



Testimony by Ms. Duana Bremer

Social Service Director

The Salvation Army of Polk, Burnett and St. Croix Counties Wisconsin

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Subcommittee on Housing and Insurance

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Homelessness in Wisconsin

Good morning. My name is Duana Bremer and I am the Social Service Director for The Salvation Army Service Extension serving Polk, Burnett and St. Croix Counties WI. I would like to take this opportunity to thank the Subcommittee on Housing and Insurance Committee chairperson Sean Duffy, Ranking Member Emanuel Cleaver and the rest of the committee members for inviting me to be with you today. We are so grateful for the opportunity to be part of this important conversation on how to help homeless families and individuals seek permanent Housing.

On any given day, there are over 5,000 people in Wisconsin without a place to call home. They are sleeping in shelters, in cars, under bridges, in caves and in storage units. Some may be sleeping in transitional living projects. Nevertheless, all lack a safe, stable, and permanent home.

Homelessness is a statewide issue, affecting every county in Wisconsin. Of those 5,000 people experiencing homelessness on any given night, 67% are located in a county other than Racine, Dane, and Milwaukee (which are the largest population areas)

When you think about homelessness, a person sleeping on a park bench or in a doorway is often the image that comes to mind. While this is common, homeless may also be a person in a camper on someone's property (with or without the owner's permission). They may be sleeping in a car in a store parking lot. People also stay in makeshift campsites deep in the woods.

Rural areas have unique challenges to addressing homelessness. Services are difficult to access due to a lack of transportation and distance. Where there are emergency shelters, they may be small and at capacity. The use of vouchers rely on limited community-based funding and availability of motels.

505 W. 8th Street New Richmond, WI 54017

Phone 715-246-1222 Fax 715-246-7470

www.sagraceplace.org

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Grace Place located in St. Croix County (pop. 87,513) is one of the largest shelters in a rural area. With the capability to house 64 individuals, this facility includes a population of families and single individuals. This facility is often full with a waiting list.

Homelessness does not only influence single adults; it affects families and youth as well. Almost half (47.4%) of the people experiencing homelessness in Wisconsin are families with minor children. This is higher than the national average, which is 35%.

Single adults experiencing homeless are significantly more likely to have a disability. In Wisconsin, 40% of people experiencing homelessness in 2016 had a disability and of those 295 had a mental illness.

In Wisconsin, the precursors to homelessness are domestic violence, mental illness and poverty. For single adults, mental illness and substance abuse along with the lack of services to address these disabilities are among the primary causes. For families, low wages were among the primary causes.

During the 2017 January PIT (Point in Time) count in Wisconsin, there were 5,127 people identified as homeless on one night with the 18% in Milwaukee County, 11% in Dane County, 4% in Racine and 67% in rural counties in Wisconsin. Comparing the January 2016 PIT to the January 2017 total data there was an overall 12% decrease in the number of people experiencing homelessness on that one night in Wisconsin. However, there was an 8% increase in the number of people experiencing homelessness in rural communities.

In Rural Wisconsin, there are many unique partnerships to assist homeless families in providing housing as well as skills to move them out of poverty. There are many examples of these collaborations. The state funds local providers to offer homeless services and perform outreach to clients who are homeless. Services include, emergency shelters, one time rent assistance, short term supportive housing, permanent supportive housing, utility payments, transitional housing and assistance in accessing other mainstream resources. In addition, private donors and private foundations offer additional funds to provide the needed case management to assist clients maintain housing stability.

To illustrate some local Strategies:

1. The Salvation Army, Grace Place Shelter, offers a program designed to assist severely mentally ill individuals secure social security benefits. The primary goal of this program is to increase the receipt of SSI/SSDI among people experiencing long-term homelessness, especially for those who have mental illnesses or co-occurring substance use disorders. We will be utilizing the SOAR (SSI/SSDI Outreach, Access and Recovery) model to achieve this objective.

The SSI/SSDI application process is complicated and difficult to navigate, particularly for people who are homeless or who are returning to the community from institutions (jails, prisons or

hospitals). For those who have a mental illness, substance use issues, or co-occurring disorders that impair cognition, the application process poses an even greater challenge.

People who are homeless and have serious mental illnesses need much more than a stable address and steady income, they also need access to the mental health and substance abuse treatment that could help them take the first steps to recovery. Obtaining benefits from the U.S. Social Security Administration (SSA) can play a crucial role in access to housing and services needed for a homeless person's return to a life in the community. These benefits include Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

2. North Central Community Action of Wisconsin, The Salvation Army, and North Central College operates a learning center at The Salvation Army to assist shelter residence in furthering their education by providing teacher to work with people obtaining their GEDs or taking tests to improve their reading and math skills.
3. St. Vincent DePaul, The Salvation Army and The Sisters of St. Joseph of the third order St. Frances. Combined efforts to open a warming center in Barron County Wisconsin. This facility provided a warm, safe place to sleep and a dinner meal until space was available in a program that offered a permanent solution addressing their issues.
4. West Cap is partnering with Family and Children's Center to provide Tenant-Based Rental Assistance to youth aging out of foster care. West Cap provides up to 18 months of rental assistance with HOME-TBRA funding, and the Family and Children's Center provide case management and other Supportive Services.
5. The Salvation Army/Grace Place Shelter tutoring for children residing at our shelter. Our learning center provides students a space designed for education. The center is staffed with retired teachers available to assist students with homework tasks and remedial skills as needed. The facility is also equipped with a computer lab. The majority of children that are homeless are 1 ½ to 2 years behind in school. All school age children are required to attend the afterschool-tutoring program. Our coordinator contacts each child's teacher to determine areas that need academic improvement. The coordinator will also work with Parents to assist them with parent teacher conferences and independent education plans for their child. Most students improve ½-grade level during their 60-day stay.

The McKinney-Vento Act also ensures homeless children transportation to and from school free of charge, allowing children to attend their school of origin (last school enrolled or the school they attended when they first became homeless), regardless of what district the family resides in. It further requires schools to register homeless children even if they lack normally required documents, such as immunization records or proof of residence. Due to our rural area, we work with 15 school districts. The homeless liaisons in each district are able to ensure the children residing at our shelter are able to attend their school the first day they arrive at the shelter. Many days we have as many as 7 different school districts transporting children from our facility. McKinney-Vento also

ensures each child receives free breakfast and lunch prior to completing the application. In addition, the school provides any fees for extracurricular activities.

The Wisconsin Interagency Council on Housing and Homelessness was created in 2013 to respond to the Governor's desire to better coordinate statewide resources, drive policies to eliminate homelessness, and assist homeless individuals in finding stable housing so they are then able to access the resources needed to become self-sufficient. The Council meets on a quarterly basis and has significant steps to reduce barriers, share data on trends, and identify emerging trends.

An excellent example of this is the partnership between the Family and Children's center and West Cap to utilize Home-TBRA fund to provide housing for children aging out of the foster care system.

I was also able to meet with Michael Luckey chair of the Wisconsin Interagency Council on Housing and Homelessness last week to discuss additional case management services. Currently we are providing extensive case management to individuals participating in our Permanent Supportive Housing programs. Participants in this program are chronically homeless individuals with mental illness. Families with very little barriers are able to meet with a case manager at the time they receive initial service. However, the families in the middle than participate in the Rapid Re-housing programs needs more case management that we are able to provide at this time. Working in collaboration with state agencies and stakeholder groups to determine the best use of limited dollars as we address the need for additional case management services.

Through my work with the homeless population for the past 15 years. I have realized that the strategies focusing on collaboration to utilize existing funding from State, Federal, and private donors more effectively. We are able address issues comprehensively at the time of the first homeless episode. Together we are able to assist households in accessing needed services and to intervene in the cycle of poverty and homelessness.

In addition, according to the National Alliance to End Homeless, providing housing with supportive services creates an environment in which program participants are less likely to draw on expensive public services, use of homeless shelters or be incarcerated. Frequent and avoidable visits to the emergency room, inpatient hospitalization for medical and psychiatric care, and nursing home stays can also be avoided.

Whatever the level of service that is needed, it makes the most impact when it comes through intensive case management. Whether the delivery method comes from a "housing first" or transitional program, or day-to-day check-ins by volunteers, regular sustained interaction with a caseworker best helps those struggling with drug and alcohol addiction, mental illness, abuse survival or other trauma.

In Conclusion:

The Salvation Army is part of the community, a collaborator with government and non-government entities seeking to serve those in need. We are very grateful for this opportunity to address the Subcommittee on Housing and Insurance regarding issues that affect homeless families and individuals in our communities. Specifically addressing the need for additional case management activities that will ultimately reduce the burden homelessness on our society. Again thank you for your time.

Information Provided by:

1. Carrie Posser, COC Director, Wisconsin Balance of State COC
www.wiboscoc.org
2. Duana Bremer, Social Service Director,
The Salvation Army Polk, Burnett and St. Croix Counties
Board member WI Balance of State COC
Duana_bremer@usc.salvationarmy.org