

Testimony by Ms. Millie Rounsville
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Homeless Children and Youth Act of 2017

Good morning. My name is Millie Rounsville and I am the CEO of Northwest Wisconsin Community Services Agency Inc. 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 the barriers that prevent homeless children and youth from obtaining housing assistance and services.

For the past 21 years I have worked for The Northwest Wisconsin Community Services Agency, Inc. (NWCSA) a Community Action Agency incorporated in 1967 serving the five Northwestern Wisconsin counties of Douglas, Ashland, Bayfield, Iron and Price. The mission of NWCSA is "To improve the quality of live by providing resources and services within our community." NWCSA as a community-based organization is dedicated to the betterment of life of the low-income and disadvantaged residents in its SDA. Wide arrays of programs are offered by way of assistance to alleviate the needs of the disadvantaged.

As an organization NWCSA provides 58 different programs/services within its 8,000 square mile service area with a population of approximately 90,000 residents. The services range from prenatal care coordination up to our senior center and adult day care programs. Specific to homeless we operate the following:

Emergency Shelter- In Superior we have operated the Solid Rock Safe Haven (a homeless men's shelter founded in 1938) since 1999. We have provided hotel vouchers as a form of homeless shelter throughout our service area for nearly 30 years. In four of our counties only one physical shelter exists, and it is specific only to those fleeing domestic violence.

Transitional Housing- NWCSA started its first project serving singles and families with 4 units under the Continuum of Care Program. Between 1999 and 2005, we increased that program to 22 units in our service area. We also operate a Transitional Living Program with other funding, since HUD has not allowed for the creation of new Transitional Housing Programs for many years.

Rapid Re-Housing- Our agency participated in the pilot HPRP Program with ARRA funds and have continued this service with ESG and State Funding since. We also are able to provide additional Rapid Re-Housing services for Veterans through the Supportive Services for Veterans Families Program.

Prevention- This is another service we have been providing for nearly 30 years. Being able to prevent the eviction is far more beneficial for that household than allowing them to enter the homeless system. Prior to HUD requiring that communities adopt "Coordinated Entry," we used ESG/HPRP funds along with other resources to meet this need. After prevention became a part of Coordinated Entry, we made the decision to discontinue the use of HUD funds in our area for prevention services, because it added numerous requirements and an additional screening tool that prevented us from actually preventing homelessness. We are able to provide prevention services to Veterans through the Supportive Services for Veterans Families Program, and we use local funds and local partners on a limited basis to help fill other prevention gaps. However, these funds are more limited than the amount under ESG, so ultimately, we are able to prevent fewer families from becoming homeless.

Over time we have seen many changes in our homeless programs, both in terms of the needs of the customers we work with as well as the funding to operate programs. We continue to see those fleeing domestic violence, veterans, chronic homeless, individuals, families, etc. Two of the largest trends we are seeing are relating to our youth and the foster care system.

In the rural areas of northwestern Wisconsin, children and youth face many barriers: unemployed/ underemployed parents, single-parent households, homelessness, drug addiction of children, youth and/or parents, etc. With the limited number of shelters in rural areas, youth often try to stay with friends or relatives, but that is a limited stay. Many youths in rural areas find themselves "couch surfing," which is they move from home to home just so they can stay in a warm dry place for the night. It's not much of a future for our children and youth to look forward to. They drop out of school early and they find themselves dependent on social service programs and government assistance. It's a vicious cycle, which could be eliminated if we could use HUD homeless assistance funds to help them.

While we work with all homeless populations, we see that child and youth homelessness is different than adult homelessness. Homeless families with children and unaccompanied youth stay wherever they can. They often are forced to move frequently between living situations such as motels, or staying temporary with others temporarily, because there is no family or

youth shelter in the community, shelters are full, or shelter policies exclude them. These children and youth face real harm, including negative emotional, educational, and health outcomes; they are at extremely high risk of physical and sexual abuse and trafficking.

Locally a concern we are facing is the spike in children being placed in foster care. We have worked hard locally to find additional places for children so they can remain in their community; previously we had children from Superior being sent to Iron County, or even further, just for a placement. As a homeless provider working with other non-profits and our human services department, we are finding that many of the family unifications cannot be made because the parent has not obtained housing. Many of these parents are staying with others temporarily – “doubled up.” Therefore, we are not able to provide housing resources to unite these families because “they are not homeless,” and they are not eligible for the highest score on the priority or waiting list that we are required to use by HUD.

In addition to the frustrations of not being able to address the needs that I have identified above, there have been many struggles from a system level. The Homeless Management Information System (HMIS) is essential in the gathering of data for those we serve. In our area there is only one other agency contributing data to HMIS. It is a family shelter with a transitional living program in one community. However, ESG funds are distributed by a formula allocation that is based in part on the homeless numbers in HMIS. However, the numbers of homeless people in HMIS does not reflect the number of people who are homeless in my community, because so many homeless service providers do not use HMIS. In part, these providers don’t use HMIS because of the numerous training and other unfunded requirements that come with the use of the system. The end result is a reduction of financial resources, which again further reduces the number of people we can serve.

Federal child and youth programs, including early childhood programs and public schools, recognize all of the forms of homelessness that children and youth experience, but the U.S. Department of Housing and Urban Development (HUD) does not. Instead, HUD homeless assistance eligibility criteria exclude some of the most vulnerable homeless children and youth from accessing the programs and services that they need. Currently there are 4 categories of homeless and another chart determining which program type you are eligible for based upon which category you are in. Here are the categories:

- 1) *Literally homeless individuals and families*
- 2) *Individuals and families who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence, resources, or support networks*
- 3) *Unaccompanied youth or families with children and youth who meet the homeless definition under another federal statute and 3 additional criteria*
- 4) *Individuals and families fleeing or attempting to flee domestic violence with no subsequent residence, resources, or support networks*

Here are the HUD interventions based upon category with Emergency Solutions Funding

	<i>Street Outreach</i>	<i>Emergency Shelter</i>	<i>Rapid Re- housing</i>	<i>Homeless Prevention</i>
<i>Category #1</i>	X(a)	X	X (b)	
<i>Category #2</i>		X		X (b)
<i>Category #3</i>		X		X (b)
<i>Category #4</i>	X	X	X (b)	X (b)

(a) Must serve persons sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation

(b) Must only serve participants with annual income at or below 30% of CMI.

Here are the HUD interventions based upon category with Continuum of Care Program

	<i>Supportive Services only</i>	<i>Safe Haven</i>	<i>Transitional Housing</i>	<i>Permanent Supportive Housing</i>
<i>Category #1</i>	X	X(b)	X	X(b)
<i>Category #2</i>	X		X	
<i>Category #3</i>	X (a)		X (a)	
<i>Category #4</i>	X		X	X

(a) Must receive prior HUD approval to serve this category

(b) Additional limitations on eligibility within Category 1(see Continuum of Care Program Interim Rule)

The idea of a process like “Coordinated Entry” on a community level is important for those seeking resources, and something we believe have been doing locally for decades, before it was imposed by HUD with many unfunded requirements. We all work together as agencies; private, public, tribal and faith based. We don’t duplicate client populations served; we educate the community as a whole and communicate on a regular basis. HUD now requires that each designated Continuum of Care (CoC) have a Coordinated Entry System. Currently, we are the only organization participating in the CoC in our area. Prior to June of 2017, all four of the shelter facilities in the five-county area received HUD ESG funds through our organization. With the additional requirements of HUD’s Coordinated Entry system described below, the other providers no longer apply for the funding.

The COC Coordinated Entry system for our service area involves outreach, intake, screening for eligibility, scoring using the appropriate version of the SPDAT (there are three for singles, one for families and another for youth) and adding households to the priority list. As we operate transitional and rapid re-housing, when we have a program opening we must document that we took the eligible household from the top of the list into our program. These are the requirements to continue to receive HUD funding, but no increase in funding was provided to do so. We continue to try to meet our mission of continuing to serve those most in need. If locally we could have selected the screening tool and been able to prioritize our local needs as we identify them, I believe our emergency shelter partners would continue to apply for HUD funding, which they desperately need. However, many of our shelters object to the SPDAT because they wish to reduce trauma, and screening tools that discuss abuse ultimately re-traumatizes families.

From the client side, it is an additional process to answer a series of questions with someone you have never met, receive a score to determine what intervention is appropriate, and then you are added to the list. The Coordinated Entry process is even more confusing in our geographic area. If you call the 211 from our office, you will be connected to the Duluth, MN Coordinated Entry System (Duluth/Superior is a HUD MSA). You will complete the same process and they may even give you the same score. In our office if you score a 2, we will divert you and not offer any services; however, Duluth will put you on their priority list for rapid re-housing. People who are not willing to complete the intake and screening process don't get on the list at all. If they don't complete the assessment, they go on the list with a 0, scoring leaving them at the bottom, likely never to be served. When no resources are available, we are required to continue to maintain contact with people to see if they are still in need, and to let them know they are still on the list. Often this results in a negative response from the customer who is in need of help and frustrated that we call them only to inform them that we still cannot help them. It is difficult for a person in crisis to understand the process. It is also hard for us to maintain contact, as homeless people often do not have a cell phone and are not easy to locate once they are added to the list.

The change from transitional housing to rapid re-housing as a program model has also been a barrier for many households when their name comes up on list. Transitional Housing is a program in which the organization holds the lease with the landlord. In the rapid rehousing model, the participant signs the lease with the landlord. When issues such as previous evictions are on a person's background, finding a landlord willing to work with a family is a struggle, especially for a rural community.

In the most recent CoC competition, we were not awarded a renewal for our Douglas County transitional housing project, due to the strong incentives from HUD for projects to be reallocated from transitional housing to permanent supportive housing. We were told that transitional housing projects disadvantage our continuum, because they increase the total amount of time that people are considered homeless. However, the rates of return to

homelessness – i.e. recidivism - are much lower for transitional housing projects. I believe this is because of the case management services that can be provided (education, job training, etc.), as well as the length of time that is necessary to address the reasons why people are homeless in the first place. Unfortunately, HUD's push for "Housing First" means that we can no longer require people to participate in case management, or any other service that might address their ability to maintain housing.

While our community does not have any permanent supportive housing, (PSH) accessing one of these programs is not feasible as they are targeted to serve "chronically homeless" people. Chronically homeless people are one, but not the majority of the homeless populations we identify. Many families, youth and individuals in our community have high barriers to employment, often substance abuse and education needs that would benefit from this program model, but they do not meet the "chronic homeless" definition. Cities, in contrast, have more people who meet the definition of chronic homelessness, and therefore, they are able to access new projects for PSH, and will be able to continue to draw down more resources. Meanwhile, rural communities, who have fewer people who meet the definition of chronic homelessness, are left with no additional resources.

As my colleague Duana Bremer testified in May, the Homeless Children and Youth Act would return decision-making to local communities and protect vulnerable children and youth. Her organization along with mine cover the northern 11 counties of Wisconsin and face very similar issues. The HCYA would allow communities to serve the homeless children, youth and families they identify as most in need of assistance, by aligning HUD Homeless Assistance eligibility criteria with other federal programs. HCYA would empower local communities to use resources most efficiently to prevent and end homelessness in both the short and long-term. This is something that most communities have done for many years, but are no longer able to do based upon the constraints of HUD's requirements.

In closing, I appreciate this opportunity to provide input on homelessness in my community. I ask you to pass the Homeless Children and Youth Act, which is supported strongly by all of my local partners, as well as, WISCAP the state wide association of Community Action Agencies. This legislation will help us improve outcomes for many homeless families and youth in my community.