

RESEARCH AND OPINION

This issue of Research and Opinion offers a commentary on the problem of homelessness in Milwaukee by Michael J. Soika, who directed "Under the Radar: A Survey of Homelessness in Milwaukee." The survey was conducted by the Milwaukee Continuum of Care Homeless Coalition and was the largest of its kind ever undertaken in Milwaukee. Mr. Soika's comments are followed by a summary of the survey.

Ending Homelessness: A Challenge Accepted

by Michael J. Soika

The often quoted saying that the "poor will always be with you" may be true, but the poor don't have to be homeless—and especially not if they are working. In the two decades since homelessness burst into public consciousness in America we have learned quite a bit about who is and who is not homeless. Unfortunately, we have not made great strides in ending homelessness.

Homelessness is both a structural and a personal issue. It is linked as much to economic and social policies as to individual, family and community choices. The stark reality is people don't choose to become homeless. Rather, we choose to allow homelessness to persist in our midst.

The survey on homelessness outlined here is an important one. While it cannot be generalized for the homeless population in Milwaukee, it does provide a snapshot of homelessness in our city. It gives us a compass we can use to guide our journey to end homelessness in Milwaukee, if we so choose.

We should use the information garnered in this survey to embark on a long-range planning process with the goal of ending homelessness within the decade. The danger, of course, is that we create a nice plan but not a lot of action around the goal. In order for this process to succeed, we will want doers and decision-makers, not planners. We will want zealots and

pragmatists—all who are singularly focused on the achievable goal of ending homelessness. This might sound like a laughable but laudable goal, if it weren't for the fact that it has been done successfully in other places.

Rebuilding lives in Columbus

The Columbus, Ohio Community Shelter Board used their planning process and their Homeless Community Needs Assessment as the spark to create a community-wide commitment to build permanent housing for individuals who are chronically homeless. Since 1998, this "Rebuilding Lives" initiative has developed 372 of a planned 800 units of supportive housing in an effort to end homelessness for the long term, chronically homeless in their community. Of the individuals housed in the Rebuilding Lives units, 93% remain housed and never return to emergency shelters, according to the Columbus Community Homeless Board.

We can begin our efforts to end homelessness in Milwaukee by first taking small steps. Here is one place to start. Of the people surveyed, 63 (9%) indicated that their last place to stay before becoming homeless was a corrections or health care facility. Could we have prevented these individuals from becoming homeless simply by using a better discharge planning process? If we felt more ambitious, we

could look at a broader concern. Of the individuals surveyed, 41% said that they were homeless for the first time in their lives. What do we have to do—as a community—to get these families quickly back into homes and ensure that they don't become homeless again? These are just two examples. There are many more.

The National Alliance to End Homelessness is encouraging communities to engage in a planning process that is focused on four broad categories. These categories are: plan for outcomes, close the front door, open the back door and build the infrastructure. I'd like to outline how this planning process might unfold in Milwaukee.

Plan for outcomes

Planning for outcomes is not as easy as it may sound. It is more all encompassing than simply gathering the homeless service organizations in a room and crafting a "vision statement." First, we must affirm that our community is dedicated to ending homelessness within a decade. We don't want to warehouse homeless families. We don't want to "manage the homeless issue." We want to end homelessness—period. The planning process should hold as its foundation the belief that we can and we must end homelessness. To be





successful, we will need to be inclusive and invite all affected institutions to participate in the process. We have to reach out beyond just the shelters and those agencies that are directly linked to homelessness.

Close the front door

How many institutions in our community touch the lives of poor people who eventually become homeless? How can we redirect the resources of these institutions to prevent homelessness before it happens? That is what the National Coalition means when it challenges us to close the front door. Let's prevent homelessness before it happens by doing a better job of providing resources to poor people.

Homeless individuals and families are not unknown to the government and public agencies before they become homeless. As an example, 15% of the individuals interviewed in this study stated that they were currently on probation or parole. How can we create incentives for the corrections institutions to implement a pre-release plan that reduces the incidence of homelessness among parolees? We spend tens of thousands of dollars to incarcerate individuals—can't we at least ensure that they don't become homeless upon release? Parole agents must be as responsible for preventing homelessness as are the staffs of emergency shelters.

The corrections institutions are only one example and should not be singled out. Consider this: 45% of the respondents in the survey are receiving food stamps; 14% are receiving Temporary Assistance for Needy Families (TANF) and 13% are receiving Supplemental Security Income (SSI). Conversely, we saw a similar percentage of individuals stating that they were denied receipt of these very same benefits. This just documents the fact that homeless persons are not invisible to our community. Government and public service agencies see them every day. For too long, prevention of homelessness has rested on the shoulders of the advocates and the homeless service providers. To end homelessness, we must bring new

partners to the table who are committed to ending homelessness and who can use their broader array of resources to positively impact the lives of homeless families.

Open the back door

The most effective way to end homelessness is to prevent it by providing services, housing, rent assistance, help with landlord-tenant issues and the like. Once families do become homeless, we should move them rapidly back into housing and ensure they have enough resources to remain there.

The homeless service provider system has become very adept at using every means possible to help poor families and individuals to remain housed. All shelters provide case managers who not only assist individuals and families to receive mainstream entitlement benefits, but also intervene with landlords and help families to become or remain housed. The shelter system even has an emergency phone hotline that will dispatch a crisis intervention team to prevent evictions or move resources to the family as rapidly as possible. The shelter system has collectively put its shoulder to the back door of homelessness in an attempt to prop it open with a flood of housing and services. Unfortunately, the system cannot currently keep up with the growing demand.

Build the infrastructure

The conundrum of homelessness is that it is intimately linked to poverty. And, if poverty is a structural byproduct of our national economic and social policies, then how can a community like Milwaukee realistically end homelessness? The answer is that the same initiatives we use to end homelessness in Milwaukee are also needed to alleviate poverty in America. Building the infrastructure means we must diligently work on reducing the structural causes of poverty and homelessness in our own community. The most obvious solution is that we must increase the income of poor people—especially those who work. Our survey found that 21% of those interviewed

were working—and 50% of them were working full time. We can increase income by maximizing the use of the Earned Income Tax Credit to bring more dollars into the homes of the working poor. We can accelerate our efforts to sign up families eligible for food stamps and SSI. We can also advocate for policies that make access to jobs easier.

Of the homeless who were surveyed and were employed, 71% used public transit as their primary means of transportation. Maintaining bus routes, reducing bus fares and supporting rapid transit to suburban communities where a wealth of jobs is located are sound public policies that will help reduce poverty and eliminate homelessness in Milwaukee.

Cutting back: the human cost

Recently in Wisconsin we have witnessed a rolling storm of citizen protests forcing elected officials—at every level of government—to reduce or freeze taxes. Milwaukee County was on the leading edge of this movement, followed closely by the City of Milwaukee and the state. This has been a good exercise for citizens and governments to undertake. We have seen the effects of budgets that are frozen and we are beginning to measure the human costs. Few are as stark as the provision of health care to the uninsured. The poor—and especially the homeless—need access to health care in order to remain healthy and to survive. Of the homeless who were surveyed and who saw a doctor, 32% used the General Assistance Medical Program (GAMP) to pay for medical services; 16% used Medicaid and 12% sought care in hospitals, clinics and emergency rooms, but did not pay for services. The 2004 budget adopted by the Milwaukee County Board reduced GAMP by more than one million dollars.

At nearly the same time, we saw local hospitals announce that they were limiting access to services for those who cannot pay. We can't have it both ways. If we reduce taxes by eliminating vital health care services, we end up increasing health care costs for everyone. And we increase the need for more services to

the poor and the homeless. You can't pick up the stick without lifting both ends. You can't freeze or reduce taxes without eliminating vital services. Policy decisions such as those noted above should be scrutinized not only for their impact on taxes, but also for their impact on poverty, homelessness and the long term costs to our community.

In conclusion, it is time for us to fish or cut bait on the question of ending homelessness in Milwaukee. If we are serious, then our path is fairly straightforward. First, we must create a community consensus around the goal of ending

homelessness. Next, we must broaden the tent of institutions, government and service providers who are committed to ending homelessness. And we must craft a mixture of carrots and sticks to provide incentives for new partners to prevent homelessness within the population base they serve. At the same time, we must continue to provide the needed array of services already in use and we must move homeless families and individuals quickly back into permanent housing. Finally, we must take a critical look at the policy changes needed to reduce poverty and end homelessness in our city.

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Under the Radar: A Survey of Homeless Adults in Milwaukee

In 2004, more than 2.5 million adults and children in this country will experience at least several weeks of homelessness and an estimated 5 to 8 million will be homeless for at least a day.¹ While debate continues over the exact numbers of homeless persons, and the demographic groups represented in that population, there is little disagreement that the homeless population has increased over the past two decades and, without major changes in social and economic policy, it will continue to grow.²

The following summarizes the results of a survey on homelessness in the City of Milwaukee conducted by the Milwaukee Continuum of Care Homeless Coalition (CoC). Data analysis was done by the Center for Urban Initiatives and Research at the University of Wisconsin–Milwaukee. The goal of the survey was to provide a foundation for community wide strategic planning aimed at ending homelessness in Milwaukee. Two hundred staff and volunteers from coalition member groups surveyed 761 homeless persons, primarily

in emergency and transitional shelter facilities. The surveys were conducted the week of September 11, 2003. A \$10 stipend was offered to survey participants.

A profile of homelessness in Milwaukee

Participants were surveyed on several key factors, ranging from length and frequency of homelessness, to employment status, to need for mental health and alcohol and other drug abuse services (AODA). A summary follows:

Length of homelessness

- Chronic 35%
- Episodic 41%
- Temporary 24%

Chronically homeless is defined as being homeless four or more times or being homeless for more than one year.

Episodically homeless refers to those individuals who have been homeless three times or less in their lives and are currently homeless less than one year.

Alternatively, they have never been homeless before and are currently homeless for six to twelve months. *Temporarily* homeless refers to those who have never been homeless before and who have been homeless for six months or less.

The survey found that those who are chronically homeless tend to be older males with mental health or alcohol or other drug abuse needs. The temporarily homeless are likely to be younger females with less pronounced needs who receive fewer services and benefits.

Length of current homeless experience

Forty-one percent are homeless for the first time. Of those:

- 39% are homeless for three months or less
- 75% are homeless for less than one year
- 25% are homeless for more than one year

¹ Burt, M.R., and L.Y. Aron. 2001. *Helping America's Homeless*, Washington, D.C.: Urban Institute Press. Link, B., Phelan, J., Bresnahan, M., Stueve, A., Moore, R., and E. Susser. 1995.

² Rossi, P.H. 1989. *Down and Out in America: The Origins of Homelessness*. Chicago, IL: University of Chicago Press.



Race or ethnic origin

- African American 71%
- Caucasian 23%
- Hispanic/Other 6%

Age and sex of survey participants

- Female 44%
- Male 56%
- Under 35 28%
- 36-45 33%
- Over 45 39%

Education

- < High school 37%
- High school or GED 35%
- Some college 19%
- College/Tech grad 9%

Employment

Twenty-one percent were working. Of those:

- 50% worked full time
- 59% earned less than \$8/hour
- 8% were “day laborers”
- 72% used public transit to get to work

Medical Care

Seventy-one percent saw a doctor while homeless. Of those:

- 37% saw a doctor five times or more
- 32% used the general assistance medical benefit
- 27% used Medicare/Medicaid
- 13% did not pay

While this group represents 71% of all of those surveyed, they comprise 76% of the chronically homeless individuals in the study.

Mental health and alcohol and other drug abuse needs

- 50% cited a need for mental health services*
- 53% cited a need for AODA services
- 43% needing mental health services were chronically homeless

*The study found that the number of participants receiving services was nearly

equal to those who stated a need for them. Since there is a shortage of AODA and Mental Health services in the community—resulting in the creation of large waiting lists—it is assumed that those who received services were more likely to report a need for them.

This population tends to be homeless longer and has a higher number of individuals who are chronically homeless, comprising 63% of all chronically homeless surveyed.

Chronically homeless

Thirty-five percent were chronically homeless. Of those:

- 66% were male
- Nearly half were age 45 or older
- 67% needed AODA services
- 63% needed mental health services
- 12% spent the last night outside or in a public or abandoned building

Probation or parole

- 15% were on probation or parole (P&P)
- Tended to be younger, less educated and have significant alcohol and other drug abuse needs
- 24% last found shelter in a correctional institution
- 86% of workers on P&P earned less than \$8 /hour

This group was younger and less educated, and had significantly more alcohol and other drug abuse issues when compared to the surveyed population. They were also three times more likely to have last stayed in a corrections or health care facility prior to becoming homeless.

Women with children

- 17% of those surveyed were women with children
- Tended to be younger, less educated and have less work experience than the surveyed group as a whole
- Fewer were long time or chronically homeless

- Nearly twice as likely to have been homeless as a child
- 71% of their children live in a shelter

Homeless and unsheltered

Nine percent spent last night outside or in a public or abandoned building.

Of those:

- 49% were chronically homeless
- 81% of the chronically homeless were male
- Were nearly twice as likely to be on probation or parole
- More than 70% voiced a need for AODA services
- Half felt a need for mental health services, significantly less than the surveyed population as a whole

First time homeless

- 41% were homeless for the first time
- Expressed significantly less need for mental health or AODA services
- Demographic profile is similar to survey group in general

Homeless as a child

Fourteen percent were homeless or in foster care when under 18 years of age.

- 69% were women
- 64% were under age 35
- Tended to be less educated and have less experience than the general surveyed group
- Were more than twice as likely to be on probation or parole

Homeless and living in a transitional shelter

Thirty-two percent were living in transitional housing. Of those:

- The demographic profile was similar to survey group in general
- Length of homeless experience was longer, due mainly to participation in the transitional housing program
- Service and public benefits use was higher than the surveyed group in general.



Survey Response Compared to Milwaukee Census Data

| | <i>Characteristic</i> | <i>City of Milwaukee</i> | <i>Homeless Survey Response</i> |
|-------------------------|------------------------|--------------------------|---------------------------------|
| Race | African American | 36.9% | 70.7 % |
| | White | 45.4% | 23.1% |
| | Am. Indian | 0.7% | 1.1% |
| | Asian, Pacific | 2.9% | 0.7% |
| | Hispanic | 12.0% | 2.6% |
| | Other | 2.1% | 1.8% |
| Age | Under 35 | 56.7% | 28.0% |
| | 36 – 45 | 14.4% | 33.2% |
| | Over 45 | 27.9% | 38.6% |
| Education | High school grad | 25.2% | 36.4% |
| | HS or GED | 30.2% | 34.2% |
| | Some college | 20.7% | 19.1% |
| | College/tech grad | 18.0% | 9.0% |
| Employment | Employed | 90.6% | 20.9% |
| | Unemployed | 6.0% | 78.3% |
| Source of Income | Earnings | 79.3% | 20.9% |
| | Social Security | 24.0% | 6.3% |
| | Public assistance | 4.6% | 13.8% |
| | Pension/interest, etc. | 5.7% | N/A |

Note: there is a slight variation between the Census categories and the survey categories for ages (Census = age 35-44; Survey = age 36-45). Census Data Source: City of Milwaukee Dept. of City Development.

Milwaukee Survey Findings Compared to National Homeless Data

| <i>Profile</i> | <i>National Data</i> | <i>Milwaukee 2003 Survey</i> |
|---|----------------------|------------------------------|
| Male | 40%–60% | 56% |
| High School Grad or More | 62% | 62% |
| Employed | 17%–44% | 21% |
| “Means Tested Benefits” (e.g., Food Stamps) | 50% | 45% |
| Need Mental Health Services | 15%–23% | 50% |
| Need Alcohol & Other Drug Abuse Services | 17%–30% | 53% |
| Temporarily Homeless (Homeless once or twice and for < 12 months) | 50% | 24%* |
| Episodically Homeless (In and out of homelessness numerous times) | 25% | 41%* |
| Chronically Homeless (Continuously homeless for extended periods) | 25% | 35%* |

*Milwaukee Survey definitions for Temporary, Episodic, and Chronic homelessness differ from those noted here.

The full survey can be found on the web at: www.milwaukeehomeless.org or contact Community Advocates, (414) 449-4767.

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