

# At the Front Door:

A System Improvement Review of  
Milwaukee's Emergency Shelter System

wilberg community  
planning LLC

# INTRODUCTION

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# Introduction

## Purpose

*Identify opportunities to improve the emergency shelter system to better serve people who are homeless.*

- Understand how the current system works
- Identify problems that need to be discussed
- Encourage strategic planning at a system level
- Find opportunities for innovation
- Build effective day-to-day and long-term collaboration

# Introduction

## Methodology

- ✓ Focus groups with 46 staff in 8 shelters
- ✓ Focus groups with 48 shelter residents in 3 shelters
- ✓ Discussion meetings with Shelter Task Force and Transitional Housing Group
- ✓ Questionnaires to 10 shelters and 10 transitional housing programs
- ✓ HMIS (Service Point) data analysis
- ✓ 2-1-1 data analysis

# ACCESS TO EMERGENCY SHELTER

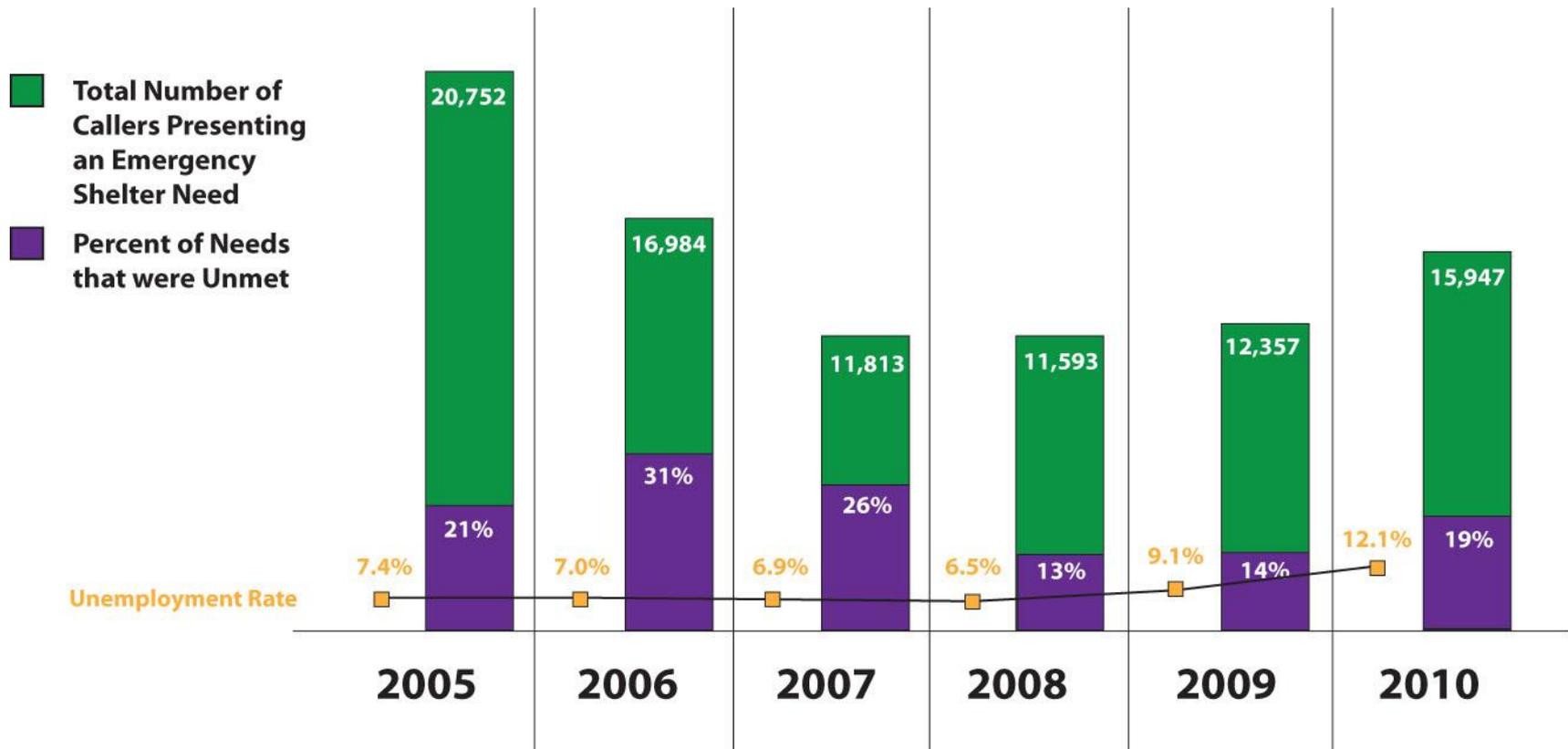
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# Emergency Shelters

Shelter	Location	Single Beds	Family Beds	Total
Cathedral Center	845 N. Van Buren	32	19	51
CA: MWC			22	22
Family Support	3025 W. Mitchell		76	76
Guest House	1216 N. 13th	43		43
Hope House	209 W. Orchard	11		11
Pathfinders	1614 E. Kane	8		8
RM: Joy House	830 N. 19 <sup>th</sup> St.		80	80
RM: Safe Harbor	830 N. 19 <sup>th</sup> St.	250		250
Salvation Army	1730 N. 7th	74	46	120
Sojourner Truth			41	41
Walker's Point	732 S. 21 <sup>st</sup> St.	8		8
<b>Total</b>		<b>426</b>	<b>284</b>	<b>710</b>

# 2-1-1 Calls for All Shelter: 2005 to 2010



# Access to Emergency Shelter

- Access at the shelter level
- 2-1-1 call results in phone #'s for shelters
- Shelter-specific access procedures
- Common themes
  - Contact with the shelter must be by PHONE
  - Walk-ins are discouraged/prohibited
  - Repeated daily phone call or appearance at a specific time often required, e.g. call every day at 1:00 p.m.
  - Consumers must have access to a phone at a specific time and the competence/temperament/ability to be persistent.
  - Consumers must act on their own behalf; shelter to shelter communication regarding placement rare

# Eligibility for Emergency Shelter

- Most shelters require photo ID
- Birth certificates and social security cards also required at one family shelter; proof of custody
- Alcohol/drug free – policies vary
- Serious mental illness – deterred from some shelters
- Most use CCAP (WI Circuit Court Access/Consolidated Court Automation Program) for background check
  - Shelters vary in how CCAP is used
- Interview to determine suitability for shelter program
- Homeless definition varies; most come from ES or other living environments; small % completely homeless

# Exclusions

- Persons on the sex offender registry
- Alcohol and drug use
- History of violent offense per CCAP
- Open restraining order per CCAP
- Other findings from CCAP - varied
- Previous bad experience at the shelter, e.g. red-flagged
- Required time out from previous stay in shelter
- Required time out because applicant unsuccessful at another shelter

# How are access procedures contrary to what we know about homeless people?

## Many Milwaukee residents do not have drivers licenses:

- *Less than half (47%) of Milwaukee County African American adults and 43% of Hispanic adults have a valid drivers license.*
- *Only 65% of adults in Milwaukee County have a current and valid WI drivers license, compared to 83% of adults in the Balance of State.*
- *An estimated 98,247 WI residents ages 35-64 do not have either a drivers license or a photo ID.*

Source: John Pawasarat, "The Driver License Status of the Voting Age Population in Wisconsin," University of Wisconsin-Milwaukee, Employment and Training Institute, June 2005

## Many homeless people have limited competence/temperament/ability to be persistent in seeking shelter.

- *41% mental illness, 32% physical disability, 27% alcohol abuse, 25% drug abuse, 10% developmental disability* (2009 Point in Time Survey, Milwaukee Continuum of Care)
- *15% of population no cell phone; cell phones need minutes/charge; few pay phones available* (Pew Research Center 2011)
- *"I called them every day for a month and then I ran out of minutes on my phone. I only had a hundred minutes on my phone."*
- *Calling at a specified time presupposes control of one's environment.*

# How are access procedures contrary to what we know about homeless people?

## Milwaukee's homeless population exhibits characteristics which are often excluded from shelter.

- *The rate of involvement in the criminal justice system is significant for people with mental illness. Of the 5,962 adults screened in the Jail in 2010, 47.3% (2,821) had AODA (alcohol or other drug abuse) needs, 7.7% (457) had mental health needs, and 27.1% (1,618) had co-occurring mental health/AODA needs. (Justice 2000, January 2011)*
- *Racial disparities in the criminal justice system have been documented. Nationally, African Americans are 42 times more likely than Whites to receive prison sentences for drug crimes. Half of Wisconsin's prison population is African American although only 6% of the state's population is African American. (WI Office of Justice Assistance, 2010)*
- *2,717 prisoners (32% of the state's total) were released to Milwaukee in 2010, many with tenuous housing situations and vulnerable to episodes of homelessness. (WI Department of Corrections, January 2011)*

# Different Perspectives on Access

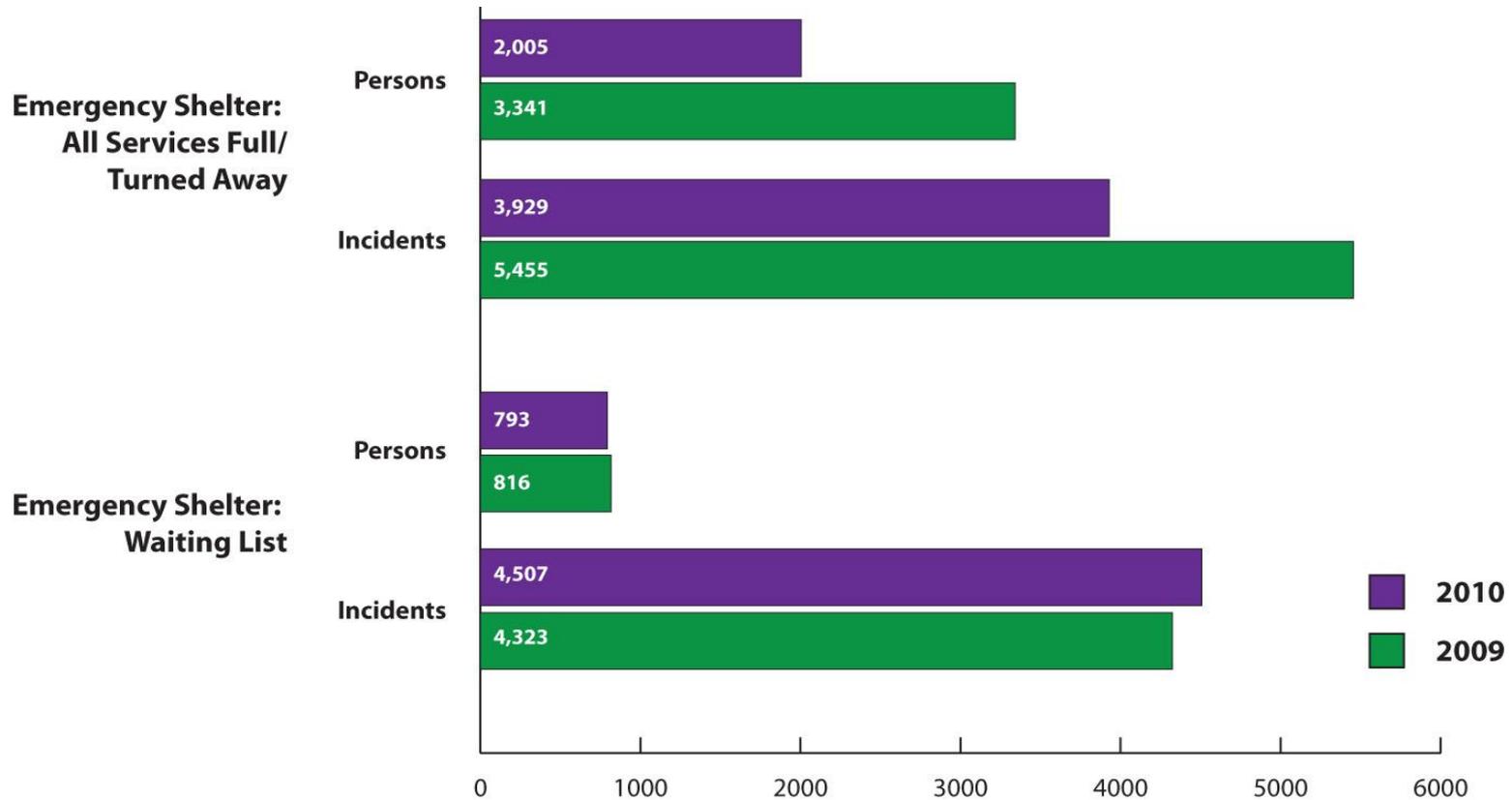
## Shelters

- Shelters need to manage demand, maintain safe shelter environments, meet program requirements and achieve outcomes.
- Individual agencies' organizational missions, beliefs about homeless people, and program expectations drive the access process.
- Each shelter has a culture that shapes how staff members interact with homeless people.

## Consumers

- Consumers need to find shelter, marshal their resources, and have a strategy.
- Consumers look for immediate shelter and help finding job/housing.
- Consumers in shelter have been successful in negotiating the system (per focus group participants). Unsheltered (unmet need) experience unknown.

# Emergency Shelter Unmet Need: 2009 and 2010



Average turnaways from shelter per person: 2009: 1.63; 2010: 1.95

Average turnaways from waiting list per person: 2009: 5.29; 2010: 5.68

# EMERGENCY SHELTER SERVICES/OUTCOMES

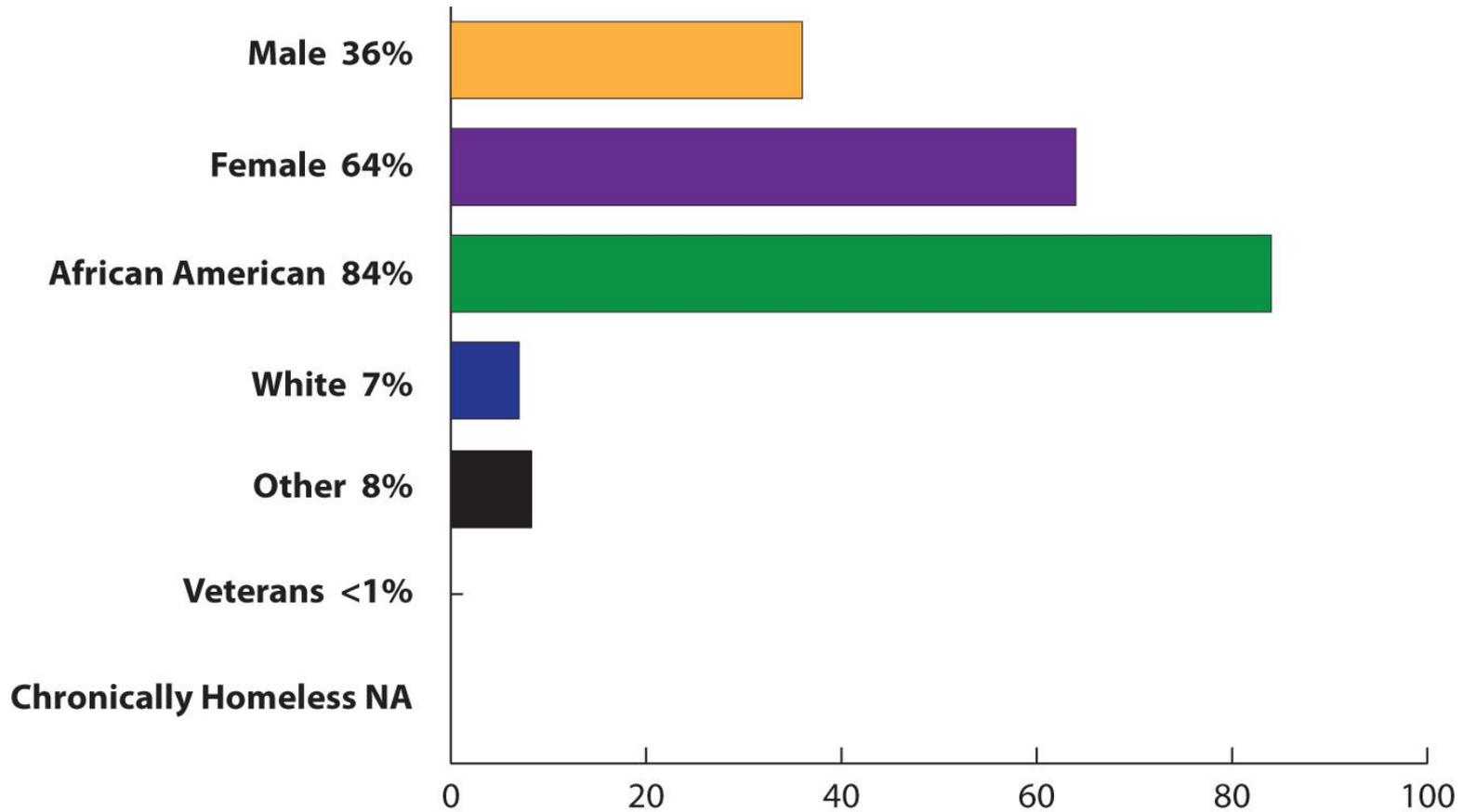
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# Emergency Shelter Services/Outcomes

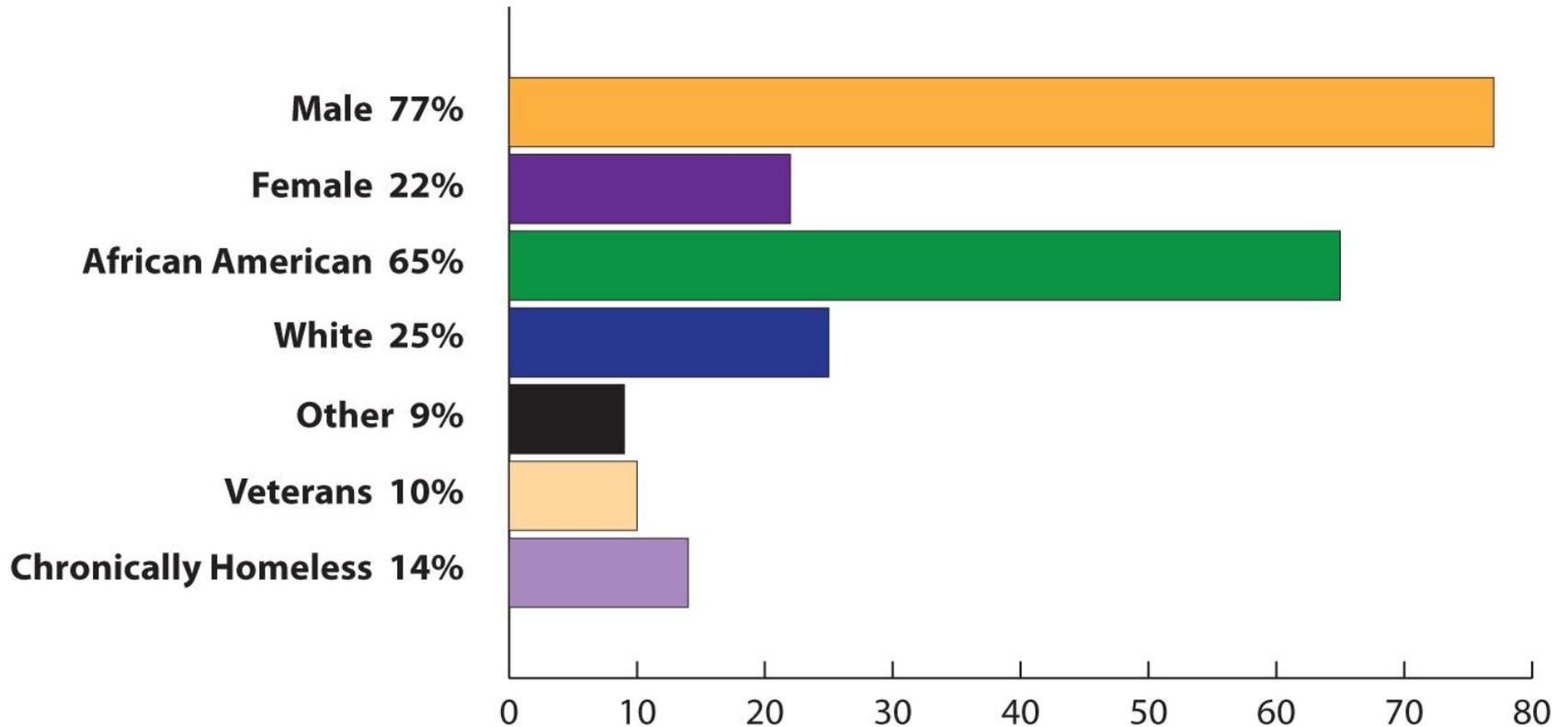
- Consumer characteristics
- In-house service capacity
- Referral/collaborative networks
- Mainstream benefit utilization
- Repeat shelter utilization
- Length of stay

# Shelter Consumer Characteristics



## Emergency Shelter Consumers: Families (2009)

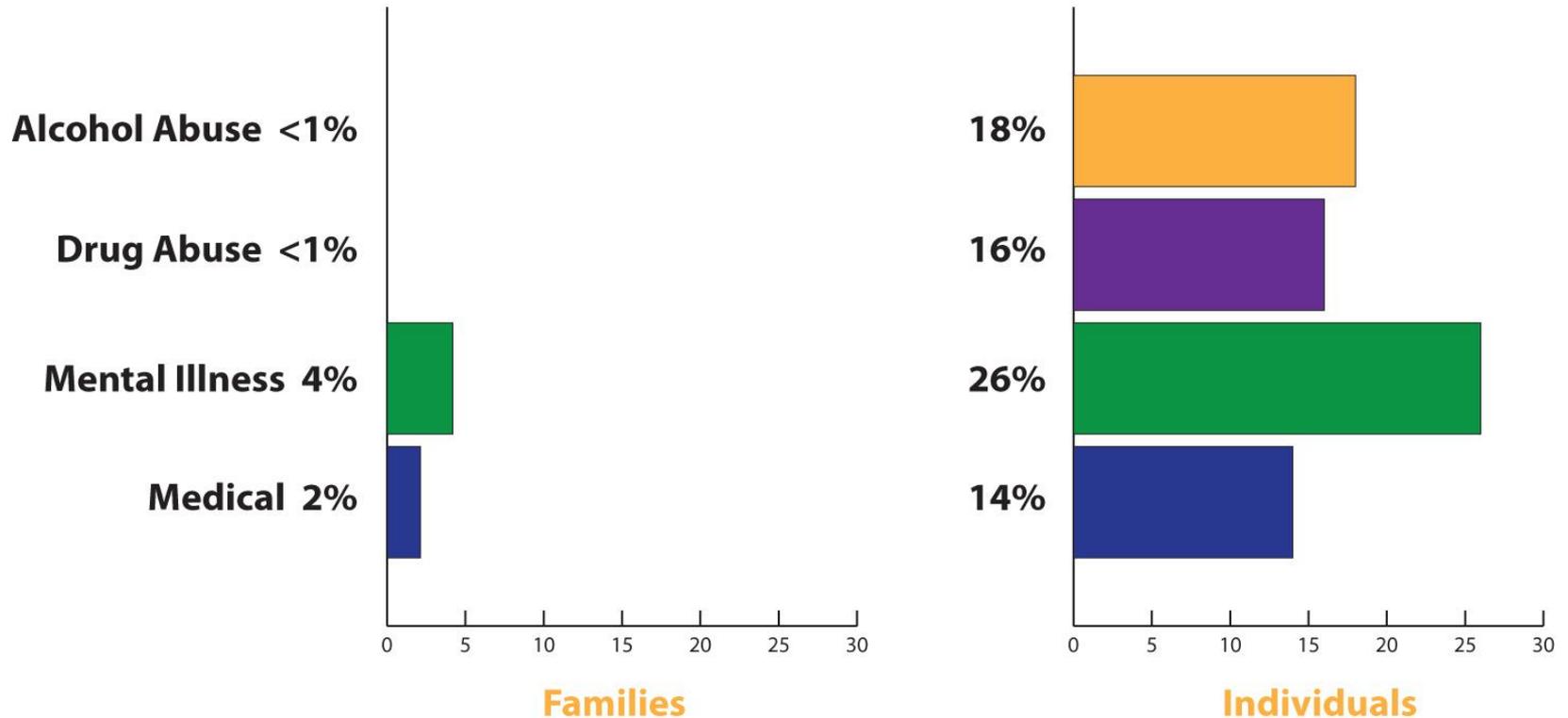
# Shelter Consumer Characteristics



## Emergency Shelter Consumers: Individuals (2009)

# Shelter Consumer Characteristics

## Disabilities 2009



# In-House Service Capacity

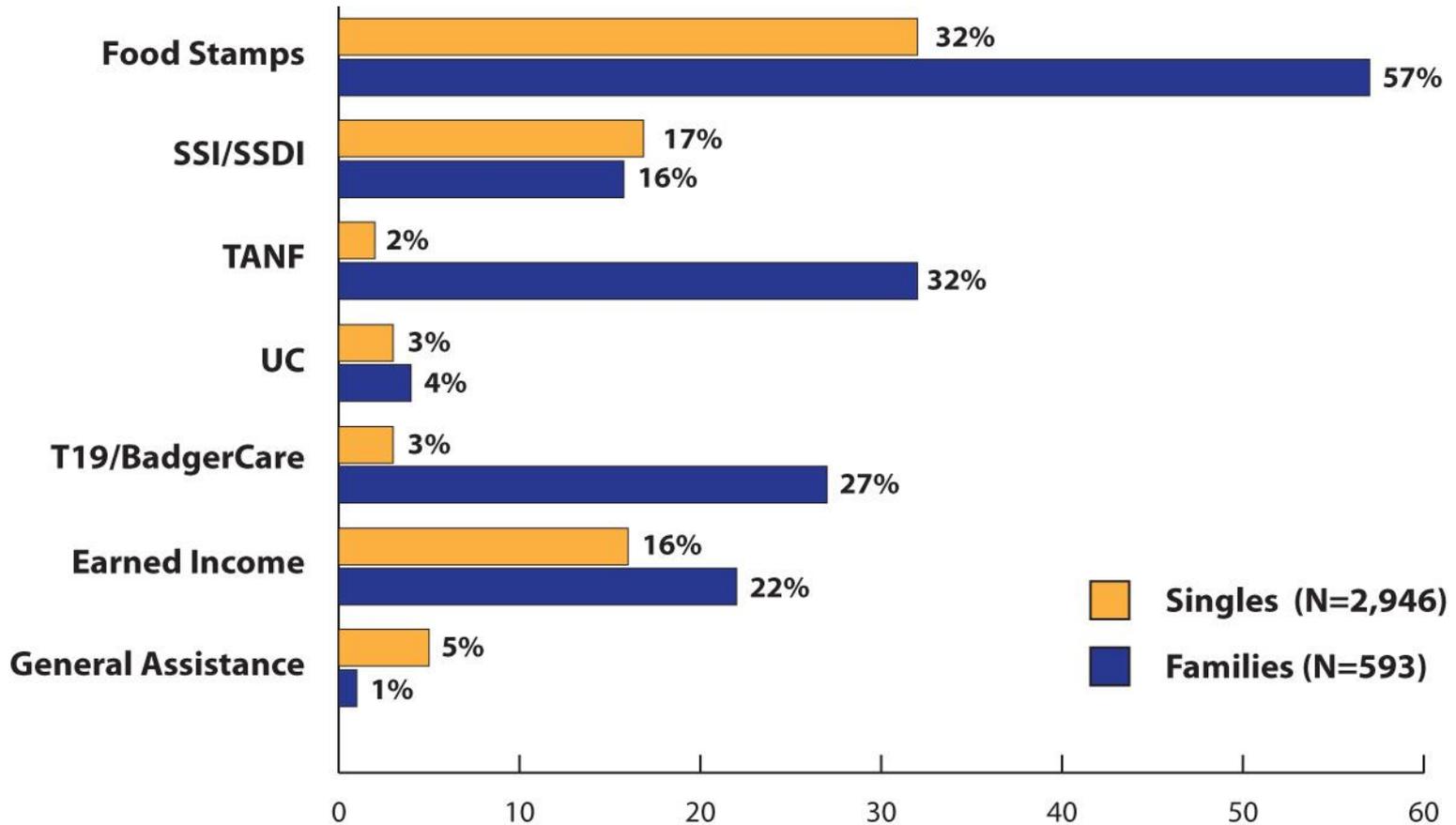
- Shelter-specific assessment process
- Individualized goals/plan development
- 24-hour/3 meals a day available at most but not all shelters.
- Most have some form of case management.
- Counseling for substance abuse and mental health available at most shelters.
- Employment, transportation, health care, access to permanent housing vary.
- Several shelters require participation in services in order to maintain shelter.

# Referral/Collaborative Networks

*“When people come in, they’re treated as new. We start where they’re at and go from there.”* (Shelter Director)

- 19% of families and 28% of singles come straight from FROM ANOTHER SHELTER
- Strongest collaborative relationship: Walker’s Point and Pathfinders
- Greatest need for collaboration: 1) Cathedral Center and Salvation Army Lodge; AND 2) Guest House and Rescue Mission
- Level of collaboration varies among adult shelters and is governed by:
  - Limited shelter to shelter, on-the-ground communication
  - Limited use of ServicePoint to access service utilization information
  - Unresolved historical problems:
    - *“XYZ Transitional Housing never takes our people so we gave up referring anyone there.”*
    - *“Other shelters dump people with mental illness on us because we always take them.”*
    - *“ABC Shelter just established a policy without talking with us even though it has a big impact on us.”*
    - *“PDQ Shelter won’t take phone calls about clients from our staff.”*
    - *“So and so just went after money for their project without asking the rest of us.”*

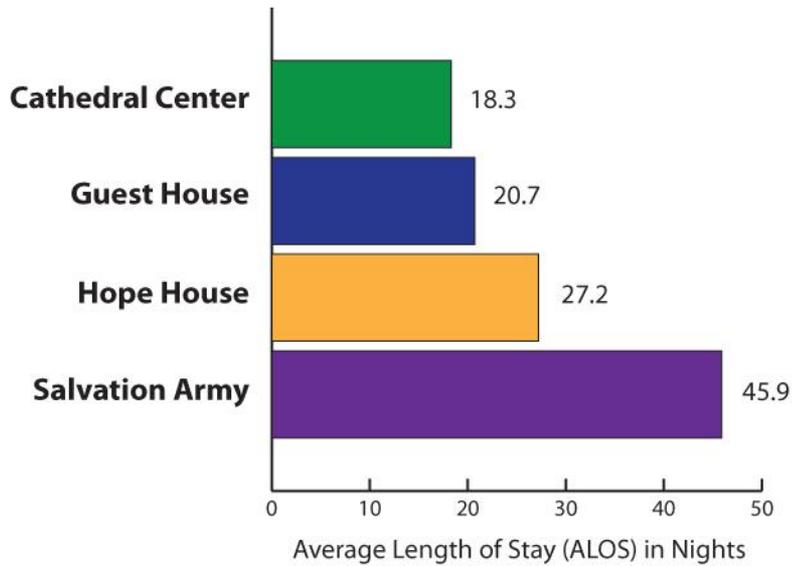
# Mainstream Benefit Utilization: 2009



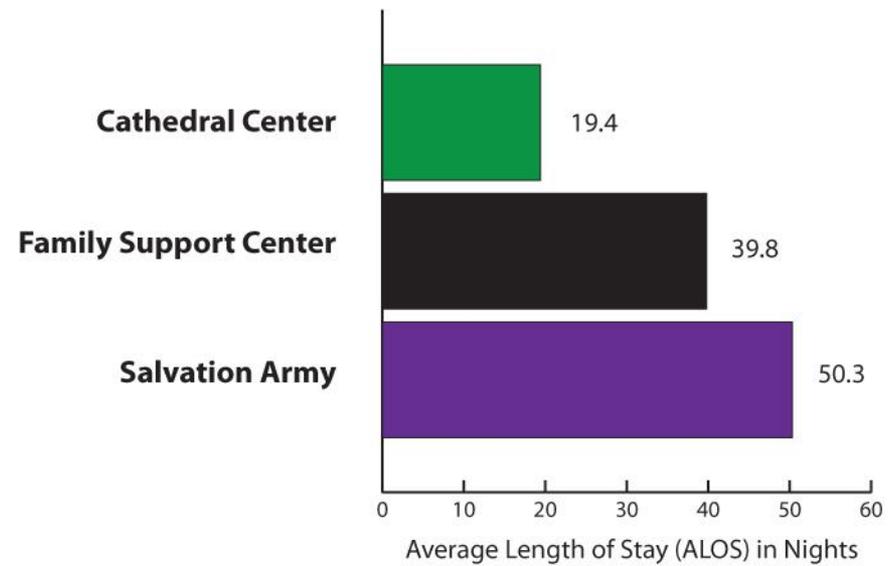
# Length of Stay Analysis

- Five SSSG-supported shelters have 301 beds. (Cathedral Center, Guest House, Family Support Center, Hope House, and Salvation Army)
- If these beds turned over every 30 days, the system could serve 3,612 people in a year.
- In 2009, these shelters served 2,778 people.
- ALOS of 30 days = 834 more people who could be served.

# ALOS Variations: 2009



**Singles**



**Families**

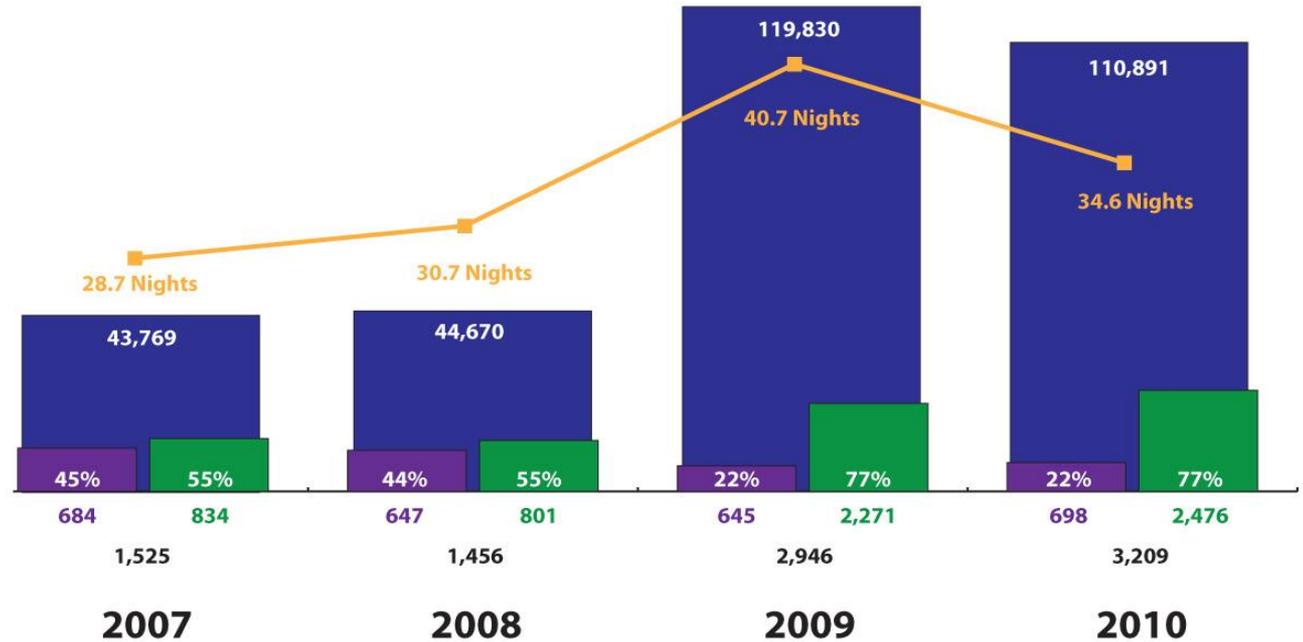
## Individuals: 2007-2010

Average Length of Stay

Total Shelter Nights

Female Male

Total Clients Served



### Singles capacity: 431 beds

If the average length of stay was reduced to 30 nights in 2010, then the emergency shelter system for individuals could have served 3,696 people or 487 more people than were actually served (3,209).

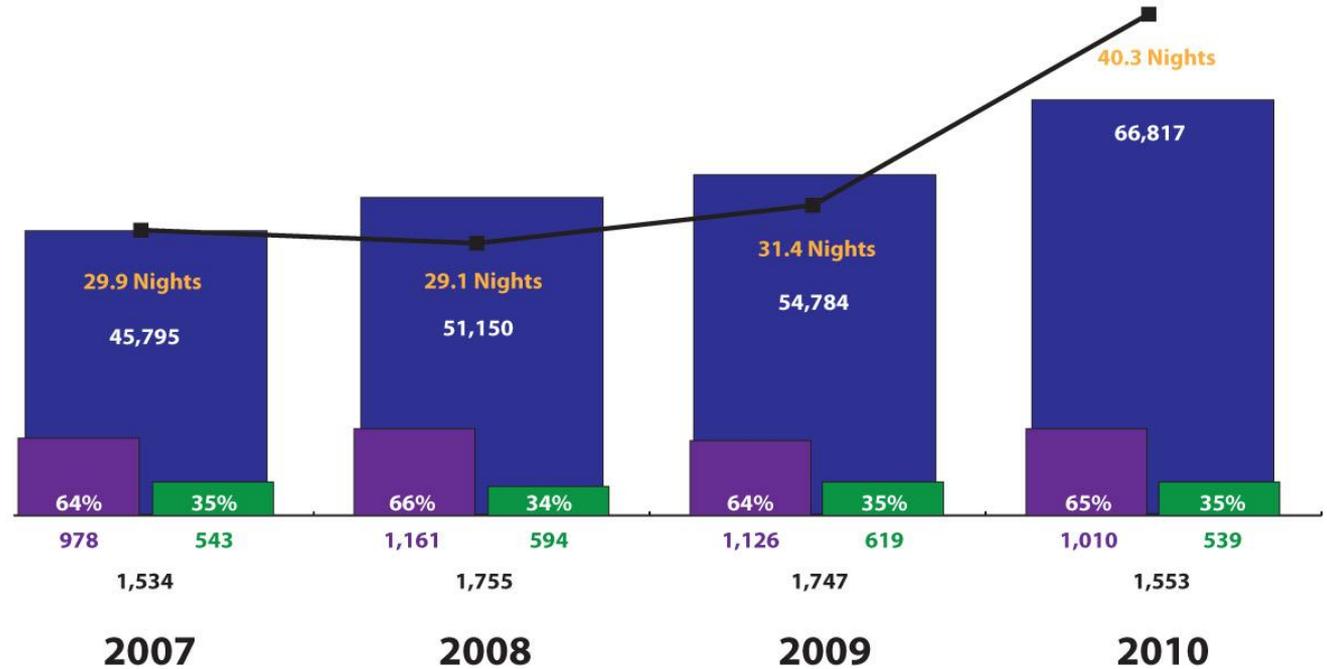
## Families: 2007-2010

Average Length of Stay

Total Shelter Nights

Female Male

Total Clients Served



### Family capacity: 289 beds

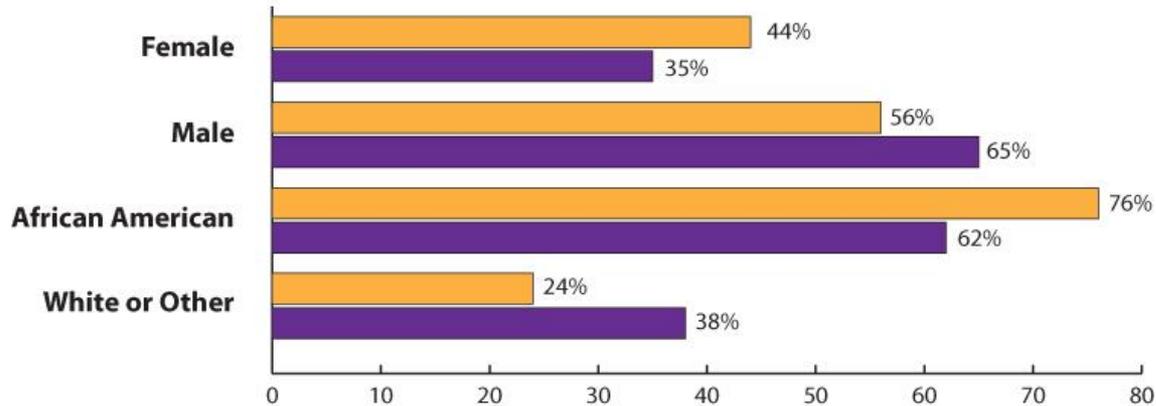
If the average length of stay was reduced to 30 nights in 2010, then the emergency shelter system for families could have served 2,227 people or 674 more people than were actually served (1553).

# Repeat Shelter Utilization

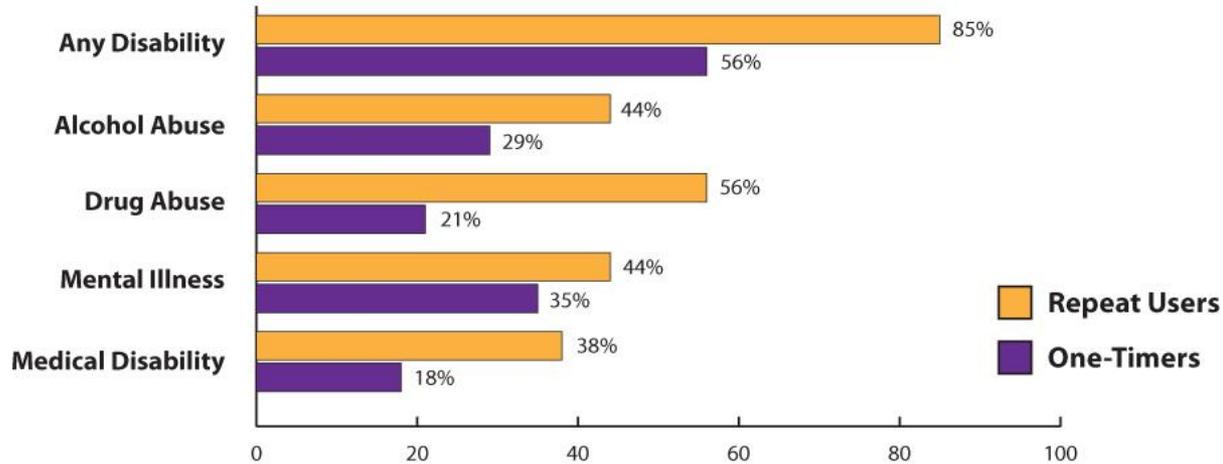
- Most shelter clients first timers (75%)
- 17% one-time repeaters
- 8% in shelter 3+ times
- **Repeat User Study:**
  - Identified individuals (N=34) and families (N=33) with 3+ shelter stays between 1/1/08 and 7/1/10 (30 months)
  - Established randomly selected comparison groups of the same size
  - Examined differences in characteristics, benefits, and length of stay

# Repeat User Findings: Individuals

Repeat User Individuals were different demographically:

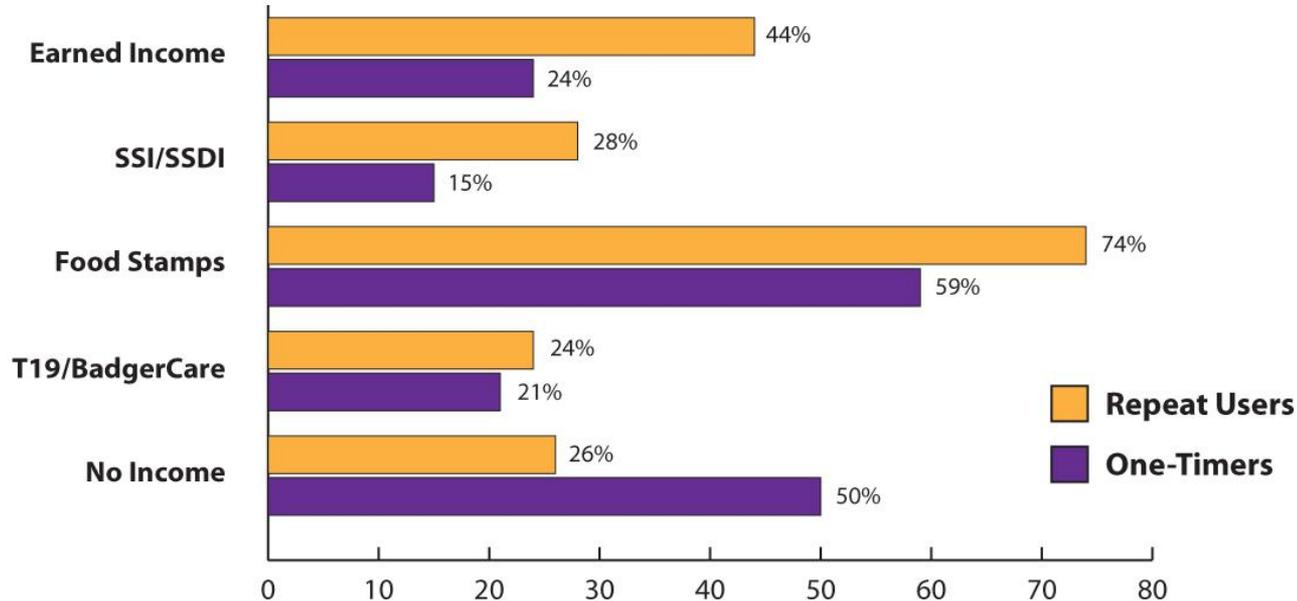


Repeat User Individuals were more likely to be disabled:



# Repeat User Findings: Individuals

Repeat User Individuals were more likely to have income:

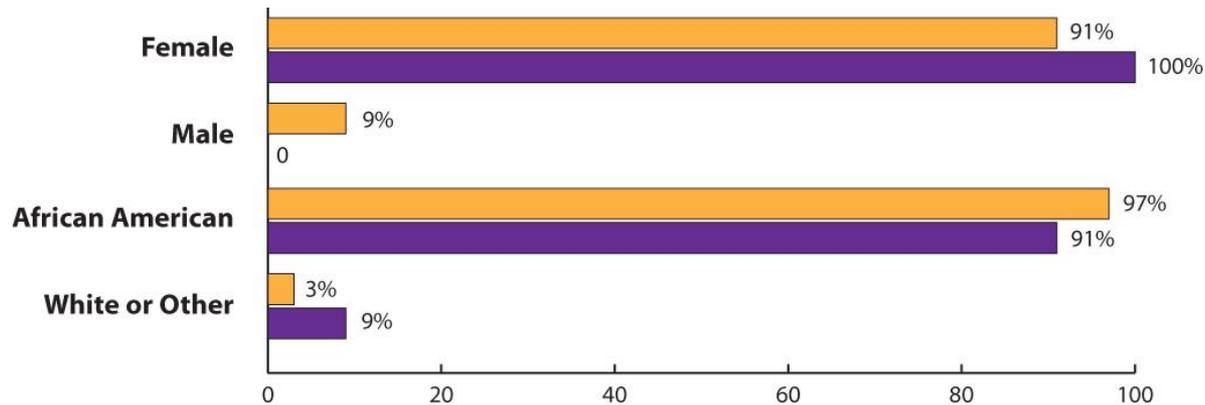


Other differences:

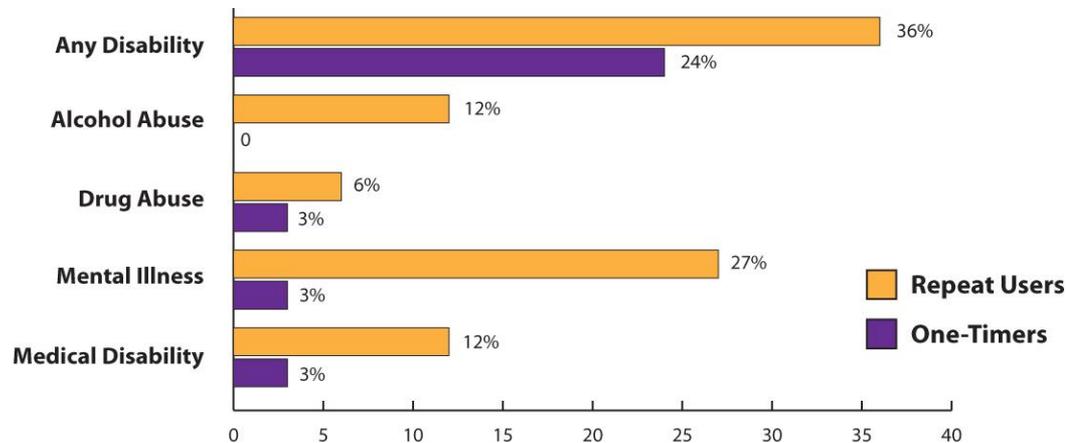
- 21% of Repeat Users were Veterans compared to 6% of One-Timers.
- 35% of Repeat Users were Chronically Homeless compared to 12% of One-Timers.

# Repeat User Findings: Families

Repeat User Families were similar to One-Timers demographically:

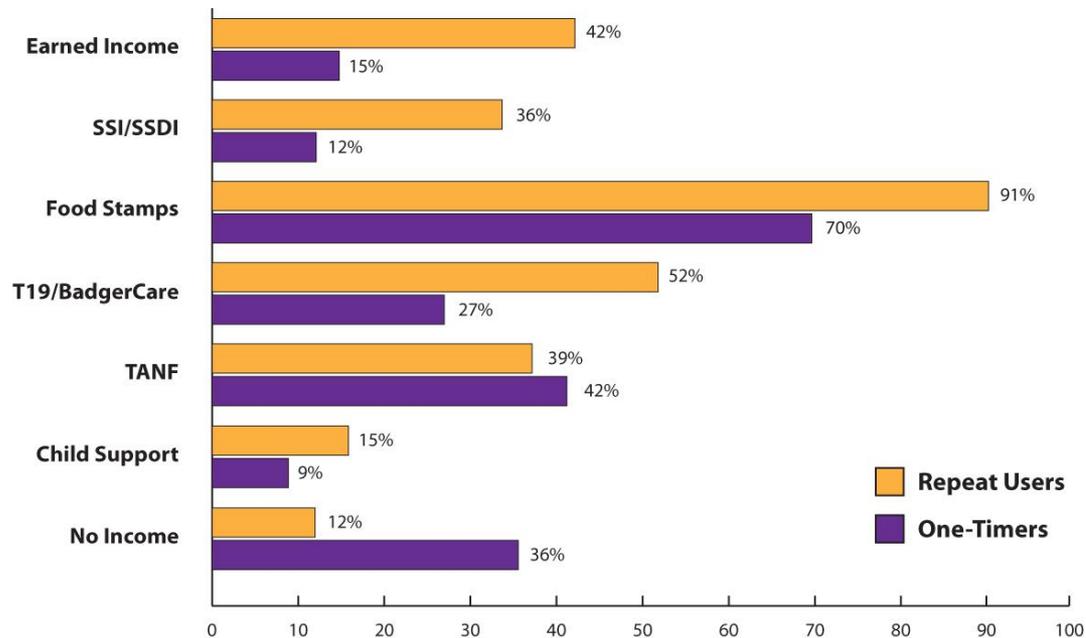


Repeat User Families were more likely to have disabilities:



# Repeat User Findings: Families

Repeat User Families were more like to have income:



Other differences:

- Repeat User Families (Adult) had an average age of 33.2 years at the time of 1<sup>st</sup> entry into the shelter system compared to a One-Timers' average age of 28.2 years.
- Repeat User Families average family size = 2.5 compared to One-Timers = 2.8.

# Repeat User Findings: Shelter Nights

## Repeat Users have a major impact on the system.

- Repeat User Individuals used 4,281 shelter nights (average 126 nights) compared to One-Timers who used 707 shelter nights (21 nights).
  - *If the 4,281 Repeat User shelter nights had been used by the typical One-Timer, 204 people would have received shelter.*
- Repeat User Families used 2,150 shelter nights (average 65 nights) compared to One-Timers who used 1,251 (38 nights).
  - *If the 2,150 Repeat User shelter nights had been used by the typical One-Timer, 56 families would have received shelter.*

# Different Perspectives on Services

## Shelters

- Want to help the homeless person change so he/she won't be homeless anymore.
- Use shelter as the venue for service delivery.
- Often have limited tolerance for setbacks.
- Don't consistently value or structure collaboration with other shelters or homeless service providers.

## Consumers

- Learn what is necessary to secure/maintain shelter.
- Appreciate supportive services but focus on job and housing.
- Are sensitive to issues regarding respect and fairness.
- Perceive a hierarchy of shelters that corresponds to a homeless class structure.

# CONNECTION TO TRANSITIONAL HOUSING

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# The Connection to Transitional Housing

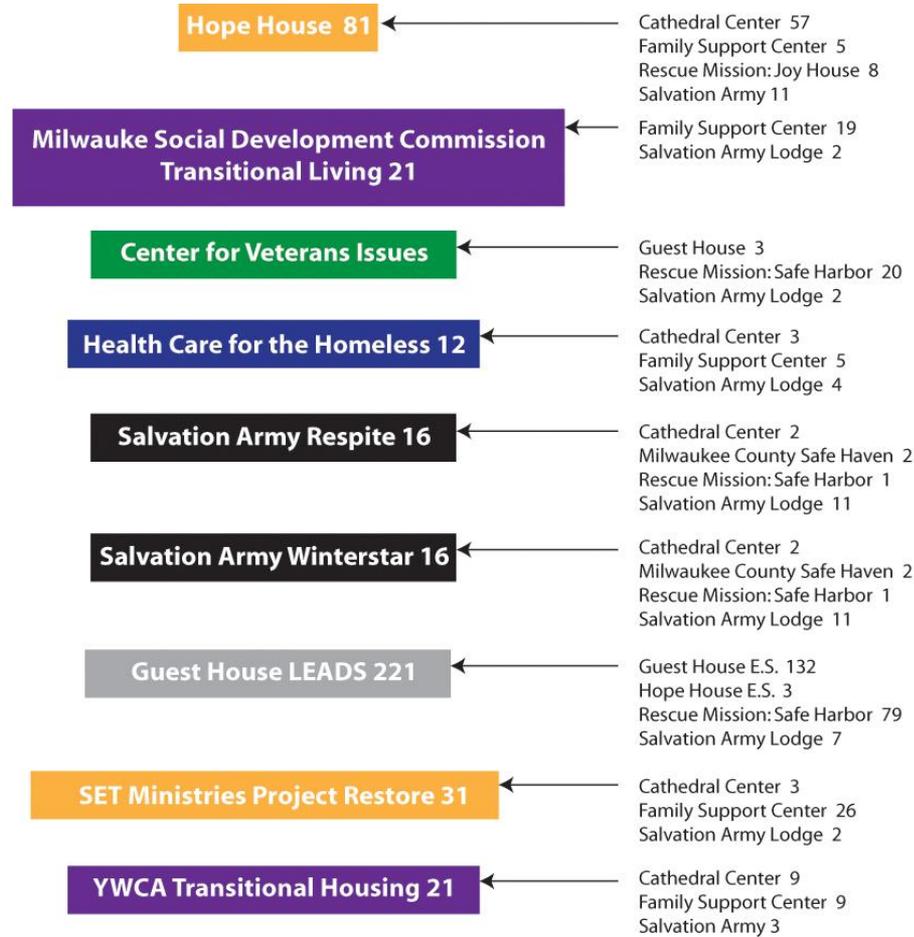
TH Program	Single Beds	Family Beds	Total
CVI Vets Place Central	52		52
Guest House	43		43
Health Care for the Homeless		86	86
Hope House	14	38	52
Meta House	11	40	51
My Home Your Home	14		14
SDC Transitional Living Center		87	87
SET Project Restore	7	55	62
SA - Winterstar	30		30
Walker's Point	17	18	35
YWCA		82	82
Total	188	406	594

# Emergency Shelter : 2009

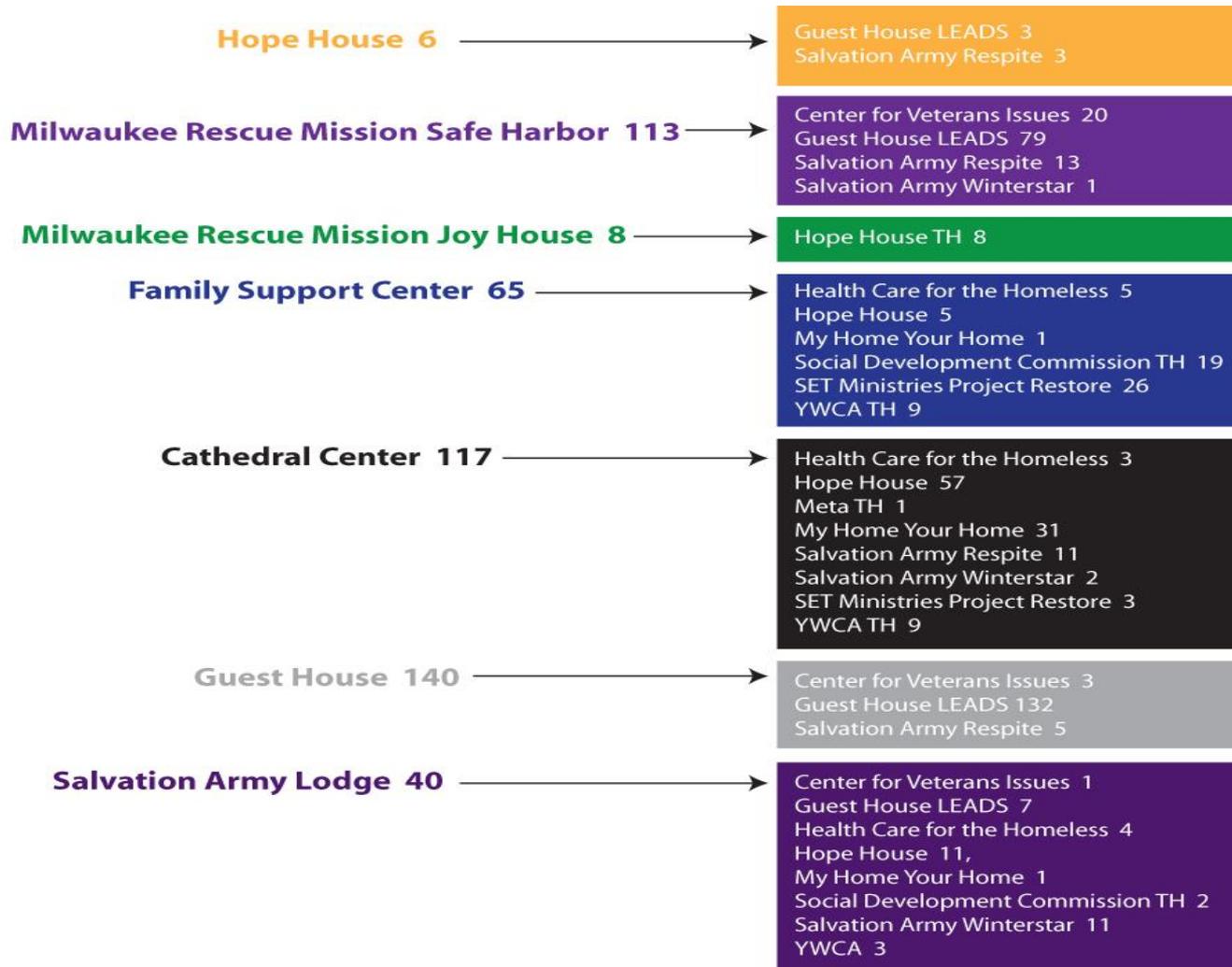
## Utilization of Transitional Housing

Shelter	Total Adults Served	# Referred to TH	% Referred to TH
Cathedral Center	636	117	18.4%
Guest House	512	140	27.3%
Hope House	137	6	4.4%
Family Support Ctr	151	65	43.0%
Salvation Army	582	48	8.2%
<b>Total</b>	<b>2,018</b>	<b>376</b>	<b>18.6%</b>

# Transitional Housing Referrals from Shelter 2009



# Shelter Referrals to Transitional Housing 2009



# Transitional Housing Facts: 2009

- 1,404 people served
- ALOS singles = 104.2 nights (3.5 months)
- ALOS families = 175.3 nights (5.8 months)
- 61% of families and 48% of singles came from shelter.
- 17% of families and 12% of singles came from family/friends
- 29% of adults referred to TH had been in shelter less than a week.
- 16% of ES adults who go to TH come back to shelter.
- 48% of the returners come back after less than a week in TH.

# More Transitional Housing Facts

TH Program	Average Occupancy: May 2010
Hope House	54.9%
Salvation Army Winterstar	68.2%
HCHM FAITH	87.0%
Guest House LEADS	82.7%
SET Project Restore	100%+
Meta House Phase I	23.3%
Meta House Phase 2	100%
ARCW	88.6%
CVI	100%+
Lissy's Place	97.3%
Walker's Point	81.9%
YWCA	38.9%
SDC	86.0%

# RECOMMENDATIONS FOR STRATEGIC DISCUSSION

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# 10 System Improvement Review Themes

1. Shelter access is controlled by individual shelters and is not user-friendly.
2. The problems that contribute to homelessness may keep someone from getting into shelter.
3. Services are tied to shelter. There is an expectation that clients will define, work on, and achieve goals within a short timeframe or lose shelter.
4. There is substantial duplication of effort as homeless people move from one shelter to another.
5. There are longstanding communication/trust issues among shelter providers at the executive director level which filter down to line staff.
6. Assumptions about other shelters or programs sometimes limit options for clients.
7. Transitional housing, perceived to be the next step on the continuum from emergency shelter clients, is used by fewer than 1 in 5.
8. There is substantial potential for using HMIS data to more effectively address shelter-specific issues that affect the whole system.
9. The insularity of shelters hurts consumers.
10. Homeless people lack vehicles for asserting their needs and wants in a collective way.

# Recommendations for Strategic Discussion

1. Creation of a central intake/assessment site, policy, and program that will address the needs of homeless and near-homeless.
2. Examination of strategies to uncouple shelter from services to remediate non-housing specific issues, e.g. mental health, substance abuse, mainstream benefits.
3. Development of protocols to 1) establish and monitor length of stay limits; and 2) cooperate to address needs of repeat users and people with special needs.
4. Adoption of data-driven decision-making to foster ongoing system improvement.
5. Implementation of an accessible, sustainable consumer empowerment strategy.