Passing the Buck

W-2 and Emergency Services in Milwaukee County

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This project was made possible by funding from the Joyce Foundation.
For a longer discussion of the data and findings in this report, see
www.uwm.edu/Dept/CED.
Executive Summary

Between 1995 and 2000, Aid to Families With Dependent Children, the program that had assisted families in crisis for 60 years, was dismantled. Time-limited, work-based assistance replaced welfare, and access to federal entitlements (including Food Stamps and Medicaid) was limited by the introduction of new procedures for receiving aid. When changes in federal legislation gave states new latitude to design assistance programs, Wisconsin implemented the most demanding and rigorous program in the country, known as Wisconsin Works (W-2). W-2 was implemented with the stated goal of moving families toward self-sufficiency. Routinely, state and federal policymakers characterize reduced welfare caseloads as an indicator of family self-sufficiency. This study shows that the number of families on welfare is not an accurate gauge of need in the community. Thousands of families that left W-2 continue to rely on the private, voluntary safety net to make ends meet.

Welfare replacement reduced the number of families that could receive aid, imposed time limits on families that were able to enroll and pushed thousands of women with children into low-wage, no-benefit jobs. Research shows that many of these families continue to live in poverty. A state audit estimated that at least half of W-2 leavers have jobs with wages at or below the poverty line; the conservative think-tank that designed W-2 concluded that among one cohort of Milwaukee W-2 leavers, 71% remained in poverty. In the early years of W-2, many families were also routinely denied access to the federal entitlement programs that comprised the only remaining safety net.

This research documents the effects of replacing AFDC with a private, voluntary safety net for families in crisis. The study reviews trends in demand for emergency services from 1995-2000, showing that community organizations have become the default provider of emergency services for many Milwaukee County residents. The study traces key indicators in demand for and use of emergency services in three critical basic needs areas: food security, housing and medical care. Findings are based on administrative data and interviews with fifteen administrators of community service organizations. The results of this review of administrative data are complemented by a survey of Milwaukee area congregations, which evaluates the experiences of religious organizations that served low-income families during the same period.

Findings

Food Security

Since 1995, Milwaukee-area low-income families have encountered new barriers to maintaining access to food. In the past, the Food Stamps program provided a safety net to families that had difficulty assuring their monthly food supply, but in the 1990s access to Food Stamps became much more limited. As enrollments in Food Stamps declined, families in need relied on community organizations for food assistance. When rent and health care costs exhaust scarce cash resources, families turn to community organizations for food provision. Community organizations are serving more families overall, more families with children, and more people that are working.
• Food-related referrals to community hotlines increased by 136% from 1996-2000.
• Hunger Task Force of Milwaukee and Second Harvest of Wisconsin increased their distribution of food to community food assistance organizations by 58% between 1998 and 2000.
• From 1995-2000, there was a 49% increase in number of people served per month by a sample of area food pantries.

**Housing Security**
Low-income families have had much more difficulty maintaining safe, affordable, quality housing. Homeless shelters and homeless services have been overwhelmed by the increase in need for assistance to help families recover from a period of homelessness or to prevent homelessness.

• Evictions increased by 13% between 1995 and 2001; a local landlords’ association estimated that four to eight times as many families skipped out on overdue rent bills before evictions were processed.
• Call volume at Milwaukee County’s centralized shelter referral hotline increased by 88% between 1997 and 2000.
• Referrals to emergency shelters by the same hotline increased 53% between 1998 and 2000.
• Shelters operate at capacity almost constantly; overflow shelters served three times as many people per night in 2000 as in 1997.
• The gap between demand for emergency shelter and available space has increased by 406% since 1997.
• City and County agencies disbursed twice as much money for emergency housing assistance in 2000 as in 1995; total disbursements in 2000 exceeded $650,000.

**Health Care**
Since 1995, low-income families have encountered significant barriers to accessing primary and preventive health care services. Enrollment in Medicaid was denied to many eligible families when W-2 was implemented. Emergency room use in Milwaukee increased and the amount of charitable medical care provided by area hospitals doubled. In addition, there was a dramatic increase in the number of patients who defaulted on medical bills.

• Emergency room use by Milwaukee residents increased by 26% between 1995 and 1998.
• The number of people receiving uncompensated health care increased by 89% from 1995 to 1999; cases of charitable health care doubled while cases of bad debt increased by 82.
**Congregation Services**

Congregations in Milwaukee County and in communities across the country are an integral part of the community safety net for families in crisis. A survey of congregations provides insight into how low-income families are coping with the effects of welfare reform. During the period of 1995-2000, Milwaukee County congregations saw significant increases in requests for help and in the level of assistance they provide to people in need. Only 15% of the congregation respondents believed that the situation for families in need has improved since 1995. The congregation survey findings demonstrate that diminished welfare caseloads do not indicate diminished levels of need in the community.

- 87% of respondents to the congregation survey reported that requests for assistance in 2000 were at the same or higher levels than in 1995.
- 88% of respondents reported that, in 2000, they served the same number or more people than in 1995.
- Only 38% of respondents reported that they had developed new kinds of services for families in crisis since 1995.

**Policy Recommendations**

These findings indicate the need for state and federal policy to reconstruct a safety net for families in crisis. The safety net provided by community services is overwhelmed and cannot continue to face increasing levels of need.

Recommendations for state-level policymakers to strengthen the safety net include:

- Improve Access to Existing Support Programs
- Fully Fund Existing Work Supports
- Re-establish a Safety Net Within W-2
- Improve Case Management and Individualized Services Within W-2
- Strengthen Education and Training Options for W-2 Participants and Low-Wage Workers

Policy changes at the federal level are also critical. By October 2002, Congress must revisit and reauthorize the legislation and funding that replaced welfare with Temporary Assistance to Needy Families (TANF). TANF reauthorization offers the opportunity to modify state work programs so that they include safety net programs.

Policy recommendations for federal reauthorization of TANF include:

- Renew Federal Funding of TANF and Index For Inflation
- Make Poverty Reduction a Goal of TANF
- Modify or Eliminate Time Limits, Especially for Families Who Are In Compliance
- Strengthen Education and Training Provisions
- Ensure Access to Work Supports
- Restore Benefits for Legal Immigrants
**Introduction**

In the 1990s, federal legislation authorized state governments in the US to replace Aid to Families With Dependent Children (AFDC) with work programs that made access to benefits contingent on compliance with demanding program rules. This federal legislation replaced 60 years of welfare entitlements with time-limited, work-based aid called Temporary Assistance to Needy Families (TANF). Under the framework established by TANF, the federal government imposed very limited mandates on the states. As a result, each of the fifty states developed its own variation on the general theme that families should rely on work, not welfare, to make ends meet.

Wisconsin developed a reputation as a national leader in welfare reform after implementing a pre-TANF reform strategy that created strong incentives for county welfare agencies to reduce their caseloads. This “Pay-for-Performance” program, implemented in 1996, had already resulted in reduced caseloads by the time national welfare policy changed. When, in 1997, TANF allowed states to experiment further, Wisconsin was among the first states in the nation to replace AFDC with a work program. Wisconsin Works (W-2) dramatically reduced welfare rolls by preventing many families from enrolling at all while requiring participating families to comply with rigorous program demands.

AFDC was dismantled in the context of unprecedented national economic growth. In Wisconsin, the 1990s witnessed the lowest unemployment rates in history, and launched a public discussion of the problems posed by the labor shortage. TANF authorized changes to safety net programs, but imposed few requirements on states. Wisconsin’s welfare replacement program is more demanding than in any other state. Moving families toward self-sufficiency was a stated goal of the welfare replacement program.

Key features of W-2 include strict work requirements, a “job ready” category that enables W-2 providers to deny services to anyone deemed employable, and a two-year time limit that is much shorter than the limits mandated by federal law. State policy directs W-2 agencies to divert people from applying, by forcing applicants to seek help from family or neighbors before processing their applications or by requiring a 60-day job search. Participants have extremely limited options for pursuing education or skills development while on W-2. The policy framework is set up to create strong incentives that push people into work and make it difficult to remain on public assistance. With a variety of policy mechanisms that deny aid to families in need, W-2 embodies the country’s most demanding and concentrated state effort to dismantle the safety net. In the first two years of implementation, W-2 agencies benefited from profit motives built into the contracts that rewarded agencies for providing minimum levels of service.

In the 1990s, these changes in the welfare system combined with unprecedented economic expansion, resulting in thousands of families moving off public assistance and into the workforce. In the Milwaukee area welfare rolls declined by 63%, from 36,155 in 1997 to 13,531 in 2000. This caseload decline cemented Wisconsin’s reputation as a pioneer in welfare reform. Policymakers routinely interpreted the caseload decline as evidence that more families were becoming self-sufficient, ignoring anecdotal evidence that many families continued to rely on community organizations to make ends meet.
The evidence of W-2’s impact on individuals, families and communities challenges this self-sufficiency assumption. Many of those who left W-2 for employment are now among the growing population of the working poor. Research on welfare reform in Wisconsin has generally found that, at most, only two-thirds of those who have left AFDC or W-2 since 1995 obtained employment; the remaining one-third are missing. They are not working and the state cannot determine their whereabouts or well-being. The results in Milwaukee County tend to be worse than in the rest of the state.

Among those working, over half have wages at or below the poverty line. W-2 leavers tend to be concentrated in low-wage, low-skill jobs typical of the most volatile sector of the labor market. They experience frequent job changes, resulting in income instability and difficulty maintaining access to state or employer-provided benefits programs. While many W-2 leavers statewide have more earned income after leaving the ranks of public assistance, they do not necessarily have more resources because earnings are offset by the loss of assistance (welfare payments and Food Stamps). The conservative think tank that helped design W-2 assessed the earnings of one group of W-2 leavers in Milwaukee County, concluding that seventy-one percent are still in poverty. Furthermore, independent state and federal investigations have established that the implementation of W-2 made it harder for families in need to enroll in the federal entitlement programs (Food Stamps and Medicaid) that comprise the last remnants of the entitlement system. When W-2 agencies confronted these families with complicated diversionary tactics designed to keep them out of state programs, many dropped out of all public programs because they could not navigate the new systems.

Policymakers and program designers have continually glossed over these outcomes, emphasizing that observers should try to see the glass as half-full, not half-empty. Advocates and service providers have reminded the public that increased hardship has accompanied W-2, offering anecdotes based on individual families’ experiences. Until now, no one has been able to trace systematically the relationship between transformations in the state safety net program and utilization of private emergency services that help families in crisis meet their basic needs. Evidence of how families are coping with the contraction of government resources to help meet basic needs, and of the impact of these changes on community services, is an important indicator of family well-being. As state and federal governments revisit the policies that govern welfare replacement, it is crucial to determine:

- How demand for emergency assistance to families that cannot meet their own basic needs has changed in the past five years;

- If there are any barriers to the sustainability of the current system that provides basic needs to families in crisis.
Methodology

To investigate these issues, Interfaith Conference of Greater Milwaukee, University of Wisconsin - Milwaukee's Center for Economic Development, and Institute for Wisconsin's Future initiated a collaborative research project that traces changes in demand for emergency services in Milwaukee County, 1995-2000. The goal of this research was to assess how families are meeting basic needs in the absence of AFDC, to determine whether community organizations have experienced increased need during the implementation of welfare replacement, and to evaluate the sustainability of work-based, time-limited cash assistance.

The research partners identified three areas in which community service organizations are prevalent: food security, housing, and health care. The research team amassed indicators of emergency service demand and provision in each area.

Key indicators included:

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<td>Food Pantry Usage</td>
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<td>Food-related Referrals</td>
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<td>From Community Hotlines</td>
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<th>Housing</th>
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<td>Homeless Shelter Usage</td>
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<td>Emergency Room Use</td>
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<td>Incidence of Uncompensated Health Care</td>
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For insight into trends evident in this administrative data, the research team conducted five confidential interviews with directors of community service agencies in each of these three basic needs areas. The interview guide is included in Appendix 1.

The research design also included a survey of 157 Milwaukee-area congregations that gathered information on trends in service provision by faith-based organizations and assessments of how the need for emergency services changed 1995-2000. The findings of this survey triangulate the administrative data. The congregation survey is presented in Appendix 2.
Findings

Food Security

Overview. Demand for community food services increased substantially between 1995 and 2000. Since 1995, Milwaukee-area low-income families have encountered new barriers to maintaining access to food. In the past, the Food Stamps program provided a safety net to families that had difficulty assuring their monthly food supply, but in the 1990s access to Food Stamps became much more limited. As enrollments in Food Stamps declined, families in need relied on community organizations for food assistance. When rent and health care costs exhausted scarce cash resources, families turned to community organizations for food support.

Use of food resources is an important reflection of how communities are coping with increased need in other areas. When cash is scarce, families are likely to spend their earnings on non-negotiable expenses like rent or health care. As a result, utilization of food pantries and meal programs reflects on generalized levels of need in Milwaukee neighborhoods.

Food Stamp Enrollments. Since 1995, the number of people receiving Food Stamps in Milwaukee County has declined 30 percent. 146,000 people were covered by Food Stamp benefits in 1995 and in the year 2000 that number was only 102,000 (see figure 1).

Figure 1: Food Stamps Enrollments, 1995-2000

State and federal investigations tied the Food Stamps enrollment decline to the way W-2 was implemented. Some families were diverted from applying for any supports, or were not offered Food Stamps even when federal regulations required that they be served. For families moving off of public assistance and into work it has been especially hard to get Food Stamps. Recipients are required to re-establish eligibility every three months. “Recertification” meetings are usually scheduled during work hours, and the difficulty getting time off work and presenting appropriate documents has deterred some families from participating in the program. Furthermore, because many low-income families have fluctuating and seasonal employment, their eligibility for Food Stamps also fluctuates. Families that lost their Food Stamps when their incomes increased often did not realize they could re-enroll during times of un- or under-employment. In all of these cases, limited access to Food Stamps resulted in vulnerability to periods of hunger and food insecurity.
Food Security

Emergency Food Programs
Seeing More Working Poor

In recent years Milwaukee-area food programs have served more women with children. Food pantry and meal program administrators reported that they now serve more children and see more demand for children’s food items, especially baby formula. Some families “fell through the cracks” when W-2 was implemented. Food service organizations serve many of these families, as well as the families that are stuck in poverty-wage jobs. One program administrator explained:

“[We serve] more families. Everybody seems to have income, a job or Social Security. They just can’t make ends meet. Housing costs eat up almost everything. When they work they’re not getting more than $700-$800 per month.”

For many of these families, low-wage jobs are the problem. They may be very good workers, but as one program director noted:

“There are not enough livable income jobs. A lot of people are working temp jobs. In the interim that’s fine but living off of temp work is hard….It’s not like these people aren’t trying. You see them lined up at temp places in the morning. It’s hard because so many companies want you to work for a temp place before they’ll look at you. Skills are a problem too. People may not know how to use the skills they have.”
Food-related referrals to community hotlines. Community referrals to food service organizations have also increased dramatically. The number of calls to community hotlines over the years demonstrates a stunning increasing in calls for food assistance or food related needs. In 2000, there were 23,563 calls to one such service, the Community Information Line (CIL) run by IMPACT, inquiring about food-related needs. From 1996-2000, the number of calls to emergency hotlines related to food security increased 136% (see figure 2).

Figure 2: **Annual Number of Food-Related Hotline Calls, 1995-2000**

![Figure 2: Annual Number of Food-Related Hotline Calls, 1995-2000](image)

*Source: IMPACT*

Additionally, 4,042 calls to the CIL in 2000 concerned Food Stamps application, mailing procedures, complaint, or appeals. The Food Stamps calls comprised one-third of all calls related to food security in the year 2000.

**Food Distribution**

Two organizations, the Hunger Task Force of Milwaukee (HTFM) and Second Harvest Food Bank of Wisconsin, provide food to area pantries and meal programs. Some community food services also operate outside this system of food distribution, providing food they receive through private donations. A staggering amount of food is distributed in the Milwaukee area, and throughout the state. In 2000, HTFM and Second Harvest distributed a combined total of 13.8 million pounds, an increase of 58% since 1995 (see figure 3).\(^\text{11}\)

Figure 3: **Pounds of Emergency Food Distributed Annually**

![Figure 3: Pounds of Emergency Food Distributed Annually](image)

*Source: HTFM and Second Harvest of Wisconsin*
People served by emergency food programs. No existing data set provides a comprehensive measure of all people served by emergency food programs. The organizations that supply food to area meal programs and food programs provide insight into changes in levels of demand at a sampling of local food services.

Approximately one-fourth of Milwaukee-area food pantries receive food from HTFM. The average number of people served each month at HTFM food pantries has steadily increased from 27,000 in 1995 to 40,000 in 2000. The average number of people served each month increased by 48% during that period (see figure 4).

**Figure 4: Average Number of People Served Monthly at HTFM Food Pantries**

The average monthly attendance at community meal programs also attests to high levels of need in Milwaukee-area neighborhoods. Nineteen of the 73 meal programs operating in Milwaukee County serve low-income families and individuals with food provided by HTFM. These 19 meal programs alone served an average of 40,000 people per month, in the years between October 1999 and September 2000.

**Housing Security**

**Overview.** Low-income families’ ability to maintain a stable place to live has become more difficult over the past several years in Milwaukee. Since 1995 there has been a rising number of evictions, an astronomical increase in the number of calls to Milwaukee’s emergency housing hotline and a constant waiting list for space at area shelters.

**Evictions.** The number of filings for eviction proceedings has fluctuated over the time period of this study, but there has been an overall upward trend since 1995. The total number of filings for evictions in 2000 was 12,108 (see figure 5).

Trends in evictions provide only a partial gauge of the stability of rental housing in Milwaukee. Because the eviction process is costly and time-consuming, landlords often find ways to remove tenants without going through the formal, legal eviction process. Furthermore, tenants often leave their apartments when they accrue unpaid rent debts that they cannot meet. In either of these instances,
families experience housing instability that is not captured by evictions data. By some estimates, evictions data grossly underestimate the extent of housing problems on the ground. An officer of a local association of landlords estimates the number of “skips,” where tenants leave just prior to a formal eviction process, at four to eight times the number of evictions.\textsuperscript{14}

**Figure 5: Average Number of Evictions Per Month, 1995-2000**

![Graph showing average number of evictions per month from 1995 to 2001.](image)

*Source: Milwaukee County Circuit Court*

**Referrals from the Shelter Hotline.** In mid-1997, Milwaukee County instituted a centralized shelter referral program known as ACALL. This service replaced the hotline system that had been administered by several different providers through the early and mid 1990’s. ACALL coordinates all shelter services, providing a single point of access to resources to address housing crises. Where possible, ACALL services stabilize families in their current housing situations, so they do not have to go to a homeless shelter. ACALL data show that more callers are now seeking housing assistance. Shelters tend to be continuously full, but ACALL has provided stabilizing services to many more families. ACALL’s average annual call volume increased 88\% from 1998 to 2000 (see figure 6).

**Figure 6: Total Annual Calls to ACALL Shelter Hotline, 1997-2000**

![Graph showing total annual calls to ACALL shelter hotline from 1997 to 2000.](image)

*Source: Milwaukee County Department of Human Services*

Utilization of ACALL’s assessment and stabilization services has increased even more. In the ACALL system the initial phone consultation with the caller may result in assigning an assessment team (known as ASTREET) to assist the family with its housing emergency. A subset of the population that receives this more in-depth assessment may be sent to emergency shelters or voucher space (rooms at area motels that participate in the program). The number of referrals to emergency shelter increased 53 percent from 1998 to 2000 (figure 7).
Demand for Housing Services Has Skyrocketed

Commenting on trends in demand for housing services, shelter directors interviewed for this study noted that their ability to provide space is increasingly outpaced by the need in the community:

“We’re full all the time.”

“The demand exceeds the supply. We turn away or send to other places an average of 325 people per month. I feel fairly certain that is an increase over the last five years.”

“The number of inquiries last year was 826, we only served 240. [We] turned away 1,081 individuals due to no space.”

One housing service administrator pointed out that W-2 has made it more difficult for some families to maintain secure housing:

“Demand is up for the various [housing assistance] programs we offer. The people who call are people who have applied and are waiting for W-2. People who are sanctioned. People who have quit or been laid off. The hard-to-serve population, people who can’t fulfill the work requirements because they’re disabled or they have a disabled child. We call the W-2 agencies and find out they’ve been telling people to call us.”
Homeless Shelter Usage. Over the past five years, Milwaukee-area homeless shelters have consistently operated at full capacity, which means that ACALL staff cannot refer every family in crisis to shelter. ACALL data show that many families are in vulnerable housing situations but do not move into a shelter. In 1999 there were 330 clients who were categorized as “pending” which means that their situation was temporarily stabilized but that ACALL staff determined that they were not in a long-term stable housing arrangement. In 2000 there were 1,829 callers who were placed in the pending category, a 450% increase (see figure 8).

Source: Milwaukee County Department of Human Services

Since January 1997, the American Red Cross and Interfaith Conference of Greater Milwaukee have operated an Emergency Overflow Shelter for women and children. In 2000, the shelter opened four times as many nights as in 1997, and the number of women served per night nearly tripled (see figures 9 and 10).
The gap between demand for emergency housing and available space has been documented by city and county officials. The gap between demand for all forms of housing assistance and available services increased 94% between 1995 and 2000. The difference between demand for and availability of emergency shelter increased 406% between 1997 and 2000 (see figure 11).
Emergency Assistance Disbursed. City and county programs provide services designed to help families recover from homelessness or stave off a housing crisis. The Emergency Assistance program provides money to low-income families in order to help them recover from situations of homelessness, fire, flood or other natural disaster. The payment is $150 per family member, and available once every 3 years for homelessness and once a year in cases of fire, flood or natural disaster, or homelessness due to domestic abuse. Milwaukee County Department of Human Services and the American Red Cross administer the program in Milwaukee County. In 2000 the state added a provision allowing this funding to be used to prevent homelessness. The Milwaukee W-2 agencies administer this portion of the funding. Since 1995, disbursements for emergency housing assistance have more than doubled.

Health Care

Overview. Since 1995, low-income families have encountered significant barriers to accessing primary and preventive health care services. Enrollment in Medicaid was denied to many eligible families when W-2 was implemented. Low-income families began to rely more heavily on the safety net components of the medical care system. Emergency room use in Milwaukee increased and the amount of charitable medical care provided by area hospitals doubled. In addition, there was a dramatic increase in the number of patients who defaulted on medical bills.
Health Care

Clinics Treating More Uninsured People

Welfare reform legislation included provisions that made most legal immigrants ineligible for Medicaid. For the families of many legal immigrants, free clinics offer the only option for receiving ongoing health care. Clinic directors interviewed for this study reported increased demand from 1995-2000.

In the words of one director:

“The fallback position is free clinics for those working part-time who don’t have coverage through their employer and don’t qualify or are not enrolled in public program. It’s free programs or emergency rooms.”

Another director commented:

“Usage rates are increasing exponentially. We could have four more doctors and keep them busy tomorrow. We serve a number of non-citizens. Emergency Title 19 can cover non-citizens at birth for doctors and hospitals costs. When talking about a safety net, this clinic is a safety net. Without the prenatal care babies would be born prematurely. Other health issues affect non-citizens of all ages. Asthma, diabetes, hypertension. This is not addressed by any program.”

Insurance Coverage Rates. The level of health insurance coverage for Milwaukeans and for low-income residents statewide has been consistently lower than that of the overall state population and has shown more annual variation. At the low point of coverage in 1999, 142,000 Milwaukee residents lacked health insurance at some point in the year. By 2000, access to insurance improved by 35%, with only 92,000 Milwaukee residents lacking insurance.15 Figure 12 shows that overall rates of insurance fluctuated between 1995 and 2000. When W-2 inquirers were denied access to Medicaid in 1997 and 1998, overall rates of insurance declined as well. Many families that lost Medicaid coverage were left with no health insurance at all; only a small portion moved onto employer-subsidized health plans. When community agencies intensified Medicaid outreach in 1999, Medicaid enrollments, and insurance rates overall, improved.
Figure 12: Percentage of Milwaukee County Residents Insured All Year, 1995-2000

Source: Wisconsin Department of Health and Family Services, Wisconsin Family Health Surveys

Emergency Room Use. Hospital emergency rooms are routinely the default provider of medical services for those without a medical “home” – a primary care physician and the means to pay for services. As access to health insurance declined in the Milwaukee area, emergency room use increased by 26,000 people between 1995 and 1998, a 26% increase. The figures in Table 2 demonstrate that low-income Wisconsin residents are much more likely to use the Emergency Room than those who are better off.

Table 2: Annual Percentage of Residents Using Emergency Room Services

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<tr>
<td>City of Milwaukee</td>
<td>15%</td>
<td>18%</td>
<td>18%</td>
<td>20%</td>
<td>16%</td>
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<tr>
<td>Wisconsin</td>
<td>15%</td>
<td>14%</td>
<td>15%</td>
<td>14%</td>
<td>15%</td>
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<tr>
<td>Poor and Near Poor (statewide) *</td>
<td>39%</td>
<td>35%</td>
<td>43%</td>
<td>37%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health and Family Services

* The Family Health Survey defined “poor” as below the federal poverty level and “near poor” as below 200% of federal poverty level – income levels which would generally fall in the financial eligibility parameters for either Medicaid or BadgerCare.

The proportion of Milwaukee residents using hospital emergency rooms increased every year between 1995 and 1998.
Passing the Buck

Figure 13: **Estimated Annual ER Use by Milwaukee Residents**

Uncompensated Care. For low-income, uninsured families health emergencies often result in hospital bills they cannot pay. Since 1995 the eleven general medical-surgical hospitals in Milwaukee County (Children’s, Columbia, Froedtert, Northwest, Sinai Samaritan, St. Francis, St. Joseph, St. Luke, St. Mary, St. Michael, and West Allis Memorial) report an 89% total increase in the number of patients receiving uncompensated care. In 1999, nearly a quarter of a million people turned to these Milwaukee area hospitals for care that was not covered by a health insurance plan.

Figure 14: **Number of Milwaukee-Area Patients Receiving Charitable Medical Care and Bad Debt, 1995-1999**

Source: Wisconsin Department of Health and Family Services; data not available for Columbia Hospital 1995, St. Joseph’s Hospital 1996
Uncompensated health care includes two different measures. Charitable care includes services that are not billed because hospitals determine in advance that patients are unable to pay. The eleven hospitals studied for this report experienced a 104% increase in the number of charity care patients they served between 1995 and 1999. Bad debt accrues when patients default on health care bills. Milwaukee hospitals report that between 1995 and 1999 the number of patients who defaulted on their bills after receiving care increased by 82%.

In total, there was a 30% increase in patients using either kind of uncompensated health care at the eleven Milwaukee hospitals studied for this report between 1996 and 1999. The cost to hospitals in 1999 totaled $106.8 million.18

There is a direct relationship between access to insurance and the incidence of uncompensated care (see figure 15).

Figure 15: Number of Persons Insured All Year Compared To Incidence of Uncompensated Health Care, Milwaukee County

Source: Wisconsin Department of Health and Family Services

Faith Community Services for Families in Crisis

Overview. Congregations in Milwaukee County and in communities across the country are an integral part of the community safety net for families in crisis. A survey of 157 congregations provides insight how low-income families are coping with the effects of welfare reform. During the period 1995-2000, Milwaukee County congregations saw significant increases in requests for help and in the level of assistance they provide to people in need. Only 15% of the congregation respondents believed that the situation for families in need has improved since 1995. The congregation survey findings demonstrate that diminished welfare caseloads do not indicate diminished levels of need in the community. The survey demonstrates that congregations are deeply engaged in the work of serving low-income families. In total, 96% provide some services to families in need. Table 3 lists common types of services provided by the congregations surveyed.
## Congregation Services

**Churches, Mosques, Synagogues**  
**Seeing The Fallout from W-2**

Many people that use congregation services no longer receive assistance from W-2 or related programs. Even those that are working have a hard time paying for basic needs, and rely on the congregations to help make ends meet. The working poor need a lot of help. One respondent noted that in his congregation were many

“… single mothers who are denying themselves basic health care because they cannot afford it and are using emergency rooms as primary care facilities; they are often short on food and rent although they are employed full time.”

Other families have fallen through the cracks. They no longer receive help from W-2 but they aren’t working either. One respondent described the increased need, explaining that it is caused in part by,

“the disaster of the W-2 program and its lack of real success. There are many many people who have received no real assistance… Expectations are ridiculous in some cases. Families are doubling up and doing without especially health care… The number of poor and working poor has jumped substantially. People are moving out more often leaving in their wake chaos and unpaid bills simply because they can’t pay for utilities, etc.”

<table>
<thead>
<tr>
<th>Congregation Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Churches, Mosques, Synagogues</td>
</tr>
<tr>
<td>Seeing The Fallout from W-2</td>
</tr>
</tbody>
</table>

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| ——|
| “… single mothers who are denying themselves basic health care because they cannot afford it and are using emergency rooms as primary care facilities; they are often short on food and rent although they are employed full time.” |
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| ——|
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Table 3: **Services to Low-Income Families Offered by Milwaukee-Area Congregations, 2000**

<table>
<thead>
<tr>
<th>Category</th>
<th>Service Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Security</strong></td>
<td>Food Pantries</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>Food Drives</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>Meal Program Volunteers</td>
<td>52%</td>
</tr>
<tr>
<td></td>
<td>Meal Program On-Site</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>Vouchers for groceries</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Housing Security</strong></td>
<td>Shelter On-Site</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Rent Assistance</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Utilities Assistance</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>Hotel Vouchers</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Cash Assistance</strong></td>
<td>Emergency Cash</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>Offer Short-term Jobs</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Bus tickets</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>Clothes</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>Furniture</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Appliances</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Make grants to other congregations</td>
<td>42%</td>
</tr>
</tbody>
</table>

Congregations also provide assistance that is more fundamental to families’ survival than periodic supplements to food budgets. Some of these services include the kind of “safety net” assistance that was once assumed to be part of the welfare system. Helping with rent, utilities, and bus tickets are all the type of support that congregations have long-offered to people in need. While welfare reform has made it difficult for many families to access publicly provided services, congregations continue to offer basic family support for families in their communities.

**Trends In Service Provision.** In 2000, congregations experienced more requests for help, served more people, and offered a larger variety of direct service programs than in 1995 (see Figures 16-18).

**Connection to W-2.** Congregations have always been “frontline” providers of services, but perhaps never more so than in the wake of welfare reform. Respondents written comments suggest that congregations have increased their services to families in crisis in direct response to the climate created by W-2. Over 50% of respondents lamented increasing hardship and greater need. Over 20% directly implicated policies associated with W-2 in their comments.
Figure 16: **Requests for Assistance Received by Milwaukee-area Congregations: A Comparison of 1995 to 2000**

Source: Congregation Survey

Figure 17: **People Served by Milwaukee-area Congregations: A Comparison of 1995 to 2000**

Source: Congregation Survey

Figure 18: **Number of Services Offered by Milwaukee-area Congregations: A Comparison of 1995 to 2000**

Source: Congregation Survey
Conclusion

In the six years reviewed for this study, the private-sector safety net was overwhelmed with increased demand for services that help families in crisis meet their basic needs. At the end of the 1990s, food pantries served more people, and distributed more pounds of food, homeless shelters operated at capacity and demand for city and county resources to prevent homelessness increased significantly. Hospitals treated twice as many patients that could not pay for the health care they received. Milwaukee-area congregations reported that they were seeing more requests for assistance and doing more to try to respond to these requests. In addition, more working people turned up at community organizations requesting assistance with basic needs. More families with children were served by organizations that, in the past, were a primary resource for homeless or underemployed single men.

All of these findings are related, directly or indirectly, to the dismantling of the government safety net that accompanied welfare reform. Since welfare reform was implemented in Wisconsin, it has become harder for families to receive cash assistance and those that do enroll face strict time limits. New barriers to enrolling in Food Stamps and Medicaid have emerged, preventing eligible families from using the remnants of the safety net that survived welfare reform. More families now are working than when W-2 started, but they are concentrated in poverty-level work that does not offer stable income or much-needed benefits. Welfare is now available only to a concentrated subset of low-income families. Those who cannot comply with the demanding work requirements of welfare reform, or who cannot break through the systems that have kept people out of Food Stamps and Medicaid, have no real government safety net. Those who technically can work but are stuck in dead-end jobs that do not pay enough to make ends meet are likely to be deemed “overqualified” for welfare. Both of these groups are turning to community organizations to provide the safety net that the government has abdicated.

The findings in this study provide insight into the first six years of the massive social experiment welfare reform enacted on the most vulnerable women and children in Milwaukee. Unfortunately, these findings likely represent the best-case scenario, especially given the health of the economy during the period surveyed. Observers and policymakers should question the sustainability of a system in which private organizations take responsibility for providing basic support to low-income families and families in crisis.

Several factors suggest that the current arrangement is unsustainable. First, resources available for community services are extremely sensitive to the health of the economy. During the five years surveyed in this report, the national economy sustained an unprecedented period of expansion. Despite this fact, community organizations were faced with many more requests for emergency assistance, not all of which they could easily address. The safety net system for emergency shelter assistance, in particular, frayed during the late 1990s.

Second, while the nation as a whole experienced economic growth in the late 1990s, unemployment and poverty in the Milwaukee area remained high. Poverty rates in Milwaukee are consistently higher than in the rest of the state, and are especially dire for children under the age of 18 (see figure 19).
Figure 19: **Percentage of Population in Poverty, Milwaukee and Wisconsin, 1997**

Unemployment rates in Milwaukee are also consistently higher than in the rest of the state, even in the economic boom of the late 1990s (see figure 20). The county’s labor force participation rate was only 65% in 1999, compared to a statewide level of 72%. Labor market analysts at the Wisconsin Department of Workforce Development cite “differences in economic conditions as well as differences in demographics” as the reasons for the gap in labor force participation in Milwaukee County compared to the state as a whole. Total labor force participation has increased from 68.3% in 1990 to 69.8% in the four-county Milwaukee metropolitan area. These issues contribute to Milwaukee County’s higher levels of poverty. As the economy contracts, community services will be forced to address more requests for assistance with fewer resources.

Figure 20: **Annual Unemployment Rates, Wisconsin and Milwaukee County, 1995-2000**

Source: Wisconsin Department of Workforce Development
As the current recession takes hold, observers should expect the situation for low-income families and families in crisis to worsen. On the one hand, the private sector that provides a semblance of safety net may have fewer resources to offer basic needs assistance. On the other hand, the Milwaukee area will suffer from increased unemployment and families pushed off public assistance because of time limits or “employability” will face more intense competition for existing jobs.

Even without the threat of recession, continuing to rely on the private sector to provide a safety net is untenable in the long run. Communities with greater levels of need have fewer resources to address the demand for basic needs services. Privately-run service organizations are not always accessible and may not address the needs of all clients. Families have to make substantial investments of time and energy to take advantage of all available community resources. Early reports suggest that families might maintain a temporary and fragile stability by using all available resources, but when those arrangements fail they throw families into deeper crises that will take longer to recover from. When families accrue bad debt from uninsured health care needs, they risk adding collections and bad credit to the barriers that prevent them from moving out of poverty. When families skip out on their housing or are evicted, they develop a poor renter’s record that can prevent them from qualifying for future apartments. In these cases, a strong government safety net can help families avert costly and traumatic long-term crises.

As the experiment with welfare reform evolved, the government “passed the buck” to community services. Evidence in this study demonstrates that it is critical for the government to reclaim responsibility for maintaining a safety net for families in crisis.

Policy Recommendations

State and federal governments both have jurisdiction over policies germane to the safety net. Wisconsin’s welfare replacement program succeeded in implementing the most demanding work program in the nation, replacing safety net programs with programs that emphasize engagement in the labor market. New state policies can improve the safety net without violating any of the welfare-reform requirements imposed by the federal government.

To strengthen the safety net and ensure provision of basic needs for Wisconsin residents, the State of Wisconsin should:

**Improve Access to Existing Support Programs**
Procedural barriers prevent eligible families from receiving Food Stamps and Medical Assistance. Without these supports the earnings from many of the jobs in the low-wage end of the labor market do not lift families out of poverty. For a full list of proposed recommendations to streamline access to these programs, consult Appendix 3.

**Fully Fund Existing Work Supports**
Work supports, like BadgerCare, provide critical assistance to families working in low-wage jobs. They also take some pressure off of community organizations that provide emergency services to families that cannot pay for their basic needs out of wages alone. These programs
require some state funding. Wisconsin legislators have consistently fought efforts to cut costs by imposing higher copayments and user fees. Legislators should continue to demonstrate a commitment to helping the working poor make ends meet by preserving existing programs with full funding and limited user fees.

Re-establish a Safety Net Within W-2
Diversionary activities within W-2 cause families who need assistance to be inappropriately turned away. The high level of sanctions serves a punitive function, not a corrective one. W-2 must be more responsive to families in need that present themselves at W-2 agencies for help. The reasons for participant non-compliance must be investigated and services to address those barriers provided. Finally, needy families must not be denied help because they have reached an arbitrary time limit.

Improve Case Management and Individualized Services Within W-2
Research shows that too many participants are not getting sufficient assistance from W-2 to become gainfully employed. As allowed by federal TANF policy, the state needs to increase access to education and training within W-2 so that participants obtain the skills to get good jobs. The W-2 agencies need to strengthen their relationships with area businesses so that case managers have a wider range of employment options available for clients. Making these changes will improve wage and employment outcomes in W-2.

Policy changes at the federal level are also critical. By October 2002, Congress must revisit and reauthorize the legislation and funding that replaced welfare with Temporary Assistance to Needy Families (TANF). TANF reauthorization offers the opportunity to modify state work programs so that they include safety net programs.

Policy recommendations for federal reauthorization of TANF include:

Renew Federal Funding and Index for Inflation
Despite the caseload decline, TANF funding is still critical. TANF helps pay for work supports like BadgerCare and Wisconsin Shares, in addition to funding W-2 and safety net programs. Reconstructing the state safety net is impossible if federal funds are cut.

Make Poverty Reduction a Stated Goal of TANF
The current framework established caseload reduction as the main goal of state policy, by providing federal bonuses to states that have fewer families on cash assistance. This funding system creates an incentive for states to move families off of assistance even if they will remain in poverty. The federal government should require states to emphasize moving families out of poverty, not moving them onto the private, voluntary system of emergency services.

Modify or Eliminate Time Limits, Especially for Families That Are in Compliance
Time limits are inconsistent with the nature of the labor market. Under current federal rules, families can be denied assistance because they have used up their time even in periods of
extreme recession and depressed labor markets. Time limits are arbitrary and punitive and should not be used to deny aid to families in crisis. Congress must relax time limits for families with multiple barriers and for families that are complying with program rules.

**Strengthen Education and Training Provisions**
Substantial research shows that education and training produce better wage outcomes. Workers that have post-secondary education receive immediate benefits in the form of better jobs that pay more. Education and training is a critical issue for low-income families. Rather than prescribe for these families a lifetime of low-wage work, federal TANF policy should provide support for them to increase their skill levels so they can move out of poverty.

**Ensure Access to Work Supports**
Renewed funding for work supports is critical to making work pay for many working families. Without health care, child care and Food Stamps, low-wage working parents cannot make ends meet. Improved access to fully funded work supports will relieve the pressure on community services to assist working families in meeting their basic needs.

**Restore Benefits for Legal Immigrants**
When legal immigrants are denied access to Medicaid and Food Stamps, community services take on a greater share of the work of providing a safety net.

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3. Maloy, K. et al (1998) “A Description and Assessment of State Approaches to Diversion Programs and Activities Under Welfare Reform,” Center for Health Policy Research, George Washington University. An Advisory Panel to Wisconsin Department of Workforce Development Secretary Jennifer Reinert recently scaled back the agencies’ ability to assign unpaid job search by limiting this activity to 30 days. This change will be implemented in January 2002.


6 41% of former AFDC recipients in Milwaukee County were employed when interviewed by the Hudson Institute. Swartz, et al (1999) “Where did families go when AFDC ended in Milwaukee?” Hudson Institute and Mathematica Policy Research.


10 According to an analysis of the changes in Food Insecurity rates in the US, increased income was the main factor in the improved situation of those with incomes above 130% of the poverty level, while loss of Food Stamp benefits was the primary factor for the increase in food insecurity for those with incomes below 130% of the poverty level. Nord, M. (2001) “Welfare Reform and Food Assistance,” USDA, ERS, Vol. 24, No. 1.

11 The food distributed by Second Harvest of Wisconsin is distributed to nearly half the counties in Wisconsin, and it was not possible to disaggregate the data to examine Milwaukee County proportion of the food. Staff from Second Harvest and the interviewees for this study report more food being distributed in Milwaukee.

12 The Greater Milwaukee Food Providers Coalition (2001) “Building Community to End Hunger: A Blueprint for the Future of Food Security in Milwaukee.” America’s Second Harvest of Wisconsin and Hunger Task Force of Milwaukee. This report estimates there are 303 food pantries within the county.


14 Handout on eviction trends in Milwaukee prepared by Orville Seymour of the Apartment Association of Southeastern Wisconsin, 1999.
The Wisconsin Department of Health and Family Services attributes the increase in uncompensated care that occurred between 1995 and 1996 to the closing of John Doyne hospital. Doyne, formerly the Milwaukee County Medical Complex, was a government-run facility, and therefore exempt from reporting their usage data to the state. The higher number of patients in 1996 is believed to reflect the influx of people that would have potentially sought services at Doyne, that now were using other area hospitals. Using 1996 as a base year to control for the impact of the closing of Doyne, the increase in the number of patients using uncompensated health care is 30 percent.

In the years since the closing of John Doyne Hospital, the responsibility for serving the medical needs of uninsured or under-insured patients has shifted among area hospitals. Initially one facility, Froedtert Hospital, assumed most of charges due to the influx of uncompensated health care patients from Doyne, but over time the patients and the costs of serving them have been spread out to other facilities.

### Uncompensated Health Care at Milwaukee Area Hospitals

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's</td>
<td>6482</td>
<td>1,7190</td>
<td>17,272</td>
<td>344</td>
<td>16,824</td>
</tr>
<tr>
<td>Columbia</td>
<td>not avail</td>
<td>4898</td>
<td>2364</td>
<td>1474</td>
<td>13,578</td>
</tr>
<tr>
<td>Froedtert</td>
<td>13,952</td>
<td>27,095</td>
<td>19,168</td>
<td>17,291</td>
<td>40,149</td>
</tr>
<tr>
<td>Northwest</td>
<td>2744</td>
<td>2141</td>
<td>2675</td>
<td>72</td>
<td>7500</td>
</tr>
<tr>
<td>Sinai Samaritan</td>
<td>27,948</td>
<td>40,426</td>
<td>34,610</td>
<td>82,251</td>
<td>44,582</td>
</tr>
<tr>
<td>St Francis</td>
<td>7767</td>
<td>9714</td>
<td>8387</td>
<td>2393</td>
<td>8087</td>
</tr>
<tr>
<td>St Joseph</td>
<td>14,948</td>
<td>16,263</td>
<td>13,458</td>
<td>13,000*</td>
<td>15,006</td>
</tr>
<tr>
<td>St Luke</td>
<td>21,252</td>
<td>21,254</td>
<td>32,066</td>
<td>39,208</td>
<td>53,441</td>
</tr>
<tr>
<td>St Mary</td>
<td>10,575</td>
<td>11,838</td>
<td>15,121</td>
<td>3711</td>
<td>16,542</td>
</tr>
<tr>
<td>St Michael</td>
<td>16,822</td>
<td>19,317</td>
<td>11,352</td>
<td>1179</td>
<td>20,344</td>
</tr>
<tr>
<td>West Allis</td>
<td>4143</td>
<td>13,291</td>
<td>2,6059</td>
<td>2902</td>
<td>2692</td>
</tr>
<tr>
<td>TOTAL</td>
<td>126,633</td>
<td>183,427</td>
<td>182,532</td>
<td>163,825</td>
<td>238,745</td>
</tr>
</tbody>
</table>

*St Joseph value for 1998 is an estimate.

Policymakers expected the four-county Metropolitan Milwaukee area to serve as the labor market for low-wage workers residing in Milwaukee County, but this expectation has not been borne out by the research. Regional segregation, transportation issues, and racial discrimination in the job and housing markets have limited the suburban job opportunities for low-wage workers in Milwaukee.
20 Wisconsin Department of Workforce Development, Division of Workforce Solutions, Bureau of Workforce Information (October 2001) “Milwaukee County Workforce Profile.” http://www.dwd.state.wi.us/lmi/cp_pdf/m079cpw.pdf

21 Wisconsin Department of Workforce Development, Division of Workforce Excellence, Bureau of Workforce Information (July 1999) “Milwaukee County Regional Workforce Profile.”

Appendix 1

Service Provider Interview Guide

Thanks for taking the time to meet with me today. As I mentioned over the phone, the UW Milwaukee Center for Economic Development and the Interfaith Conference of Greater Milwaukee are collaborating on this study of trends in emergency service utilization in Milwaukee County. The primary purpose of this research project is to compile and analyze a comprehensive set of data related to emergency service use in Milwaukee County over a five-year period, from 1995 to 1999. We wish to augment the administrative data with information from service providers such as yourself. The study, set for release in March 2001, will be useful to program directors and staff, administrators of other programs, and to state and local policy makers. All information will be used for research purposes only. Individual respondents will not be referred to by name in the publicly released report. Participating in this interview will serve as the indication that you are at least eighteen years of age and that you have given your informed consent to participate in this research project. Do you have any questions at this point? Are you ready to begin?

Please provide a brief description of the services offered here at (program name).

How would you describe usage rates for (program name) over the past 5 years?

Do you think your experience here at (program name) matches overall trends in:

(CHOSE ONE OF THE FOLLOWING)
• housing/emergency housing or homeless shelter usage?
• food security/use of food pantries or meal programs?
• use of charitable medical care?

How do you think people generally find out about (program name)?

Do you think there are barriers to accessing (program name)?

Do you have any further comments on how to address the need for:

(CHOSE ONE OF THE FOLLOWING)
• stable housing?
• food security?
• medical care?
Appendix 2

Congregation Survey

Survey of Congregations Regarding Provision of “Emergency Services” – 2000

Questions? Contact Marcus White at 414-276-9050

<table>
<thead>
<tr>
<th>Congregation (with denomination):</th>
<th>ZIP code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person filling out this survey</td>
<td>Phone number:</td>
</tr>
</tbody>
</table>

How would you describe the neighborhood where your congregation’s main building is located?  
___ Urban  ___ “Inner City”  ___ Suburban

1. Does your congregation provide material assistance to people seeking such help (i.e. food pantry, meal program, on-site shelter, cash, help with utility bills, help paying rent, etc.)?  
___YES  ___ NO

2. On the table below please tell us which services you provide (please check all that apply):

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Estimate the average number of people served per month in 1999</th>
<th>Did you provide this service five years ago?</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-site food pantry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food drives for community/religious groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congregation members volunteer at meal program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congregation prepares food for a meal program (located elsewhere) on a regular basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site meal program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with rent (either cash or voucher to landlord)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with utility bills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter for people on-site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter using hotels/motels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voucher/Gift Certificate for grocery store</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appliances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bus tickets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash for emergency needs (other than the needs named above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informally “employ” people looking for work (i.e. clean up, landscape, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make grants/provide funds to other organizations that provide services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. **Topic: People seeking assistance (regardless of whether you were/are able to provide the requested assistance)**

Compared with five years ago (1995):
___MORE PEOPLE ARE SEEKING HELP FROM OUR CONGREGATION
___THE SAME NUMBER ARE SEEKING HELP FROM OUR CONGREGATION
___FEWER PEOPLE ARE SEEKING HELP FROM OUR CONGREGATION

4. **Topic: The number of people that are actually served/helped.**

Compared with five years ago (1995) do your charitable programs serve:
___MORE PEOPLE
___THE SAME NUMBER OF PEOPLE
___FEWER PEOPLE

5. **Topic: The different types of assistance you provide**

Compared with five years ago (1995) do you provide:
___MORE KINDS OF SERVICES
___THE SAME NUMBER OF SERVICES
___FEWER KINDS OF SERVICES
(for instance: now provide meals, rent assistance, and food pantry instead of just the pantry)

6. If you do not provide on-site services, but assist programs at other sites, have you seen any changes in the number of requests for help from these programs over the last five years?
___YES  ___NO  ___DON’T KNOW

7. Based on your congregation’s experience, please comment on trends over the past five years in the need for and provision of services that help people meet basic needs, and any factors that you think might be affecting these trends.

Please return this survey to:
Interfaith Conference, 1442 N. Farwell Ave. #200, Milwaukee, WI 53202
Appendix 3

Recommendations to Improve Access to Support Programs

Improve customer service
In general, the state should reduce wait times, reduce re-scheduling, eliminate multiple interviews for application completion, and encourage people to apply for benefits. The state should require the W-2 agencies to upgrade training and human resources policies to make the front door people exceptional gatekeepers.

Improve and expand outreach to potentially eligible clients
Many potentially eligible clients do not receive benefits because they do not know they are eligible, because they do not think they are eligible, or because applying is too demanding a process, especially for people who are working. The State of Wisconsin should identify potentially eligible clients through the CARES system and mail them detailed information on the application process. Expanding outreach to non-traditional places, such as grocery stores, can increase accessibility.

Adopt alternative verification processes
State agencies can allow re-certification of eligibility by phone, fax, and email so that recipients do not have to complete the processes to maintain enrollment in person. This will improve access to benefits.

Apply for waivers to expand the population of eligible persons
Under existing federal regulations 18-50 year-old able-bodied adults without dependent children can get only 3 months of Food Stamps benefits within any 36-month period, but a federal waiver would increase benefits for this group. As unemployment increases, able-bodied adults have a greater need for Food Stamps. More than 40 states have received this type of waiver to date.

Lengthen the recertification period
Participants are required to review their eligibility too frequently, which makes it difficult for people to maintain their enrollment in support programs. Currently reviews for Food Stamp eligibility must be completed every three months. Review time should be extended to at least 6 months. New USDA rules make this an easier option than ever before. Reviews for Medicaid and BadgerCare should be extended from 6 months to 12 months.

The American Public Human Services Association has a number of recommendations for addressing problems in TANF, Food Stamp and Medicaid programs. http://www.aphsa.org.