WHO IS HOMELESS IN WISCONSIN? A LOOK AT STATEWIDE DATA

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During the 2016 federal fiscal year, 22,050 people experiencing homelesssness across Wisconsin were served by providers that use the Homeless Management Information System (HMIS) database. The data show that homelessness is both an urban and rural problem, and impacts many Badger state families. Well over half (58%) of people who used services were located outside of Dane and Milwaukee counties, 46% were members of families with minor children, and 9% were veterans. The annual Point-in-Time count in January 2016 revealed that of the 5,685 people who were counted as literally homeless that particular day, 22% had a severe mental illness, 22% were victims of domestic violence, and 15% had chronic substance abuse. In recent years, the federal government, states, and communities have learned how to more effectively address and end homelessness. As such, programs and funding priorities are changing, providing policymakers with an opportunity to focus on ensuring homeless families and individuals have access to evidence-based services and shelter.

HOW IS DATA ABOUT PEOPLE EXPERIENCING HOMELESSNESS COLLECTED?

In 2010, the U.S. Interagency Council on Homelessness released Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. Benchmarks were set to prevent and end homelessness among veterans by 2015, to end chronic homelessness by 2015 (later changed to 2017), to prevent and end homelessness for families, youth, and children by 2020, and to set a path for ending all types of homelessness. To achieve these goals, collecting quality data on who is homeless and definitions of homelessness have become increasingly important.

In Wisconsin, as in other states, there are two primary types of data collected about the homeless: the annual homeless Point-in-Time (PIT) count conducted in January each year, and the data entered into the Wisconsin Homeless Management Information System (HMIS) throughout the year. The HMIS is a secure statewide database that collects real-time, unduplicated client-level data from the vast majority of homeless service programs in the state. These programs include emergency shelters, transitional housing, street outreach, permanent supportive housing, homeless case management, and homelessness prevention. The database also is referred to as Wisconsin ServicePoint, or WISP. The HMIS is administered by the Institute for Community Alliances (ICA), a nonprofit organization specializing in HMIS database management. ICA provides similar services in nine other states, primarily in the Midwest.

Unless otherwise specified, most of the information in this chapter is based on those providers who enter their data into the HMIS. Although most (approximately 80%) of all Wisconsin non-domestic violence emergency shelter and transitional housing beds are included in the HMIS, individuals and families who are living with friends or family

Two primary types of data are collected about homeless people: the annual Point-in-Time count and the real-time Homeless Management Information System.

(also known as doubled up) or are not actively connected to homeless service providers are not included in this report. Point-in-Time data in this report include data for all programs regardless of HMIS participation, excluding people who are doubled up.

Definitions are important in homelessness policy because various federal agencies use different definitions to guide funding and programming. The U.S. Department of Housing and Urban Development (HUD) funds emergency shelter, transitional housing, and permanent supportive housing programs throughout the country to alleviate and end homelessness. The federally recognized definition of homelessness includes four main categories: 1) literally homeless, 2) at imminent risk of homelessness, 3) homeless under other federal statutes, and 4) fleeing/attempting to flee domestic violence. Unless otherwise noted, data in this chapter includes only those people meeting the "literally homeless" definition of homelessness.

The federally recognized definition of homelessness includes four main categories, one of which is "literally homeless."

It is important to emphasize that this most strict definition may not include children, families, and individuals who are experiencing housing instability (e.g., staying doubled up with friends or family, living temporarily in hotels, or being at imminent risk of losing housing). All of these situations are associated with decreased well-being. Broader definitions of homelessness may be used, for example, to provide services to students in public schools under the McKinney-Vento Education for Homeless Children and Youth program.

WHAT IS A CONTINUUM OF CARE (CoC)?

A Continuum of Care (CoC) is an important part of each state's efforts to reduce and end homelessness. Continua of Care are communities, counties, or regions in which homeless shelters and service providers collaborate on the goal to end homelessness. HUD defines a continuum of care as a system designed to "provide funding for efforts by nonprofit providers, and state and local governments, to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness."

There are four HUD-defined Continua of Care in Wisconsin:

- City of Madison/Dane County
- Milwaukee City and County
- Racine City and County
- Balance of State – encompassing 69 counties excluding Dane, Milwaukee, and Racine

Due to the large geographic reach of the Balance of State Continuum of Care, for organizational, logistical, and reporting purposes, it is further broken down into local Continua of Care, as represented in Figure 1.

FIGURE 1
Wisconsin Local Continua of Care Map

46 percent of home-less people who sought services in Wisconsin were members of families with minor children.

HOW MANY PEOPLE WERE SERVED BY WISCONSIN'S HMIS PROVIDERS THIS YEAR?

Between October 2015 and September 2016, Wisconsin HMIS providers served 22,050 people in emergency shelters, transitional housing, and safe haven projects.

Of those people served:

  • 46% were in families with minor children;

  • 58% were in communities outside of Dane and Milwaukee counties;

  • 9% were U.S. military veterans;

  • 8% met the federal definition for chronic homelessness; and

  • 2% were runaway homeless youth under the age of 18.

According to the U.S. Department of Housing and Urban Development, an individual is experiencing chronic homelessness if he or she:

- Resides in a place not meant for habitation, a safe haven, or emergency shelter.

- Has been homeless and residing in such a place for at least one year or at least four separate occasions in the last three years (the four episodes of homelessness must total at least 12 months).

- Has a diagnosable disability, such as substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments, or chronic physical illness or disability.

Families are defined as experiencing chronic homelessness if at least one adult in the household meets the definition of chronic homelessness.
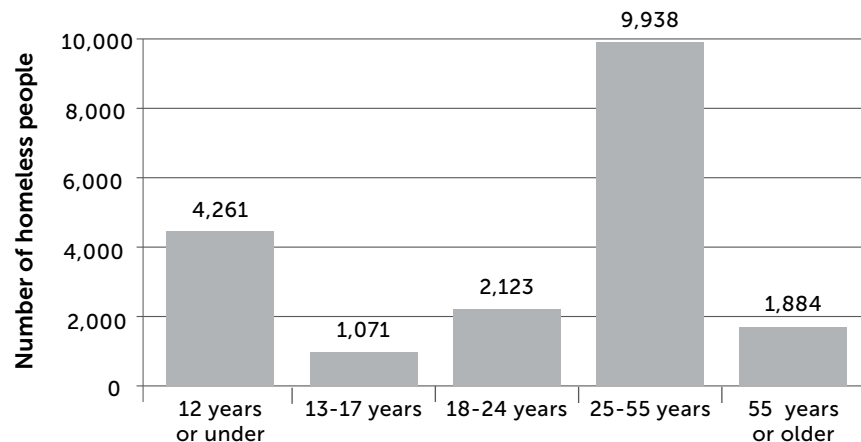
Following the national trend, urban areas in Wisconsin have the highest rate of homelessness. However, many people in rural areas facing extreme poverty will live doubled up with family or friends, or they may live in substandard housing. In other cases, they may leave rural areas for the promise of increased opportunities and social services in larger communities.

HOW MANY PEOPLE WERE SERVED IN EMERGENCY SHELTERS?

In 2016, 88% of homeless people who sought services stayed in an emergency shelter.

The majority of people experiencing homelessness in Wisconsin use emergency shelters. Of the 22,050 people served by HMIS providers, 88% (19,312) were served in emergency shelters. Figure 2 provides more information about who uses emergency shelters. These data show that the majority of people utilizing emergency shelters in Wisconsin are young. Approximately 28% (5,332) of those served were under the age of 18, and the average age of a person using an emergency shelter in Wisconsin was 30.4 years old. The median age was 30 years old.

FIGURE 2
Number of People Served in Wisconsin Emergency Shelters by Age
October 2015 – September 2016

Note: The age of 35 clients was unknown.

Figure 3 shows the distribution of people who used an emergency shelter in the last federal fiscal year by county. It may appear that some counties, particularly in the northern part of the state, had no homeless individuals or families; however, this is likely more a reflection of service availability than people's actual housing situation. Counties reporting no emergency shelter clients either have no emergency shelter programs in operation or do not have emergency shelter programs reporting data in HMIS. When a county does not have an emergency shelter program in operation, people in need of assistance tend to travel to the closest community where a shelter program exists.

FIGURE 3
Number of People Served in Wisconsin Emergency Shelters by County
October 2015 — September 2016

When a county does not have an emergency shelter program, people who need assistance tend to travel to the closest community where a shelter program exits.

Note: Client counts represent total number of people served in each county. Counts are only unduplicated by county. It is possible and likely that some clients are served in more than one county during the time period.

HOW MANY PEOPLE WERE COUNTED AS HOMELESS IN THE POINT-IN-TIME COUNT IN THE LAST THREE YEARS?

The U.S. Department of Housing and Urban Development requires states to collect additional data through an annual Point-in-Time (PIT) count of sheltered and unsheltered people experiencing homelessness on a single night in late January. The count includes people in emergency shelters, in transitional housing, in safe havens, on the streets, or in places not meant for human habitation. The Point-in-Time count is the only official count that includes information from domestic violence shelters as well as a comprehensive count from all providers not using the HMIS.

The decrease in the Point-in-Time count between 2015 and 2016 is partly due to decreased funding for programs that are included in the count.

Table 1 shows the change in the number of people experiencing homelessness in Wisconsin over the last three years. While it shows the number of homeless people decreased from 2015 to 2016, it is partly a reflection of a federal systems change in the programs being funded. In many states, including Wisconsin, there has been a reduction of transitional housing programs and their beds over the past couple years. These programs have been replaced with rapid re-housing programs and beds, which are considered permanent housing programs and not included in the annual Point-in-Time count. For example, there were 290 beds in Dane County for transitional housing in January 2015 and only 205 beds at the beginning of 2016.

Rapid re-housing programs are replacing transitional housing programs in an ongoing effort to improve service delivery and effect systems change. Studies have shown that rapid re-housing programs are more cost-effective and produce better outcomes than transitional housing programs.

Looking at the Balance of State numbers, the total count decreased from 3,597 to 3,445 people between 2015 and 2016. However, the number of people using emergency shelters in the region was the highest ever in 2016: 1,939, up from 1,920 the year before and 1,924 in 2014.

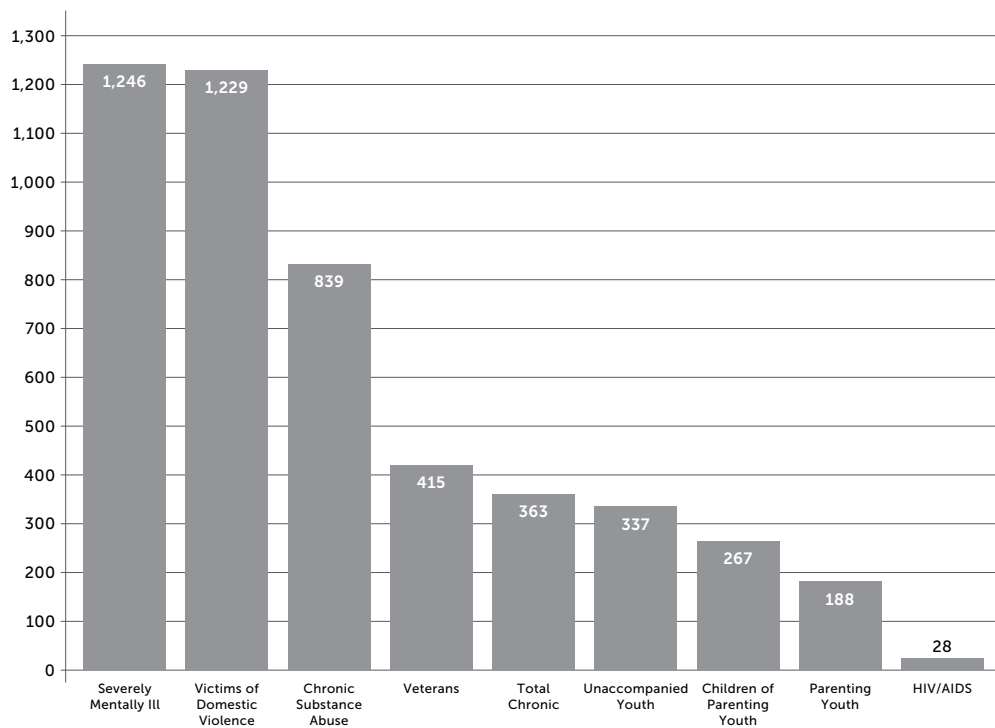### TABLE 1
Total Number of People Experiencing Homelessness in Wisconsin
Point-in-Time Count, 2014–2016

Regions	2014	2015	2016
Balance of State	3,569	3,597	3,445
Milwaukee County	1,499	1,521	1,415
Dane County	777	771	629
Racine County	210	168	196
Totals	**6,055**	**6,057**	**5,685**

Figure 4 breaks down the January 2016 Point-in-Time count by sub-population. Of the 5,685 homeless people counted that day:

- 22% had a severe mental illness;

- 22% were victims of domestic violence;

- 15% had chronic substance abuse;

- 7% were veterans;

- 6% were chronically homeless;

- 6% were unaccompanied youth under the age of 25; and

- 188 youth under the age of 25 were parents to 267 children.

FIGURE 4
Homeless Sub-Populations in Wisconsin
2016 Point-in-Time Count

Of the homeless people counted on a single night in January 2016, 22% had severe mental illness and 15% had chronic substance abuse.

HOW MANY PEOPLE IN THE POINT-IN-TIME COUNT WERE IN FAMILIES?

As shown below in Table 2, the number of individuals and families experiencing homelessness in Wisconsin was about equal. Families for the Point-in-Time count are defined as a group with at least one adult and one youth under the age of 18 at time of count.

TABLE 2
Homelessness in Wisconsin by Household Type
2016 Point-in-Time Count

Household Type	Percent	Total People
Individuals	50.8%	2,886
Family	49.2%	2,799

HOW DOES HOMELESSNESS IN WISCONSIN COMPARE TO OTHER STATES?

Tables 3, 4, and 5 compare the January 2016 Point-in-Time data in Wisconsin to three other Midwestern states: Indiana, Minnesota, and Missouri. Figure 5 shows that while the number of people experiencing homelessness in the Wisconsin count has declined, it has not reached the 2007 level.

TABLE 3
Percentage of People Experiencing Homelessness in Midwestern States by Race
2016 Point-in-Time Count

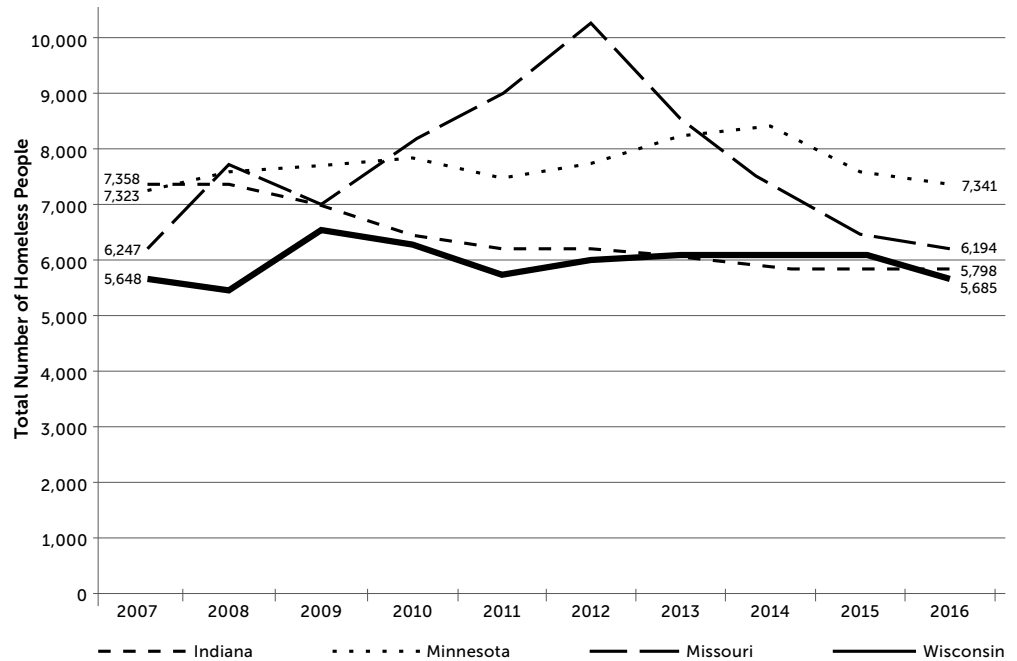| State	White	Black or African American	American Indian/ Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Multiple Races
Indiana	61.9%	33.0%	0.7%	0.4%	0.3%	3.8%
Minnesota	37.9%	45.0%	9.7%	1.1%	1.0%	5.3%
Missouri	55.8%	37.3%	1.7%	0.4%	0.3%	4.5%
Wisconsin	**53.3%**	**35.9%**	**3.6%**	**0.8%**	**0.2%**	**6.2%**
United States	48.3%	39.1%	2.8%	1.0%	1.6%	7.2%

TABLE 4
Percentage of People Experiencing Homelessness in Midwestern States by Gender
2016 Point-in-Time Count

State	Male	Female	Transgender
Indiana	58.2%	41.6%	0.2%
Minnesota	52.3%	47.4%	0.3%
Missouri	53.7%	46.2%	0.1%
Wisconsin	**54.2%**	**45.6%**	**0.2%**
United States	60.2%	39.5%	0.3%

TABLE 5
Percentage of People Experiencing Homelessness in Midwestern States
by Other Sub-Populations, 2016 Point-in-Time Count

State	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	HIV/AIDS	Victims of Domestic Violence	Unaccompanied Youth	Parenting Youth	Children of Parenting Youth
Indiana	10.2%	18.2%	16.2%	11.4%	0.6%	18.8%	6.3%	1.5%	2.5%
Minnesota	11.9%	15.9%	10.7%	3.8%	0.6%	12.0%	10.0%	3.5%	5.1%
Missouri	18.3%	19.8%	20.3%	9.3%	0.8%	18.1%	10.3%	2.2%	3.3%
Wisconsin	**6.4%**	**22.0%**	**14.8%**	**7.3%**	**0.5%**	**21.6%**	**6.0%**	**3.3%**	**4.7%**
United States	15.7%	19.6%	7.2%	7.2%	1.7%	12.4%	6.5%	1.8%	2.4%

FIGURE 5
Change in Total Homeless Point-in-Time Count
in Midwestern States, 2007–2016

Total Number of Homeless People

7,358	
7,323	
6,247	7,341
5,648	6,194
	5,798
	5,685

- - - - Indiana   · · · · · Minnesota   ▬▬ Missouri   ▬▬ Wisconsin

CONCLUSION

Homelessness in Wisconsin is a statewide concern. It affects both families and individuals, many of whom have substance abuse or mental health issues, or are victims of domestic violence. As the federal government, states, and communities understand more about effective ways to help people who are homeless, policies and program funding are changing.

Like other states, Wisconsin is reducing temporary and transitional housing, which is designed to provide short-term shelter for up to 24 months, and increasing permanent housing or rapid re-housing. Furthermore, communities in Wisconsin and around the country are creating a coordinated entry system that is intended to prioritize housing beds based on need. The system also is operating, especially in Madison and Milwaukee, as a diversion system, keeping people out of the shelter system altogether. This has replaced the first-come, first-served model that would often result in beds in programs being used by people who may have had other housing options at their disposal.

Policymakers should take into consideration that as these system changes take place, the number of people experiencing homelessness by official definitions may fluctuate from year to year. Families and individuals who need services or shelter arrive at that need due to many different circumstances. In addition, the definition of "literally homeless" reflected in the data throughout this chapter does not reflect the extent to which individuals and families throughout the state experience housing instability more broadly, which impacts overall well-being.

Communities in Wisconsin are creating a coordinated entry system that is intended to prioritize housing beds based on need and divert people who may have other housing options at their disposal.

Adam Smith is the Wisconsin, Vermont, and Rock River (Illinois) Homeless Coalition HMIS Director at the Institute for Community Alliances. He has overseen Wisconsin's statewide HMIS implementation since 2006 and previously worked for the Wisconsin Department of Administration. He has been involved in the implementation and oversight of Wisconsin's HMIS since 2001, including serving on the state's HMIS Advisory Board. In addition to overseeing the Wisconsin, Vermont, and Rock River HMIS implementations, he provides technical assistance to Alaska on its statewide implementation. Smith serves on the Wisconsin Interagency Council on Homelessness as well as the Rock River Homeless Coalition Board of Directors. He is a lifelong resident of Wisconsin and a graduate of the University of Wisconsin–Madison.

Because of space limitations, additional data from the January 2016 Point-in-Time count of homelessness in Wisconsin can be found online at: http://www.icalliances.org/wisfamilyimpact. The online data are presented in an interactive format with the ability to select specific data points on each chart. The reports may be downloaded to a PDF format. The data used in this report have been reviewed and monitored for accuracy and completeness. While some data errors are unavoidable, participating HMIS organizations strive to report timely and accurate information.