



# Bridge Out of Homelessness

**A System Improvement Review of  
Milwaukee's Transitional Housing System**





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## Introduction

This is a system improvement review of Milwaukee's transitional housing system. The review was done as a follow up to a similar review of the emergency shelter system conducted in 2010/2011 entitled "At the Front Door." The purpose of this review was to: 1) understand the connection between the emergency shelter and transitional housing systems; 2) identify issues in the operation of the transitional housing system; and 3) recommend areas for improvement. This study is not an evaluation of the transitional housing system; it is an information-gathering and analysis intended to encourage dialogue about the future of transitional housing in Milwaukee.

The review was conducted using information gathered directly from emergency shelter case managers, transitional housing managers and staff, transitional housing residents, 2011 Point in Time survey, and HMIS. Candice Hacker provided 2009, 2010, and 2011 HMIS year end reports for transitional housing, the current Housing Inventory, APR's (Annual Progress Reports) for each of the HUD-funded projects, and data pertaining to repeat shelter use. Jessica Shriver (interview partner) and Scott Davis (data analyst) assisted in this effort as well.

## Milwaukee's Transitional Housing Inventory

**Milwaukee has a transitional housing inventory totaling 776 beds, 360 beds (46.4%) for individuals (single adults) and 416 beds (53.6%) for families.** Significant HUD Supportive Housing Program funds are committed annually to these transitional housing programs - \$3,182,593, representing about one-third of the CoC's entire HUD portfolio. This is the amount of funding that comes through the Continuum of Care's annual NOFA re-funding process. Each of these programs has other sources of funding as well such as state and local government as well as foundation funding and income from individual donors.



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**Table 1: Transitional Housing Inventory: Milwaukee County 2012**

Operating Agency	Program	Individual Beds	Family Beds
<b>AIDS Resource Center of Wisconsin</b>	Wisconsin Home	26	
<b>Center for Veterans Issues</b>	Vets Place Central & MLK	106	
<b>Community Advocates</b>	Autumn West Safe Haven	17	
<b>Day Star, Inc.</b>	Day Star	10	
<b>Guest House</b>	Guest House LEADS	38	
<b>Health Care for the Homeless</b>	Faith and Family Abodes		86
<b>Hope House</b>	Chrysalis	14	48
<b>Meta House</b>	MH Bremen and Locust	11	40
<b>Milwaukee County BHD</b>	Safe Haven	23	
<b>My Home Your Home, Inc.</b>	Lissy's Place	17	
<b>Salvation Army</b>	Winterstar	30	
<b>SET</b>	Project Restore		65
<b>Veterans Administration</b>	VA Mental Health	50	
<b>Walker's Point Youth and Family Center</b>	Transitional Housing	18	16
<b>YWCA of Greater Milwaukee</b>	Transitional Housing		82
<b>Total</b>		<b>360</b>	<b>416</b>

Source: Housing Inventory, HMIS

Note: This analysis focuses on the following transitional housing programs: CVI, Guest House, HCHM, Hope House, Meta House, My Home Your Home, Salvation Army, SET, Walker's Point, and YWCA.

**HUD-funded transitional housing programs must meet specific outcome standards.** The U.S.

Department of Housing and Urban Development has established three goals for HUD-supported (SHP or Supportive Housing Program) transitional housing projects:

1. *To help program participants obtain and remain in permanent housing. The permanent housing placement rate goal for Transitional Housing Projects is 67%.*
2. *To help participants increase skills and/or income. Meeting this goal will allow the participants to secure an income to live as independently as possible. The employment goal for persons leaving Transitional Housing is 20%.*
3. *To help participants achieve greater self-determination. The condition of homelessness itself can be damaging to one's self-determination; achieving a greater sense of self-determination enables the participant to gain needed confidence to make the transition out of homelessness.*



It is important to note that the Transitional Housing projects are monitored annually by the Milwaukee Continuum of Care (CoC) to insure that the CoC meets or exceeds the national goals, e.g. 67% permanent housing placement and 20% employment. Projects which fall below this standard are identified and remedial action is taken to improve HMIS data accuracy regarding placement and income. TH projects intake criteria often reflect the need to meet these national standards.

**Transitional housing programs differ a great deal in physical set-up.** Some are congregate facilities where there are many beds in a single room – Vets Place Central, Guest House, and the Hope House (single female) fall in this category. Others are located in a single building but offer individual apartments such as Autumn West, Project Restore, YWCA, and Winterstar, and others are scattered site, meaning at residents are in apartments located in various places throughout Milwaukee County. The Health Care for the Homeless Projects, FAITH and Family Abodes, fall in this category. The dichotomy in the type of housing is something that comes into play particularly with families. For example, a family in the Hope House transitional housing program stays all together in a single room (the equivalent of a bedroom) with shared bathroom, kitchen, and living room/TV area. The same family living in the YWCA facility would have its own apartment with private bedrooms, bath, kitchen, and living area in an apartment building shared with many other transitional housing families. Or the same family living in the Health Care for the Homeless Programs, either FAITH or Family Abodes, would be living in an apartment or flat in a variety of neighborhoods in Milwaukee where no one but the landlord would be likely to know they are even in a transitional housing program.

### Utilization Overview

Utilization data was drawn from HMIS/ServicePoint for calendar years 2009, 2010, and 2011. The data shows an unusual utilization pattern. The number of individuals served by transitional housing



dropped 14.2% between 2009 and 2010 but increased by 8.8% in 2011. Average length of stay jumped from 105 nights (3.5 months) in 2009 to 124 nights (4.1 months) in 2011.

The picture for people in households (families) was completely different. There was a 35.6% increase in the number of people in households served from 2009 to 2010 and then a 31.6% drop the following year (2011). Average length of stay also increased for families from 175 nights in 2009 (5.8 months) to 184 nights in 2011 (6.2 months).

**Table 2: Transitional Housing Utilization:  
Total Served, Total Nights, and Average Length of Stay 2009-2011**

	2009	2010	% Change	2011	% Change
<b>Single individuals</b>					
<b>Total served</b>	823	706	-14.2%	768	8.8%
<b>Total nights</b>	86,543	83,818	-2.1%	94,999	13.3%
<b>Average length of stay</b>	105 nights	119 nights	13.3%	124 nights	4.2%
<b>People in households</b>					
<b>Total served</b>	467	697	49.3%	477	-31.6%
<b>Total nights</b>	81,866	111,023	35.6%	87,690	-21.0%
<b>Average length of stay</b>	175 nights	159 nights	-9.1%	184 nights	15.7%

There is no ready explanation for the dramatic jump in family utilization in 2010 following by the rapid decline the following year. Rental assistance provided by HPRP (Homelessness Prevention and Rapid-Rehousing Program) was available beginning in mid-2009. There is some possibility that HPRP funds made it possible for people to leave transitional housing quicker to move into permanent housing, providing space for new families. In other words, because families left transitional housing faster, there was increased capacity created in the transitional housing system. There is no ready explanation for why the number single individuals significantly declined in 2010 only to increase in 2011 or why the length of stay increased so dramatically in 2011. Inquiries of several transitional housing program operators and the HMIS staff yielded no explanation beyond the possible effect of HPRP on the family utilization.



## From Emergency Shelter to Transitional Housing

**An important area of inquiry was how emergency shelter case managers decide to refer a client to a transitional housing program.** To gather information about this decision process, an online survey of emergency shelter case managers was conducted in July 2011. The survey was sent to a list of 22 case managers identified by the directors of Guest House, Cathedral Center, Salvation Army, Family Support Center, and Hope House.<sup>1</sup> A total of 15 case managers completed the survey (68%).

**Frequency of referrals to transitional housing:** Most surveyed case managers (63%) made referrals to transitional housing seven or fewer times per month; 37% made eight or more TH referrals per month. To understand more about this decision process, the online survey included this open-ended question:

***“We are interested in why some clients are referred to transitional housing and not others. Please describe your decision process. In other words, how do you decide to make a referral to transitional housing?”***

The answers talked about two things – deciding which clients would benefit most and selecting those most likely to be accepted and successful. When case managers contemplated which clients would benefit, they looked at the clients’ need to accumulate income so they could eventually get into permanent housing on their own. These comments are typical:

*“The decision would be based on the client’s current financial situation and long-term housing goals. If they wish to get their own apartment and we agree that they are capable, but they have no income or not enough income, transitional is perfect to allow them to save up their money to eventually get their own place.”*

*“I refer clients to transitional housing if they meet the program’s eligibility criteria and if they would be appropriate for the setting. It is helpful when clients need more time to meet goals before going into independent housing.”*

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<sup>1</sup> Rescue Mission facilities (Safe Harbor and Joy House), domestic violence, and youth shelters were not included in the survey.



When case managers looked at the second issue – who would get accepted into transitional housing – a host of other factors surfaced. Their comments are best summed up by this case manager's response:

"Transitional housing seems an appropriate referral based on their client and their ability to function independently. However, transitional housing is my last choice because many programs find issues that lead to denial for shelter referrals."

Several case managers mentioned difficulty getting their clients into transitional housing programs, citing waiting lists, programs being very selective about whom they admitted, and other issues. These comments reiterate issues that were surfaced during the 2010-11 study of emergency shelter (At the Front Door).

**Case managers were asked to identify the challenges they encountered relative to making referrals to transitional housing.** The most frequently cited barrier (69%) was referrals not being accepted by the transitional housing program. Other challenges included meeting the eligibility/admission requirements (38%), communicating with transitional housing staff (23%) and not having good information about transitional housing programs (23%).

When case managers were asked to offer specifics about problems they had with getting clients into transitional housing, they noted eligibility concerns including clients being refused because of criminal records, previous evictions, poor employment history, substance abuse issues, and mental health problems. One case manager stated:

*"They were found to have too much in their backgrounds, poor credit, wait list too long, and they've already left the shelter. Or the big one is that the case management thinks our clients will be TOO NEEDY to deal with. They are looking for perfect clients. They don't exist."*

*"Most staff from the programs don't want to accept the clients due to them having moderate mental health issues. They want clients who are easy, and will not be problematic."*





Twenty nine percent (29%) of case managers said that most or all of their referrals to transitional housing were accepted; 50% said some (half), and 21% said few (less than half) were accepted.

**The survey asked how Milwaukee's transitional housing could be improved and what other factors the Continuum of Care should take into account in its transitional housing analysis.** Following are comments which identify major themes worthy of further discussion going forward.

*"Consistency. Not that every program's requirements need to be the same – as I think it is helpful to be able to pick out programs that are tailored for a specific client or type of client. Rather, what I mean is that each program should have their own standards for eligibility that are consistent and appropriate for their particular program. These standards should be transparent to the entire homeless services network so that we can all make better, more appropriate referrals. This would reduce the stress for clients (who may get referred to a place that's not going to take them due to changing expectations) and the case manager."*

*"Better access and a less cumbersome application process. People need more follow-up services and case management when they leave the shelter and are in transitional housing. Oftentimes clients are out there on their own and they may have a better chance of being stable and staying in housing if they had more supportive services."*

*"The shelter programs take people every day in their programs with a variety of barriers that have caused their homelessness. In our programs, we have 30 to 60 days to work with the clients to effect change. We realize homelessness doesn't happen overnight. It's a process that takes time to resolve. Yet when we refer to transitional housing, they are looking for participants to follow all the rules and be successful. If the client doesn't meet the standard, we see them back in shelter. The expectations on clients in transitional housing programs often lead to failure."*

**Transitional Housing Programs have a different view of the recruitment and enrollment process.** Most TH programs that were interviewed had strong referral relationships with one or more emergency shelters. Two programs, Vets Place Central and Guest House, operate their own street to ES/TH systems. Meta House uses its TH program as a step-down from its residential treatment program and so its participants are also almost exclusively from within the organization. Other programs, YWCA, Hope House, Lissy's Place, HCHM, SET, Salvation Army, and Walker's Point, have developed collaborative relationships with emergency shelter partners that facilitate good referrals.



Although HUD regulations allow TH programs to accept participants directly from the street if their homelessness can be adequately documented, only Vets Place Central does so. The other TH programs, as a result of the HUD Office's stated preference, require an emergency shelter stay as documentation of homelessness. TH program managers indicated that if people directly request TH, they are directed to obtain shelter first. Sometimes, TH programs will work with an emergency shelter program to send a program candidate to the ES for a brief period of time to insure homeless documentation.

Most TH programs reported having openings, although those with longer lengths of stay, e.g. YWCA, tended to have fewer openings and needed more time to plan an admission. Several programs, e.g. HCHM, Lissy's Place, maintain a wait list.

Unless participants were coming directly from an organization's own program, e.g. Meta House, Guest House, Vets Place Central, the TH admission process could be lengthy, requiring a referral, one or more interviews, application, and background check. For those programs where management companies (landlords) had to approve participants, e.g. SET and HCHM, the process included more steps. This is important to note because of the trend in some localities to try to increase TH admissions directly from the street. If this were to occur in Milwaukee, the admission process would have to be significantly streamlined.

### Transitional Housing Residents

**Who goes to transitional housing?** According to the APR's filed with HUD in 2011, there were 1,024 adults and children living in transitional housing. Said another way, there were 451 households without children (i.e. single adults) and 174 households with children. The households with children had



a total of 380 children. There were also 13 households with children only (i.e. teens under 18 living independently).

**Age:** Of the 380 children in transitional housing, 42.3% were ages 0-4, 39.7% were ages 5-12, and 17.9% were ages 13-17. Of the 634 adults who lived in transitional housing in 2011, 16.9% were ages 18-24, 18.3% ages 25-34, 18.0% ages 35-44, 31.0% ages 45-54, 12.6% ages 55-61, and 3.3% age 62 or over. Clearly, the largest group of TH residents is in the 45-54 age range. This is largely the result of the Guest House – LEADS Program and the CVI Vets Place Central and Martin Luther King sites, all high volume sites where this age group dominates.

**Gender:** The transitional housing (adult) population is roughly evenly split: 53.2% male and 46.8% female.

**Race and ethnic origin:** Of the 1,024 people in TH in 2011, 24.2% were White, 70.6% African American, 0.1% Asian, 0.6% American Indian or Alaska Native, 3.6% Native Hawaiian or Other Pacific Islander<sup>2</sup>, 2.2% Multiple Races, and 1.5% Don't Know/Missing.

**Disability status:** There is a very high prevalence of disabilities in the homeless population. In the 2011 Point in Time Survey, 64.0% of homeless adults who were counted reported having one or more of the following disabilities: mental illness, medical condition, alcohol abuse, drug abuse, developmental disability/learning disability, HIV/AIDS, or other. The Point in Time counts homeless people who are in emergency shelter or on the street or other place not fit for human habitation. How does the PIT disability rate compare to the TH disability rate? Of the total of 763 adults in TH, 58.5% reported one or more disabilities. The proportion of disabled residents varies by type of shelter as shown in Table 3.

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<sup>2</sup> 36 of 37 people so coded resided at MHYH Lissy's Place; this is most certainly a coding error.



**Table 3: Disability Status of TH Residents (Adults) by Program: 2011**

TH Program 2011	Population	Total	With Disability	Mental Illness	Alcohol Abuse	Drug Abuse
SA-Winterstar	SF/SM	41	87.8% (36)	53.7% (22)	29.3% (12)	26.8% (11)
CVI-VPC	SM	244	86.1% (210)	60.7% (148)	54.5% (133)	41.8% (102)
GH-LEADS	SM	159	60.4% (96)	22.0% (35)	30.2% (48)	28.9% (46)
SET-Restore	SF	7	57.1% (4)	42.9% (3)	14.3% (1)	14.3% (1)
HH-Chrysalis	SF	51	56.9% (29)	39.2% (20)	5.9% (3)	9.8% (5)
MHYH-Lissy's	SF	50	32.0% (16)	24.0% (12)	0.0% (0)	2.0% (1)
<b>Total Singles</b>		552	70.8% (391)	43.5% (240)	35.7% (197)	30.1% (166)
HH-Chrysalis	Families	54	37.0% (20)	27.8% (15)	3.7% (2)	5.6% (3)
HCHM Abodes	Families	45	33.3% (15)	22.2% (10)	4.4% (2)	4.4% (2)
HCHM FAITH	Families	38	26.3% (10)	23.7% (9)	2.6% (1)	5.3% (2)
YWCA	Families	31	16.1% (5)	12.9% (4)	0.0% (0)	3.2% (1)
SET-Restore	Families	43	11.6% (5)	9.3% (4)	0.0% (0)	4.7% (2)
<b>Total Families</b>		211	26.1% (55)	19.9% (42)	2.4% (5)	4.7% (10)
<b>Total</b>	Singles + Families	763	58.5% (446)	37.0% (282)	26.5% (202)	23.1% (176)

## Admission Process

Each transitional housing program has a designated targeted population, e.g. single males, single females, families, youth, as defined by their HUD funding and program design. Admission into a program generally requires an initial referral, usually from an emergency shelter case manager, that includes basic information about the person, followed by one or more in-person interviews to gather



additional information, background checks and gathering of other documentation, such as social security cards, birth certificates.

Most of the programs have written eligibility/admission criteria. Generally, these criteria are fairly minimal: homeless (generally as documented by current residence in an emergency shelter), lack of extensive criminal history, clean and sober (some programs have a length of time requirement), with no severe mental health issues. No TH program accepts sex offenders. Criminal history, AODA use, and serious mental health issues are the most frequent exclusions. In some cases, where the transitional housing program is working with a private landlord or housing management company, applicants must meet additional requirements. All of the programs interview applicants. Programs vary in their willingness to take what could be perceived as difficult or hard-to-serve clients. One program manager stated that their only criterion was whether a person *had a snowball's chance in hell* of obtaining income, noting that they would not admit someone who had a criminal history that might hinder job search, e.g. a person with multiple retail thefts whose only job experience was in retail. Other programs were less selective, assuming the attitude that as long as people met the basic criteria, they would be admitted. See Appendix A: Eligibility Criteria.

**Victims of domestic violence:** Although not technically a disability, victims of domestic violence are considered to be a special population for the purposes of service delivery and funding. Of the TH residents, 19.7% of adults who answered the question said they were victims of domestic violence. This compares to 33% of PIT homeless adults.

**Veterans:** Again, being a veteran is not a disability but it is considered a special population. There are very few residents in family transitional housing that are veterans (less than 1.0%); however, veterans comprise a third (35.3%) of people living in transitional housing for individuals. This is largely



due to the existence of the Center for Veterans Issues programs, including Vets Place Central which is a high volume, high capacity program for veterans only.

**A critical question that is frequently posed is where to TH residents come from?** In other words, who refers people to TH programs? There were 647 TH adults for whom data is recorded; the following table calculates percentages on the total number of TH adults whose prior residence was recorded; data is missing for 47 people (39 of the missing are from Guest House-LEADS). The majority of TH residents came directly from emergency shelter (67.7%); 11.2% previously stayed/lived with family or friends; 8.9% could be considered institutional discharges (psychiatric facility, substance abuse treatment facility, hospital, jail, prison, or juvenile detention facility, or foster care); 4.7% came directly from the street or other place not fit for human habitation; and 3.0% came from another transitional housing program or one of Milwaukee's Safe Haven facilities. These data are somewhat inconsistent with TH managers' statements, obtained in interviews, that they generally accepted only people who came from emergency shelter.

**Table 4: Residence Prior to Admission to Transitional Housing: 2011**

Residence prior to TH	Percent
Emergency shelter	67.7%
Other transitional housing program	2.5%
Place not meant for human habitation	4.7%
Safe Haven	0.5%
Psychiatric hospital or facility	1.8%
Substance abuse treatment facility or detox center	2.7%
Hospital (non-psychiatric)	1.5%
Jail, prison, or juvenile detention facility	2.7%
Foster care	0.2%
Permanent supportive housing	0.0%
Owned by client, no subsidy	0.0%
Owned by client, with subsidy	0.2%
Rental by client, no subsidy	2.3%



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Rental by client, with VASH subsidy	0.0%
Rental by client, with other ongoing subsidy	0.2%
Hotel or motel, paid by client	1.2%
Staying or living with family	6.0%
Staying or living with friends	5.2%
Other	1.2%

### **TH residents must have documented proof of being homeless in order to obtain admission.**

Most of the time, transitional housing programs prefer that a candidate for TH spend time in a shelter prior to admission because this is the documentation favored by the local HUD office although other methods for documenting homelessness are allowed by the federal TH regulations. Some TH programs such as the YWCA will *only* take people from shelter. Others, like Vets Place Central, take people directly from the street. An earlier study, *At the Front Door*, indicated that 29.0% of adults referred to TH had been in emergency shelter for less than a week. This may be a result of the practice of TH programs referring people who attempt to directly access their services to an emergency shelter in order to establish homelessness for the purposes of HUD documentation.

**Occupancy in Milwaukee's transitional housing programs on the night of the most recent point in time (January 2012) was 77.8%.** However, there is wide variation in occupancy as the following table depicts. Several programs were completely filled or overfilled (100%+ occupancy) including CVI-MLK and Vets Place Center, Guest House, My Home Your Home, SET. Several programs were half or less filled including Hope House, Meta House Bremen, Walker's Point Grant St., and YWCA.



**Table 5: Transitional Housing Occupancy 2012 Point in Time as Reported on the Housing Inventory**

Transitional Housing Program	Total Beds	Occupied Beds	Occupancy Rate
ARCW-WI House	26	18	69.2%
CVI-MLK	12	12	100.0%
CVI-Vets Place Central	72	72	100.0%
Guest House LEADS	40	45	112.5%
HCHM FAITH	86	77	88.5%
HCHM Family Abodes	102	113	97.1%
Hope House	52	27	52.0%
Meta House Bremen	30	2	6.7%
Meta House Locust	21	13	65.0%
My Home Your Home-Lissy's	14	14	100.0%
Salvation Army Winterstar	30	21	70.0%
SET Project Restore	62	69	111.0%
Walker's Point Insights	22	21	95.0%
Walker's Point Grant St.	8	2	25.0%
YWCA	82	36	43.9%

It is important to note that the Transitional Housing Occupancy 2012 Point in Time data (which is officially reported to HUD on the Housing Inventory Chart) utilizes a bed count on the night of the Point in Time, notwithstanding the fact that families occupy units comprised of multiple beds and generally only one family occupies a unit, potentially leaving some beds unfilled. This is an artifact of how HUD has chosen to count occupancy on the night of the Point in Time; there is not an option to report occupancy by unit.

## Assessment/Goal-Setting

Each Transitional Housing Project conducts an initial assessment to identify needs and begin the process of developing goals. In some cases, the assessment process itself is used to determine a person's eligibility for the program. Case managers (or whomever is doing the assessment) rely on information provided directly by the individual, corroborated by information from ServicePoint and from other providers, obtained with the permission of the individual. Generally, TH case managers will have





received a referral form from a shelter that provides basic information and very frequently there is dialogue between the emergency shelter and transitional housing staff about the referred individual. Standard practice is for the assessment to lead to the development of goals related to income, employment, treatment and other services. Evidence of working on one's goals is a common requirement across TH programs. It is important to note that each TH program has established its own assessment/goal-setting procedure; there is not a shared/common assessment instrument or procedure.

### Services

All TH programs provide case management services to participants. After that basic service, the programs vary in the level of services that are directly provided to participants with some programs such as Guest House, Hope House, and Vets Place Central offering significant services on-site while others providing just basic case management and referral to community resources. In all three of these programs (Guest House, Hope House and Vets Place Central), participants live in a communal environment where they are likely to see their case manager and/or other staff every day. On the other hand, programs based in apartment buildings such as the YWCA's and SET-Project Restore have less daily contact and generally offer a lower level of services. Scattered site programs like Health Care for the Homeless' FAITH Program have an even lower level of contact/service with one in-home and one in-office face to face contact per month. A comparison of services is provided in Appendix B. The variation in service array and intensity means that the transitional housing experience is very different from program to program.



## House Rules

All transitional housing programs have rules pertaining to violence, threatening behavior, weapons, and alcohol and drug use. From that foundation, each TH program has rules that reflect its facility and program. Generally, communal living facilities have more rules, including curfews, than apartment buildings or scattered site facilities. In some facilities such as Guest House and Meta House, compliance with the rules/expectations is connected to graduation from one service level to the next. Except for the most egregious offenses, TH programs use a graduated sanctions and/or second chance approach to provide participants an opportunity to stay in the facility.

There was acknowledgement by TH program directors and case managers that some participants leave because of the rules. One TH manager indicated that having participants come from a shelter reduced this outcome because they had already experienced the type of rules a TH program would have. The extent to which participants leave TH because of their noncompliance or disagreement with the rules is shown in Table 6 below.

## Program Exit

The table below reports the reasons for program exits including completions, dropouts and program terminations for 2009-2011. It is important to note that program completion does not necessarily mean that an individual/household stayed the entire allowable time, e.g. 24 months; it can also mean that the individual/household achieved a level of income/employment and addressed other issues sufficiently to support successful exit from transitional housing into a permanent rental or other stable housing situation.



**Table 6: Program Completions/Dropouts/Terminations**  
**All Exits from Transitional Housing 2009-2011 (Information from APR's)**

TH Program	Total Exits	Completed Program	Left before completing program	Criminal activity/violence	Noncompliance/Disagreement with rules	Needs could not be met	Other <sup>3</sup>
ARCW-WI House	74	28.0%	16.0%	5.3%	37.4%	0.0%	13.3%
CVI-MLK	44	45.5%	6.1%	0.0%	12.1%	9.1%	21.3%
CVI-VPC	377	52.8%	1.3%	0.3%	29.4%	0.3%	15.9%
GH-LEADS	481	41.6%	13.9%	1.0%	28.7%	6.2%	9.5%
HCHM-FAITH	84	81.0%	0.0%	0.0%	19.0%	0.0%	0.0%
HCHM-Abodes	12	33.3%	0.0%	0.0%	66.7%	0.0%	0.0%
Hope House	519	67.2%	0.0%	1.3%	25.5%	6.0%	0.0%
MH-Bremen	36	52.8%	2.8%	2.8%	13.9%	0.0%	19.4%
MH - Locust	22	81.8%	0.0%	0.9%	4.5%	9.1%	4.5%
MHYH-Lissy's	111	74.8%	6.3%	0.9%	18.0%	0.0%	0.0%
SA-Winterstar	52	38.5%	17.3%	1.9%	36.5%	1.9%	1.9%
SET	120	50.8%	5.0%	6.7%	7.5%	3.3%	23.7%
WP-Fast Track	14	78.6%	0.0%	0.0%	21.4%	0.0%	0.0%
WP-Grant St.	38	21.1%	39.5%	0.0%	39.5%	0.0%	0.0%
YWCA	135	85.2%	0.0%	0.0%	14.8%	0.0%	0.0%
<b>Total</b>	<b>2,116</b>	<b>56.4%</b>	<b>6.0%</b>	<b>1.3%</b>	<b>25.2%</b>	<b>3.4%</b>	<b>7.0%</b>

## Length of Stay

**Transitional housing can be provided to an individual or family for up to 24 months (730 days).**

Most people in transitional housing leave well before the 24-month limit. Only four programs: CVI-MLK, HCHM FAITH, Meta House Locust, and SET exceed an 18-month average length of stay. Most programs

<sup>3</sup> Other includes death, unknown/disappeared, reached maximum time allowed, missing value, and other.



## Bridge Out of Homelessness

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have average lengths of stay less one year with two: Hope House, Meta House Bremen averaging less than three months. Again, it would be incorrect to assume that longer lengths of stay are necessarily correlated with improved outcomes.

**Table 7: Average Length of Stay of People Who Left Transitional Housing (for any reason) in 2011**

Transitional Housing Program	Average Length of Stay Leavers in Days	Average Length of Stay Leavers in Months
CVI-MLK	762	25.4
HCHM-FAITH	653	21.8
Meta House – Locust	630	21.0
SET	596	19.9
YWCA	399	13.3
WP-Fast Track	327	10.9
SA-Winterstar	326	10.0
ARCW-WI House	251	8.4
CVI-VPC	213	7.1
MHYH-Lissy's	162	5.4
GH-LEADS	138	4.6
HCHM-Family Abodes	138	4.6
WP-Grant St.	138	4.6
HH-Chrysalis	83	2.8
Meta House-Bremen	77	2.6

**When people leave transitional housing, where do they go?** Data for people who left transitional housing after staying 90 days or more indicates that 44.4% moved into a rental with no subsidy, 5.3% moved into a rental with a subsidy from the Veterans Administration Supportive Housing (VASH) Program, 27.5% moved into a rental with another form of subsidy such as Section 8, 7.4% moved in with family, 2.6% moved in with friends. [Missing data = 12.8%]

**When people leave transitional housing, how well equipped are they to live in independent housing?** A steady source of income is a leading indicator of the ability of formerly homeless people to sustain permanent housing. **Data from the Annual Performance Report filed with HUD indicates that**



**more than one-third (38.3%) of people leaving Milwaukee transitional housing programs left with no income reported.** In fact, 81.4% left transitional housing with incomes below the federal poverty level (this includes persons with no income and those earning/receiving \$1 to \$1,000 per month; federal poverty level for one person is \$941 or less per month); 18.7% left transitional housing with incomes between \$1,001 and more than \$2,000 per month. People were more likely to leave without income (have 10 or more leave without income) from the Center for Veterans Issues, Guest House LEADS, Hope House Chrysalis, and Salvation Army Winterstar. Three transitional housing programs had no one leave without a source of income: Health Care for the Homeless-FAITH and Family Abodes and Meta House-Locust. It is important to note that families are much less likely to leave transitional housing without income because of the availability of W-2.

**Connection to mainstream benefits is another indicator of long-term success in permanent housing.** Again, using data drawn directly from APR's, we find that 27.9% of people leaving transitional housing had employment income. We don't know the amount of employment income nor whether people were employed full or part time. In addition to employment income, the data indicates that 60.5% of leavers received Food Stamps, 25.2% Medicaid or State Children's Health Insurance, 10.7% veteran's health care and/or veteran's benefits, 13.1% TANF (W-2), 15.1% SSI/SSDI, 1.2% Social Security, and 24.3% other. Twenty-one percent (21.0%) reported having no financial resources.

## Return to Shelter from Transitional Housing

**How often do people return to emergency shelter after having participated in a transitional housing program?** This is an important question because transitional housing is viewed as a bridge out of homelessness, a program approach stressing housing stability, education and/or employment,



participation in treatment, and savings to facilitate apartment rental in the private rental market or private/subsidized rental market.

**HMIS data analysis indicates that 653 or 23.7% of the 2,758 people who were served by, and left, transitional housing (leavers) between January 1, 2009, and February 9, 2012 returned to emergency shelter sometime during that period.<sup>4</sup>** Men were more likely than women to return to emergency shelter from transitional housing (27.1% compared to 18.8%). Single adults were more likely than single adults with children to return to emergency shelter (30% compared to 16%). African American and white transitional housing leavers were very similar in their rate of return to emergency shelter (23% and 26% respectively).

Transitional housing leavers who left without a source of income had a 40% return rate compared to leavers with SSI (24%), SSDI (23%), TANF (21%), and earned income (29%). Veterans were less likely than non-veterans to return to emergency shelter after being in transitional housing (20% compared to 25%).

**Emergency Shelter Returns by Transitional Housing Programs:** Not all transitional housing programs had the same rate of return to emergency shelter. Three programs had no one who left their program and returned to emergency shelter: ARCW and the two Walker's Point programs. Several others had low rates (below 20%) including CVI MLK and Vets Place Central, HCHM FAITH and Family Abodes, Meta House-Locust, SET, and YWCA. Guest House LEADS had the highest rate of emergency shelter returns at 51%. In the mid-range (21% to 36%) were Hope House, Meta House Bremen, My Home Your Home, SDC TH, and Salvation Army. It is important to note that these programs serve

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<sup>4</sup> This is likely an underestimation because more recent TH leavers would have a shorter period of time to return to emergency shelter, e.g. not all TH leavers' return potential had the same window of time (6 months, one year). Data examines all leavers and all returns during the study period.



different target populations; for example, ARCW serves people with HIV/AIDS and Walker's Point serves runaway and homeless youth/young adults, other programs serve mixed populations, e.g. single female/male and families. Therefore, return rates are not strictly comparable as target populations and intake criteria vary significantly from program to program.

**Table 8: Percentage of Transitional Housing Leavers Who Returned to Emergency Shelter:  
January 1, 2009 to February 9, 2012**

Transitional Housing Program	Client Count	Client Occurrences	Returned to Emergency Shelter	Emergency Shelter Return Rate
ARCW WI House	92	97	0	0%
CVI MLK	44	45	4	9%
CVI Vets Place Central	421	487	86	18%
Guest House LEADS	474	521	268	51%
HCHM FAITH	155	155	19	12%
HCHM Family Abodes	146	146	5	3%
Hope House	596	597	127	21%
Meta House Bremen	63	66	24	36%
Meta House Locust	38	41	1	2%
My Home Your Home-Lissy's	119	127	42	33%
SDC TH <sup>5</sup>	52	52	16	31%
SET Project Restore	151	151	22	15%
Salvation Army Winterstar	69	69	16	23%
Walker's Point Insights	16	16	0	0%
Walker's Point Grant St.	37	39	0	0%
YWCA	149	149	22	15%

**Transitional Housing Programs' Suggestions for Improvement:** TH program managers and case managers called for more communication between emergency shelters and transitional housing programs, real time enrollment data, more education and training support, more accessible mental health resources, and an increased amount of permanent, affordable and/or supportive housing.

<sup>5</sup> This program ceased operation in 2010; its HUD grant was assumed by HCHM Family Abodes program.



## Recommendations

1. **Communication Enhancements:** Although a 'disconnect' between emergency shelters and transitional housing programs was strongly suggested by the earlier study of emergency shelter (At the Front Door), the difficulty is noted primarily with emergency shelter staffs. Transitional housing programs state that they have good relationships with emergency shelters and are generally able to keep their units/beds filled. There is agreement that more communication is needed. Toward that end, efforts to expand the Transitional Housing Group and to develop real-time information about vacancies and admission requirements would be of benefit.
2. **Accessibility Discussion:** A significant percentage of the TH inventory is not accessible by the regular homeless population because of the connection of the TH service to a larger, integrated program. These TH programs are essentially not available to people outside of their respective programs. A CoC level discussion regarding this phenomenon should be considered.
3. **Admission/Assessment Consistency:** There is significant variation across the system in how TH programs develop and apply admission criteria. There are programs that have a reputation of being very difficult to get into and this has had the effect of sometimes decreasing referrals to those programs. The Coordinated Entry planning process has required an examination and discussion of the variations in admission criteria among emergency shelters. A similar discussion should be conducted regarding transitional housing programs.
4. **Program Expectations and Length of Stay:** Some programs with very good outcomes have very short lengths of stay. Although HUD funding allows a 24-month length of stay in transitional housing, few programs approach the maximum allowed. Shorter lengths of stay are more common. This raises the question of what the optimum length of stay is for various populations. If Milwaukee TH programs could share strategies and philosophies about length of stay and develop energy toward shortening lengths of stay while maintaining high quality and good outcomes, this would free up additional slots for use.
5. **Permanent Housing Conversion:** HUD offers the CoC the opportunity to essentially re-program its renewal funding to support additional permanent supportive housing. This does not have to mean that one or more TH programs are defunded. It could well mean that one or more convert to a permanent supportive housing model with few programmatic changes required except an increased emphasis on persons with disabilities.
6. **Connections to Services:** Stronger and more meaningful connections to supportive services, especially mental health and addiction treatment, are needed throughout the homeless system but particularly in transitional housing where people have the residential stability necessary to enable them to fully engage in those services. Now, the lack of access to mental health and addiction services can encourage TH programs to screen out clients with these problems even though their incidence in the homeless population is significant.



## Appendix A: Eligibility Criteria

TH Program	Target Population	Other Criteria	Exclusions	Process
Salvation Army - Winterstar	Single male/female with disability: mental illness, physical disability, AODA; accept ex-offenders	Commitment to staying clean/AODA	Criminal history for manufacture or distribution of a controlled substance or arson (landlord's rule); no sex offenders	Referrals: Salvation Army, Crisis Respite, Cathedral Center, Guest House and Rescue Mission  Interview
Guest House – LEADS	Single adult males	Commitment to staying clean/AODA	Sex offenders	Referrals: Nearly all directly from Guest House Emergency Shelter  Completion of shelter phase
Hope House - Chrysalis	Single women and families	Ability to live in a communal environment  Prefer 90 days clean	Serious criminal background, criminal history of extreme violence, criminal history that would impact employment or housing options Sex offenders Extreme mental health needs	Referrals: Most from emergency shelters  Interview
Health Care for the Homeless	Families	Ability to live independently  Ability to get utilities turned on in apartment  Pass landlord's background check  No alcohol or drug use  No unmarried couples	Unresolved criminal issues Inability to get utilities turned on	Application  Interview
SET/Project Restore	Single individuals (mostly women) and families	Prefer 6-months clean/AODA	Major mental health needs Referrals from the street Inability to get utilities turned on	Referrals: Family Support Center, Cathedral Center, Casa Maria, Women's Center, So-

			Mental health issues – must be in treatment ID, birth certificate, immigration paperwork		Journer Truth  Consultation with shelter case manager  Management company background check (applicants pay)
My Home Your Home – Lissy's Place	Single women 17 ½ to 29 with no children in their custody; 17 ½ must be aging out of foster care	60 days clean/AODA  Stable on medication for at least 60 days  Negative pregnancy test	Prior convictions for serious violence		Referrals: Salvation Army and Cathedral Center, Bureau of Milwaukee Child Welfare, Pathfinders Street Beat, schools  Assessment is done to determine eligibility
YWCA	Women (age 21+)with children ages 0-17	If coming from a domestic violence situation, a permanent restraining order must be in place  Drug screen	Severe mental health needs		Referrals: Only from shelters
Center for Veterans Issues – Vets Place Central and MLK	Single male and female veterans (at least 24 hours in the military)	Drug/alcohol use doesn't exclude someone	Sex offenders (pedophiles) History of extreme violence per evidence gathered in collaboration with the VA/program does not rely on CCAP		Referrals: VA, street, Guest House, Salvation Army, County Jail, prison  Interview/meeting with VA and CVI staff
Meta House	Women with children or women in process of family reunification	DSM-IV diagnosis of substance use disorder (SUD)  Completion of primary phase of treatment for SUD  Meets ASAM Patient Placement Criteria for	Persons who are destructive of property or self or physical or mentally abuse to others; persons who have physical, mental, psychiatric or social needs that are not compatible with the client group or with the care, treatment or services provided by the program.		

		outpatient or day treatment level of care		
Walker's Point – Insights	Youth ages 16-21 Homeless because parents refuse to take them home; or youth refuses to return home due to abuse, neglect or conflict and BMCW cannot assist; and/or without safe/stable relative's home	<p>Willing to participate fully in and benefit from the program</p> <p>Willing to follow program rules</p> <p>Pregnant and/or par-enting youth with a child if aged 18 or older</p> <p>Must have tried other options to resolve problems</p>	<p>Adjudicated CHIPS cases or delinquency petitions that involve drugs, weapons or violent behavior</p> <p>Actively alcohol or drug dependent</p> <p>Serious mental or emotional illness</p>	<p>Referrals: Pathfinders or Walker's Point shelters, Street Beat, Drop-In Center, adult shelters, word of mouth</p> <p>Program staff initial assessment; completion of intake application, interview</p>

**Appendix B: Services Provided to TH Residents**

<b>Transitional Housing Program</b>	<b>Services Provided to Residents</b>
CVI-Vets Place Central	In-house classes on self-esteem, motivation, computer skills, medical/legal assistance, services related to specific track: benefit, employment, education, financial, VA services, addiction treatment, gardening program, transportation, SSI assistance, family reunification.
Guest House – LEADS	In-house: mental health and AODA treatment, medical director on-site; Mainstream benefit assistance: Food Share, FSET, SSI; Referrals: Community Advocates outreach nurse, St. Ben's (medical treatment and TB screening), occasionally contact with the Community Support Program or Targeted Case Manager.
Salvation Army-Winterstar	Case management, Salvation Army van for trips, bus tickets, therapy, medical and other services at the SA Lodge, assistance in obtaining Food Share.
SET/Project Restore	Case management, referrals to counseling services, W-2, FSET, payee services, bus tickets. If resident has AODA, treatment participation is required.
Hope House-Chrysalis	In-house: GED classes, youth programs, medical clinic, case management, meals, transportation assistance, payee, medical co-pay assistance, bus passes; Mainstream benefits: DVR, W-2, occasionally Wiser Choice, St. Ben's Aurora Family Services counseling; referral to FSET and job assistance services
YWCA	In-house: classes in stress management, self-esteem, AODA, parenting, money management, goal-setting; therapist who works with children. Marquette conducts a food program; Alverno conducts light health screening. Referrals to YWCA for employment services.
My Home Your Home-Lissy's Place	Case manager and life skills specialist work with each woman; in-house computer lab, boutique; referral to Repairers of the Breach and St. Ben's for assistance in obtaining birth certificates and ID, New Concepts and WCS for Drivers Licenses, and the FSET and WIA programs for employment and education.
HCHM	FAITH and Family Abodes have different service packages; FAITH participants receive case management/1 home visit per month and one office visit; Family Abodes has food vouchers, furniture and supplies funding, case manager and therapist; both programs: mainstream benefit assistance with W-2 and SAIL.
Meta House	Case management, recovery support, family-strengthening services, including parenting education and support, graduated system of responsibilities and rewards.
Walker's Point	Case management focused on helping youth develop good communication and decision-making skills, independent living skills program/classes, referral for educational and vocational services, GED or high school diploma programs, mainstream benefits assistance, child care and transportation assistance, and six months aftercare services.

### Appendix C: Transitional Housing Rules

Salvation Army-Winterstar	Two-year limit, verbal and written warnings if they do not make their commitment to sobriety, violence, cannot stay if they don't pay rent, we try to work with everyone	No curfew; residents have own apartments
Guest House - LEADS	Participation in chores, random UA's, if someone is positive, they sign a behavior contract or are asked to leave. If they test positive again, they are asked to leave. Threatening behavior of a staff member or another guest is automatic termination.	Curfew – varies by stage in the LEADS program
SET/Project Restore	Rules are part of the lease addendum; people can be evicted if they don't follow the rules; violence can result in program termination; not paying 30% of income for program fee would result in termination	No curfew; residents have own apartments
HCHM	Failing housing inspection three times, not paying program fee of 30% of income for three months in a row; having no children living with them; breaking any of the rules signed in the initial contract results in a verbal reminder, then written letter, then meeting, and then termination.	No curfew; residents have own apartments
YWCA	No drugs; if caught, residents are given the option of going to treatment, no overnight guests, no violence or threat of violence	No curfew; residents have own apartments
Hope House-Chrysalis	Participants must save 75% of income; comply with initial contract; if they do not participate, may be asked to leave; violence or threat of violence; must agree/comply with rules: eating dinner together, cooking a meal, chores, 10:00 curfew, no co-sleeping, respectful of others	Must attend dinner; curfew is 10:00 p.m.
My Home Your Home-Lissy's Place	Cannot spend night outside of the program; residents given verbal and written warnings before program termination for curfew violations and not doing chores. Fighting or bringing in alcohol or drugs is an automatic termination; 10% of income program fee must be paid.	Curfew: 11: p.m. weeknights; 1:00 a.m. weekend
Center for Veterans Issues – Vets Place	Maintain space, maintain hygiene, attend all groups, no weapons, no borrowing, must save money, no violence, no drugs, no gambling, cannot sell blood, must complete chores, random drug and alcohol testing with focus on harm reduction; interdisciplinary team makes all decision; requirements have roots in the military	Restriction to Vet's place for first 30 days (focus on immediate needs, no recreation); Phases II-IV have fewer restrictions; curfew: S,M,T,W,TH @ 10:00 p.m.; F and S @ 12:00 a.m.
Meta House	Comply with expectations of treatment/service levels (1-4), save 70% of disposable income, no alcohol or drug use, no violence, weapons or threatening behavior, other rules pertain to parenting, maintenance of living quarters	Curfew varies depending on level in the program
Walker's Point	Maintain employment, enrollment in GED/HSED program if not a graduate, participation in weekly meetings with case manager, assume responsibility for rent payment, maintain living quarters, no alcohol or drug use, no violence, no pregnancy or fathering of child	Varies by program; age-dependent

## **Appendix D: Interview List and Case Manager Comments**

In-person/on-site interviews were conducted with the following individuals during the summer of 2011; additional written information was obtained from Meta House and Walker's Point. All transitional housing managers and staff were cooperative and helpful in this research effort.

Carolyn Martin, Eileen Beard, Gwen Spears, and Rachel Campos  
My Home Your Home, Lissy's Place

Berdie Cowser and Al Holmes  
Center for Veterans Issues, Vets Place Central

Marva Johnson and Rebecca Murray  
YWCA Transitional Housing

Jennifer Alfredson, Erika Martin, Precious Wilkerson, Scott Hamann, and Kari Strand  
Health Care for the Homeless

Patti Abbott, Wendy Weckler, Tiffany Robinson, Erin Quant, Antonia Gutoni, and Christopher Dettlaff  
Hope House

Judith VanderGrinten, Magaly Velazquez, and Thelma Newby  
Project Restore/SET Ministry

Christa Glowacki, Andy Collura, Evan Gant, Angela Bracy, Tamiko Jones, and Hilary Pick  
Guest House

Tory Giallanza and Janet Van Peurse  
Salvation Army Winterstar

My Home Your Home – Lissy's Place  
Consumer Focus Group – 9 participants

### **Transitional Housing Case Managers – Interview Comments**

#### ***What is it like working with the residents in your program?***

##### **Single Men**

*Rewarding, never boring, sometimes frustrating, exciting, you can see the transition.*

What's frustrating?

*Relapse is frustrating. Sometimes you want something more for them than they are ready for. It's frustrating when nothing's breaking. They are single men so they are not eligible for a lot. Getting people into permanent housing is frustrating. Sometimes not following the rules will get someone into permanent housing and another person who is following through on everything can't get into permanent*

*housing. Playing by the rules does not necessarily mean that you qualify for certain programs. One has to manipulate the system. Guest House transitional clients don't necessarily get first pick of the permanent supportive housing. Getting resources for folks with cognitive delays is also frustrating. Not enough resources for those folks.*

### **Single Women**

*It's challenging but rewarding. It's important to keep a sense of humor*

*It is important to keep a sense of humor. Teaching money management is always successful. Every itty bitty little thing is seen as a success.*

*The system is frustrating.*

*What system is frustrating?*

*All systems! Trying to access SSI is really frustrating. Obtaining permanent housing after the transitional stay is very frustrating.*

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*Lots of the women say it is like prison because of all the rules.*

*A lot of resistance from residents.*

*Many of the women don't want to follow the rules.*

*The residents have expressed that they feel like they are treated like children.*

### **Families**

*It's challenging. I like working with families but it's frustrating when there is no follow-through.*

*It's challenging and interesting. Every day is new. It's frustrating that you can't make them do what needs to be done.*

*All of them are survivors. They've had to manipulate systems. If they could just apply that energy positively...Trying to get the real story out of them is frustrating. The clients are challenging.*

*I like what I'm doing. One issue is that there are several children who have significant mental health issues and it can be difficult to help them. I feel honored that the families trust me. I find the system as a whole very frustrating rather than the clients themselves.*

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*Some choose to leave because of the expectations.*

*Most of the families follow the rules because they don't want to be on the streets with the children because of CPS. Child welfare does respond if they are presented with the information in a certain way.*

*I try to compromise and meet clients half way and not just tell them what to do.*