, autonomous member organizations in 24 difference countries worldwide.

Domestic Abuse Intervention Services Laura Noel, Acting Executive Director, 251-1237

Domestic Abuse Intervention Services (DAIS) is a community-based, feminist organization committed to ending domestic abuse. DAIS operates a 25-bed shelter for battered women and their families. Individuals and families receive services such as: financial and case management, household budgeting, support groups, finding quality childcare, nutrition, job and housing search skills and other topics related to daily life. Services are not limited to those living in shelter. Individuals and families can also receive services while living outside of the shelter.

Hope Haven/Colvin Manor..... Kate Ihus, Program Director, 255-0359
See Catholic Charities

Housing Initiatives Inc..... Dean Loumos, Executive Director, 277-8330

Housing Initiatives (HII) provides permanent tenant-based rental subsidies for mentally ill and disabled, homeless individuals and families. Tenants receive supportive services from 3rd-party resources; in-place case management is required for admission to the program. Housing is scattered site and is owned as well as leased by HII.

Interfaith Hospitality Network Rachel Krinsky, Executive Director, 294-7998 ext 302

Interfaith Hospitality Network (IHN) serves homeless families with children through collaboration with local religious congregations. IHN provides family shelter including meals, transportation assistance, educational workshops and intensive case management. IHN helps families transition from homelessness to housing, assists families in furnishing their new homes and offers housing stabilization services including case management and mentoring. IHN facilitates a consumer advocacy group (Tenant Advocacy Group – TAG) for area residents who have experienced homelessness and provides transitional housing through the Second Chance Apartment Project in collaboration with the YWCA.

League of Women Voters of Dane County..... Carol Kiemel, President, 232-9447

The League is a volunteer organization of almost 300 members with one part-time staff person and an office at 2712 Marshall Court in Madison. The volunteer efforts of its members go toward promoting a responsive, inclusive democracy of well-informed, participating citizens. This is done through: monthly, public, educational meetings on local, state or national issues; advocating at the local level on proposals before city councils, school boards, and the county board; and a vigorous nonpartisan campaign at each election to inform voters on the issues and get out the vote efforts. Most of the work is done through the League’s Children and Family and the Environmental Issues Committees. In addition, Candidates’ Answers, which is published before each election in English and Spanish, is an important educational tool for many voters.

Legal Action of Wisconsin..... Kevin Magee, Managing Attorney, 256-3304

Legal Action helps low-income people achieve equal justice by providing creative, effective and high-quality civil legal services. Legal Action’s lawyers and paralegals help solve housing problems (public and private evictions and housing subsidy); public benefits problems (SSI and SSDI denials, W-2, food stamps and Medical Assistance); and family law, domestic violence and child abuse restraining orders, child custody when family violence is present. LA’s Migrant Project provides free assistance to migrant workers throughout the state primarily with employment and public benefit issues. Legal Action’s services are free to eligible clients

MMSD Transitional Education Program Sandra Rivera, 204-6826

The Madison Metropolitan School District (MMSD) Transitional Education Program (TEP) works out of Emerson, Marquette and Lapham Elementary Schools and Georgia O’Keefe Middle School on the near east side. TEP enrolls, transports, and maintains homeless children and youth in schools within the Madison Metropolitan School District (MMSD). Door to door transportation is provided for K-5 students, with middle and high school students being provided metro bus tickets by the respective school. Some advocacy services are available upon request. K-12 school supplies and a small (K-8) clothing closet are available for K-8 aged children.

Madison-area Urban Ministry Mary Kay Baum, Executive Director, 256-0906

MUM promotes interfaith cooperation and collaboration, convenes and links people of faith communities to engage in social action, advocates for low income people, and emphasizes change in systems. Current MUM programs include Allied Partners; Prisoner Re-Entry Project; Northside Communities of Faith; and Greater Isthmus Group.

Madison Warming Center Campaign.....Nathan Joseph Fuller 217-2103

The MWCC is a coalition of students, homeless people, and other concerned citizens whose aim is to fight the injustice of homelessness in Dane County. The MWCC seeks to build a local grassroots movement against homelessness through education, community action, and advocacy. Current activities include: publishing a bi-monthly street newspaper, the Homeless Cooperative; working on a needs-based assessment of the homeless population in Madison; engaging in productive dialogue with city and county officials; and working on other creative projects that put homelessness on the agenda in the community.

Middleton Outreach MinistryRev. Dietrich Gruen, Executive Director, 836-7338
Middleton Outreach Ministry (MOM) is a local, faith-based service center and consortium of churches on the West side of Dane County. People look to MOM for commodities they lack (food, clothing, household goods) and for emergency funds and rental assistance within the MOM service area (defined as from Midvale Blvd west to Cross Plains, and from the Beltline north to Waunakee).

North Bay Lodge..... Bob Murray, Program Director, 249-2600
See Catholic Charities

Porchlight, Inc..... Steve Schooler, Executive Director, 257-2534
Porchlight, Inc. provides not only shelter but helps people build stable, independent lives by acquiring job skills and finding permanent housing. Porchlight operates seven programs that provide emergency housing, job counseling and training, and low-cost housing and are available to families and individuals in each stage of their transition from homelessness and poverty to economic independence. The Transitional Housing Program offers housing at 22 locations for families and individuals and provides case management for the residents. The Drop-In Shelter offers temporary emergency shelter for single men at three locations: Grace Episcopal Church, St. John's Lutheran Church, and First United Methodist Church. Hospitality House is a daytime resource center for homeless and low-income persons offering services such as employment and housing counseling, telephone access, and medical and legal assistance. Safe Haven is a shelter for homeless men and women with mental health issues. Safe Haven serves as a "portal of entry" to the community service system and offers basic services as well as a psychiatric clinic. S.T.O.P. (Sobriety Training Orientation Program) provides housing at a 5 bedroom SRO with a sober, supportive living environment for men that have become homeless due to addiction. S.T.A.R.T. (Sobriety Training After Recovery Treatment Program) provides housing at a 16 unit one-bedroom facility in a supportive sober living environment. S.T.A.B.L.E. (Skills Training and Barrier Limiting Education Program) provides housing and case management at a 12-bedroom facility primarily for women with mental health issues. The Partnership for Transitional Opportunities (PTO) provides 18 transitional SRO units for homeless single men and women who have issues with alcohol and other drug abuse.

Port St. Vincent.....Rick Gleason, Director, 257-2036
Port St. Vincent is a 32-bed facility that houses and provides services to single men. In addition to the Port facility, an adjacent building is used to house 6 transitional residents. Six to ten beds are available on an emergency basis and the remainder is for longer-term housing, most of who work and pay program fees in lieu of rent. Port St. Vincent is affiliated with the Society of St. Vincent de Paul.

REBOS Chris Farley House..... Bob Murray, Program Director, 249-2600
See Catholic Charities

The Respite CenterMeg Miller, Director 244-5700
The Respite Center provides respite and crisis childcare 24 hours a day, seven days a week, to families experiencing high levels of stress. Social workers on staff arrange for immediate or future childcare, and provide crisis intervention and counseling to parents. Families are offered assistance to resolve the crisis, stabilize, and get support in their parenting. Childcare staff and volunteers care for up to eight children aged birth through fourteen years at any given time. Childcare is scheduled as space permits. Care ranges from four to 72 hours per visit with four to sixteen hours being the most common.

The Rodney Scheel House Foundation.....Bruce Bull Lyon, Resident Services Coordinator, 243-1830
The Rodney Scheel House includes 23 apartment units available to households where at least one person is disabled. Services are provided in-house by a services coordinator the ensures that resident households receive healthcare and social services for which they are eligible that will assist the households to live independently at the Rodney Scheel House.

The Salvation ArmyMajor Paul Moore, Dane County Coordinator, 256-2321
The Salvation Army is a multi-faceted agency that is part of an international effort to provide assistance to those in times of crisis. Locally the Salvation Army operates a community recreation center, social service and church center, as well as an emergency shelter for families and for single women. The Salvation Army is the gatekeeper for both families and single women and is often called upon to place individuals in other Homeless Services Consortium agency beds or write a voucher for short-term housing in a local motel. The Salvation Army has also been the site of the seasonal warming house – overflow nighttime only shelter for families and single women during the cold weather months.

Seton HouseBonnie Benson, Manager, 257-0919
Seton House provides housing and services at two properties: one property contains five units for women with children and another property contains three units that serve single women. Seton House is affiliated with the Society of St. Vincent de Paul.

SOAR Case Management Services, Inc..... Mike Matheson, Director, 287-0839
SOAR Case Management Services provides follow-up and short-term case management services to homeless individuals with mental health, physical health and substance abuse issues. Caseworkers assist homeless persons in securing an income and

safe, affordable housing. Once in housing, the case managers will assist in daily living skills training i.e. money management, personal health, housekeeping, nutrition, and grocery shopping.

Society of St. Vincent de Paul.....Ralph Middlecamp, Executive Director, 278-2920
The Society of St. Vincent de Paul is a membership organization that serves the poor in Dane County. In Madison, the District Council operates Port St. Vincent de Paul (short-term and long term housing for single men) St. Elizabeth Ann Seton House (transitional housing for single women and women with children), a food pantry at the Williamson Street Service Center and five Thrift Stores scattered around the city.

Tellurian UCANMichael Florek, CEO and President, 222-7311
Tellurian provides services to adults and adolescents in need of alcohol and drug treatment, mental health therapy and housing. Tellurian works with individuals at all points on the continuum but is committed to helping those most in need. Tellurian operates a number of programs that provide housing and services to homeless or those at risk of becoming homeless. The SOS (Start on Success) Project provides intensive transitional housing and services to chronically homeless families who have attempted to enter the Dane County shelter system at least three times since 1990. The THP (Transitional Housing Program) is a 20 bed Community Based Residential Facility for single men and women who are homeless and have a mental illness, a chemical dependence or both. The Community Intervention Team is a 10 member multi-disciplinary team providing assertive outreach and case management services to alcohol and other drug dependent clients, mentally ill clients, dually diagnosed clients and persons who are homeless due to mental illness and/or chemical dependency. UW Campus/Lower State Street project is an outreach program that supports the needs of homeless persons in the area and works to improve the safety of people in the area. Tellurian operates two permanent housing facilities for single adults with serious mental illness and/or chemical dependence who have previously been chronically homeless due to their disabilities. The Willie Street SRO is a 7 unit housing opportunity with a resident manager for persons who are homeless and who also have a serious and persistent mental illness and/or chemical dependency. Tellurian operates two group homes staffed 24 hours a day and serves people who are homeless and have serious and persistent mental illnesses.

Tenant Advocacy Group..... Cynthia Travis, Coordinator, 294-7998 ext 307
TAG is an activist group of formerly homeless community members in the Madison area who work on issues of homelessness, poverty and affordable housing. TAG participates with other advocacy and provider groups at the local level, writes and calls local, state and federal elected officials on issues of interest, and empowers its members to become participants in legislative and decision-making processes through community organizing and training.

Tenant Resource Center (TRC)..... Brenda Konkel, Executive Director, 257-0143
The Tenant Resource Center is a non-profit organization with a small staff that relies primarily on volunteers to provide housing counseling, mediation and office assistance. TRC is dedicated to promoting positive relations between rental housing consumers and providers throughout Wisconsin. By providing information about rental rights and responsibilities, and access to conflict resolution, TRC empowers the community to obtain and maintain quality affordable housing. In addition to their role as educator and advocate on tenant's issues, TRC contracts with Dane County to provide housing counseling and case management at the Housing Help Desk located at the Job Center on Aberg Avenue.

United Refugee Services of Wisconsin, Inc.ThajYing Lee, Executive Director, 256-6400
United Refugee Services (URSW) serves refugees and other minorities, with a primary focus on Hmong, Lao, Cambodian and Kosovar residing in Madison and Dane County, with employment, language and job skills training, advocacy, food pantry, youth and seniors' programming. URSW provides housing assistance, both rental and ownership, including assisting with Section 8 applications.

United Way of Dane County Leslie Ann Howard, President, 246-4350
The mission of United Way of Dane County is to unite and focus the community to create measurable results in improving peoples' lives and strengthening the community. As part of their agenda for change for the community, United Way is focusing efforts so that there is a decrease in homelessness and more affordable housing is available. United Way provides financial, volunteer and in-kind support, access to collaborative networks, management assistance and program expertise to create measurable, sustainable results in our community.

Veterans Assistance Foundation.....Deborah Oswald, Executive Director, 608/372-1282
The Veterans Assistance Foundation is a nonprofit corporation comprised of veterans who are nationally recognized as experts on the issues of homelessness among veterans. The VAF operates two transitional housing programs in the State of Wisconsin, including a facility on Green Avenue in Madison. The mission of VAF is to operate programs designed to assist homeless or those veterans at risk of becoming homeless by providing a safe and secure environment through which they can access a wide array of human services. It is the focus of the VAF to transition homeless veterans into society's mainstream. This will be done by assisting them to obtain meaningful employment and subsequently, safe, decent and sanitary housing.

Wm S. Middleton Memorial Veterans Hospital.....Tim Koerber, Homeless Program Coordinator, 256-1901 x11139

The VA hospital provides transitional housing for eligible veterans through its partnerships with the Wisconsin DVA and Veterans Assistance Foundation. In addition to medical evaluation and treatment, the VA hospital provides treatment for mental health and alcohol and drug dependency with both in-patient and outpatient capability. Benefits counseling (both federal and state), vocational assessment, and assistance with job training and education are also routinely offered.

WI Dept. of Commerce, Division of Housing & Community Development, Bureau of Supportive Housing.... Marty Evanson, Bureau Director, 267-2713

The Division of Community Development provides housing assistance to benefit low- and moderate-income households through the Bureau of Housing. It offers state-funded housing grants or loans through local organizations, coordinates its housing programs with those of other state and local housing agencies, helps develop state housing plans and policies, and provides training and technical assistance. The division channels federal and state housing funds to local authorities and organizations and administers federal and state funds for the homeless.

WI Dept. of Veterans Affairs John C. Scocos, Secretary, 266-1311

The Wisconsin Department of Veteran Affairs operates three (3) transitional housing facilities across the state (King, Ft McCoy, and Union Grove) that assist 70 homeless veterans per night.

Women in Transition Kathy Lemke, Executive Director, 244-2046

Women in Transition (WIT) operates two housing facilities. The first is 10-bed Community Based Residential Facility that serves single women with serious and persistent mental illness. The women are provided case management and share some house responsibilities. The second property is an eight-unit apartment building for single women with mental illness who are higher functioning than those residents in the communal living facility. Case management is also provided for the residents in the eight-unit building.

YWCA of Madison Eileen Mershart, Executive Director, 257-1436

The YWCA of Madison has provided housing for women for more than ninety years and is currently the largest provider of affordable housing for low-income women in Dane County. The YWCA has 82 units of affordable SRO housing and 12 one-bedroom apartments for single women. The YWCA operates two other housing programs in the Mifflin Street building: shelter for families which can accommodate up to 30 individuals and the Third Street Program for single women with one small child. The YWCA provides support services to residents and shelter guests. The YWCA staff provides a six-hour workshop, with follow-up case management, called Second Chance Tenant Education Program to help homeless people become independent and successful as tenants. In collaboration with Interfaith Hospitality Network and local faith congregations and community groups, the YWCA operates the Second Chance Apartment Project, which increases the availability of affordable housing with support services for families. The YWCA is also involved in a number of job training efforts at their Employment and Training Annex (255-3098).

Youth Services of Southern Wisconsin–Briarpatch.....Casey Behrend, Executive Director, 251-6211

Briarpatch Division is a community-based organization serving teens and their families in South Central Wisconsin. Briarpatch provides counseling services for runaway and homeless youth, as well as their families. Basic services, such as food, clothing, and emergency shelter are also available. The agency also provides group activities for young women (CHOICES), gay, lesbian, bisexual, transgender and questioning teens (Teens Like Us), and youth who share and educate through peer education (TOP T.E.N.). Briarpatch Division licenses a number of host homes that serve as temporary placements for homeless youth. In 2001, the agency initiated a street outreach program and hired an outreach worker who will work to assist teens living or spending time on the street. The program targets State Street, area malls and neighborhoods. The Briarpatch Division utilizes nearly 100 volunteers to provide services.

APPENDIX D

Additional Resources

The following list of Internet sites provide specific and targeted information related to long term planning, particularly housing related planning and statistics.

2004 Annual Report on Homeless Served in Dane County, City of Madison Community Development Block Grant Office Report of comprehensive data and service information:
<http://www.cityofmadison.com/cdbg/docs/HomelessRpt2004.pdf>

Dane County 2004 Community Assessment: This assessment, developed through a partnership between United Way, The City of Madison, Dane County and the Madison Metropolitan School District (MMSD), provides a common base of information for planning services in Dane County.
<http://www.unitedwaydanecounty.org/Community/assessment.htm>

Housing Dane County's Workforce: An Economic Development Dilemma, Greater Madison Chamber of Commerce, January, 2005.

Dane County Comprehensive Plan: to further advance the local efforts in comprehensive planning and a connection to other planning related actions to help provide overall consistency; a planning document section related to housing: <http://www.daneplan.org/draftplan/housing.shtml>

City of Madison Comprehensive Plan: This site contains the complete Draft Comprehensive Plan and all of its maps, information about where the Draft Plan is available for review, and ways to obtain a Draft Plan in CD or printed format. <http://www.madisonplan.org/>

United Way of Dane County Agenda for Change Site details the Basic Needs Community Solution Team's vision for Dane County. http://www.uwdc.org/Community/Agenda/Basic_Needs.html

Housing in Action Leadership Team Mobilization Plan to Reduce Homelessness: Site outlines HALT's plan that focuses on homeless families with children. <http://www.uwdc.org/Community/HousingInAction.html>

The Self-Sufficiency Standard for Wisconsin 2004, a by-community analysis of how much money it takes for families to live and work without public or private assistance or subsidies:
<http://www.wiwomensnetwork.org/selfsufftoc2004.pdf>

The following list of Internet sites highlight the local non-profit and public agencies that provide housing and services to and advocate for homeless households and households at risk of homelessness.

AIDS Resource Center of Wisconsin (ARCW)
www.arcw.org

Centro Hispano of Dane County
www.centrohispanomadison.org

City of Madison
Community Development Office www.cityofmadison.com/cdbg
Housing Operations www.cityofmadison.com/formshousing/index.htm

Community Action Coalition for South Central Wisconsin, Inc. (CACSCW)
www.cacscw.org

Dane County
Department of Human Services www.countyofdane.com/humanservices/hshome.htm

Community Development Office www.countyofdane.com/plandev/commdev.htm
Veterans Services Office www.countyofdane.com/veterans/vsohome.htm

Dane County Housing Authority (DCHA)
www.dcha.net

Dane County Parent Council, Inc. (DCPC)
www.satelitefcc.com
<http://www.volunteersolutions.org/uwdc/org/220862.html>

Domestic Abuse Intervention Services, Inc. (DAIS)
www.abuseintervention.org

Goodwill Industries of South Central WI, Inc.
www.goodwillscwi.org

Catholic Charities
Hope Haven/REBOS, United
www.catholiccharitymadison.org

Independent Living, Inc.
www.indepenliving.com

Interfaith Hospitality Network (IHN)
www.madison.com/communities/ihn

Jewish Social Services of Madison
www.jewishmadison.org

League of Women Voters of Dane County
<http://danenet.wicip.org/lwvdc>

Legal Action of Wisconsin, Inc. (LAW)
www.legalaction.org

Madison Area Community Land Trust
www.affordablehome.org

Madison Jobs and Housing Partnership
www.madison.com/communities/mjhp

Madison Metropolitan School District
Transition Education Program www.madison.k12.wi.us/hep

Madison Warming Center Campaign
www.madwarmingcenter.org

Madison-area Urban Ministry (MUM)
www.emum.org

Middleton Outreach Ministry (MOM)
www.mompop.org

Porchlight, Inc.
www.porchlightinc.org

Respite Center, Inc.
www.respitecenter.org

Rodney Scheel House Foundation
www.volunteersolutions.org/uwdc/org/3836015.html

The Rotary Club of Madison
www.homelessnomore.info

The Salvation Army
www.salvationarmy-madison-wi.org

Second Harvest Foodbank of Southern Wisconsin
www.secondharvestmadison.org

Society of St. Vincent de Paul, District of Madison (SVdP)
Food Pantry / Service Center
Port St. Vincent
Seton House(s)
www.svdpmadison.org

Tellurian UCAN, Inc.
www.tellurian.org

United Refugee Services of Wisconsin, Inc.
www.ursw.org

United Way of Dane County
www.uwdc.org

Voices Beyond Bars
<http://www.emum.org/WhatWeDo/PrisonerReEntry.cfm>

Veterans Assistance Foundation
www.veteransassistance.org

Wisconsin Partnership for Housing Development
www.wphd.org

Wisconsin, State of
Department of Commerce, Division of Housing and Community Development, Bureau of Supportive Housing
<http://commerce.wi.gov/housing>
Department of Corrections, Division of Community Corrections http://www.wi-doc.com/index_community.htm
Department of Public Instruction <http://dpi.wi.gov>
Department of Veterans Affairs <http://dva.state.wi.us/>

Wisconsin Housing and Economic Development Authority (WHEDA)
www.wheda.com

Youth Services of Southern Wisconsin, Inc. (YSOSW) Briarpatch
www.youthsos.org

YWCA of Madison
www.ywcamadison.org

The following Internet site is operated by the Wisconsin Department Commerce as a statewide resource for landlords and tenants.

Wisconsin Front Door
www.wifrontdoorhousing.org

The following Internet sites are for national organizations who advocate for homeless individuals and families, provide research on best practices and lobby for changes in federal policy that will benefit very low-income households.

Beyond Shelter is a homeless services provider in Los Angeles, California, and a pioneer in implementing "Housing First"
www.beyondshelter.org

Bring America Home – Campaign to pass legislation introduced in Congress by Rep. Julia Carson (D-IN)
www.bringamericahome.org

Corporation for Supportive Housing operates out of six hubs: California, Great Lakes area, Minnesota, New Jersey, New York, and southern New England, providing advise and expertise, grants and loans and advocating for changes in public policies to improve supportive housing.
www.csh.org

National Alliance for the Mentally Ill (NAMI) is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families.
www.nami.org

National Alliance to End Homelessness, located in Washington, D.C., is a nonprofit organization whose mission is to mobilize the nonprofit, public and private sectors of society in an alliance to end homelessness.
www.endhomelessness.org

National Coalition for the Homeless, located in Washington, D.C., engages in public education, policy advocacy, and grassroots organizing. They focus their work in the following 4 areas: housing justice, economic justice, health care justice, and civil rights.
www.nationalhomeless.org

National Low Income Housing Coalition (NLIHC) is dedicated solely to ending America's affordable housing crisis; their primary policy objective is to pass legislation that provides new funding of rental housing for extremely low income persons.
www.nlihc.org

National Law Center on Homelessness' mission is to prevent and end homelessness by serving as the legal arm of the nationwide movement to end homelessness through impacting litigation, policy advocacy, and public education.
www.nlchp.org

Other Internet sites of interest:

Continuum of Care for Milwaukee, Wisconsin
www.milwaukeehomeless.org

HUD Homeless Program Regulations
www.hud.gov/offices/cpd/homeless/rulesandreg/regulations/index.cfm

State Street Family – Photo Essay by
www.inside-voices.com

