

The State of Homelessness in Wisconsin

2012

An Annual Report

Prepared by the Division of Housing,

Department of Administration



Executive Summary

This annual report on homelessness in Wisconsin is based primarily on data compiled by the Wisconsin Department of Administration-Division of Housing's Homeless Management Information System (HMIS) reporting tool, which collects real-time data on approximately 85% of the homeless programs in the state. The data do not include information from domestic violence shelters, from persons living with friends or family, or on most unaccompanied youth, who have few options when it comes to shelters. The Department of Children and Families (DCF) collects data on unaccompanied youth as part of the Runaway and Homeless Youth Management Information System (RHYMIS). The Department of Public Instruction (DPI) collects data on homeless school-age children using a more expansive federal definition of what constitutes homelessness.

The key findings of this report are the following:

- **1. The Homeless Prevention and Rapid Re-housing Program successfully housed thousands of families and individuals.**
- **2. The new Rapid Re-housing program has begun to offer permanent housing to families and individuals throughout the state.**
- **3. Some rural Continua of Care (CoCs) serve many more homeless clients than might be expected based on their size.**
- **4. In 2012, most indicators of homelessness remained stagnant or rose slightly from the previous year.**
- **5. There is a statewide increase in homelessness among certain subpopulations (e.g., veterans and chronic clients), which is at odds with national decreases.**
- **6. The largest increase of any subpopulation is in the number of clients reporting a history of domestic violence.**

INTRODUCTION

The year 2012 marked some significant changes for homeless service providers throughout the state, mostly as a result of changes at the federal level. In 2009, President Obama signed the HEARTH Act, which reauthorized and amended the primary existing piece of federal legislation on homelessness, the McKinney-Vento Homeless Assistance Act. Among the changes outlined in the HEARTH legislation were: an increased emphasis on program performance, a more competitive grants process, and greater emphasis on preventing and shortening homelessness. For many homeless service providers, these changes were specified and codified in Fall 2012 through a substantially revised Continuum of Care grant application process. As a result, the end of 2012 and the beginning of 2013 marked the first time that Wisconsin's four primary Continuum of Care—Milwaukee, Dane County, Racine, and the Balance of State—were required to systematically evaluate and rank their programs in terms of performance. The results of this process should become more evident in future years.

Given the current state and federal budget situation, in 2012 and leading into 2013, homeless providers also had to adjust to a reduction in available funds. From 2009 to 2012, many programs throughout the state had used the \$27 million homeless-dedicated stimulus funds known as Homeless Prevention and Rapid Re-housing (HPRP), but those funds were time-limited and ongoing programs faced cuts, which are expected to continue into the next year. These budgetary changes are also likely to bring changes to many homeless programs in the near future.

SECTION 1: SHELTERING THE HOMELESS

There are several types of programs dedicated to offering temporary shelter to Wisconsinites experiencing homelessness. The Division of Housing provides grants to 112 emergency shelters statewide. Shelters may be brick-and-mortar constructions, or they may be temporary establishments that rotate among a number of church basements or community centers within an area. Also included in this category are motel vouchers, that are awarded to clients when shelters are full or in communities that lack a fixed shelter.

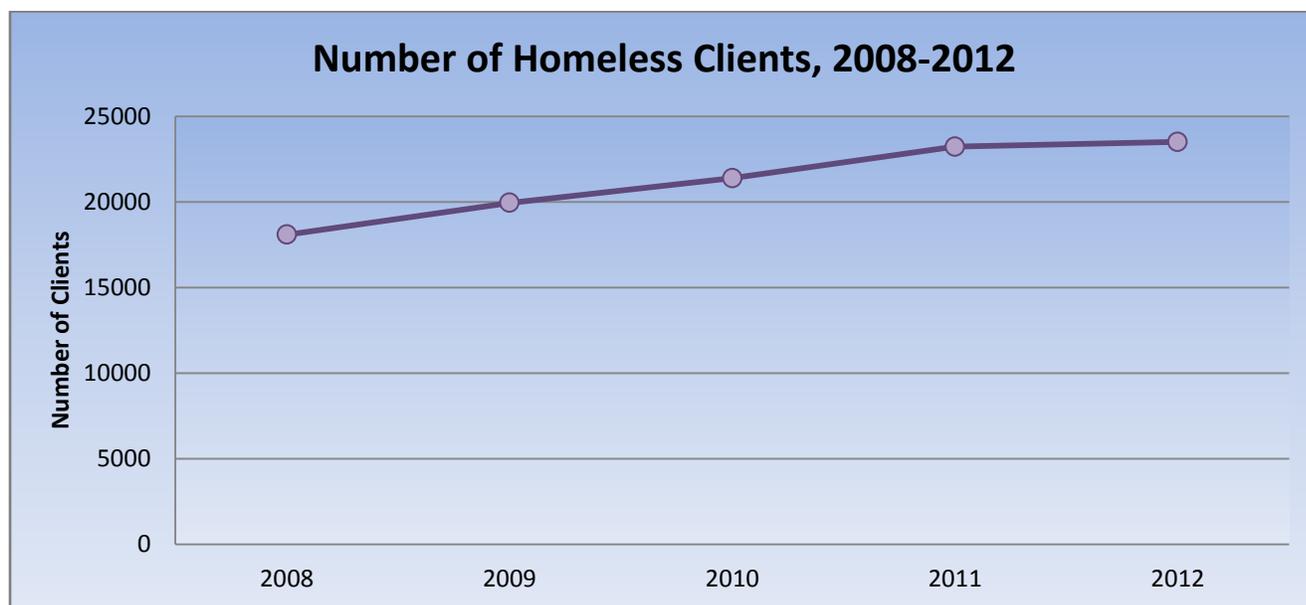
Transitional Housing Programs are designed to provide a lengthier, more structured stay than shelters, with lots of services and case management. Individuals or families might remain in a Transitional Housing Program for up to two years. There are 268 such programs throughout the state. Lastly, there are four "Safe Havens", which provide temporary shelter and supportive services to clients with active mental illness.

The data in this section combines all three of these program types to paint a picture of how many clients were served by temporary housing programs throughout the year. The data does not include the number of clients who were turned away from shelter due to lack of availability. This gap in the data, combined with the fact that many people experiencing homelessness tend to

avoid the shelter system altogether—means that the numbers here are almost certainly an underestimate of the number of people experiencing homelessness in Wisconsin in 2012.

1.1 Overall Trends in Homeless Clients

Despite shrinking budgets, Wisconsin’s homeless service providers sheltered more clients in 2012 than the previous year. Homelessness overall increased very slightly in 2012, from 22,516 to 23,236. This is a 1.2% increase from 2011. While this represents an almost negligible increase from the previous year, it is out of step with national trends in homelessness during the same period of time. The Department of Housing and Urban Development (HUD) reports that nationally, homelessness remained fairly stagnant from 2011-2012, but that it had declined by 5.7% since 2007.¹ In Wisconsin, the number of people experiencing homelessness has increased every year since 2008.²



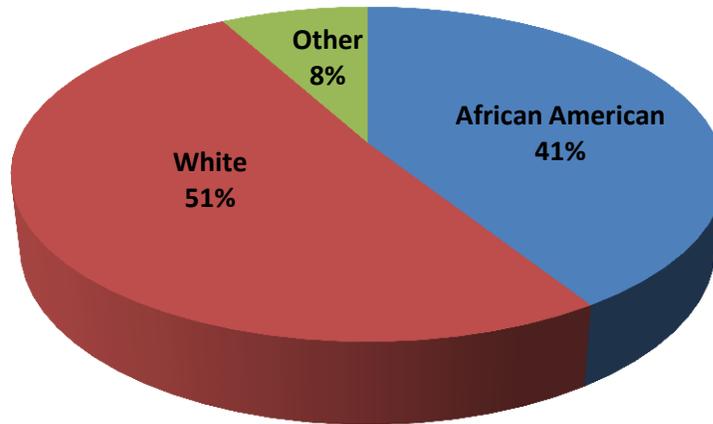
1.2 Racial and Ethnic Composition of Wisconsin’s Homeless Population

All of Wisconsin’s racial and ethnic groups are represented among those who access homeless support services. Like the state’s population as a whole, the majority of clients using homeless shelters are white. However, there continues to be disproportionate representation of African-Americans in Wisconsin’s shelters and other homeless service programs.

¹ U.S. Department of Housing and Urban Development, “Volume 1 of the 2012 Annual Homeless Assessment Report to Congress,” Washington, DC: 2012. See “Key Findings” (n.p.). (Please note that in the rest of this report, the document will be cited as “HUD 2012”.)

² Although the Wisconsin HMIS has been operational since 2001, it took several years before the majority of homeless programs were using it consistently and reliably. For that reason, the Division of Housing generally uses 2008 as the first date from which complete and accurate data is available.

Racial Composition of WI Homeless, 2012



African-Americans represent only about 6.5% of the population of Wisconsin over all³, but comprise approximately 41% of homeless clients in HMIS. In other words, you are more than six times more likely to encounter an African-American in a homeless shelter or similar service than in the general population. This is a persistent racial disparity which has declined slightly in recent years, as more white people experience homelessness.

Hispanics clients appeared roughly in proportion to their representation in the state at large. According to the U.S. Census, 6.1% of Wisconsinites are of Hispanic origin. Of the 23,194 homeless clients whose ethnicity was recorded in HMIS, 6.6% (or 1,526 clients) were of Hispanic or Latino origin.

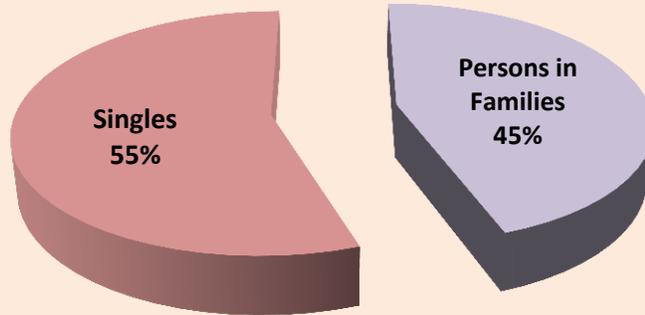
1.3 Single Individuals

Both single individuals and persons in families are served in Wisconsin's shelter and transitional housing program (THP) systems. However, the majority (55%) of clients served by Wisconsin's residential homeless facilities are single adults. National data indicates that the majority of people experiencing homelessness are in fact single adults.⁴

³ See U.S. Census Bureau 2011 figures, <http://quickfacts.census.gov/qfd/states/55000.html>

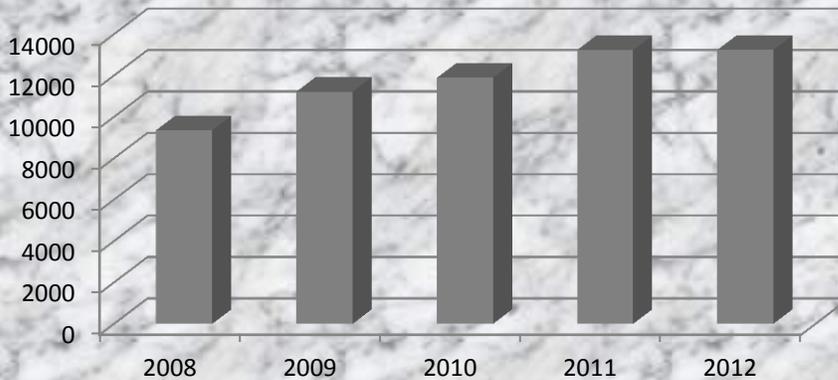
⁴ HUD 2012.

Proportion of Homeless Clients who are Single vs. In Families, 2012



The number of single homeless people remained relatively unchanged over the year, from 13,228 in 2011 to 13,235 (just seven more clients) in 2012. This stood in stark contrast to the 11.3% increase in the number of singles from 2010-2011.

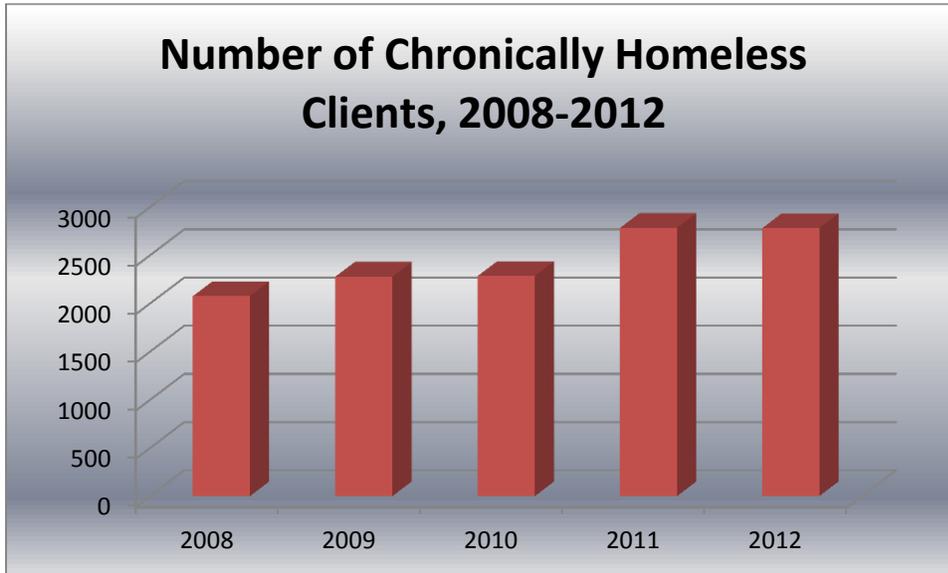
Number of Single Adult Clients in Homeless Facilities, 2008-2012



1.4 Chronically Homeless Persons (“Chronic”)

The U.S. Department of Housing and Urban Development (HUD) defines chronic homelessness as an individual or family whose adult head has a chronic disability and has been continuously

homeless for one year or more, or has been homeless three or more times in the past four years.⁵ From 2008-2011, Wisconsin saw slight to moderate increases in the chronically homeless population every year, with the biggest increase—nearly 22%—coming in 2011. In 2012, for the first time this trend towards ever-greater numbers of chronically homeless individuals changed, with the 2012 numbers almost exactly matching the 2011 figures (2,783 in 2011 vs. 2,781 in 2012).



The fact that chronic homelessness did not increase in 2012 is hopeful for Wisconsin. While nationally chronic homelessness has declined by 19.3% since 2007, in Wisconsin the trends have been moving in the opposite direction. This subpopulation of the homeless has long been of interest to HUD, and in future grant cycles communities are likely to be rewarded based on their ability to reduce the incidence of chronic homelessness (as well as homelessness overall). In recent changes to one of the main homeless assistance programs, HUD has begun encouraging communities to build more permanent supportive housing for the chronically homeless⁶. A discussion of such programs appears in the second part of this report.

1.5 Veterans

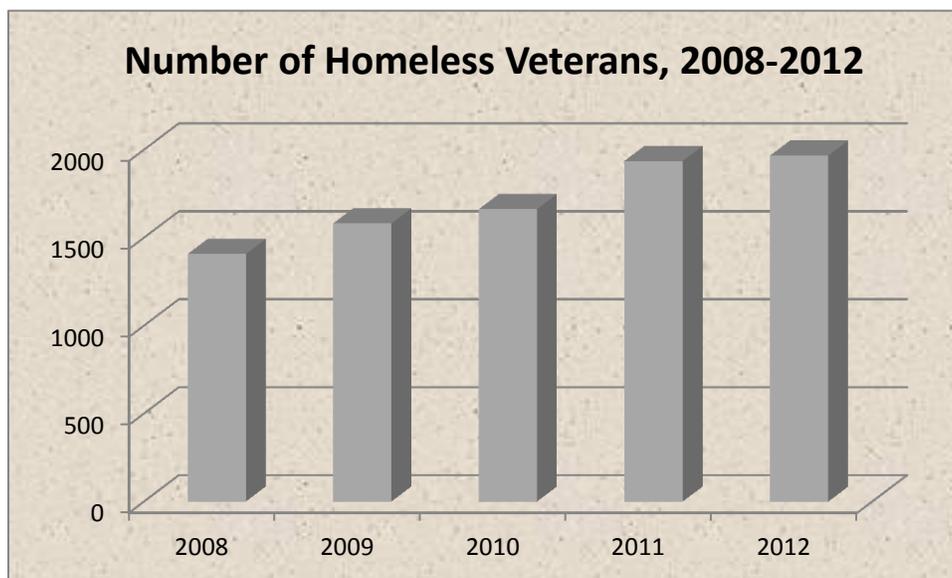
While the vast majority of veterans have little trouble adjusting back to civilian life, statistically, those who serve in our nation in combat are at an increased risk of homelessness. Through its *Opening Doors* initiative, the federal government has placed significant emphasis on ending homelessness among our nation's veterans. In fact, the Obama Administration has set a goal of ending veteran homelessness by 2015. Nationwide, there has been a noticeable decrease in

⁵ For the complete definition, see the HEARTH Act: https://www.onecpd.info/resources/documents/S896_HEARTHAct.pdf

⁶ See the CoC Program Notice of Funding Availability (NOFA).

homelessness among veterans in recent years. From 2009 to 2012, the Department of Housing and Urban Development (HUD) recorded a 17.2% decrease in veteran homelessness, with a 7.2% increase from 2011-2012 alone.⁷ While those figures reflect what is happening nationwide, there remain some parts of the country in which veteran homelessness has not yet decreased, or has even slightly increased. Wisconsin appears to be one of these states. In 2012, there was a very slight increase in veteran homelessness in Wisconsin, from 1,936 clients in 2011 to 1,967 in 2012. However, this 1.6% increase was significantly less than the 16.5% jump in veteran homelessness from 2010-2011 (when the figure rose from 1,662 to 1,936). In both 2011 and 2012, veterans comprised approximately 11% of all adults using residential homeless services in Wisconsin.

One tool which might help to curb the number of homeless veterans is the availability of

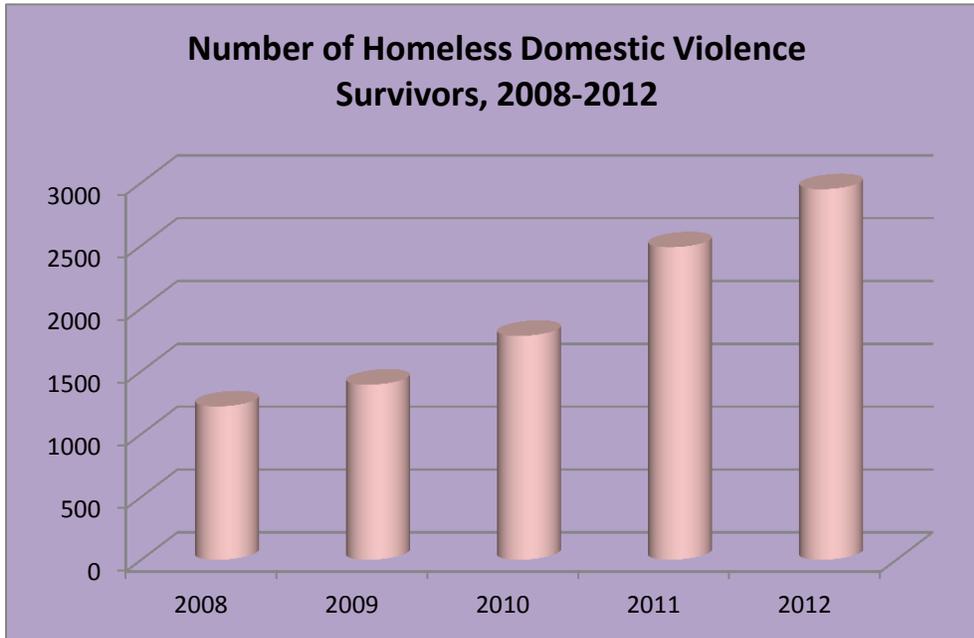


Supportive Services for Veteran Families (SSVF) grants. SSVF grants are federal grants awarded to veteran support agencies that can be used to help veterans and their families secure and maintain permanent housing. Wisconsin received three such grants in 2012, although two of them were awarded late in the year and therefore had little time to be implemented before this report. The three agencies to receive the grants were: 1) The Center for Veterans Issues (CVI) Vets Place Milwaukee, 2) The Veterans Assistance Foundation in Madison, and 3) The Community Action Coalition for South Central Wisconsin in Madison. Those programs will use the grants primarily to prevent—rather than remediate—homelessness among veterans and their families. The one program that was operational throughout 2012—CVI Vets Place—served 124 families and a total of 822 clients (both individuals and those in families) using the SSVF grant.

⁷ HUD 2012

1.6 Domestic Violence Victims/Survivors

One of the key reasons why some veterans are at an increased risk of homelessness is the fact that they have experienced combat-related trauma. While veterans may experience trauma overseas, people can also experience trauma in their own homes, and that trauma and insecurity can also increase the risk of homelessness. Domestic violence survivors are another subpopulation of the homeless whose history is likely to include trauma.



Due to privacy provisions stipulated in the Violence Against Women Act (VAWA), domestic violence (DV) shelters do not enter data into Wisconsin's HMIS. Thus, there are many homeless victims of domestic

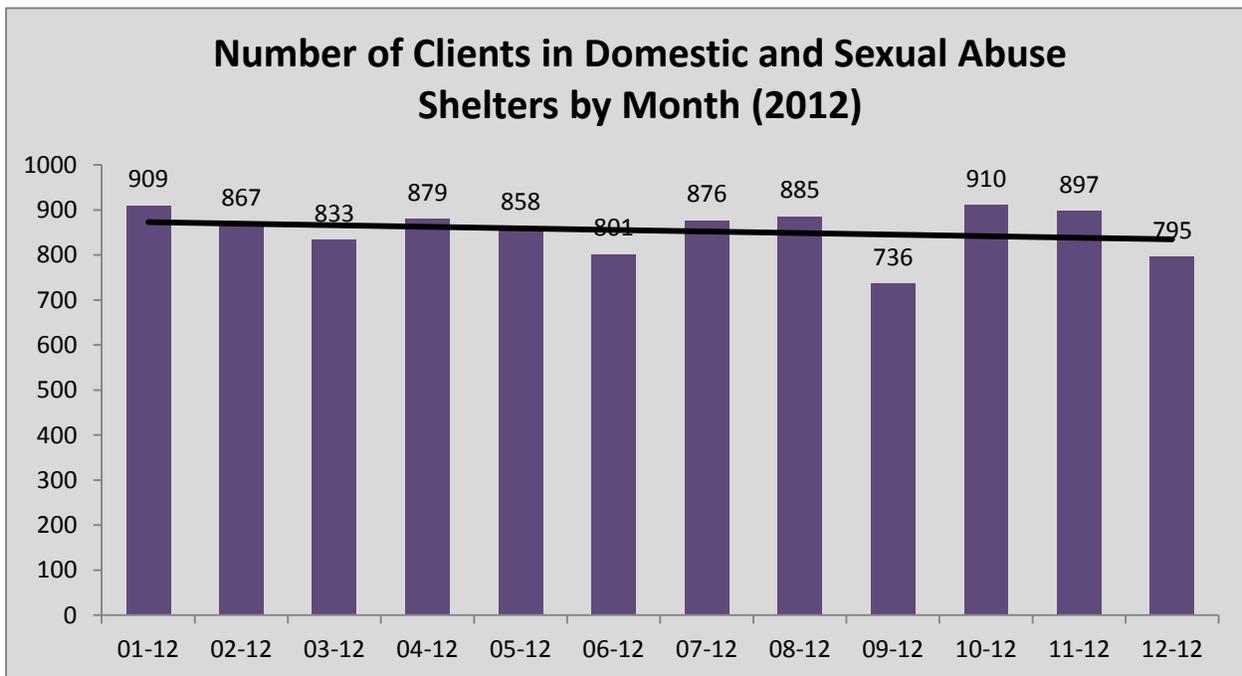
violence not represented in this report. Nonetheless, many of the clients who use mainstream homeless shelters and programs (as opposed to those designed specifically for domestic violence victims) do report that they are victims of domestic violence. In the 2012 HMIS data, there were 2,948 clients who reported being victims of domestic violence. This continues a consistent trend of more and more clients identifying as domestic violence survivors every year (see Table 1 below).

Table 1: Annual Changes in Domestic Violence Figures,

Year	Number of Domestic Violence Clients	% Change from Prior Year
2008	1220	N/A
2009	1393	14.2%
2010	1781	27.9%
2011	2486	39.6%
2012	2948	18.6%

The large, persistent increases in domestic violence survivors makes this *the fastest-growing subpopulation* of clients in Wisconsin’s residential homeless programs. It is difficult to tell from existing data whether or not this represents an actual sharp and ongoing increase in the number of women being abused, or a change in reporting practices. In recent years, homeless service providers have been more diligent about asking their clients whether or not they experienced domestic violence. At the same time, anecdotal evidence from homeless service providers suggests that they are indeed seeing an upswing in the number of domestic violence victims. This is not an uncommon trend during difficult economic times.⁸

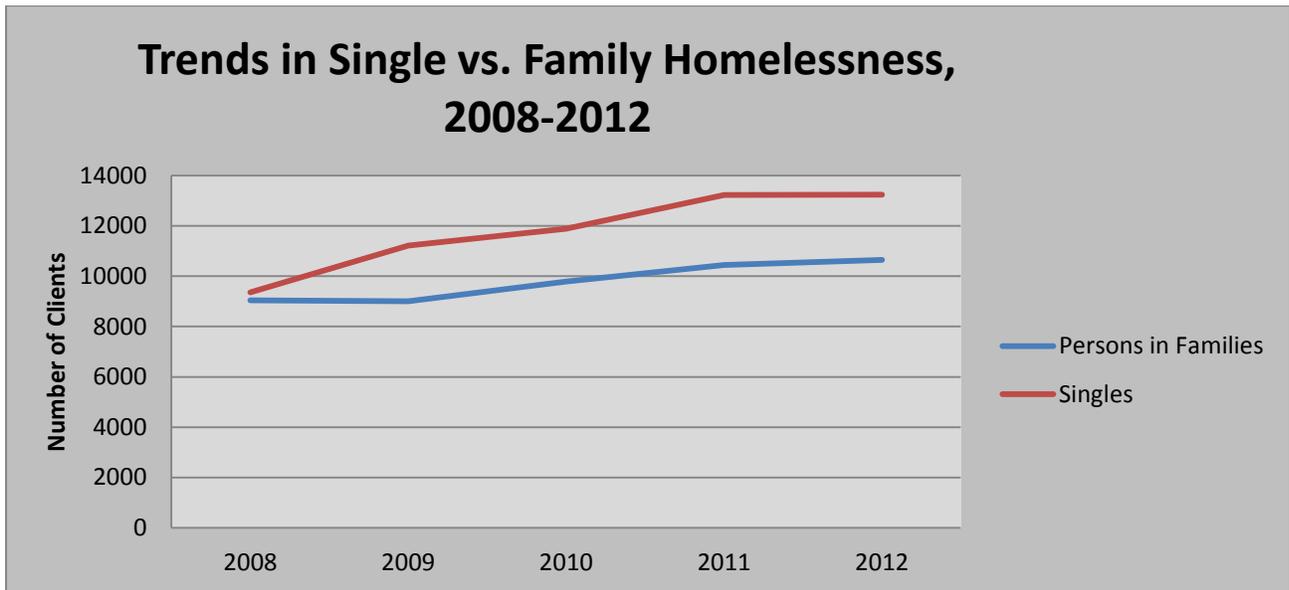
While residential domestic violence programs do not input information into the HMIS system, 41 domestic violence agencies across the state do compile their monthly bed counts and submit them to their Continuum of Care (CoC) lead agencies. Those bed counts indicate that, on average, there were approximately 854 women and children staying at Wisconsin’s domestic violence shelters every month. Since these counts are not de-duplicated from one month to the next, it’s not possible to determine from this data how many distinct clients were served by Wisconsin’s DV programs over the course of the year.



⁸ See e.g. Johnson, Kevin. “Domestic Violence Rises in Sluggish Economy, Police Report”, *USA Today Online*, April 30, 2012. <http://usatoday30.usatoday.com/news/nation/story/2012-04-29/domestic-violence-police-survey/54633282/1?csp=34news>.

1.7 Children and Families

The same domestic violence shelters that house abused women also often shelter children and families. Nationally, families comprise just under 40% of persons using homeless shelters.⁹ In recent years, family homelessness has increased slightly in Wisconsin, despite the fact that it has decreased nationally.¹⁰ In Wisconsin, the rise in family homelessness has been more gradual than the rise in single homelessness, yet the numbers for both have continued to increase. The number of people in families experiencing homelessness increased by approximately 2% in 2012. In 2011, there were 10,441 people in families utilizing emergency shelters or transitional housing programs, compared with 10,644 in 2012.



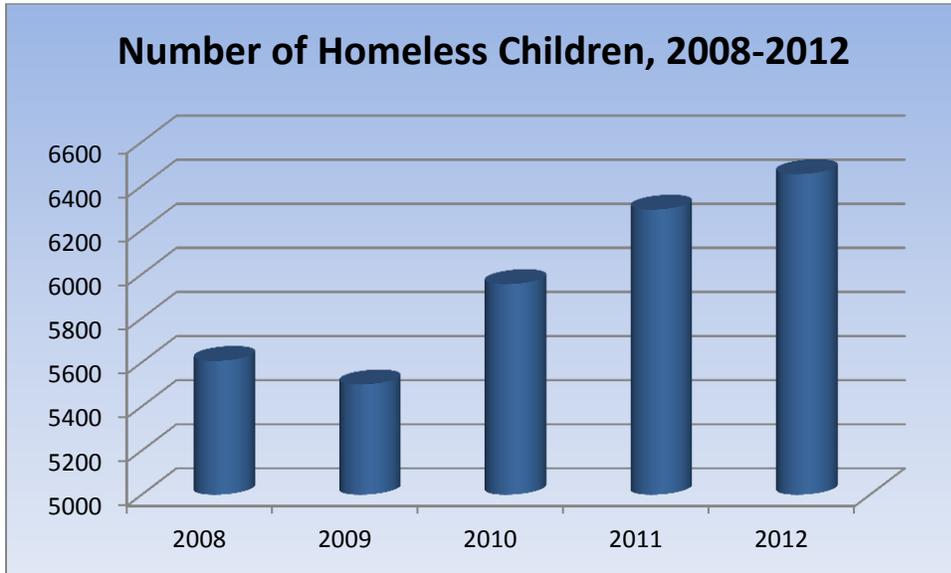
The number of children under 18 being served by Wisconsin shelters and transitional housing programs rose a bit more than either singles or the number of persons in families overall, signaling that a greater proportion of those in families are children than in the previous year. In 2011, there were 6,293 children served by HMIS-participating shelters and transitional housing programs. In 2012, that number increased by approximately 2.6%, to 6,454. However, this was a smaller increase than in each of the previous two years.¹¹ Collectively, in 2012 children represented 27% of the homeless population utilizing shelters and transitional housing programs

⁹ Ibid.

¹⁰ According to HUD, family homelessness rose 1.4% from 2011-2012, but has fallen by 6.8% since 2007. See HUD 2012.

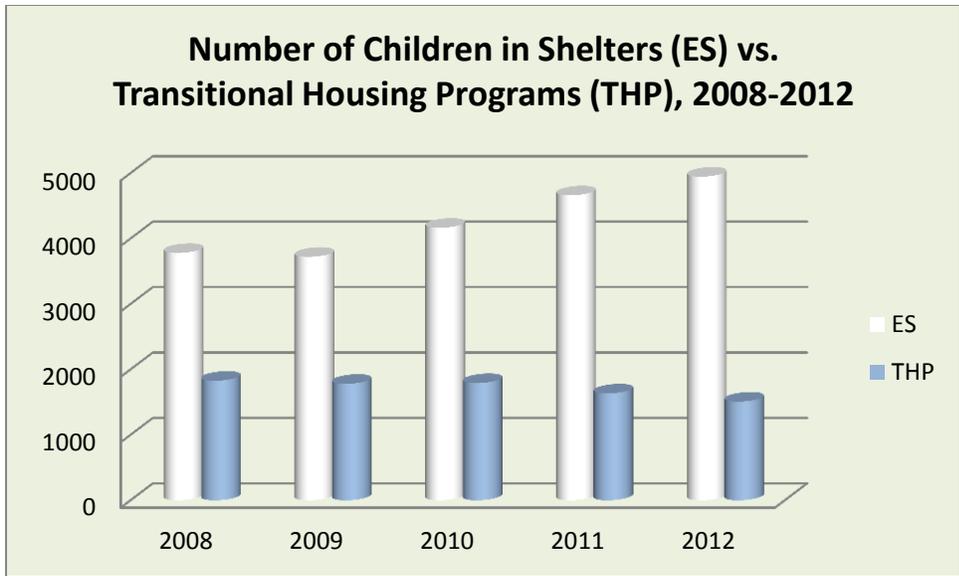
¹¹ From 2009-2010, the number of children increased by 8.3%; from 2010-2011, there was a 5.7% increase. The last time there was a decrease was from 2008-2009, when the number of homeless children in shelter decreased by 2%.

in Wisconsin. This figure has remained essentially unchanged since 2009, and is approximately four percentage points higher than the proportion of Wisconsin residents overall under 18.¹²



While the aggregate number of children in residential homeless programs is increasing, a more complicated picture emerges when examining shelters and transitional housing programs separately. The number of children in transitional housing programs actually decreased by 7% in 2012 (from 1,633 to 1,508), and had declined by approximately 8.8% in the previous year (from 1,791 in 2010 to 1,633 in 2011). In contrast, the number of children in shelter actually *increased* by 6.1% in 2012 (from 4,660 to 4,946) and had increased by nearly 12% from 2010 to 2011 (from 4,160 to 4,660).

¹² U.S. Census Bureau 2011 estimate. See <http://quickfacts.census.gov/qfd/states/55000.html>



The fact that fewer children are being served by transitional programs despite the fact that more are turning up in shelter may partially be explained by the fact that families with young children are being diverted from transitional housing programs into Rapid Re-housing, which research indicates is the most beneficial course of action for most families¹³. This would be a good sign for Wisconsin’s homeless families, and the numbers from WISP imply that this is part of what is happening (see section 2 of this report). On the other hand, another likely contributor to this phenomenon is simply that families are staying in transitional housing for longer periods of time. This causes a backlog wherein fewer families can be served, and must therefore remain in shelter or even unsheltered. Anecdotal evidence indicates this, too, may be the case, but further analysis is needed to confirm whether or not a transitional housing backlog is to blame.

1.8 Summary of Trends in Homeless Subpopulations

The first half of this report examined the sheltered homeless population in terms of various subpopulations. This section summarizes the findings from Section 1. As can be seen in Table 2 below, for every subpopulation listed, the number of clients in 2012 either remained the same or showed a slight to moderate increase. These changes are compared with HUD’s national figures from the 2012 Point-In-Time report.¹⁴ A positive sign (+) indicates an increase, a negative sign (-) indicates a decrease, and an equal sign (=) indicates no significant change from 2011. “N/A” in the “Direction of Change” column indicates that this is not a subpopulation that was captured by the HUD Point-in-Time estimates”

Table 2: Comparing National and Wisconsin Changes for Homeless Subpopulations from 2011-2012

¹³ For more information on the effects of Rapid Re-housing and Housing First models on families, see The National Alliance to End Homelessness webpage: www.endhomelessness.org.

¹⁴ HUD 2012

Subpopulation	Direction of National Change 2012 (HUD)	Wisconsin Number of Clients	Wisconsin Direction of Change in 2012	% Change in 2012
Total Clients	=	23,516	+	1.20%
Veterans	-	1,967	+	1.60%
Domestic Violence	N/A	2,948	+	18.60%
Chronic	-	2,781	=	N/A
Singles	-	13,235	=	N/A
Persons in Families	+	10,644	+	1.90%
Children	N/A	6,454	+	2.60%

As previously stated, this table indicates that for the number of homeless clients overall, as well as for many subpopulations, trends in Wisconsin for 2012 ran counter to the larger national trends.

SECTION 2: HOUSING THE HOMELESS

The first section of this report focused on the shelter-style programs that provide temporary housing to individuals and families in need.

This section focuses on those Division of Housing-sponsored programs that provide permanent housing for homeless individuals and families, or which help to prevent homelessness by giving people the support they need to remain in their homes. This section covers three such



programs: the Homeless Prevention and Rapid Re-housing Program (HPRP), a separate Rapid Re-housing program type (RRH), and Permanent Supportive Housing (PSH).

2.1 HPRP: Having an Impact for Children and Families

One piece of data which is not easily captured by Wisconsin’s HMIS is the number of individuals and families who *would* have experienced homelessness, had it not been for homeless prevention assistance. However, the stimulus fund-backed program known as Homeless Prevention and Rapid Re-housing (HPRP) was a time-limited, federal program that encouraged local providers to help to prevent homelessness and/or quickly and permanently house those families and individuals who were already experiencing homelessness. From 2009-2012, the Division of Housing disbursed approximately \$27 million in federal funds to homeless service providers throughout the state for this purpose. As can be seen below (See Table 4), the program served nearly 30,000 Wisconsinites.

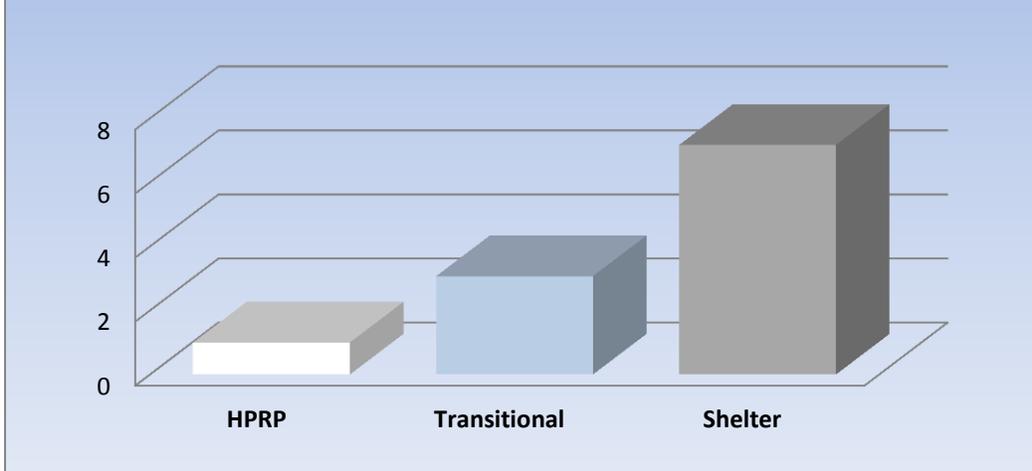
Table 3: Individuals and Households Served Under HPRP, 2009-2012

<i>Program Sub-Type</i>	Number of Individuals Served	Number of Households Served
Homeless Prevention	24,205	10,046
Homeless Assistance	5,502	2,809
Total	29,509	12,735

The majority of the assistance was dedicated to helping households avoid—rather than escape--homelessness, and nearly 72% of the assistance was focused on families. Through the program, approximately 97% of those facing homelessness and 91% of those who were actually homeless were placed in permanent housing, as opposed to being placed in temporary settings (e.g. shelters or with friends) or not being placed at all. These interventions seem to have been successful over time. Once placed in housing, families were significantly less likely to return to homelessness (or become homeless) than were similar families that had instead been placed in shelter or transitional housing.¹⁵

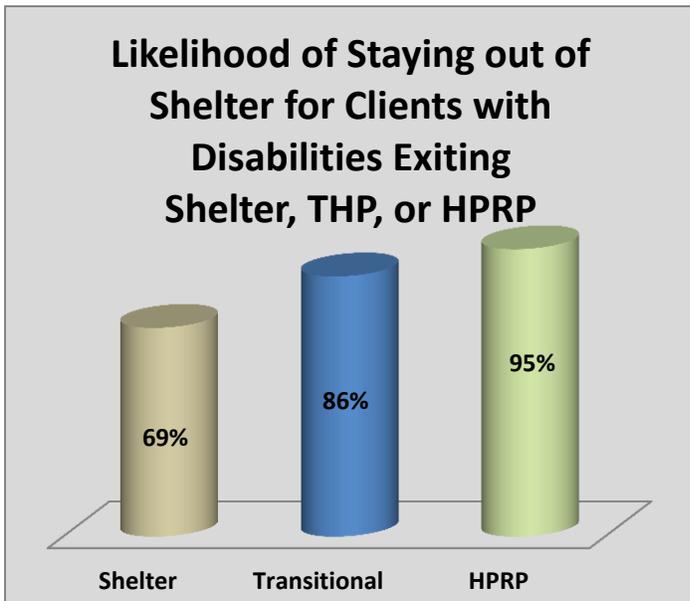
¹⁵ For a complete statistical analysis of Wisconsin’s HPRP outcomes, contact Division of Housing Research Analyst Kate McCoy at kate.mccoy@wisconsin.gov.

Likelihood of Homeless Recidivism for Families Exiting HPRP, THP, or Shelter



The program was also quite successful for single individuals, and showed the most promise for single individuals with significant disabilities, including addiction and mental health issues (see chart below). This is not surprising, given that the “Housing First” model upon which HPRP is based, has consistently shown great success housing chronically homeless individuals with such disabilities.¹⁶

Likelihood of Staying out of Shelter for Clients with Disabilities Exiting Shelter, THP, or HPRP



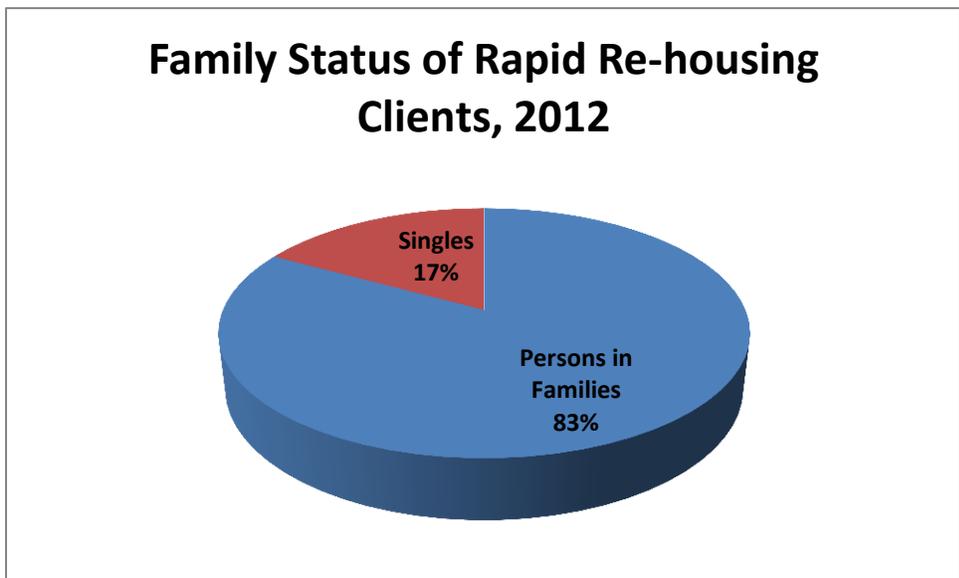
The end of HPRP funds in September 2012 means that such services will be hard to sustain. At the same time, existing Emergency Solutions Grant (ESG) funds are now eligible for “Rapid Re-housing”, which is the component used in HPRP to house homeless individuals.

¹⁶ For an overview of how Rapid Re-housing or Housing First can benefit chronically homeless persons, see the National Alliance to End Homelessness webpage: www.endhomelessness.org.

2.2 Rapid Re-housing

The “Rapid Re-housing” approach was the impetus behind HPRP’s homeless assistance (as opposed to prevention) component. Rapid Re-housing involves helping individuals or families to avoid the shelter system or minimize their time in shelter by securing an apartment as soon as possible, and helping the clients to remain stably housed there for as long as possible. Agencies vary in how they implement Rapid Re-housing, but most assist with housing placement, case management, and initial expenses such as a security deposit and a few months’ rent.

For most Wisconsin homeless service providers, their first exposure to Rapid Re-housing was with the aforementioned HPRP program. In anticipation of the closing out of HPRP funds in Fall 2012, state ESG funds were made available for Rapid Re-housing. These funds were released in July 2012. In the last six months of 2012, many agencies across the state began using these funds for their own, post-HPRP Rapid Re-housing Programs. During this time, twenty-six agencies across the state collectively re-housed 844 people. The vast majority of these (701 clients, or 83%) were persons in families.



The majority of people in families (58%) were children, implying that most families were either single parents with more than one child, or two-parent households with more than two children. Indeed, of the 194 adults in Rapid Re-housing

known to be in families¹⁷, 124 of them (63%) were single mothers. One quarter (25.3%) of all of the adults in the program reported being survivors of domestic violence. Only small percentages of adults in the program were either veterans (5.8%) or chronically homeless (9.7%). Thus, the typical Rapid Re-housing household during this time was a single mother with children who had not experienced prolonged homelessness, but might very well have experienced domestic violence.

Research on Rapid Re-housing conducted by both scholars and policy analysts indicates that Rapid Re-housing can have both immediate and long-term benefits for families experiencing

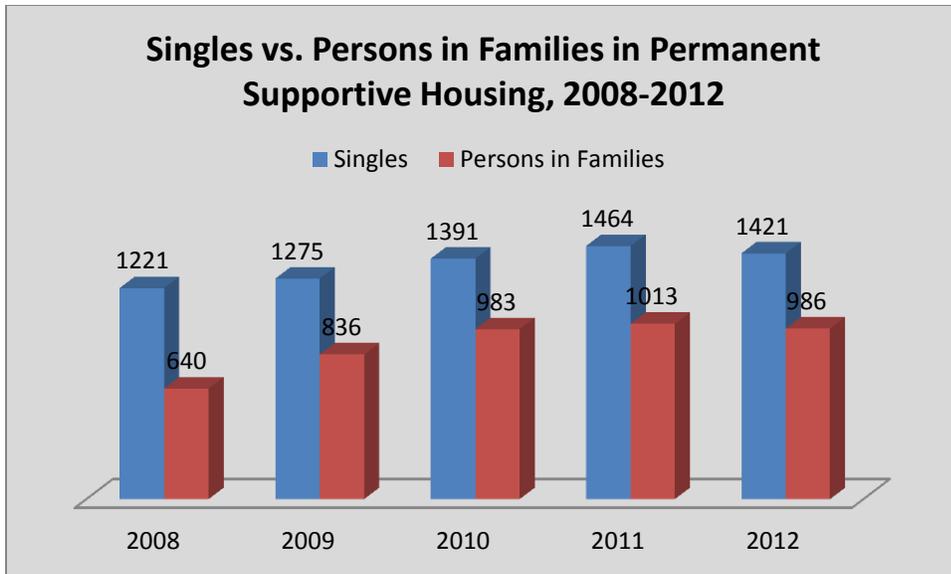
¹⁷ The family status of 164 of the 431 adults is undocumented.

homelessness by providing needed stability and minimizing the crisis of homelessness. Stories from Wisconsin providers reveal that they have seen some of these benefits first-hand.

“When a 6 year old boy entered the program, coming out of homelessness, he had some significant mental health and behavioral concerns. He was uncontrollable at home and in school. With the stability of being housed, the family actually got the opportunity to work on his behavioral concerns. He still has some issues, however, he has more control over his emotions, listens more to his parents and does significantly better in school. The family was able to engage with in-home family therapy, something they were unable to do while homeless. His parents were also able to work on some of their own issues since they were no longer in the crisis of homelessness and, therefore, are more present for him when he is having problems and are able to address them. The family was able to build up structure and routine in their lives, set up boundaries for their son, and create a living environment where the family can play games together and spend quality time as a family. It is these little things that contribute to the stability and behavioral changes this boy has experienced. He still has struggles, but is a completely different boy than the one I met when he entered the program.” ~ Rapid Re-housing Program Director

2.3 Permanent Supportive Housing

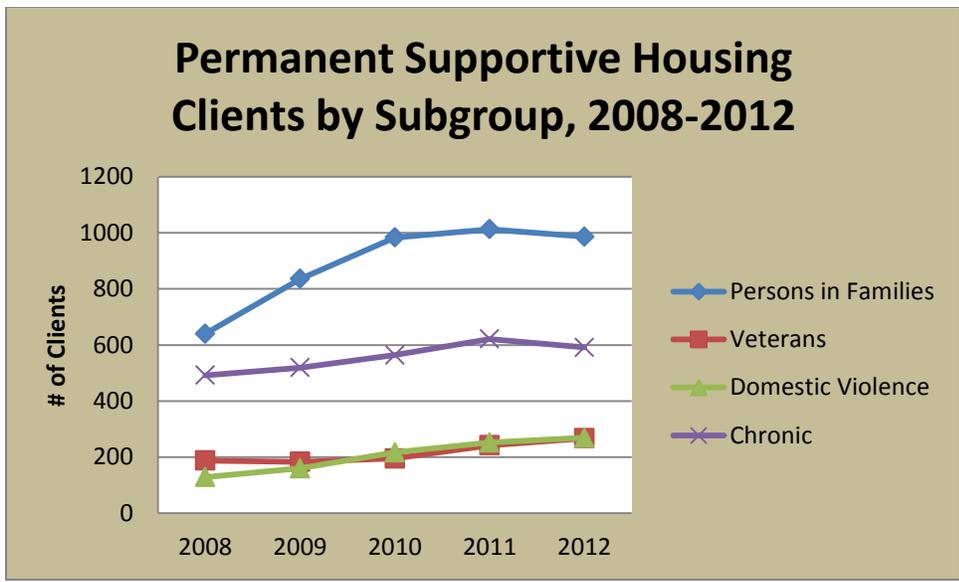
Clients who are re-housed in the Rapid Re-housing program are no longer considered homeless. Another set of programs that helps move people out of homelessness is Permanent Supportive Housing. Permanent Supportive Housing (PSH) was initially designed for chronically homeless clients who require ongoing supportive services to remain in their new homes. However, in practice the programs serve clients from a variety of subpopulations, including single persons, persons in families, those fleeing domestic violence, and veterans. Some of these clients may also be chronically homeless, but not all are. The graph below shows that PSH programs in Wisconsin primarily serve single persons, but that they also provide services to many people in families.



In 2012, the number of both singles and families served by PSH programs declined slightly: by 3% for singles and 2.7% for persons in families. Overall, the total client count for PSH clients declined by 2.8%, from 2,477 in 2011 to 2,407 in 2012.

For most of the other types of data in this report, a decrease in annual numbers would be indicative of a decrease in homelessness. However, that is not necessarily the case with PSH, which helps to end homelessness for those utilizing its services. The fact that 2012 saw *more* clients in Emergency Shelter, Transitional housing Programs, and Safe Havens (i.e., more people experiencing homelessness) and *fewer* people in Permanent Supportive Housing indicates that there's a bottleneck in the system and that more people would benefit from PSH.

One reason why such a bottleneck exists is that PSH serves many chronically homeless clients who require long-term supportive services and are unlikely to exit the program once admitted. The graph below compares the number of clients from different subpopulations served by PSH from 2008-2012, including persons in families, veterans, domestic violence survivors, and the chronically homeless. It shows that PSH programs in Wisconsin do indeed serve a significant number of chronically homeless individuals. At the same time, it also serves many people in families and individuals (not shown) who are not chronically homeless.



The graph reveals a nearly 5% decrease in the number of chronically homeless clients served in 2012 (from 621 to 591) as well as increases in the number of veterans and domestic violence survivors. The number of domestic violence survivors increased by 6.7%, while veterans in PSH experienced an even greater increase, at 10.3%. While it is certainly possible for both veterans and domestic violence survivors to also be chronically homeless, the combination of decreases in the chronic count and increases in the other two counts suggests that the vast majority of the chronic clients served in PSH are not members of either of these sub-groups.

SECTION 3: THE DISTRIBUTION OF HOMELESS CLIENTS THROUGHOUT THE STATE

The first section of this report provided a statewide overview of the number of homeless clients in different subpopulations. This section turns to the local level to examine the distribution of homeless clients throughout the state.

Communities across the state differ significantly in the number of homeless clients they serve. These differences are largely determined by population size (i.e., large cities serve more clients than small townships), by the number of local residents experiencing homelessness, and by the extent of local homeless services. Communities that offer few or no homeless support services will look as if they have very small numbers of homeless persons locally, even if in reality many people are simply making do without shelters by living on the streets or in cars.

The table below shows the number of clients served by emergency shelters, transitional housing programs, and safe havens within each Continuum of Care (CoC) in 2012. It does not include the permanently housed or re-housed clients covered in Section 2 of this report.

TABLE 4: The Number of Homeless Clients by Continuum of Care, 2012

Rank	CoC	Counties	Total Clients	Children	Women	Men
1	Milwaukee	Milwaukee	6685	1770	1663	3252
2	Dane	Dane	3450	836	916	1698
3	Brown	Brown	1803	407	536	860
4	Fox Cities	Outagamie	1391	311	359	721
5	Couleecep	LaCrosse, Monroe, Vernon, Crawford	1269	219	345	705
6	West Central	Barron, Dunn, Pepin, Pierce, Polk, St. Croix	1086	368	336	382
7	Rock-Walworth CoC	Rock, Walworth	1051	372	350	329
8	Racine	Racine	1000	270	246	484
9	Kenosha	Kenosha	902	299	259	344
10	Waukesha	Waukesha	838	179	259	400
11	North Central CAP	Lincoln, Marathon, Wood	736	142	189	405
12	Northwest CoC	Douglas, Bayfield, Ashland, Iron, Price	566	240	214	112
13	Winnebago land	Fond du Lac, Winnebago, Green Lake	528	95	141	292
14	Lakeshore	Sheboygan, Door, Manitowoc, Kewaunee	501	119	152	230
15	Western Dairyland	Eau Claire, Buffalo, Trempealeau, Jackson	423	255	130	38
16	CAP CoC	Portage, Waupaca, Waushara, Marquette	369	48	85	236
17	Northeast CoC	Florence, Marinette, Menomonie, Oconto, Shawano	347	131	101	115
18	Chippewa	Chippewa	316	117	79	60
19	Central CoC	Columbia, Dodge, Sauk, Juneau, Adams	261	125	104	32
20	N*WISH	Langlade, Oneida, Vilas	255	78	82	95
21	Washington	Washington	198	48	68	82
22	Jefferson	Jefferson	166	60	60	46
23	Indianhead	Sawyer, Rusk, Washburn, Taylor, Burnett	115	45	39	31
24	Forest	Forest	44	10	11	23
25	Southwest	Richland, Grant, Iowa, Lafayette, Green	27	11	10	6

With the exception of the Fox Cities, the top five CoCs on this list also represent the five largest population centers in the state, in that order. The Fox Cities is the fourth largest CoC in terms of the number of homeless clients served, even though the fourth largest city in the state is Racine, and Appleton (which is in the Fox Cities) is actually number six in terms of population. After the top three, the homeless numbers do not correspond to population size, but are probably more

representative of how service-rich the area is, as well as the concentration of people experiencing homelessness in that area. Looking at the rest of the top ten CoCs, numbers five through seven on this list (Couleecap, West Central and Rock Walworth) serve more homeless clients than might be predicted based on their size, whereas Waukesha (7th largest community in the state) and Kenosha (fourth largest) serve fewer.

As should be apparent from the table, not all communities serve the same populations in the same proportions: some have programs that are limited to single men or women, while others are devoted to families. Thus, the rankings change somewhat when we look just at the number of children served.

Table 5: Top 10 Continua of Care Serving the Highest Number of Children, 2012

Ranked by Kids	Rank	CoC	Counties	Total Clients	Children
1	1	Milwaukee	Milwaukee	6685	1770
2	2	Dane	Dane	3450	836
3	3	Brown	Brown	1803	407
4	7	Rock-Walworth CoC	Rock, Walworth	1051	372
5	6	West Central	Barron, Dunn, Pepin, Pierce, Polk, St. Croix	1086	368
6	4	Fox Cities	Outagamie	1391	311
7	9	Kenosha	Kenosha	902	299
8	8	Racine	Racine	1000	270
9	15	Western Dairyland	Eau Claire, Buffalo, Trempealeau, Jackson	423	255
10	12	Northwest CoC	Douglas, Bayfield, Ashland, Iron, Price	566	240

In this case, Milwaukee, Dane, and Brown counties remain the largest providers of services to children. However, Rock/Walworth CoC—which falls into seventh place for the total number of clients served—is actually the fourth largest provider of homeless services to children, and Kenosha’s participation in serving children is slightly more on par with its size than is reflected in the total client figures. Some of the more rural CoCs (#5 West Central and #10 Northeast) serve a surprisingly large number of children. In Western Dairyland, children comprise more than half (60.2%, or 240 out of 566) of the total clients served in shelter. Thus, there is a great deal of local variation in terms of what population is the focus of homeless services.

CONCLUSION: LOOKING FORWARD

Wisconsin’s state motto is “Forward”. While homelessness often appears to be an intractable social problem, researchers and policymakers are moving forward by learning how best to help people rebound from homelessness or even avoid homelessness altogether. Some of those

efforts—such as Rapid Re-housing—are already underway in Wisconsin, while others are set to take effect as federal guidelines from the HEARTH legislation reach the local level.

Even without these top-down innovations, however, smart, caring, and resourceful homeless service providers have long been able to point to successful cases where they have helped to turn lives around. In their Fourth Quarter 2012 newsletter, the Emergency Shelter of the Fox Valley (ESFV) provides one such case. A father and his teenage daughter, Ramon and Feli, experienced homelessness after the girl's mother passed away. The family found their way to the ESFV in Appleton, where they were connected with mainstream resources, housing, and the local school. Ramon and Feli have now been in their apartment for a year, with Feli making the honor roll and helping other students. While Wisconsin's homeless programs look to the future to see what new changes will be implemented to the homeless service sector, they continue to help families like Ramon and Feli move forward to create a brighter future for themselves.