EMERGENCY SERVICES UTILIZATION
IN MILWAUKEE COUNTY: 1995 TO 2000

UW Milwaukee Center for Economic Development

Prepared for
The Emergency Services Utilization
Research Project and Policy Education Initiative

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ABOUT THIS REPORT

This report was produced at the University of Wisconsin-Milwaukee Center for Economic Development (UWMCED), a unit of the College of Letters and Science at the University of Wisconsin-Milwaukee. The College established UWMCED in 1990, with the assistance of a grant from the United States Department of Commerce, Economic Development Administration’s “University Center” program. UWMCED is also one of the core units in the “Consortium for Economic Opportunity,” one of the initiatives of the UWM’s “Milwaukee Idea.” The Center’s overriding goal is to contribute to the retention and expansion of Southeastern Wisconsin’s employment base by providing university research and technical assistance to community organizations and units of government. The analysis and conclusions presented in this report are solely those of UWMCED and do not necessarily represent the positions of UW-Milwaukee, EDA, or any of the Center’s funders.

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Emergency Services Utilization in Milwaukee County: 1995 to 2000

The mid to late 1990s was an era of unprecedented economic growth in the United States, and Wisconsin shared in the benefits of these strong conditions. News stories across the state reported season after season of record low unemployment levels and businesses sought workers to fill job openings created by the booming economy and the changing labor force supply.

During this time period other changes were taking place that would also affect the employment conditions in the U.S., especially in Wisconsin. In 1996 Congress created the Temporary Assistance to Needy Families program (TANF), a block-grant program that replaced the Aid to Families with Dependent Children program. TANF permitted states great latitude to design their own programs to provide for poor families with children. TANF ended the sixty-year entitlement to cash assistance and obligated states to impose weekly work requirements on recipients. Wisconsin’s TANF plan features an aggressive combination of work-based and diversionary tactics, so it is not surprising that since Wisconsin Works (W-2) was implemented in 1997 the cash assistance caseload has dropped dramatically. This is routinely interpreted to mean that families are now economically self-sufficient. While there certainly have been situations of success for a proportion of the families who made the transition from welfare to work, positive outcomes from the strong economy and welfare reform implementation have not been equally enjoyed among Wisconsin’s municipalities and citizens.

With the implementation of W-2 an increasing number of Wisconsin residents are working, but still poor. As families trade the relatively stable poverty of welfare for unstable poverty in the world of low-wage work, the impact is being felt in the broader community. Service providers of emergency food, shelter, and health care programs report higher demand for their programs, and an ever-growing body of research on W-2 reveals that the economic gains for families has fallen short of promises. In addition, state and federal agencies have identified
problems with W-2’s implementation as a primary reason that families face barriers to accessing the remaining entitlements of Medical Assistance and Food Stamps. Preliminary assessments by front-line service providers link the decline in enrollments in these programs to the increased demand for charitable programs that help families meet basic needs.

Uncovering stories of the fallout from dismantling of the public social safety net will provide important information as Congress prepares to reauthorize the TANF legislation in 2002. Given Wisconsin’s prominence in the era of welfare reform, information on the use of emergency services programs in Milwaukee is particularly relevant to policymaking. This study examined a comprehensive set of usage data from programs that help families meet basic needs over the five year period 1995-2000, and elicited information from direct service providers or experts in the areas of health care, shelter, and emergency food. Five individuals were interviewed for each subject area.

In addition, this study includes the results of a survey of Milwaukee area religious congregations that chronicles the contribution that faith-based organizations make to serving families in need. All of these activities were conducted in order to answer the following key questions:

- Has there been a change in requests for and provision of emergency services in Milwaukee County over the past five years?
- What is the relationship between changes in emergency service provision and the implementation of Wisconsin’s welfare reform program?
- Who is providing services to meet emergency needs? Is the manner in which needs are being met a sustainable system?
- Do the findings of this study reflect on the characterization of welfare reform as a success?
Shelter

It has become more difficult for low-income families to maintain a stable place to live over the past several years in Milwaukee. Since 1995 there has been a rising number of evictions, an increasing number of calls to Milwaukee’s emergency housing hotline, and a huge upsurge in the number of people waiting for space at area homeless shelters. A new women’s shelter started in 1997, originally needed only for the winter months, now operates continuously year-round. Usage data from these programs and interviews with professionals in organizations that address housing and shelter needs show an increasingly insecure world for low-income renters.

The number of filings for evictions proceedings entered in small claims court in Milwaukee County has fluctuated over the time period of this study, but there has been an overall upward trend since 1995. In 2000, the total number of filings for evictions was 12,108.

Average number of evictions per month

![Graph showing average number of evictions per month from 1995 to 2001.](image)

Source: Milwaukee Co. Circuit Court. 2001 figure based on first 9 months of the year.

Trends in the number of evictions provide only a partial gauge of the stability of rental housing in Milwaukee. Because the eviction process is costly and time-consuming, landlords often find ways to remove tenants without going through the formal, legal eviction process. Furthermore, tenants often leave their
apartments when they accrue unpaid rent debts that they cannot meet. In either of these instances, families experience housing instability that is not captured by eviction data. By some estimates, evictions data grossly underestimates the extent of housing problems. A local association of landlords estimates that the number of “skips” where tenants leave just prior to a formal eviction process to be four to eight times the number of actual evictions.

All of the respondents interviewed for this project who work in the housing or shelter sectors referenced the need for more affordable and/or transitional housing options in Milwaukee.

There is a lack of affordable housing. SROs are bulldozed. Nobody wants them [in their neighborhood]. ...When there are house fires those units don’t get replaced. It really drives up prices. There used to be a duplex across the street. It got hit by lightning. Gone.

Another shelter operator stated:

Obviously we need access to low-income housing. That’s like non-existent for families. I’m starting to believe that we need permanent supportive housing. We have that for people who are mentally ill who can stay for two years. I think we need that for families. We can give them supportive services. There are families who simply can’t make it without some support.

Use of homelessness services provides another window into the housing security difficulties faced by low-income families. In mid-1997, the Milwaukee County Department of Human Services instituted a centralized shelter referral program known as ACALL. This service replaced a shelter hotline system that had been administered by several different providers through the early and mid 1990’s. ACALL coordinates shelter services, providing a single point of access to resources to address housing crises. When possible, ACALL services are used to stabilize families in their current housing situations, so they do not have to go to a homeless shelter. ACALL data show that more callers are now seeking housing assistance and while shelters are continuously full, ACALL has provided
stabilizing services to many more families. ACALL’s call volume has increased 88 percent since the first full year of implementation.

Annual calls to ACALL shelter hotline

![Graph showing annual calls to ACALL shelter hotline from 1997 to 2000.]

Source: Milwaukee County Department of Human Services
Data for 1997 covers July through December.

Utilization of ACALL’s assessment and stabilization services increased even more. In the ACALL system the initial phone consultation with the caller may result in an assessment team (known as ASTREET) being dispatched to further assist the caller with their housing emergency. Sometimes resources are provided to stabilize the situation, or the caller has worked out the issue on their own. A subset of the population that receives this more in-depth assessment may be sent to homeless shelters or voucher space (rooms at area motels that participate in the program). The number of referrals to emergency shelter increased 53 percent from 1998 to 2000.

<table>
<thead>
<tr>
<th>Year</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
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<tr>
<td>ASTREET clients sent to emergency shelter</td>
<td>656</td>
<td>453</td>
<td>1,002</td>
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</table>

Source: Milwaukee County Department of Human Services

Over the past five years, Milwaukee-area homeless shelters have consistently operated at full capacity, which means that ACALL staff cannot refer every family in crisis to shelter. ACALL data shows that many families are in vulnerable housing situations but do not move into shelter. In 1999 there were 330 clients who were categorized as “pending” which means that their situation
was temporarily stabilized but that ACALL staff determined that they were not in a long-term stable housing arrangement. In 2000 there were 1,829 callers who were placed in the pending category, a 450 percent increase.

Emergency shelter demand recorded by ACALL

Source: Milwaukee County Department of Human Services

Commenting on these trends, shelter directors interviewed for this study noted that their ability to provide space is increasingly outpaced by the need in the community:

- “We’re full all the time.”
- “The demand exceeds the supply. We turn away or send to other places an average of 325 per month. I feel fairly certain that is an increase over the last five years.”
- “The number of inquiries last year was 826, we only served 240. [We] turned away 1,081 individuals due to no space.”

The lack of sufficient emergency housing resources in Milwaukee is well-documented elsewhere. Data gathered for Milwaukee’s Continuum of Care plan that is submitted to the U.S. Department of Housing and Urban Development each year shows a gap between demand for emergency housing assistance and the number of available spaces in Emergency Shelters, Transitional Housing, and Permanent Supported Housing.
The gap between the available emergency and assisted housing services and the need for them increased 94 percent between 1996 and 2000. The difference between demand for and availability of emergency shelter increased 406 percent between 1997 and 2000.

In January of 1997, community organizations established an emergency “overflow” shelter to provide additional assistance to women and children in housing crises. Initially, the Emergency Overflow Shelter (EOS) offered gym mats on church basement floors. The EOS was hosted by a different church each month, and was expected to operate only in winter months. Each year, the Emergency Overflow Shelter served more women and remained open for more months of the year.

Emergency Overflow Shelter nights of operation

Source: American Red Cross
In July 1999, as demand dramatically increased, the EOS was moved to the gymnasium at the Milwaukee Rescue Mission (with cots instead of mats on floors) and has been open every day since then. In the year 2000, 860 different women stayed at the Emergency Overflow Shelter.

Besides programs that provide shelter for those without a place to stay, there are also services designed to help families preserve their housing situation and avoid becoming homeless. Usage data from these funding sources further demonstrates the increasing difficulty low-income families in Milwaukee face as they try to maintain stable housing.\(^5\) The Emergency Assistance program provides money to low-income families in order to help them recover from situations of homelessness, fire, flood or other natural disaster. The payment is $150 per family member, and is available once every three years for homelessness and once a year in cases of fire, flood or natural disaster, or homelessness due to domestic abuse. The Milwaukee County Department of Human Services and the American Red Cross administer the program in Milwaukee County. In 2000 the state added a provision allowing for Emergency Assistance funding to be used for cases of impending homelessness, allowing families access to the funding source before they are actually in a homeless shelter. The W-2 agencies in Milwaukee County administer this portion of the funding. Since 1995, disbursements of emergency assistance funds have nearly doubled.

### Emergency Assistance in Milwaukee County

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<tr>
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<td>342,341</td>
<td>581,952</td>
<td>519,642</td>
<td>521,054</td>
<td>411,001</td>
<td>375,816</td>
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<tr>
<td>Impending</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>282,848</td>
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<td>$581,952</td>
<td>$519,642</td>
<td>$521,054</td>
<td>$411,001</td>
<td>$658,664</td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Workforce Development and Milwaukee County Department of Human Services

*Impending = Funds expended to help families maintain their housing. This option became available in 2000.

In addition, at least one million dollars in the form of discretionary grants or loans has been expended by the W-2 agencies in Milwaukee County.\(^6\) This
funding was provided to assist needy families with their housing crises. When the amount of assistance from the W-2 agencies is combined with that provided through Emergency Assistance, the total amount of housing costs that were subsidized through these two sources was at least $3.1 million since 1997.

Housing instability is a profound problem for low-income families. The demand for emergency services to address housing needs has risen, in some cases very dramatically, over the past five years. Unstable housing is routinely identified as a barrier to success in employment. Acknowledging the problems related to affordable rental housing and seeking solutions to address these problems will be very important steps in promoting economic gains among poor families in Milwaukee.
Food Security

Administrative data from emergency food programs and interviews with the people that run them reveal that the demand for food from charitable sources increased substantially between 1995 and 2000. Community organizations are serving more families with children and more working people. Families that can’t make ends meet are turning to Milwaukee’s food pantries and meal programs to supplement their monthly food budgets.

Decreased food security in Milwaukee among low-income households mirrors nationwide trends. Food security is defined as “assured access, at all times, to enough food for an active and healthy life.” The overall proportion of food insecure households in the U.S. declined 12 percent between 1995 and 1999, but increased in households with incomes between 50 and 130 percent of the federal poverty line. Despite the prosperous economy and increased employment, the level of food insecurity in Wisconsin between 1996 and 1998 (the most recent time period state-specific estimates were calculated) was unchanged, at 7.8 percent.

Assessing trends in the provision of emergency food is somewhat difficult due to the different ways in which the organizations that provide food and meals for the needy track their own activities. Based on the available data, however, it is clear that more people are receiving more food from emergency sources.

Distribution of food at food pantries throughout Milwaukee can be tracked through the organizations that supply them. Two organizations, the Hunger Task Force of Milwaukee (HTFM) and Second Harvest Food Bank of Wisconsin, provide food to pantries in the Milwaukee area. A staggering amount of food is distributed by these two organizations. In 2000, HTFM and Second Harvest distributed a combined total of 13.8 million pounds.
The total amount of food distributed by Hunger Task Force and Second Harvest to emergency feeding establishments has increased dramatically, rising 58 percent from the 8.7 million pounds of food dispersed in 1995. Additionally, there are some pantries that operate outside this system of food distribution, providing food that they receive solely through private donations.

The average number of people served each month at food pantries supplied by HTFM has steadily increased since 1995. Nearly 27,000 people were served each month in 1995 at community pantries that distribute HTFM food. By 2000, the average number of people served each month had increased by 49 percent, to 40,000. Almost half a million people received food at the 80 pantries supplied by Hunger Task Force in 2000. The usage figures from these 80 pantries are especially stunning as they represent the level of demand on only a quarter of the food pantries in Milwaukee County.
The average monthly attendance at community meal programs also attests to high levels of need in Milwaukee-area neighborhoods. Nineteen meal programs operating in Milwaukee County serve low-income families and individuals with food provided by Hunger Task Force of Milwaukee. Three of these programs started in January 2000. These meal programs served a total of 480,000 people, an average of 40,000 people per month, in the year between October 1999 to September 2000. It is estimated that there are 73 meal programs in Milwaukee, so the total number of people using meal programs is actually much higher than 40,000 people per month.

Referrals to emergency food programs have also increased dramatically. The number of calls to community hotlines over the years demonstrates a stunning increasing in calls for food assistance or food related needs. In 2000, there were 23,563 calls to one such service, the Community Information Line run by IMPACT, inquiring about food-related needs. From 1996-2000, the number of calls related to food security increased 136 percent.
Calls to emergency hotlines for food-related assistance

![Graph showing calls to hotlines for food-related assistance from 1996 to 2000.](image)

Source: Impact

4,042 additional calls to the Community Information Line in 2000 were about Food Stamp application, mailing procedures, complaint, or appeals questions categorized under Impact’s income security code. The Food Stamp calls comprised one-third of the calls related to income security in the year 2000.

The increased demand for emergency food assistance reveals the urgency of crises experienced by Milwaukee area families and communities. One explanation for the increased food insecurity in Milwaukee is the decline in Food Stamp enrollments that has occurred in the era of welfare reform. The importance of Food Stamps in helping families meet basic needs cannot be underestimated.

The Food Stamp program provides the only universal benefit guarantee for all low-income Americans. As such, it plays a unique role in the current system of means-tested benefits. It also reduces the major welfare disparities among states, and provides protection for the most vulnerable against the hardships afflicted by inflation and unemployment.

...In addition to providing universal eligibility based on need, the Food Stamp program sets a nationally uniform minimum benefit level. A major factor in the decision to impose federal standards was a strong political consensus that eliminating hunger and malnutrition is a national objective in the face of evidence of substantial state disparities in meeting this objective. 15
Since 1995, the number of people receiving Food Stamps in Milwaukee County has declined 30 percent. 146,000 people were covered by Food Stamp benefits in 1995 and in the year 2000 that number was only 102,000.

Average Enrollment in Food Stamp Programs in Milwaukee County

![Bar Chart]

Source: Wisconsin Department of Workforce Development

For families moving off of public assistance and into work it has been especially hard to get Food Stamps. Wisconsin requires recipients to re-establish their eligibility for Food Stamps every three months, and the hassle of getting time off work and presenting appropriate documents has deterred some families from participating in the program. Moreover, because many low-income families have fluctuating and seasonal employment, their eligibility for Food Stamps also fluctuates. Families that lost their Food Stamps when their incomes increased often did not realize they could re-enroll during times of un- or under-employment. In all of these cases, limited access to Food Stamps can create vulnerability to periods of hunger and food insecurity.

Not only has the overall level of need for food assistance increased in Milwaukee County; food pantry and meal program administrators note that the demographics of the people they serve has shifted. In 2000, food pantries served more women with children. Front line staff also noted that their pantry or meal programs report serving more children or facing a demand for more children’s food items, especially baby formula, in the past year or two. For decades, food
insecurity was a critical issue for homeless single men, but in recent years food pantries have become an important resource for working poor families. One pantry administrator characterized her program’s clients:

More families. Everybody seems to have income, a job or Social Security. They just can’t make ends meet. Housing costs eat up almost everything. When they work they’re not getting more than $700-800 per month.19

Several food pantry administrators cited the increase in the number of “working poor” that were served by their pantries or meal programs. One respondent noted that:

There are not enough livable income jobs. A lot of people are working temp jobs. In the interim that’s fine but living off of temp work is hard. ...It’s not like these people aren’t trying. You see them lined up at temp places in the morning. It’s hard because so many companies want you to work for a temp place before they’ll look at you. Skills are a problem too. People may not know how to use the skills they have.20

Use of food resources is an important reflection of how communities are coping with increased need in other areas. Another respondent for this study noted the special role emergency food providers play in serving low-income families and individuals. In his analysis, emergency food assistance is linked to other forms of need. When cash is scarce, families are likely to spend their earnings on non-negotiable expenses like housing or medical care. The respondent explained:

[You've] got to put the food question in the broader question of poverty. In this town there is a lot of access to food. There are options because of meal sites and pantries. But with rent and health care you can’t cut back and tell landlord you’ll use half the space.21

Because food assistance is available in the community, access to emergency food helps low-income families meet other expenses. As a result, utilization of food pantries and meal programs reflects a generalized level of hardship in Milwaukee neighborhoods. The Greater Milwaukee Food Providers Coalition presents a
continuum of food security that ranges from the extreme end of insecurity and dependence (characterized as eating at meal programs or at homeless shelters) to secure and independent access to food (which includes shopping at grocery stores and providing adequate amounts and types of food for self and family). Emergency providers have become an increasing resource for meeting the food needs of Milwaukeeans. While their services are immensely important in averting hunger in the community, more attention must be given to food security solutions that are sustainable and autonomous.
Health Care

Since 1995, there have been new opportunities and new barriers in low-income families’ access to primary and preventive health care services. The expansion of the Medical Assistance program through the Children’s Supplemental Health Insurance Program helped Wisconsin fund the BadgerCare program, which extends health care coverage to a wider pool of low-income children and their parents. Meanwhile, many parents who left welfare for work lost access to Medicaid, and these losses have so far outpaced enrollments in BadgerCare. As a result, utilization of the “safety net” components of the medical care system has increased dramatically. Between 1995 and 2000 health insurance coverage fluctuated for Milwaukee residents, particularly for those who had coverage through Medical Assistance, causing disruptions in access to basic health care services. Emergency room use in Milwaukee increased and the amount of charitable medical care provided by area hospitals doubled. In addition, there was a dramatic increase in the number of patients who accessed hospital services and then defaulted on their bills.

Average Enrollment in Medical Assistance Programs in Milwaukee County

Source: Wisconsin Department of Health and Family Services
(Beginning in 1999 includes BadgerCare)
The value of the health care coverage through the Medicaid system has been linked to AFDC use in a number of studies. It is well established that AFDC was “a major port of entry to Medicaid” and that the need for Medicaid coverage has been a strong factor in parents’ decisions to enroll in, stay on, or return to welfare. A decline in Medicaid enrollments was one of the feared effects of welfare reform implementation identified by a number of respondents in a study conducted for the City of Milwaukee Health Department in early 1997. Interviewees from approximately forty pertinent organizations shared a number of negative scenarios which would result if safeguards were not in place to prevent situations where “children’s health and safety will be placed in jeopardy while the parents are working, looking for work, or encountering sanctions [in W-2],” including the loss of health care coverage.

Another study of the effect of welfare reform implementation in Milwaukee notes that a 13,000 person drop in AFDC-linked Medical Assistance cases was offset by only 5,500 new entrants into the Medicaid extensions category during W-2’s precursor program called Pay for Performance.

Many persons who will be ineligible or unwilling to participate in the TANF program will likely be eligible for Medicaid. However, individuals who do not qualify for cash support may not know they can enroll for Medicaid, or may not bother to engage in cumbersome periodic redeterminations, resulting in a rapidly growing number of persons eligible for Medicaid that fail to enroll.

This analysis was echoed by a respondent in this project, who stated “W-2 implementation caused a disconnect. It has taken until this day, with the efforts of many, many people to get MA numbers back up to where they were.” This individual credits the efforts of thirty organizations with stemming the decline in Medicaid in Wisconsin through their BadgerCare outreach efforts. Additionally, a recent report on the federal program that supports BadgerCare (the federally-funded State Children’s Health Insurance Program, or SCHIP) found that using SCHIP to expand coverage for parents as well as low-income children increases utilization of the program. Wisconsin is one of fifteen states that offer increased coverage for low-income parents through SCHIP, or other Medicaid expansion.
options. Since SCHIP funding serves to expand the eligibility pool for government health care coverage by providing services to some low-income populations that were previously ineligible for Medicaid, enrollments conceivably could be higher after 1999 than they were in 1995. That the number of individuals covered by Medicaid and BadgerCare is not even at 1995 levels of enrollment two full years after BadgerCare was introduced is especially troubling given the pre-planning and worrying that various stakeholders engaged in prior to welfare reform implementation, and would appear to support the identification of a systemic disconnect.

One positive potential outcome related to the employment emphasis of welfare reform was the possibility that those who left welfare for work would eventually get employer-sponsored health care coverage. The level of health insurance coverage for Milwaukeeans and for low-income residents statewide has been consistently lower than that of the overall state population and has shown more annual variation. At the low point of coverage in 1999, the number of Wisconsin residents estimated to have no health insurance for part or all of the year was 646,000 statewide and 142,000 in Milwaukee. In 2000, those numbers improved to 589,000 residents statewide and 92,000 in Milwaukee.

The state annually tracks insurance coverage, both private and public, and these figures, therefore, include those covered by Medical Assistance as well as those covered by insurance through an employer. The fluctuation in levels of insurance coverage calls into question the routine assumption that those who left the Medical Assistance rolls were picked up by employer-sponsored health care.
Community clinics are one resource that uninsured or under-insured people in need of health care often seek out. Two interviewees for this study work at such clinics, and both report a dramatic increase in the demand for the services their facilities provide. One respondent stated that the clinic is thinking of extending their hours of operation to meet demand.32 “Usage rates are increasing exponentially, we could have four more doctors and keep them busy tomorrow” is how another respondent expressed recent trends, going on to note that community clinics meet the needs of special populations.

We serve a number of non-citizens. Emergency Title IXX can cover non-citizens at birth for doctor and hospital costs. When talking about a safety net, this clinic is a safety net. Without the prenatal care, babies would be born prematurely.33

Hospital emergency rooms are another major provider of medical services for those without a medical “home” – a primary care physician and the means to pay for services. As access to health insurance declined in the Milwaukee area, emergency room use increased by 26,000 people between 1995 and 1998. According to Family Health Surveys conducted by the Wisconsin Department of Health and Family Services, 256,000 poor and near poor Wisconsin residents used emergency rooms in 1999. The figures in the table below demonstrate the much
higher prevalence of emergency room use among low-income Wisconsin residents, those who are much less likely to have health insurance coverage.

<table>
<thead>
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<th>Percentage of residents using emergency room services</th>
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<tbody>
<tr>
<td>Wisconsin</td>
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<tr>
<td>Poor and Near Poor</td>
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Source: Wisconsin Department of Health and Family Services
* The Family Health Survey defined “poor” as below the federal poverty level and “near poor” as below 200% of federal poverty level -- income levels which would generally fall in the financial eligibility parameters for either Medicaid or BadgerCare.

While statewide usage of emergency room services has remained essentially stable over the past five years, the proportion of Milwaukee residents using hospital emergency rooms increased every year between 1995 and 1998.

Estimate of emergency room use by Milwaukee residents

Source: Wisconsin Department of Health and Family Services

Inappropriate and costly use of emergency rooms was one factor cited by the director of the Milwaukee County General Assistance Medical Plan in their decision to revise the way the plan was organized in 1998.

I always say that we'd rather pay for hypertension medicine than for hospitalizing someone with a stroke.

...We want people to have a relationship with a doctor, so if you get ill, you don’t just go to an emergency room.34
Emergency room visits by those without health care coverage leads to unrecoverable charges for the hospital providing the services. According to one respondent in this project “uncompensated health care is going up, it’s increasing dramatically.” Since 1995 the eleven general medical-surgical hospitals in Milwaukee County (Children’s, Columbia, Froedtert, Northwest, Sinai Samaritan, St Francis, St Joseph, St Luke, St Mary, St Michael, and West Allis Memorial) report an 89 percent increase in the number of patients receiving uncompensated care. In 1999, nearly a quarter of a million people turned to these Milwaukee area hospitals for care that was not covered by a health insurance plan.

Uncompensated health care provided by Milwaukee hospitals

Uncompensated health care is measured by tracking two different kinds of situations. The first is charity care, which includes services provided to patients who are pre-determined to be unable to pay for the health care they need. The eleven hospitals studied for this report experienced a 104 percent increase in the number of charity care patients they served between 1995 and 1999. The increase from between 1996 and 1999 was 47 percent.
Patients Receiving Charitable Medical Care at Milwaukee Hospitals

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<tr>
<td></td>
<td>38,550</td>
<td>53,533</td>
<td>54,974</td>
<td>70,760</td>
<td>78,489</td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health and Family Service
*Data not available for Columbia Hospital
**Data not available for St Joseph’s Hospital

The second component of uncompensated health care is *bad debt*, which accrues when patients do not pay for health care services they have received. Milwaukee hospitals report that between 1995 and 1999, they experienced an 82 percent increase in the number of patients who defaulted on their bills, with an increase of 23 percent between 1996 and 1999.

Number of patients with bad debt reported by Milwaukee area hospitals

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<td>127,558</td>
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Source: Wisconsin Department of Health and Family Service
*Data not available for Columbia Hospital.
**Data not available for St Joseph’s Hospital.

In total, there was a 30 percent increase in patients using either kind of uncompensated health care at the eleven Milwaukee hospitals studied for this report between 1996 and 1999. In 1999 these services cost the hospitals $106.8 million.38

One Milwaukee-area health care industry professional cited the following situations as likely contributors to inappropriate use of emergency rooms and the increase in uncompensated health care:

- The fallout from W-2 implementation caused some people to lose Medicaid coverage but they still need health care, especially in emergency situations.

- Undocumented workers who do have not insurance coverage go to Emergency Rooms for care.

- Small businesses dropping insurance because of high costs.39 Some businesses don’t offer health insurance and others offer higher pay in lieu of health care, and many young people opt for the money. If they get sick or injured, though, they must seek care that they may not be able to pay for.40
Lack of health insurance was cited by two of the other health care professionals who were interviewed for this project as a reason for the increase in the use of emergency rooms and in uncompensated medical care; the association between the two is demonstrated in the following graph. An inverse relationship exists between levels of health insurance coverage in Milwaukee and the amount of uncompensated health care services at provided by area hospitals.

Relationship between trends in health insurance coverage and uncompensated medical care in Milwaukee

Access to medical care is a key factor in a family’s ability to meet basic needs. Job stability is often threatened when health issues (and difficulty paying for medical expenses) become urgent. The current manner in which a number of families in Milwaukee are meeting their health needs is more costly and less effective than the type of care that is received by people who have health insurance coverage. In the long term the use of emergency rooms, especially if the services are uncompensated, is not sustainable, and leads to higher health care costs for all consumers. Promoting stable health care coverage, therefore, is an important quality of life issue for both individuals and communities.
The Role Of The Faith Community In Meeting Basic Needs

Congregations in Milwaukee County have a long history of providing relief for people in need. By the 1970s, many congregations established and maintained meal programs and were instrumental in developing shelters for people who are homeless in the early 1980s. When Pay for Performance, the predecessor to W-2, was implemented, congregations found themselves on the front lines providing assistance to families in need due to loss of welfare benefits. In 1997, local homeless shelters turned to the Interfaith Conference and the Red Cross to develop a strategy for housing people when area homeless shelters reached capacity. Dozens of congregations served as shelter sites or sent volunteers to the Emergency Overflow Shelter that was established that year.

As plans for implementing W-2 took shape, the faith community expressed concern that greater reliance on congregations for assistance could overburden them and the food pantries, meal programs, and clothing banks they maintained. Some in the faith community feared that W-2 would shift people from dependence on government to dependence on the charitable sector. Such a shift was thought likely if families were forced into low-wage work with no real investment in their job skills and education. Other community leaders embraced welfare reform as an opportunity to step into the gap and reach people in need as part of their congregation’s evangelism. In general, there was widespread agreement that welfare reform would require congregations to have a more central role in serving families in need.42

Because congregations in Milwaukee County (and in cities and towns across the country) are an integral part of the community safety net for families in crisis, the experience of Milwaukee’s congregations provides insight into the success of welfare reform in moving people out of poverty. The survey conducted for this study shows that during the period 1995-2000 Milwaukee County congregations saw significant increases in requests for help and in the level of assistance they provide to people in need. (See Appendix 2 for more information about the survey).
The survey of Milwaukee area congregations demonstrates that the religious organizations are deeply engaged in the work of serving low-income families. In total, 96 percent provide some services to families in need. Not only do congregations provide direct services, such as food pantries, clothing and furniture, but they also provide volunteers to other community organizations that serve low-income families, including meal programs and homeless shelters.

Services Provided by Milwaukee Area Congregations

<table>
<thead>
<tr>
<th>Food Security</th>
<th>Food Drives</th>
<th>58%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Meal Program</td>
<td>52%</td>
</tr>
<tr>
<td></td>
<td>Volunteers</td>
<td></td>
</tr>
<tr>
<td>Food Pantries</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Vouchers for groceries</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>Meal Program on Site</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Housing Security</td>
<td>Rent Assistance</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Utilities Assistance</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>Hotel Vouchers</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Shelter On-Site</td>
<td>3%</td>
</tr>
<tr>
<td>Cash Assistance</td>
<td>Provide Emergency Cash</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>Offer Short-term Jobs</td>
<td>15%</td>
</tr>
<tr>
<td>Transportation</td>
<td>Bus tickets</td>
<td>25%</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Provide Clothes</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>Provide Furniture</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Provide Appliances</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Make grants to other congregations that provide direct services</td>
<td>42%</td>
</tr>
</tbody>
</table>

Food pantries and helping to meet other food needs were among the most commonly mentioned forms of community outreach. Assistance with food security is a traditional role for the faith community. The vast majority of Milwaukee’s food pantries are located in churches.
A large number of congregations “informally employ” people who come to the church looking for help, or provide direct cash assistance. With 34 percent of congregations providing emergency cash and 15 percent providing informal work, a substantial proportion of congregations are a source of emergency financial assistance for families in crisis.

Congregations also provide assistance that is fundamental to families’ survival. Helping with rent, utilities, and bus tickets are all the type of support that congregations have long-offered to people in need, but the provision of these services has increased over time. While welfare reform has made it difficult for many families to access publicly provided services, congregations continue to offer some element of a “safety net” for families in their communities.

Most congregations surveyed reported that over the past five years, they experienced more requests for help and they served more people. 88 percent of the congregations report the same number of people or more sought assistance from them in 2000 as did in 1995.

Survey question #3: People seeking assistance

To the extent possible, congregations responded to the increased requests for help. 88 percent of congregations also report serving the same number of people or more in 2000 than they did in 1995.
Survey question #4: People served or helped

In order to meet the increased need and requests for service, congregations in Milwaukee offered more direct service programs in 2000 than they did in 1995. 38 percent of respondents offered more services and 52 percent offered the same number of services. In no area of assistance provided by congregations did the number of services offered decrease.

**Comparison of Services Offered, 1995 and 2000**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Pantry on-site</td>
<td>57</td>
<td>66</td>
<td>15.7%</td>
</tr>
<tr>
<td>Conduct Food Drives</td>
<td>77</td>
<td>91</td>
<td>18.1%</td>
</tr>
<tr>
<td>Send volunteers to meal program</td>
<td>61</td>
<td>82</td>
<td>34.4%</td>
</tr>
<tr>
<td>House a meal program</td>
<td>18</td>
<td>21</td>
<td>16.6%</td>
</tr>
<tr>
<td>Provide rent assistance</td>
<td>32</td>
<td>50</td>
<td>56.2%</td>
</tr>
<tr>
<td>Utility assistance</td>
<td>35</td>
<td>44</td>
<td>25.7%</td>
</tr>
<tr>
<td>Shelter using hotels</td>
<td>10</td>
<td>13</td>
<td>30%</td>
</tr>
<tr>
<td>Grocery vouchers</td>
<td>46</td>
<td>61</td>
<td>32.6%</td>
</tr>
<tr>
<td>Clothing assistance</td>
<td>54</td>
<td>87</td>
<td>61.1%</td>
</tr>
<tr>
<td>Bus tickets</td>
<td>28</td>
<td>40</td>
<td>42.8%</td>
</tr>
<tr>
<td>Cash assistance</td>
<td>36</td>
<td>53</td>
<td>47.2%</td>
</tr>
<tr>
<td>Informally employ people looking for work</td>
<td>15</td>
<td>23</td>
<td>53.3%</td>
</tr>
</tbody>
</table>
Respondents’ written comments discuss the ways that congregations have increased their services to families in crisis. Only 3 percent of respondents commented that conditions in their communities had improved since 1995, while over 50 percent commented on the increasing hardship and greater need that they observed. More than 20 percent directly implicated policies associated with W-2 in their comments.

Respondents’ comments point out that many people no longer receive assistance from W-2 or related programs. Even those that are working face difficulty securing basic needs, and rely on the services provided by congregations to make ends meet. One respondent noted that in his congregation includes

...single mothers who are denying themselves basic health care because they cannot afford it and are using emergency rooms as primary care facilities; they are often short on food and rent although they are employed full time.43

Other respondents referred to families that had fallen through the cracks, no longer receiving help from W-2 even though they had no formal income. One respondent named W-2 as the primary factors that explain trends toward increased need:

The disaster of the W-2 program and its lack of real success. There are many many people who have received no real assistance. ...Expectations are ridiculous in some cases. Families are doubling up and doing without, especially health care. ...The number of poor and working poor has jumped substantially. People are moving out more often, leaving in their wake chaos and unpaid bills simply because they can’t pay for utilities, etc. Kids are hungry and ill kept.44

In response to increased need in their communities, Milwaukee County congregations are attempting to increase their services for low-income families and families in crisis. Congregations have always been “frontline” providers of services, but perhaps never more than in the years during and immediately following the implementation of Wisconsin’s comprehensive welfare reform program, W-2. In a variety of service areas the provision of assistance to meet basic needs has clearly been passed to local congregations.
Discussion of Findings

The demand for emergency services to help meet families’ basic needs increased markedly in Milwaukee County between 1995 and 2000. These increases happened during a time of unprecedented economic prosperity and sweeping welfare reform measures. Interviews with program administrators and written remarks from the survey of Milwaukee area congregations link increased use of emergency services to changes in the public safety net that were implemented as part of W-2. This evidence suggests that the W-2 caseload is no longer an accurate reflection of need in the community. The number of families receiving assistance through W-2 has plummeted since 1997, and even since the 2001 recession took hold caseloads have remained much lower than when W-2 was implemented. But many families in Milwaukee communities need occasional or sustained help to meet their basic needs.

Increased demand for emergency services reveals problems with the implementation of W-2. W-2 placed new demands on families receiving public assistance and made it much harder for them to receive help even if they were not employed. The evidence on W-2 leavers demonstrates that most who leave public assistance for work have wages at or below the poverty line. Low-income families in Milwaukee thus are being pressured from several directions. They are pushed to find employment in a labor market that is more constrained than elsewhere in the state, while at the same time work supports (like Food Stamps and Medicaid) have been made less accessible to them, and temporary cash assistance from welfare is extremely difficult to obtain for those who have prior work experience. In this climate, many more families are turning to congregations and community organizations for help meeting basic needs.

W-2’s main objective is to move people into work. Through a variety of mechanisms, families in need are pushed into the labor market and denied assistance, even if they can only find part-time, temporary, or low-wage employment. Because the demands of this work program are very high, many
families leave W-2 before they find a job or lose benefits when they are sanctioned. In all of these cases, families may find themselves unable to receive public assistance even if they do not earn enough to make ends meet.

Many W-2 policies prevent those in need from receiving assistance. Applicants may be declared “job-ready” even if they currently have no income, and “job-ready” participants are not eligible for cash assistance. At times agencies divert people from applying altogether, by telling them they will most likely not be eligible due to any prior episode of employment, or by requiring sixty days of unpaid job search. Applicants may be told they cannot be evaluated for eligibility unless they have sought support from family, friends or other community resources. A 1998 report on diversion activities under TANF notes, “With the exception of Wisconsin, states generally offer applicants the opportunity rather than requiring them to take advantage of alternative resources that may be available to them.” If regular employment is not secured and diversion is not successful, the W-2 participant must comply with some of the most demanding work requirements in the nation, immediate participation in up to 40 hours per week of activities meant to prepare them for employment.

The work requirement is only one of the ways in which W-2 is more demanding than other states’ welfare replacement programs. In addition to having one of the nation’s highest sanction rates of participants who miss hours of the work activities, Wisconsin also sanctions missed hours of education and training, even though participants are technically not paid to attend these activities. Sanctions are applied much more frequently by the private W-2 agencies in Milwaukee than elsewhere in the state. Wisconsin is the only state with no “earned income disregard,” meaning that people cannot work their way off welfare; if they can work at all they are on their own.

But questions persist about the availability of jobs for former welfare recipients in Milwaukee County. Policymakers expected the four-county metropolitan Milwaukee area to serve as the labor market for low-wage workers residing in Milwaukee County, and the metro area as a whole performed nearly as
well as the state in the economic boom of the mid-to-late 1990’s. However, transportation issues and the regional segregation that has resulted from racial discrimination in the job and housing markets have limited the suburban job opportunities for low-wage workers in Milwaukee. Milwaukee County, therefore, is more truly the labor market for low-income low-skilled Milwaukeeans, and labor market conditions in Milwaukee County have been much tighter than the rest of the region.

### Average Annual Unemployment Rates

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin</td>
<td>3.7%</td>
<td>3.5%</td>
<td>3.7%</td>
<td>3.4%</td>
<td>3.0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Metro Milwaukee</td>
<td>3.5%</td>
<td>3.4%</td>
<td>3.6%</td>
<td>3.3%</td>
<td>3.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Milwaukee County</td>
<td>4.0%</td>
<td>4.1%</td>
<td>4.3%</td>
<td>4.0%</td>
<td>3.8%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Source: WI Department of Workforce Development
Metro Milwaukee= 4 county PMSA

The unemployment rate in Milwaukee County is consistently higher than in the rest of the state. The county’s labor force participation rate was 65 percent in 1999, compared to a statewide level of 72 percent. Labor market analysts at the Wisconsin Department of Workforce Development cite “differences in economic conditions as well as differences in demographics” as the reasons for the gap in labor force participation in Milwaukee County compared to the state as a whole.

Since the implementation of W-2, Wisconsin has been continually lauded as one of the most successful welfare reform states. This reputation is largely based on the substantial caseload declines. The cash assistance caseload was 63 percent lower in 2000 than in 1995.

### Average Annual Number of AFDC/TANF Cases, Milwaukee County

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AFDC/W-2</td>
<td>36,155</td>
<td>31,086</td>
<td>22,877</td>
<td>9,724</td>
<td>6,492</td>
<td>5,231</td>
</tr>
<tr>
<td>Kinship Care</td>
<td></td>
<td></td>
<td></td>
<td>4,757</td>
<td>5,017</td>
<td>5,500</td>
</tr>
<tr>
<td>Caretaker Supplement</td>
<td></td>
<td></td>
<td></td>
<td>2,800</td>
<td>2,824</td>
<td>2,800</td>
</tr>
<tr>
<td><strong>CASH BENEFIT CASES</strong></td>
<td><strong>36,155</strong></td>
<td><strong>31,086</strong></td>
<td><strong>22,897</strong></td>
<td><strong>17,281</strong></td>
<td><strong>14,333</strong></td>
<td><strong>13,531</strong></td>
</tr>
</tbody>
</table>
Source: Wisconsin Departments of Workforce Development & Health and Family Services
Many of those who leave W-2 for employment find themselves among the growing population of those who are working but poor. Research generally shows that two-thirds of those who have left AFDC or W-2 since 1995 obtained employment. A study of former AFDC recipients in Milwaukee County, however, found a much lower level of employment, and the overall two-thirds employment level obscures the volatility in low-wage low-skill job market. This plays a role in the low income levels and ongoing poverty of former welfare recipients. While many W-2 leavers statewide have more earned income after leaving the ranks of public assistance, they do not necessarily have more resources because earnings are offset by the loss of assistance (welfare payments and Food Stamps). Low wages and income instability help explain why seventy to eighty percent of former welfare recipients in Wisconsin are still in poverty.

In short, many families are actually more vulnerable to crisis after leaving W-2. Their employment situations are often short-term and unstable. Incomes tend to be at or near the poverty line. Few families have the option of returning to W-2 (because they have been classified as job ready) and many are unlikely to qualify for unemployment insurance if they lose their job. Finally, many families lost access to critical work supports, including Food Stamps and Medicaid because of the way W-2 was implemented.

Food Stamps and Medicaid remain entitlements under federal law, but when W-2 was implemented many families were blocked from accessing these programs. Some failed to apply when they were diverted from cash assistance through W-2. Others enrolled in W-2, but were not informed about other benefits they could receive because caseworkers were directed not to offer services that were not explicitly requested. This policy of “light-touch” resulted in many families not receiving critical assistance with food security, transportation, housing and health care. Investigations by state and federal agencies concluded that the dramatic decline in Food Stamps and Medicaid enrollments in the late 1990s was associated with the implementation of W-2. Wisconsin’s enrollment decline in these programs was among the highest in the nation.
In the past, nearly all AFDC recipients also received Food Stamps and Medicaid. Since the implementation of W-2, scholars estimate that somewhere between 46 and 81 percent of W-2 leavers are still receiving Food Stamps. The figures for Medical Assistance usage are 68 to 92 percent. These estimates vary depending on how recently the person left welfare, as use of the support services drops off significantly over time.60

The U.S. General Accounting Office conducted inquiries into both the Food Stamp and Medical Assistance programs early in the implementation of TANF, and found that Wisconsin had the highest caseload reductions. Food Stamp enrollments fell by 32 percent between 1996 and 1998. Medical Assistance enrollments decreased by 19 percent from 1995 to 1997.61 The decline cannot be attributed solely to employment. A analysis of these support programs in Milwaukee County found that Food Stamp cases in Milwaukee were twice as likely to be closed for administrative problems, like missing a certification appointment, than for increased income. Only 2 percent of Milwaukee Medical Assistance cases were closed because of increased income. The study concluded:

Much of the decline in Medical Assistance [in Milwaukee County] was related to changes in AFDC work program policies instituted under Pay for Performance in 1996 and 1997. Many AFDC cases closed for non-employment related reasons and this resulted in the closing of MA for adults as well as for children.62

Barriers to access remain a problem for Milwaukee County families that need help meeting basic needs. Some applicants are inappropriately diverted. Others fail to apply at all because of confusion over eligibility, the “hassle” of the application process, and the stigma of receiving “welfare.”63 And these supports are a critical factor in the “work pays more than welfare” argument that has been used to promote welfare reform.64

This research reflects on the impact of W-2 in ways that other studies do not. Most evaluations of the new work program have focused on individual and family data, especially income. These studies offer some insight into the impact of
removing the safety net, but they fail to show how W-2 has affected local communities. What happens when thousands of families lose critical supports, even if they have new sources of earned income? This research shows that they rely heavily on community meal programs and food pantries, they seek emergency medical care that they may not be able to pay for, and they risk losing access to stable, safe, affordable housing, turning to emergency shelters for help. One respondent from a community-based organization in Milwaukee interviewed for this study noted the manner in which the responsibility for families in need has been shifted away from public entities.

Demand is up for the various programs we offer. The people who call are people who have applied and are waiting for W-2. People who are sanctioned. People who have quit or been laid off. The hard to serve population-- people who can’t fulfill the work requirements because they’re disabled or they have a disabled child. We call the W-2 agencies and find out they’ve been telling people to call us.65

W-2 is continually lauded as a success due to the enormous caseload reduction. But the program designers promised an improved standard of living for those who left welfare for work, and a number of studies about W-2 call that outcome into question. Increased economic instability and ongoing poverty has a detrimental effect on the families and, as we see through this research, on the larger community in which they reside. Emergency service programs in Milwaukee have been called to meet more needs in the midst of a hot economy and tight labor market. These findings are related, directly or indirectly, to the dismantling of the government safety net that accompanied welfare reform, and unfortunately represent a best-case scenario.

As the current recession takes hold, observers should expect the situation for low-income families and families in crisis to worsen. On the one hand, the private sector that provides a semblance of safety net will have fewer resources to offer basic needs assistance. On the other hand, the Milwaukee area will suffer from increased unemployment, and families pushed off public assistance because of time limits or “employability” will face more intense competition for existing
jobs. Even without the threat of recession, several factors suggest that continuing to rely on the private sector to provide a safety net is untenable in the long run.

First, while the nation as a whole experienced economic growth in the late 1990s, unemployment and poverty in the Milwaukee area remained high. Poverty rates in Milwaukee are consistently higher than in the rest of the state, and are especially dire for children under the age of 18.

Percent of population in poverty, 1997

Second, resources available for community services are extremely sensitive to the health of the economy. During the five years surveyed in this report, the national economy sustained an unprecedented period of expansion. Despite this fact, community organizations were faced with many more requests for emergency assistance, not all of which they could easily address. The safety net system for emergency shelter assistance, in particular, frayed during the late 1990s. As the economy contracts, community services will be forced to address more requests for assistance with fewer resources.
From 1995-2000, the state and federal programs designed to assist families in crisis were modified substantially. The cash assistance safety net was dismantled and replaced with a program designed to move people into work. At the same time, W-2 agencies limited access to federal entitlement programs including Food Stamps and Medicaid. The results are that more people are working, but not necessarily making ends meet. A number of families are struggling for survival with no known form of income. Another group has joined the ranks of the working poor, relying on poverty-level wages to support their children, often without the benefit of other forms of assistance. These families are turning to community organizations for help meeting their basic needs.

Noted scholar Sheldon Danziger has observed that Americans “are content to live in a society that has more economic hardship than most Europeans would tolerate.” He demonstrates that there is widespread acceptance of policies and practices that offer very good outcomes for the majority of the population, even if these systems “leave the poorest citizens with little access to even minimal levels in these same [socio-economic] domains.” It is clear from this research that the ability of low-income families to meet basic needs has been hampered by recent changes to the welfare system. Improving their well-being will require government to reclaim responsibility for maintaining a safety net for families in crisis.
Appendix 1

Service Provider Interview Guide

Thanks for taking the time to meet with me today. As I mentioned over the phone, the UW Milwaukee Center for Economic Development and the Interfaith Conference of Greater Milwaukee are collaborating on this study of trends in emergency service utilization in Milwaukee County. The primary purpose of this research project is to compile and analyze a comprehensive set of data related to emergency service use in Milwaukee County over a five year period, from 1995 to 1999. We wish to augment the administrative data with information from service providers such as yourself. The study, set for release in March 2001, will be useful to program directors and staff, administrators of other programs, and to state and local policy makers. All information will be used for research purposes only. Individual respondents will not be referred to by name in the publicly released report. Participating in this interview will serve as the indication that you are at least eighteen years of age and that you have given your informed consent to participate in this research project. Do you have any questions at this point? Are you ready to begin?

Please provide a brief description of the services offered here at _[program name]_.

How would you describe usage rates for _[program name]_ over the past 5 years?

Do you think your experience here at _[program name]_ matches overall trends in:

(CHOSE ONE OF THE FOLLOWING)
- housing/emergency housing or homeless shelter usage?
- food security/use of food pantries or meal programs?
- use of charitable medical care?

How do you think people generally find out about _[program name]?_

Do you think there are barriers to accessing _[program name]?_

Do you have any further comments on how to address the need for:

(CHOSE ONE OF THE FOLLOWING)
- stable housing?
- food security?
- medical care?
Appendix 2

Congregation Survey

Methodology

A mail-in survey was distributed to 336 congregations in September of 2000. Congregations in Milwaukee County were asked to report on the nature and extent of services they provide to low-income families and families in crisis. 157 congregations completed the mail-in survey. The survey included structured questions and a section for respondents to write in additional comments, evaluating trends in requests for assistance from 1995 and 2000. 109 respondents added written remarks at end of the survey.

Respondents reflect a representative sampling of urban and suburban congregations. 68 percent of respondents are urban congregations, with 24 percent of total respondents describing themselves as “inner city” congregations. 32 percent are suburban. The survey included congregations throughout Milwaukee County (an area that includes the city of Milwaukee and at least 17 other cities and municipalities). Congregations were encouraged to respond to the survey regardless of the level of service they provide.
Congregation (with denomination):  

Person filling out this survey:  

Phone number:  

How would you describe the neighborhood where your congregation’s main building is located?  

___ Urban  ___ “Inner City”  ___ Suburban  

1. Does your congregation provide material assistance to people seeking such help (i.e. food pantry, meal program, on-site shelter, cash, help with utility bills, help paying rent, etc.)?  

___YES  ___ NO  

2. On the table below please tell us which services you provide (please check all that apply):

<table>
<thead>
<tr>
<th>√</th>
<th>Service Provided</th>
<th>Estimate the average number of people served per month in 1999</th>
<th>Did you provide this service five years ago?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On-site food pantry</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food drives for community/religious groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Congregation members volunteer at meal program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Congregation prepares food for a meal program (located elsewhere) on a regular basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>On-site meal program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assistance with rent (either cash or voucher to landlord)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assistance with utility bills</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shelter for people on-site</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shelter using hotels/motels</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Voucher/Gift Certificate for grocery store</td>
<td></td>
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<tr>
<td></td>
<td>Clothes</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Furniture</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Appliances</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bus tickets</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Cash for emergency needs (other than the needs named above)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Informally “employ” people looking for work (i.e. clean up, landscape, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Make grants/provide funds to other organizations that provide services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Topic: People seeking assistance (regardless of whether you were/are able to provide the requested assistance)

Compared with five years ago (1995):
___MORE PEOPLE ARE SEEKING HELP FROM OUR CONGREGATION
___THE SAME NUMBER ARE SEEKING HELP FROM OUR CONGREGATION
___FEWER PEOPLE ARE SEEKING HELP FROM OUR CONGREGATION

4. Topic: The number of people that are actually served/helped.

Compared with five years ago (1995) do your charitable programs serve:
___MORE PEOPLE
___THE SAME NUMBER OF PEOPLE
___FEWER PEOPLE

5. Topic: The different types of assistance you provide

Compared with five years ago (1995) do you provide:
___MORE KINDS OF SERVICES
___THE SAME NUMBER OF SERVICES
___FEWER KINDS OF SERVICES
(for instance: now provide meals, rent assistance, and food pantry instead of just the pantry)

6. If you do not provide on-site services, but assist programs at other sites, have you seen any changes in the number of requests for help from these programs over the last five years?
___YES  ___NO  ___DON’T KNOW

7. Based on your congregation’s experience, please comment on trends over the past five years in the need for and provision of services that help people meet basic needs, and any factors that you think might be affecting these trends.

Please return this survey to:
Interfaith Conference, 1442 N. Farwell Ave. #200, Milwaukee, WI 53202
Endnotes

1 Rapid cash assistance caseload decline in Wisconsin actually began during the program known as Pay for Performance which was started in March of 1996. Pay for Performance was similar to W-2 in that there were strict participation requirements for recipients, accompanied by financial sanctions for non-compliance, but the basic entitlement to public assistance and the recourse for resolving disputes over eligibility and benefits were still maintained. During the course of Pay for Performance the state set caseload reduction criteria for county governments to be eligible to have the right of first selection to administer W-2, which caused steep declines in the caseloads.

2 According to one W-2 leavers study, 17% of leavers moved in with someone to share living expenses, 13% had someone move in with them, 12% moved because they couldn’t afford their housing, and 37% got behind on rent or a house payment. There was a higher incidence of this final type of housing insecurity after leaving welfare than while receiving AFDC or W-2. Wisconsin Department of Workforce Development (1999) “Survey of Those Leaving AFDC or W-2, January to March 1998.”

3 Handout on eviction trends in Milwaukee prepared by Orville Seymour of the Apartment Association of Southeastern Wisconsin, 1999.

4 Confidential Interview #4, Milwaukee, Wisconsin, 10-10-00, Confidential Interview #2, Milwaukee, Wisconsin, 10-16-00, Confidential Interview #3, Milwaukee, Wisconsin, 10-19-00.

5 According to the U.S. Department of Housing and Urban Development, the 2001 fair market rent for a two bedroom unit in Milwaukee is $633. In order to meet HUD’s standard that families should not pay more than one-third of their income for rent, the “housing wage” would be full time year-round work at $10.95 per hour.

6 W-2 Monitoring Task Force of the Milwaukee County Board of Supervisors (2001) “Report on Housing Needs and Resources.” This report documented that the W-2 agencies had expended more than half a million dollars in the first 18-24 months of W-2 operations. Two Milwaukee W-2 Agencies (UMOS and OIC) responded to a request for information for this study. These two agencies alone have expended nearly half a million additional dollars for housing needs.

7 HUD estimates that there were 42 units of affordable and available housing for every 100 extremely low-income renters in Milwaukee in 1994, and it is likely that this gap has widened since then, as a review of Master Property File records shows that there are 8,000 fewer rental units in Milwaukee in 2000 than there were in 1990.


9 Ibid.


11 The food distributed by America’s Second Harvest of Wisconsin is distributed to nearly half the counties in Wisconsin, and it was not possible to disaggregate the data to examine Milwaukee County proportion of the food. Staff from Second Harvest and the interviewees for this study report more food being distributed in Milwaukee.
The Greater Milwaukee Food Providers Coalition (2001) “Building Community to End Hunger: A Blueprint for the Future of Food Security in Milwaukee” America’s Second Harvest of Wisconsin and Hunger Task Force of Milwaukee. This report estimates there are 303 food pantries within the county.

Hunger Task Force began providing food to meal programs and tracking usage when they assumed distribution for government commodities through the Emergency Food Assistance Program in 1999.


Jacobson, R. et al (2001) “Who’s hiring whom for what?” Wisconsin Council on Children and Families. In a survey of employers in Wisconsin, 48% report absenteeism and tardiness as problems with their employees who were formerly welfare recipients. Low-income workers take time off from their jobs to attend appointments to maintain Food Stamps, Medical Assistance, and the child care subsidy because access to caseworkers for these services is mostly offered during regular working hours. This situation contributes to absenteeism or tardiness in the workplace.

According to an analysis of the changes in Food Insecurity rates in the US, increased income was the main factor in the improved situation of those with incomes above 130% of the poverty level, while loss of Food Stamp benefits was the primary factor for the increase in food insecurity for those with incomes below 130% of the poverty level. Nord, M. (2001) “Welfare Reform and Food Assistance, USDA, ERS, Vol. 24, No. 1.

Confidential Interview #13, Milwaukee, Wisconsin, 12-20-00 and Confidential Interview #14, Milwaukee, Wisconsin, 1-2-01.

Confidential Interview #12, Milwaukee, Wisconsin, 12-18-00.

Confidential Interview #14, Milwaukee, Wisconsin, 1-2-01.

Confidential Interview #11, Milwaukee, Wisconsin, 12-12-00.


One factor leading to declines in Medical Assistance coverage was the state’s practice of terminating coverage if clients did not complete a review of their case when they transferred from one county to another, or in the case of Milwaukee County, transferred from one region to another within the county. According to an operations memo correcting this procedure issued in late 2001, “these terminations are not permitted under Federal law.” Wisconsin Department of Workforce Development, Bureau of Workforce Programs, Operations Memo 01-66. 10-15-01. The memo does not state how many clients were wrongly terminated from their Medical Assistance health care coverage.

The one area of health care services studied for this report that did not show negative outcomes over the time period of the study was immunization coverage for children. The completion rate for recommended immunization coverage for the 18-35 month old cohort in Milwaukee has increased every year since 1995, although Milwaukee levels lag behind those of the state. State officials cite state and local commitment to outreach, the existence of many free outlets for getting the shots, and the stricter school requirements about coverage following the Milwaukee measles outbreak in 1990 for these improvements. Confidential Interview #8, Madison, Wisconsin, 2-9-01.


Confidential Interview, Respondent #7, Milwaukee, WI. 2-6-01.

Confidential Interview, Respondent #6, 2-5-01.

Confidential Interview, Respondent #9, 6-29-01.


The Wisconsin Department of Health and Family Services attributes the increase in uncompensated care that occurred between 1995 and 1996 to the closing of John Doyne hospital. Doyne, formerly the Milwaukee County Medical Complex, was a government-run facility, and therefore exempt from reporting their usage data to the state. The higher number of uncompensated care patients in 1996 is believed to reflect the influx of people that would have potentially sought services at Doyne, that now were being served by hospitals that report their number of uncompensated care patients to the state. Using 1996 as a base year to control for the impact of the closing of Doyne, the increase in the number of patients using uncompensated health care is 30 percent.
In the years since the closing of Doyne Hospital, the responsibility for serving the medical needs of uninsured or under-insured patients has shifted among area hospitals.

### Uncompensated Health Care at Milwaukee Area Hospitals

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<td>183427</td>
<td>182532</td>
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<td>238745</td>
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</table>


37 Wisconsin Department of Health and Family Services, Office of Health Care Information “Uncompensated Health Care, Wisconsin Hospitals, Fiscal Year 1999.”

38 According to a recent story in the Milwaukee Business Journal on legislative approval to fund a health insurance pool for small businesses that would be managed by the state “The Legislature has been under pressure from small business owners to deal with soaring health insurance costs, which have risen 60 percent in some cases, according to the Wisconsin chapter of the National Federation of Independent Business.” The Business Journal, 7-27-01.

39 Confidential Interview, Respondent #7, Milwaukee, WI. 2-6-01.

40 In Milwaukee, assessments of 1,500 AFDC mothers with young children who would be expected to look for work under W-2 found that 8 percent of the mothers had permanent health problems that would limit their ability to work, 6.4 percent had a temporary health problem and 5 percent were pregnant at the time of the interview. In addition, 9 percent reported a history of drug or alcohol abuse. In terms of their children’s health, 23 percent of the 1,500 respondents said they had a child with an ongoing health problem. Based on the interviewers’ appraisal, 14 percent were considered to be problems that would complicate the mothers’ abilities to find employment or child care. Milwaukee Area Technical College (1997) “Project Get Started: Phase II Report” MATC Student Services Division.

42 Over the past five years, many local religious leaders have expressed concern about the effects of welfare reform in various media outlets such as letters to the editor, interviews, and press conferences. In early 1995, the Interfaith Conference surveyed area congregations to elicit
their views on state and federal welfare reform proposals and their potential effects on local religious organizations.

An Advisory Panel to Wisconsin Department of Workforce Development Secretary Jennifer Reinert recently scaled back the agencies ability to assign unpaid job search by limiting this activity to 30 days. This change will be implemented in January 2002.


In order to satisfy the minimum wage requirements of the Fair Labor Standards Act, W-2’s cash grants of $673 for Community Service Jobs and $628 for W-2 Transitions placements are based on 30 and 28 hours of work experience activities respectively. The 10-12 hours of education and training activities within these placements are considered additional unpaid benefits for the participant but attendance at them is mandatory.

In October 1999 the percentage of participants sanctioned in Milwaukee was 33% and 20% in the balance of state. Within Milwaukee County the sanctioning rate ranged from 18% of the caseload of United Migrant Opportunity Services to 48% of the caseload of YW Works. Wisconsin Legislative Audit Bureau (2001) “An Evaluation Wisconsin Works W-2 Program.” Report 01-7.

National Governor’s Association (1999) “Round Two Matrix and Summary of Selected Elements of State Programs for Temporary Assistance for Needy Families”

Wisconsin Department of Workforce Development, Division of Workforce Solutions, Bureau of Workforce Information, “Milwaukee County Workforce Profile,” October 2001.

Wisconsin Department of Workforce Development, Division of Workforce Excellence, Bureau of Workforce Information, “Milwaukee County Regional Workforce Profile,” July 1999.

Kinship Care and Caretaker Supplement are child-only welfare cases funded with TANF that are not subject to work requirements and time limits. These numbers have not always been routinely reported along with W-2 caseload figures.


41% of former AFDC recipients in Milwaukee County were employed when interviewed by the Hudson Institute. Swartz, et al (1999) “Where did families go when AFDC ended in Milwaukee?” Hudson Institute and Mathematica Policy Research.


55 percent of welfare leavers in Wisconsin in 4th quarter 1997 had increased earnings (income from work), but only 28 percent had increased


58 Respondents to the state’s leavers study indicated that the incidence of various types of hardships stayed essentially the same (lack of money to pay utility bills, moving due to financial hardship) and in some cases increased (no way to buy food, getting behind on rent or mortgage payments) following exit from welfare. 50% of respondents disagreed or strongly disagreed with the statement “have more money now than when on welfare.” Department of Workforce Development (1999) “Survey of Those Leaving AFDC or W-2, January to March 1998.”

59 “The new system [W-2] should provide only as much service as an eligible person asks for or needs. Many persons will do much better just a light touch.” Wisconsin Works Manual, Section 1.1.0. This policy was not intended to be applied to entitlement programs. Although the Department of Workforce Development has verbally stated that this policy is no longer in effect, it has not been removed from the policy manual.


64 An early publication describing W-2 features a table entitled “Out of poverty, even at minimum wage.” $6,429 in EITC and Food Stamp benefits are added to the $10,712 in earnings (based on full time work) for an income at 117% of the federal poverty level. Wisconsin Department of Workforce Development (1997) “Building a Better Safety Net.”

65 Confidential Interview, Respondent # 1, 9-26-00.