



# Project Focus

**Assess:** Dane County's long-term housing and supportive service financing landscape

**Identify:** gaps in funding

- Review current funding sources, voucher use, and Medicaid 1915(i) opportunities

**Compare:** strategies from similar communities to identify feasible next steps for Dane County



# Methodology

Utilizing multiple approaches to evaluate supportive housing and service financing in Dane County:

## 1. Stakeholder Interviews

- Meetings were held with and/or input was received from Dane County Human Services, including the Housing Access and Affordability Division, Continuum of Care Coordinator, Board and County Supervisor's.

## 2. Review of Funding Sources and Housing Needs

- Documents were reviewed to identify existing supportive housing programs, funding sources, and service limitations.



# Methodology

## 3. Comparative Case Studies

- Kent County, Michigan
- Ramsey County, Minnesota

## 4. Synthesis

- Comprehensive findings organized into a final report with feasible, actionable next-steps for Dane County.



# Gaps Present

1. Insufficient Long-Term Housing
2. Medicaid 1915 (i)
3. Underused Vouchers



# Dane County: Current Landscape

## Population & Growth:

- 590,375 people residing in Dane County (2025)
- Estimated increase of 200,000 people over next 25 years

## Service Need:

- Official 2025 Point-in-Time (PIT): 790 single adults and households
  - April 2026 PIT: 1,071 single adults and 58 households with children
- Total # of clients accessing shelter and supportive services: 3,730 (2024)
  - Month of February 2026: 1,088 individuals served
    - At the same time, only 1 individual + 3 families placed into permanent supportive housing.



# Dane County: Financing Sources

Source	Description	Stability
HUD Funds	CoC grants, CDBG/HOME, and federal housing vouchers; HCV, FUP, FYI, TBRA	Competitive/ annual, allocation limits, subject to federal appropriations
Medicaid 1915 (i)	From Medicaid State Plan, covers housing-related SS, not rent or housing itself	Limited to eligible populations, dependent on Medicaid enrollment and state/federal funding
State GPR	HAP, SSSG (via DOA)	Annual budget-dependent
County GPR	County-funded housing and SS contracts (e.g. HAA programs)	Recurring but budget-dependent and politically variable
Tax Credits	LIHTC projects	Expiring affordability commitments (typically 15-30+ years), does not directly fund SS
Philanthropic/ Non-profit	E.g. United Way; local foundations, private donors	Supplemental/ unpredictable
Time-Limited	ARPA, EHV, temporary COVID-era relief programs	One-time or expiring funds, not sustainable for long-term service delivery

\* the fuller version is in the report under the “Analysis of Dane County” section.



# Built for Zero

## Kent County, MI

1. Joined Built for Zero May 2021
  - a) Partnerships with the city, chamber of commerce, and philanthropic organizations
    - i. Vital during Covid-19; Strengthened coordination & resource mobilization
    - ii. Crossover of effective private/public partnerships

## Ramsey County, MN

1. Joined Built for Zero May 2023
  - a) Coordinated, data-driven system improvements
    - i. 1 of 46 communities nationally that have demonstrated measurable reductions in homelessness
    - ii. 1 of 29 large metropolitan communities working toward achieving functional zero for chronic homelessness



# Case Study: Kent County, MI

**CoC:** Grand Rapids Area Coalition to End Homelessness (GRACE)

**2024 PIT:** 1,089 individuals

What Works:

1. Delegates tasks and responsibilities to ‘Steering Council’
2. Cross-sector partnership to support housing stability
  - Kent County and Bank of America partnership for rental assistance pilot
3. Prevention and long-term stabilization priority
  - Strengthened CoC infrastructure, prioritizes shared data use, and partner coordination to improve housing placement and stability outcomes.



# Case Study: Ramsey County, MN

**CoC:** Heading Home Ramsey Continuum of Care

**2024 PIT:** 1,640 individuals

What Works:

1. Multiple coordination roles
  - Interim CoC Coordinator, Singles Priority List Manager, and Families Priority List Manager
2. Utilizes Medicaid 1915(i) for housing stabilization services'
  - Minnesota has billed Medicaid for housing transition, navigation, and supportive services since 2020.



# Limitations

## 1. Built for Zero

- Previous participation (2015-2021)
  - Introduced new priorities and system changes before communities had sufficient time to fully implement and evaluate previous projects.
  - Sustaining this level of coordination also required substantial staffing capacity, cross-agency communication, and ongoing administrative support.
- Successful initiatives under Built for Zero: Tree Lane and Rethke Terrace apartments
  - Needed sustained supportive services and financing



# Limitations

## 2. Limited Medicaid Flexibility

- Wisconsin did not fully expand Medicaid under the ACA, limiting access to enhanced federal matching funds.

Alternative:

- Medicaid 1915(i) can fund housing-related supportive services, but not direct housing costs → Dane County should maximize Medicaid billing while layering other funding for rent, units, and long-term subsidies.



# Recommendations

Adopt Beneficial Strategies from Built for Zero	Maximize Voucher Utilization	Dedicated Service Funds
<ul style="list-style-type: none"><li>• Prioritize Cross-sector Relation Building</li><li>• Sustain Current Collaboration and Partnerships</li></ul>	<ul style="list-style-type: none"><li>• Increase FYI Vouchers for Youth/ Utilize FUP Vouchers for Families</li></ul>	<ul style="list-style-type: none"><li>• Increase non-profit capacity to bill Medicaid 1915 (i)<ul style="list-style-type: none"><li>• Need for clear billing practices, provider training, and increased administrative capacity</li></ul></li></ul>



# Questions?



DANE COUNTY  
BOARD of  
**SUPERVISORS**

6/4/26