

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: WI-501 - Milwaukee City & County CoC

1A-2. Collaborative Applicant Name: Milwaukee City and County Continuum of Care

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	No	Yes
Agencies that serve survivors of human trafficking	Yes	No	Yes
Other homeless subpopulation advocates	Yes	No	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Workforce Investment Board	Yes	Yes	Yes
Universities	Yes	Yes	Yes
Homeless Service Providers	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)**

The CoC actively solicits new points of view and new stakeholders through monthly meetings, work groups & Annual Planning Day, maintaining an active presence through frequent email newsletters, social media, Best Practices training program, volunteer recruitment for Project Homeless Connect & PIT. May 2015 CoC meeting was held at Tippecanoe Church to spotlight its homeless outreach/shelter ministry (operated by congregant volunteers) & engage in dialog about alternative methods of engaging long-term homeless living on the street in recovery and volunteering. Milwaukee County (MC) District Attorney, Downtown Business Improvement District & MC Housing Division joined forces to develop a Housing First approach to address intersection of homelessness, mental health and law enforcement in the downtown area, an example of public private collaboration that resulted in the Housing First program that has already housed 50 chronically homeless individuals since July 2015.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Pathfinders Milwaukee, Inc.	Yes	Yes	Yes
Walker's Point Youth and Family Center	Yes	Yes	No
Wraparound Milwaukee, Milwaukee County	No	Yes	Yes
My Home Program, Milwaukee County	No	Yes	Yes
My Home, Your Home, Inc.	No	Yes	No
Saint A	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Sojourner Family Peace Center	Yes	No
Milwaukee Women's Center	Yes	No
Asha Family Services	Yes	No
Latina Resource Center of UMOG	No	No
Jewish Family Services	No	No
Hmong American Women's Association	No	No
Legal Action of Wisconsin	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The Milwaukee Continuum of Care Governance Charter establishes the 26-member CoC Executive Board (EB) as the governing body of the CoC. The EB oversees a participation structure that includes the Full Body CoC, Program Advisory Group, Shelter & Transitional Housing Task Force, & work groups for Coordinated Entry, HMIS, Project Homeless Connect, Data Dashboard, Employment & Housing First. 10-Year Plan provides scopes of work for each group; work group leadership established by Lead Agency recommendation & EB confirmation; membership self-selects based on interest & expertise.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CoC maintains a listserv w/ 153 subscribers & a regularly updated website: www.milwaukeeecoc.org. Information regarding funding opportunities is disseminated using both vehicles w/ the website serving as the primary public notice vehicle. Funding information is also provided at monthly CoC Full Body meetings (average attendance 45 organizational representatives).

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	4	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %
--	---	----------

**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)**

Milwaukee, Milwaukee County (MC), West Allis (WA) Con Plan jurisdictions are represented by the individuals responsible for Con Plan development/implementation on the CoC Executive Board (EB) which meets monthly. At EB, members interact regarding 10-Year Plan implementation, Coordinated Entry, discharge planning, Housing First, permanent housing development and funding allocations. Milwaukee and MC jurisdictions are partnering on the implementation of the Chronic Homeless/Housing First Initiative. The Con Plan jurisdictions are active partners in the 3-Year Plan to End Chronic Homelessness led by MC as well, the semi-annual Point in Time Counts conducted countywide, and individual permanent supportive housing developments.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)**

City of Milwaukee Community Development Grants Administration (CDGA) is the Lead Agency (LA) for the Milwaukee City and County CoC and also responsible for the administration of ESG funds allocated directly to the City as well as ESG funds awarded to Milwaukee by the State of Wisconsin. ESG funding decisions, performance standards and evaluation of outcomes align with the goals of the 10-Year Plan to End Homelessness developed by the CoC in 2010, amended in 2015. The CoC Provider Advisory Group reviews and approves the annual ESG funding plan. CDGA requires funded group to submit budgets, monthly cost and activity reports, and annual performance reports to track progress on planned goals. This information is used for the Con Plan and ESG CAPER submitted to HUD and is shared with the Executive Board and Full Body Continuum of Care.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld.
(limit 1000 characters)**

Scenario A: If any household presents directly to a homeless service provider (not DV), s/he would be directed to Coordinated Entry (CE) at 211. Once identified as DV, CE would warm transfer the caller to Sojourner Family Peace Center (SFPC) or Milwaukee Women's Center (MWC) (DV shelters) for assessment/assistance. CE collects no identifying information on DV calls. Scenario B: DV callers who become participants in SFPC or MWC receive shelter, case management and supportive services including individualized help in locating affordable, safe housing. While safety is key to this process, DV status is maintained as confidential. Client choice and control are key to DV recovery and are incorporated into every facet of service delivery at both SFPC and MWC as foundational components.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
City of Milwaukee	22.00%	No
Milwaukee County	0.00%	No
South Milwaukee	0.00%	No
West Allis	40.00%	Yes-Both

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)**

The Milwaukee County/City Housing First Initiative aimed at eliminating chronic homelessness by 2017 currently houses 50 CH individuals with a total of 97 planned for 2016. In addition to City PHA rent assistance and CoC Program Rent Assistance, the project has a \$600,000 commitment of City HOME funds and \$591,612 in County tax levy. This initiative targets unsheltered chronically homeless. A SAMHSA grant targeting homeless people with substance use disorder totals \$1.2 million & will house 82 homeless people over three years.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="checked" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="checked" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Milwaukee Police Department Homeless Outreach Team: Specially trained officers patrol areas that are high density areas for people who are homeless. HOT Team officers are trained in Crisis Intervention techniques and are able to diffuse situations that may involve mental health crisis and avert an arrest for disorderly conduct or other offense. HOT Team officers also connect people who are homeless to Coordinated Entry, meal programs, health care and other resources. HOT Team is instrumental in the semi-annual Point in Time counts as well.	<input checked="checked" type="checkbox"/>
Crisis Intervention Training: By the end of 2016, all Milwaukee Police Department officers will be CIT-trained; CIT training has also occurred with Sheriff's Dept officers. CIT teaches officers to defuse mental health crises that might otherwise result in arrest or detention. CIT officers work with Behavioral Health Division Mobile Crisis Unit. CIT has been credited with reducing arrests of people who are homeless and who have mental illness.	<input checked="checked" type="checkbox"/>
Housing First: This newly-established project finds and engages people who are living on the street and connects them to permanent housing, case management and supportive services in an extremely low-barrier manner. The initiative has already housed 50 people who would otherwise be on the street. Collaboration with the Downtown Business Improvement District, District Attorney's Office Community Prosecution Unit & Milwaukee County is based on the goal of addressing homelessness rather than criminalizing homelessness.	<input checked="checked" type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Coordinated Entry (est. 9/13) is operated by IMPACT 211, provider of 211 services for SE WI. CE is publicized via websites of IMPACT, United Way and CoC; 211 cards (in Spanish & English), posters at all CE shelters, police substations, meal sites, day shelter, nonprofit entities, ER’s and Behavioral Health. In 2014, CE received 10,849 calls; of these, 871 were placed in shelter with others referred to 211’s network of 5500+ prevention services. Callers to CE undergo a brief vulnerability assessment to identify callers in greatest need. Currently, all of Milwaukee’s publicly-funded shelters are in the CE system: Family Support Center, Cathedral Center, Salvation Army, Hope House & Guest House. By end 2016, PSH, Safe Haven/Outreach, Transitional Housing and Rapid Re-Housing will be included. Monthly meetings w/ Street Outreach coordinate efforts to ensure 24/7 coverage. A new mobile 211 will go onsite at 3-5 high volume locations for face-to-face assistance/referral to resources.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	26
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	21
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	95.45%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Rate of return	<input checked="" type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Timely APR submission	<input checked="" type="checkbox"/>
Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)**

The CoC has a ranking and scoring tool that extracts all information from agencies' APR. This information is then compiled into a spreadsheet that allows for us to then score the agency. The CoC considers HUD's system measurements on income at exit, non-cash benefits at exit and also, housing stability. The CoC focuses on how agencies are serving the most vulnerable, looking at how agencies are doing in serving the chronically homeless(CH). Agencies that serve CH and veterans, families and youth sub-populations gather more points than those that do not. The CoC also looks at projects that utilize or have high capacity percentage as it is an indicator that they are making sure beds are filled which indicates that people are being served.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The Continuum continually posted notifications on the competition process on the public CoC website. Prior to the competition being released, the Continuum sent out notification to the listserv/Mailchimp account on beginning processes & throughout the months of Sept. & Nov. The dates are: 9/15, 9/17, 9/21, 9/24, 9/25, 9/30, 11/5, 11/6. The process was being dispersed to stakeholders via email & listserv. The emails were sent on 9/21 & 9/24. The CoC dispersed the information on the competition process at public monthly "general" meetings that were held.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/19/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/09/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC Lead Agency sends out annual MOUs that describe the ways in which agencies will be monitored and held accountable for. The funded agencies are required to partake all CoC functions including but not limited to: general meetings, NOFA meetings, Point In Time Counts, and Project Homeless Connect. There are sign-in sheets at all events and attendance is monitored along with participation. In addition, they are also monitored through Coordinated Entry (CE) and HMIS/Service Point. These meetings are held monthly. The CE & HMIS providers work with the Lead Agency and send feedback on participation and accuracy of data. The HMIS provider and Lead Agency also have monthly meetings to discuss the CoC data coming from agencies.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.

Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.

Page 4-7 of the HMIS Governance Charter

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?

Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

ServicePoint

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$438,190
ESG	\$32,820
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$471,010

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$12,363
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$102,650
Other Federal	\$0
Other Federal - Total Amount	\$115,013

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$13,694
State and Local - Total Amount	\$13,694

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$52,515
Private - Total Amount	\$52,515

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$124,800
Other - Total Amount	\$124,800

2B-2.6 Total Budget for Operating Year	\$777,032
---	------------------

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/12/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	790	62	675	92.72%
Safe Haven (SH) beds	43	0	43	100.00%
Transitional Housing (TH) beds	758	10	686	91.71%
Rapid Re-Housing (RRH) beds	16	0	16	100.00%
Permanent Supportive Housing (PSH) beds	1,366	0	1,128	82.58%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

The bed coverage rate for Permanent Supportive Housing (PSH) beds is 82.58%. Currently, HUD-VASH is not being entered into HMIS although there are discussions regarding the including of these beds in the future. The VASH information will be entered via either of 2 means: 2) referrals to SSVF grantee; and 2) through established guidance from VA for direct of entry into HMIS database. The former is under development through the CoC Coordinated Entry with Center for Veterans Issues; Milwaukee VAMC will implement direct entry during 2016.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	12%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	21%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	1%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/12/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

Milwaukee CoC has conducted semi-annual (July/January) sheltered PIT counts using the same methodology 2012-2015. 100% of providers listed on the CoC HIC have participated in each of these counts. HMIS provides PIT data for programs using HMIS; other partner programs which do not use HMIS collect information directly from participants via paper surveys to gather the same data which is then entered into the PIT data set by the HMIS Coordinator. This methodology has proven successful, maximizes the HMIS already in place & produces an accurate count.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

The CoC's sheltered PIT methodology is firmly established with programs knowing exactly what is expected of them and consistently meeting their PIT obligations. All of the HIC programs participate; the count is a 100% census of the sheltered population; no enhancements or changes have been necessary.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The Milwaukee CoC has used a consistent sheltered PIT methodology for all of its semi-annual counts from 2012 to present. Data quality is ensured by primary reliance on HMIS which is consistently monitored throughout the year by the CoC's HMIS Work Group. As shown in 2D. HMIS Data Quality, the CoC has achieved an extremely high level of data quality which is the foundation for the PIT counts.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/12/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Post 7-Day Count	<input checked="" type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The CoC partnered w/ 8 police departments (Milwaukee, West Allis, Wauwatosa, West Milwaukee, Franklin, Hales Corners, Cudahy & Greenfield) for outreach/ride alongs using officers' knowledge of known locations supplemented by parks/food sites; Outreach Community Health & Milwaukee County conducted street outreach focusing on Milwaukee & West Allis known locations; 3 hospital systems ID'd homeless via ER triage; 4 warming rooms opened for 12-hour PIT period w/ 1 devoted to homeless youth; volunteers called homeless on Coordinated Entry's waiting list to determine homeless status & dispatch PIT volunteers; County parks provided known locations information. Post 7-day count was conducted at 21 locations to interview those homeless on night of PIT who had not been counted. 180 volunteers assisted in the PIT.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

The CoC's unsheltered methodology has been consistent 2012-2015 with enhancements focused on the recruitment of additional police departments to accompany interviewers to known locations throughout Milwaukee County and similar effort to improve outreach and coverage the night of the PIT. The survey methodology itself has remained the same.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The CoC has aggressively focused on improving its outreach on the PIT night by engaging additional police departments in ride-alongs, securing the participation of additional hospital system's emergency departments, following-up on callers to Coordinated Entry who had been placed on the emergency shelter waiting list, & carefully coordinating street outreach to ensure maximum coverage. Also new this year was the inclusion of a Post 7-Day Count which placed volunteers at 21 locations to interview people who had been homeless on the PIT night but had not been counted. The CoC continues to pursue improvements for the January 2016 PIT including engaging more police departments while maintaining the existing outreach system.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		1,499	1,521	22
Emergency Shelter Total		677	717	40
Safe Haven Total		39	40	1
Transitional Housing Total		668	632	-36
Total Sheltered Count		1,384	1,389	5
Total Unsheltered Count		115	132	17

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		6,263
Emergency Shelter Total		5,373
Safe Haven Total		117
Transitional Housing Total		1,310

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

In 2014, 5,574 persons entered Emergency Shelter, Safe Haven, Transitional Housing and Permanent Housing; 66.1% were First Time Homeless (FTH). Callers to Coordinated Entry (CE) who are at risk of FTH are referred to Community Advocates Homeless Prevention Programs for eviction prevention, utility aid, rent assistance (764 families) or to Cathedral Center's Community Case Management Program (23 singles, 85 families). Both programs emphasize keeping individuals and families housed in the community without the disruption caused by shelter stays. Primary causes: loss of income, code violations/building condemnations, lack of utilities exacerbated by mental health, physical health, domestic violence & related problems. CA, CCI & Coordinated Entry regularly collect/share data to assist program evaluation & planning by Provider Advisory Group & Executive Board.

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

Milwaukee achieved modest decreases in length of time homeless (LOTH) between 2014 and 2015. Average LOTH for ES and SH decreased from 50.8 days in FY 2014 to 50.3 days in FY 2015. The average LOTH for ES, SH and TH showed a greater decline from 64.3 (2014) to 62.3 (2015). (HMIS) Substantially increased RRH beds for families (148 beds managed by Hope House as of 9/15 w/ 196 additional beds planned for 2016) will enable families to leave shelter sooner and with more support. The Housing First Initiative (97 planned by March 2016 & 160 new CH beds included as bonus project) will greatly reduce LOTH for single adults & CH. The Coordinated Entry process ensures that families and single adults entering shelter show the highest levels of vulnerability/need including physical, mental health, substance abuse, zero/low income and prior shelter stays; therefore, acuity has increased significantly affecting LOTH. With more RRH, LOTH is expected to decrease.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	987
Of the persons in the Universe above, how many of those exited to permanent destinations?	667
% Successful Exits	67.58%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	985
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	927
% Successful Retentions/Exits	94.11%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

CoC 2-year rate of return (RoR) is 20.1% for all program types combined (street outreach 27.7%, emergency shelter 20.1%, transitional housing, 19.6%, safe haven 17.8% & permanent housing 18.9%). (HMIS data tracking persons exiting programs two years previous) To reduce RoR, CoC is: 1) operating the Housing First Initiative which has housed 50 chronically homeless individuals using HCV & HOME since July 2015, a total of 97 planned by March 2016; 2) significantly increasing RRH capacity from 16 beds in 2015 (HIC) to current 148 & 196 additional planned in 2016, all low-barrier; 3) developing a partnership between ES/TH providers & Milwaukee County Behavioral Health Division to improve access to crisis services & expedited enrollment CCS (Medicaid Comprehensive Community Services) enrollment for people with mental illness (39.3% homeless adults 1015 PIT). N. Monarrez, ICA, provides monthly HMIS reports to Provider Advisory Group & Full Body to monitor RoR.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Adults exiting CoC programs w/no income decreased from 29.1% to 25.2% (HMIS 2013/14). Employment strategies: 1) representation of the Milwaukee Area Workforce Investment Board (MAWIB) on the CoC Executive Board (G. Williams); 2) inclusion of detailed employment strategies in the 10-Year Plan (rev. 1/15); 3) provision of on-site job employment assistance & referral/transportation to mainstream employment organizations (MAWIB, Job Centers) by all CoC-funded programs; 4) Cathedral Center– Intercontinental Hotel training partnership; 5) Job Fair/Project Homeless Connect (10/22/15) with 7 employers and 657 homeless attendees; 6) Troop Café training business operated by CVI; CDBG-funded America Works project to employ 100 homeless. Adults exiting w/ other cash income decreased from 69.7% (2013) to 48.6% (2014)(HMIS); however, 105 consumers obtained SSI w SOAR assistance (Outreach Community Health) since 1/1/14; 93% of renewal projects met Mainstream Benefits standard.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The Milwaukee Area Workforce Investment Board (MAWIB) has a designated seat on the CoC Executive Board (G. Williams) & has been instrumental in developing the employment component of the 10-Year Plan. WI Department of Workforce Development, Goodwill Industries, Maximus and ResCare (TANF), Milwaukee Urban League, WRTP/BIG STEP and Captel partnered with CoC to provide on-site job fair at Project Homeless Connect (10/22/15). 10-Year Plan includes steps to increase homeless access to MAWIB employment & training resources and to connect homeless jobseekers to Goodwill Workforce Connection Centers (4) located throughout Milwaukee County.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

Milwaukee County (MC) Housing Div. coordinates an outreach collaborative w/ Outreach Community Health Centers, Community Advocates, Milwaukee Police Department (MPD), Coordinated Entry, Milwaukee Homeless Veterans Initiative, W. Allis, Medical College of WI, MC Behavioral Health Div., faith-based groups & Pathfinders. Group uses Google Maps to 'pin' locations across county; contacts are entered into HMIS. To provide triage, group partners w/ Milwaukee Central Library to provide private rooms to assess vulnerability, use motivational interviewing & complete paperwork for housing services. The group partners w/ MPD's Homeless Outreach Team to coordinate outreach to all parts of the city & with City of West Allis & its Mobile Integrated Health Initiative. Group works with County Parks to address all suburban areas. All outreach teams share schedules & coordinate triage for shelter & housing placements; outreach conducted every day of the week.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	127	104	-23
Sheltered Count of chronically homeless persons	94	85	-9
Unsheltered Count of chronically homeless persons	33	19	-14

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

Milwaukee CoC increased its PSH beds dedicated to Chronically Homeless (CH) significantly between Jan. 2013 and Jan. 2014, from 160 to 217 in 2014 (27.5% increase). Note: The 2014 & 2015 HIC incorrectly reported the # of PSH CH beds. The addition of 78 new CH beds (Friends of Housing) brings the current total of PSH CH-dedicated beds to 295. The increased CH beds & the CoC policy requiring the prioritization of CH in PSH beds becoming available through turnover account for the 18.1% in overall CH (PIT) and the 42.4% drop in unsheltered CH specifically. Milwaukee continues its focus on CH with Milwaukee County's Housing First Initiative which has placed 50 hardest to house, CH men & women, some of whom had been on the street for more than 20 years into permanent housing; 60% over age 50, 96% over age 40.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The two-year plan to increase CH beds includes: 1) reallocation of 3 SSO projects to create 36 new PSH beds in 2015 dedicated to chronically homeless (CH) by Center for Veterans Issues (11 beds), Guest House (13), & Community Advocates (12); 2) designation of 25 Shelter + Care beds operated by Milwaukee County to dedicated CH use by 2015; 3) policy (adopted by CoC 1/23/14) to prioritize 100% of PSH beds that become available through turnover for CH occupancy (90 beds annually) immediately & through 2014-15 (current CH at turnover rate is 39%); 4) full implementation of Housing First by 2015 including developing a method for establishing homelessness at the point of CE & utilizing the priority ranking index to insure placement of high need CH in PSH; 5) collaborating with PSH, CE, Milwaukee County Behavioral Health, Milwaukee Police Department Homeless Outreach Team, CoC outreach providers, faith-based providers, advocates, and homeless consumers to develop & implement a plan to engage, assess, and place 30 CH living on the street directly into PSH by the end of 2015; & 6) achieving the reallocation of a minimum of 2 TH projects to PSH for CH by 2015.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

Progress: 1) 3 SSO reallocations requested; 1 funded (Guest House: 13 CH beds); 2) 25 Shelter + Care beds operated by Milwaukee County converted to dedicated CH beds (1/2015); 3) 100% PSH beds available via turnover prioritized for CH (118); 4) a major Housing First project co-sponsored by the City and County is underway w/ 50 Category 1 CH housed since 7/2015; 97 will be housed by 3/2016; collaborative effort of CE, outreach, City & county PHA's & case management; 5) see #4; and 6) Friends of Housing TH reallocated to PSH for CH families (72 beds) and singles (6 (beds). Other: Housing First & Low Barrier Policies established by the CoC for ES, TH, SH, PSH & RRH (10/2015); Housing First training provided by Sam Tsemberis, Pathways to Housing, attended by CE, Lead Agency & 17 CoC-funded ES, TH, PSH providers (11/12/15); outreach collaborative established; 78 PSH/CH beds converted from TH by Friends of Housing; 160 PSH/CH bed bonus project proposed by Milwaukee County.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	104	104	0

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)**

The Housing Inventory Counts for 2014 and 2015 are incorrect. The correct number of PSH beds dedicated for use by chronically homeless persons at the time of the 2014 HIC was 160. In 2015, the number had increased by 113 beds to 217. As of January 2015, the following programs operated PSH for CH: Autumn West (100 beds), Center for Veterans Issues (13), Capuchin Apartments (12), Johnston Center (8), Shelter + Care Mercy Housing (33), Salvation Army Roots (13), Guest House (13) and Milwaukee County Shelter + Care (25) for a total of 217 PSH for CH. The 2016 Housing Inventory Count will show the accurate count of Milwaukee's growing PSH/CH inventory and also include an additional 78 PSH CH beds (Friends of Housing). 2015 bonus project is 160 PSH CH beds proposed by Milwaukee County.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. See attachments

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	798
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	118
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	118
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017?
(limit 1000 characters)**

Milwaukee County/City Housing First Initiative (HFI) started July 1, 2015 with the goal of ending chronic homelessness in 3 years. To date, 50 CH individuals have been housed; 45 with HOME rent subsidies and 5 with My Home certificates; an additional 97 individuals/families will be housed using HOME and Housing Authority of the City of Milwaukee Vouchers and 35 will be housed with My Home certificates. City's investment of \$600,000 in HOME and 50 vouchers over 3 year combine with Milwaukee County tax levy to support 4 project staff and 5 service contracts with community-based homeless service providers (Guest House, Hope House, Community Advocates, Cathedral Center & Salvation Army). Housing is provided in scattered sites throughout Milwaukee based on consumer choice; primarily 1 bedroom units although family units are anticipated in 2016. HFI is a model of local government cooperation, funding coordination and aggressive outreach efforts to reach long term CH in Milwaukee. Participants are not screened out based on income, history of or active substance abuse, criminal history or unwillingness to participate in supportive services or treatment.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
 (limit 1000 characters)**

CoC has 158 family RRH beds (Center for Veterans Issues SSVF 10 & Hope House 148) per 9/2015 HMIS HIC, both qualify as low-barrier. Average time from RRH enrollment to move-in was 23 days (HH). Reallocation of Outreach TH project to RRH provides an additional 196 beds for a total of 354 family RRH beds, serving 118-141 families annually. In 2014, 317 families were referred by Coordinated Entry (CE) to shelter; planned 2016 capacity would serve up to 44% of that estimate. CE identifies high priority families per vulnerability assessment, refers to ES for homeless documentation & RRH enrollment. CE monitors RRH bed occupancy & makes RRH referrals through ES accordingly. In 2016, the CoC will seek to reallocate TH project to create additional RRH beds. ESG-funded RRH (Guest House) provides 11 beds for single individuals; no ESG is currently used for family RRH beds. Planned capacity will support placing eligible families into RRH w/in 30 days.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	10	5	-5

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	179	183	4
Sheltered Count of homeless households with children:	175	182	7
Unsheltered Count of homeless households with children:	4	1	-3

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total number of homeless households with children increased by 4 families (179-183) from 2014 to 2015 (2.2%+); the number of sheltered families increased by 7 (175-182) (4.0%). Most important, the number of unsheltered families decreased by 3 (4-1) (75.0%). 2015 is the 2nd full year of Coordinated Entry operation & the use of its vulnerability/priority ranking system to identify families in greatest need; this number has remained consistent over the past two years.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	10	27	17

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)**

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$3,061,633.00	\$2,750,158.00	(\$311,475.00)
CoC Program funding for youth homelessness dedicated projects:	\$694,382.00	\$405,352.00	(\$289,030.00)
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$2,367,251.00	\$2,344,806.00	(\$22,445.00)

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	22
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	7
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	64

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.
(limit 1000 characters)**

The CoC has had a close working relationship with the Milwaukee Public Schools for 10 years. Governance: The Homeless Education Program (HEP) coordinator, C. Johnson, sits on the CoC Executive Board, attends Coordinated Entry Work Group, Provider Advisory Group & Full Body CoC. HEP coordinator, C. Klein, attends the Shelter & TH Task Force, an arm of the CoC. Training: MPS HEP provides annual training to staff of each ES, TH & PH program to ensure full working knowledge of HEP policies and procedures & establish good communication. HEP staff visits each ES monthly to meet with staff, provide resource information & bus tickets, establishing the personal relationships with staff that facilitate quick & effective problem-solving in the interest of families/children. HEP also trains Milwaukee Police Department's Homeless Outreach Team. Collaboration: MPS HEP coordinator instrumental in approval of 10-Year Plan Mid-Course Revisions, Annual Planning Day & CoC /ESG funding allocations.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

All CoC (ES, TH, PH) providers ensure that school-age children, including unaccompanied youth, experience no disruption in school attendance (CoC policy adopted 2011). Via working agreement with Milwaukee Public Schools (MPS), each ES, TH, & PH faxes/emails MPS Homeless Education Program (HEP) when new children arrive to arrange transportation &/or enrollment. HEP provides trainings for ES, TH & PH staff & conducts regular on-site visits. Families that present as homeless at any MPS school can immediately enroll without proof of address, birth certificate or identification. Each school has a designated homeless contact. MPS' online enrollment screens for homelessness, alerting HEP for follow-up. Regional parent centers screen families for homelessness & enroll children. Pre-school age children are referred to MPS Head Start for immediate enrollment. MPS Head Start has a School Social Worker as designated homeless contact, providing prompt identification of homeless students. The MPS SSW's train their staff annually on the policies and procedures for identifying and serving homeless students. The HEP arranges transportation & ensures free breakfast/lunch, before/after school programs, tutoring, waiver of fees, free books/materials, ESL, school health, special education & all other authorized services. The HEP regularly visits programs to meet with staff, provide resource information & bus tickets. Programs & HEP monitor the status of families/children & address new needs. A HEP Exit Form is sent to the HEP office when a family or youth leave a program. Then HEP notifies the school-based contact to follow-up with the family/youth to determine if they are still homeless. The HEP coordinator, C. Johnson, is on the CoC Executive Board, attends CoC Full Body & Coordinated Entry WG. HEP coordinator C. Klein attends Shelter & TH Task Force meetings. During 2014-15, MPS served 3,702 homeless students. In 2014, the CoC served 1,954 children (129 unaccompanied youth).

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	164	192	28
Sheltered count of homeless veterans:	154	179	25
Unsheltered count of homeless veterans:	10	13	3

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The increase of 28 homeless veterans (25 sheltered; 3 unsheltered) reflects aggressive outreach and improved coordination pursuant to the goal of ending veteran homelessness by the end of 2015. CoC has identified all homeless veterans & will establish the Homeless Veteran Registry in HMIS. Center for Veterans Issues is established as the Coordinated Entry (CE) for veterans, aligned with community CE and outreaching to churches, veterans groups, service providers to 'bring in' all homeless veterans. Currently, there are 0 unsheltered homeless veterans in Milwaukee, all are in shelter, transitional housing or permanent housing at this time.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)**

The SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY 15Q3 estimates a total unduplicated number of 588 homeless veterans with a 15-day average LOTH. An aggressive information campaign using veteran service organizations, County Veteran Service Office, VA, CoC members, churches and social media has publicized availability of services and resources to homeless veterans. A coordinating group ensures that every homeless veteran has a Housing Plan & access to safe housing & that SSVF resources (317 capacity) are sufficient to prevent turnaways while veterans are waiting for HUD-VASH (383 capacity) or other PSH. Eligibility for VA health care is the first step; assistance is provided by CVI to veterans in obtaining discharge papers/verifying military service and income. Eligibility for health care establishes eligibility for HUD/VASH, Veterans Justice Outreach, Health Care for Homeless Veterans and Health Care for Reentry Veterans.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)**

Under Coordinated Entry (CE), the Center for Veterans Issues (CVI) will become the central intake point for veterans in and around Milwaukee for the CoC. Veterans in need of services will connect through the community's CE at IMPACT 211 or be referred by other service providers, e.g. County Veterans Service Office, VA or other veteran services organizations. These veterans will have veteran-specific assistance in accessing CoC-wide and other community resources including all housing options and supportive services necessary to sustain housing. Access to CoC resources will reflect greatest need/vulnerability; access will not be limited due to low income, criminal background, substance use or unwillingness to participate in services.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	163	192	17.79%
Unsheltered count of homeless veterans:	22	13	-40.91%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The VA Gap Analysis determined that 946 veterans in the Zablocki VA Catchment Area (SE WI) are homeless; 341 new homeless veterans are projected each year. SSVF plan indicates 588 in Milwaukee County. The plan is to 1) fully establish the Homeless Veteran Registry in HMIS; 2) ensure homeless veterans are aware of and have access to Veterans Coordinated Entry operated in conjunction with CoC Coordinated Entry t 211; 3) house all homeless veterans through limited emergency shelter, transitional housing for veterans (103) waiting for benefits and PH placement, and permanent supportive housing using HUD/VASH (383), SSVF (317) CVI PSH (41) and public housing authorities' units available through Milwaukee County, Milwaukee & West Allis. Efforts to date have resulted in functional zero unsheltered homeless veterans currently.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	28
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	26
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	93%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

The Milwaukee Enrollment Network (MKEN), a program of the Milwaukee Health Care Partnership, has been the primary vehicle for ensuring that low-income, vulnerable populations including homeless are enrolled in health care coverage. From 7/14 to 3/15, MKEN affiliates enrolled 33,469 residents in the Marketplace and 56,690 in BadgerCare Plus for a total of 242,511 in BC+. MKEN conducted 10 training with average of 67 assisters, managed a network of navigators and Certified Application Counselors including 8 CoC members: IMPACT, Angel of Hope Clinic, AIDS Resource Center, Cathedral Center, Guest House and Salvation Army. The specific outcome for participants at those sites is not available.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Certified Application Counselors on staff at shelters	<input checked="" type="checkbox"/>
Certified Application Counselors at free health clinics	<input checked="" type="checkbox"/>
Coordination with Outreach Community Health Centers	<input checked="" type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	25
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	23
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	92%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	25
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	18
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	72%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Coordinated multi-agency street outreach	<input checked="" type="checkbox"/>
Partnership with multiple municipal police departments	<input checked="" type="checkbox"/>
Partnership with faith-based groups in outreach	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	26	11	-15

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)**

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input checked="" type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
Housing First	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Rapid Re-Housing	06/29/2015	3

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Evidence of the C...	11/19/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Evidence of Compe...	11/19/2015
03. CoC Rating and Review Procedure	Yes	Ranking and Scori...	11/19/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Re...	11/19/2015
05. CoCs Process for Reallocating	Yes	Reallocation Proc...	11/19/2015
06. CoC's Governance Charter	Yes	Governance Charter	11/19/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	11/19/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	11/19/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	Written Standards...	11/19/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Evidence of the CoC Rejected Projects

Attachment Details

Document Description: Evidence of Competition Posting

Attachment Details

Document Description: Ranking and Scoring Procedures

Attachment Details

Document Description: CoC Rating and Review Procedures Public Posting

Attachment Details

Document Description: Reallocation Process and Public Posting

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description:

Attachment Details

Document Description: Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/13/2015
1C. Coordination	11/19/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/13/2015
1F. Project Review	11/19/2015
1G. Addressing Project Capacity	11/17/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/19/2015
2D. HMIS Data Quality	11/16/2015
2E. Sheltered PIT	11/19/2015
2F. Sheltered Data - Methods	11/16/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/19/2015
2I. Unsheltered Data - Methods	11/16/2015
2J. Unsheltered Data - Quality	11/16/2015
3A. System Performance	11/17/2015
3B. Objective 1	11/19/2015
3B. Objective 2	11/16/2015
3B. Objective 3	11/17/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/17/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required

Notice of Funding Availability (NOFA)
Fiscal Year 2015
Continuum of Care Program Competition

NOFA Required Documents—Section IF-5a

- Attachments: Copy of rejection for reallocation proposals
 - CoC email of rejected reallocation to Hope House
 - CoC email of rejected reallocation to Milwaukee County

Acevedo Jr, Rafael

From: Wendy Weckler <Wendyw@hopehousemke.org>
Sent: Friday, October 09, 2015 6:34 PM
To: Acevedo Jr, Rafael
Subject: RE: Budget for Renewal

Sounds, good. Thank you for letting me know.

Sent from my Verizon Wireless 4G LTE DROID

On Oct 9, 2015 4:56 PM, "Acevedo Jr, Rafael" <Rafael.J.AcevedoJr@milwaukee.gov> wrote:

I was just in the process of sending out official emails. We had four proposals come in for reallocation, ICA, Milwaukee County, Impact 211 and yourself. We are asking Impact 211 and ICA to submit for reallocation. Thanks for taking the time to submit the ITA for reallocation.

Rafael

From: Wendy Weckler [<mailto:Wendyw@hopehousemke.org>]
Sent: Friday, October 09, 2015 4:25 PM
To: Acevedo Jr, Rafael
Subject: RE: Budget for Renewal

Thanks, you too! Oh hey, any word on the reallocation projects yet?

Wendy Weckler

Executive Director

Hope House of Milwaukee, Inc.

209 W. Orchard St.

Milwaukee, WI 53204

(414) 389-3836--phone

Acevedo Jr, Rafael

From: Acevedo Jr, Rafael
Sent: Friday, October 09, 2015 5:00 PM
To: Orlow, Jean; Jim Mathy
Subject: ITA for reallocation

Good afternoon Jean and Jim,

Your Intent to Apply Pre-Application for new projects created through reallocation has been reviewed and has not been selected to apply for the FY15 NOFA CoC competition. We had four projects apply totaling \$380,376 and only \$138,849 available. To be transparent, we have asked ICA and Impact 211 to submit applications for reallocation.

You were the only agency that submitted for the New Bonus Project. I will be sending you a separate email confirming approval to move forward with this application.

Thank you for your time and commitment to the FY15 NOFA application process.

If you have any questions regarding this matter, please contact me at 414-286-5548.

Sincerely,
Rafael Acevedo

Rafael J. Acevedo Jr.
Grant Compliance Manager
Community Development Grant Administration (CDGA)
City of Milwaukee
200 E Wells St. Rm 606 / Milwaukee, WI 53202
414.286.5548 / racevedo@milwaukee.gov

The City of Milwaukee is subject to Wisconsin Statutes related to public records. Unless otherwise exempted from the public records law, senders and receivers of City of Milwaukee e-mail should presume that e-mail is subject to release upon request, and is subject to state records retention requirements. See City of Milwaukee full e-mail disclaimer at www.milwaukee.gov/email_disclaimer

Notice of Funding Availability (NOFA)
Fiscal Year 2015
Continuum of Care Program Competition

NOFA Required Documents—Section 1F-3

- Attachments: Evidence of Competition posting
 - CoC Website posting
 - CoC listserv/Mailchimp e-newsletters
 - CoC Email



MILWAUKEE Continuum of Care



HOME

STRUCTURE

WORKGROUPS & MEETINGS

COORDINATED ENTRY

HAUS DATA

BEST PRACTICES TRAINING SERIES

10 YEAR PLAN

ANNUAL REQUEST FOR FUNDING - COC PROGRAM

PROJECT HOMELESS CONNECT

Annual Request for Funding - CoC Program

PLEASE NOTE: The Milwaukee Continuum of Care FY2015 Accepted NOFA Project Listing can be found here: 2015 Milwaukee CoC NOFA Final List of Projects

The HUD Notice of Funding Available for the Fiscal Year (FY) 2015 Continuum of Care Program Competition has been posted to the HUD Exchange. The FY 2015 CoC Consolidated Application and Project Applications are now available in e-snaps. Click here for the NOFA.

FY 2015 NOFA Submission Timeline External

2015 NOFA Criteria

PLEASE BE ADVISED: The due date for Reallocation and Bonus Intent to Apply forms have been extended to October 5th at 10am.

PLEASE NOTE AS WELL: There is an additional \$28,816 available through reallocation of The Salvation Army's SSO project. Please use the same Reallocation Intent to Apply form if interested in applying. This amount combined with the \$110,033 can be utilized in reallocation. This total available for reallocation is \$138,849.

REVISED Intent to Apply Forms:

- 2015 Intent to Apply Renewal;
- 2015 New Project -Reallocation- Intent to Apply;
- 2015 New Project Intent to Apply BONUS

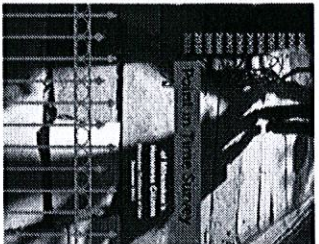
There will be a Funding Opportunity Workgroup meeting at the next Provider Advisory Group meeting. Please reach out to Rafael Acevedo, racevedo@milwaukee.gov, if interested.

FY 2014 Funding Award Announcement

Please click the following link to view Wisconsin's Funding awards

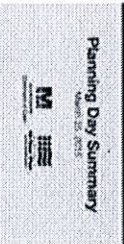
Search

Milwaukee Point in Time
2011



Download the PDF (3.2MB)

10-Year Plan to End
Homelessness Revision
Updates



Download the PDF (774KB)

☒ Milwaukee CoC Announcement 9/21/15
Regular · Milwaukee CoC Listserv
Sent on Mon, Sep 21, 2015 09:00 am

150 29.3% 4.7%
Subscribers Opens Clicks

View Report ▾

☒ Milwaukee CoC Announcement 9/18/15
Regular · Milwaukee CoC Listserv
Sent on Fri, Sep 18, 2015 10:30 am

150 32.0% 6.7%
Subscribers Opens Clicks

View Report ▾

☒ Milwaukee CoC Announcements 9/17
Regular · Milwaukee CoC Listserv
Sent on Thu, Sep 17, 2015 03:59 pm

150 33.3% 2.0%
Subscribers Opens Clicks

View Report ▾

☒ Milwaukee CoC Announcement 9/17
Regular · Milwaukee CoC Listserv
Edited on Sep 17, 2015 03:33 pm by you

Edit ▾

☒ Milwaukee CoC Announcements 9/16/15
Regular · Milwaukee CoC Listserv
Sent on Wed, Sep 16, 2015 03:37 pm

150 38.7% 9.3%
Subscribers Opens Clicks

View Report ▾

☒ Milwaukee CoC Announcement 9/15/15
Regular · Milwaukee CoC Listserv
Sent on Tue, Sep 15, 2015 04:55 pm

151 38.0% 8.7%
Subscribers Opens Clicks

View Report ▾

☒ Milwaukee CoC Announcements 9/15/15
Regular · Milwaukee CoC Listserv
Sent on Tue, Sep 15, 2015 04:05 pm

151 41.3% 13.3%
Subscribers Opens Clicks

View Report ▾




☒ Untitled
Regular

Edit ▾



✓	Regular - Milwaukee CoC Listserv Sent on Wed, Sep 30, 2015 01:28 pm	Subscribers	Opens	Clicks	View Report
✓	Milwaukee CoC NOFA Announcements 9/30 Regular - Milwaukee CoC Listserv Sent on Wed, Sep 30, 2015 01:21 pm	153 Subscribers	19.6% Opens	0.0% Clicks	View Report
✓	Milwaukee CoC NOFA Announcements 9/30 Regular - Milwaukee CoC Listserv Sent on Wed, Sep 30, 2015 10:34 am	153 Subscribers	34.6% Opens	13.1% Clicks	View Report
✓	Milwaukee CoC Announcements 09/28/15 Test Regular - Test Sent on Mon, Sep 28, 2015 04:22 pm	3 Subscribers	66.7% Opens	0.0% Clicks	View Report
✓	Milwaukee CoC Announcements 9/28 Regular - Milwaukee CoC Listserv Sent on Mon, Sep 28, 2015 04:01 pm	153 Subscribers	36.6% Opens	8.5% Clicks	View Report
✓	Milwaukee CoC NOFA Announcements 9/25 Regular - Milwaukee CoC Listserv Sent on Fri, Sep 25, 2015 04:54 pm	153 Subscribers	34.0% Opens	9.8% Clicks	View Report
✓	Milwaukee CoC Announcements 9/25 Regular - Milwaukee CoC Listserv Sent on Fri, Sep 25, 2015 04:06 pm	154 Subscribers	43.1% Opens	1.3% Clicks	View Report
✓	Milwaukee CoC NOFA Announcement (copy 01) Regular - Milwaukee CoC Listserv Sent on Thu, Sep 24, 2015 05:01 pm	152 Subscribers	33.6% Opens	16.4% Clicks	View Report

Respond	Quick Steps	Tags	Editing	Zoom
Reply Forward More Meeting	NOFA 2015 Team E-mail Reply & Delete Done Create New To Manager	Rules OnNote Move Actions Assign Mark Categorize Follow Up Translate Related	Find Select	Zoom

i; Frey, Jennifer (jefrey@mhwaaksee.gov); Mahan, Steven (Steven.Mahan@mhwaaksee.gov); Jones, Bill (gro-
 ree@yahoo.com); Meganan, Corey (cawc.org); Amy Lenthart, Antonia (Ashia) Azezezi, Berdie Conover, Bill Jenkins; Boyd, Beadie (Beadie.Boyd@mhwaaksee.gov); Cheryl McDuffee; Candy Kruehnbuhl; Clarence Mitchell; Carmie Palmer; Dale Darrow; Donna Rongholt-Magan; Dr. Brenda
 Barmarcorrectional.com); Greg Lamasi; Helen King; Jane Ottow; Janice Lee; Jennifer Demontorio; Jennifer Winter (jwinter@centline.com); Jessica Shriver; Jgsaid; Jimmy Condon; Judith Vander Grinten; Karl Schroeder; Keyona Walker; Kristen Heigand; Leah Kasse; Leah Jappo;
 Land Heibst; Marcela Coronado; Maria Jefferson; Martha Kikendall; Mhelenes; Robert Coorff; Shana; Teri Zywicki; Travis Landry; Vicki Lipinski; Wilam; Yvonne Bell Gooden (Yvonnegooden@corc-nm-w.org); Ardi Eliak; Ardi Olin; Ardi
 Jan Wilberg; Jane Ottow; Jean Ottow; Jennifer. Yonahelis@salvationarmy.org; Liz Marquardt; Nancy Monarez; Shawn Muhammad; tbaack@pathfinderinc.org; Wendy Wedder; Amy Lorenz; Clare Johnson; Glenn Crump; David Pifer; Dana Hunt; Greg Sch
 Apply Documents for All Projects: Renewal, Reallocation, and Bonus AND NOFA Timeline
 Apply Renewal.docx (220 KB)  2015 New Project Intent to Apply BONUS.docx (230 KB)  2015 New Project-Reallocation- Intent to Apply.docx (268 KB)  FY 2015 NOFA Submission Timeline External.pdf (197 KB)

intent to Apply/Pre-Applications for Renewal, Reallocation, and Bonus Projects as well as the NOFA Timeline.

Real Intent to Apply are due September 30th by 5pm. But the **Reallocation and Bonus Intent to Apply** are both due October 1st.

on these forms and submit by email to racevedo@milwaukee.gov or fax to [414-286-5548](tel:414-286-5548) by 5:00PM on their due date. Please contact Rafael Acevedo, racevedo@milwaukee.gov or [414-286-5548](tel:414-286-5548) with any questions or

Grants Administration (CDGA)

14.286.5003

network updates and email messages from this person.

Xiong, Ahong

From: Xiong, Ahong
Sent: Thursday, September 24, 2015 4:59 PM
Cc: Acevedo Jr, Rafael; Frey, Jennifer (jefrey@milwaukee.gov); Mahan, Steven (Steven.Mahan@milwaukee.gov); Jones, Milagro
Subject: NOFA! Intent to Apply Documents for ALL projects: Renewal, Reallocation, and Bonus AND NOFA Timeline
Attachments: 2015 Intent to Apply Renewal.docx; 2015 New Project Intent to Apply BONUS.docx; 2015 New Project-Reallocation- Intent to Apply.docx; FY 2015 NOFA Submission Timeline External.pdf

Hello everyone,

Attached you will find all Intent to Apply/Pre-Applications for Renewal, Reallocation, and Bonus Projects as well as the NOFA Timeline.

Please note that all **Renewal Intent to Apply** are due September 30th by 5pm. But the **Reallocation** and **Bonus Intent to Apply** are both due **October 1st**.

You may print, sign and scan these forms and submit by email to racevedo@milwaukee.gov or fax to [414-286-5003](tel:414-286-5003) by 5:00PM on their due date. Please contact Rafael Acevedo, racevedo@milwaukee.gov or 414-286-5548 with any questions or concerns. Thank you.

Best,
Ahong Xiong
Milwaukee Continuum of Care Liasion
Community Development Grants Administration (CDGA)
City of Milwaukee
200 E Wells St. Rm 606
Milwaukee, WI 53202
Phone 414.286.5534 Fax 414.286.5003



Milwaukee Continuum of Care Full Body Meeting
September 24th, 2015 at 9:30am
Pathfinders, 4200 N Holton St #400, Milwaukee, WI 53212

Agenda

- 1) Introductions (5 minutes)
- 2) Review of August Meeting Minutes (5 minutes)
- 3) Lead Agency Updates (25 minutes)
 - a. Executive Board updates
 - b. NOFA updates
 - c. Project Homeless Connect updates
 - d. Special Meeting –Reallocation
- 4) Workgroup Updates
 - a. Shelter and Transitional Housing Task Force (10 minutes)
 - b. Coordinated Entry (CE) (10 minutes)
 - c. Homeless Management Information System (HMIS) (10 minutes)
- 5) Announcements

Notice of Funding Availability (NOFA)
Fiscal Year 2015
Continuum of Care Program Competition

NOFA Required Documents—Section 1F-2

- Attachments: Ranking and Scoring Documents
 - Evidence of Public Posting: accepted projects
 - Final Accepted Projects List
 - Process of Ranking and Scoring Document
 - Public Posting of Ranking and Scoring Document
 - Meeting Minutes on Ranking and Scoring
 - Public Posting of Meeting Minutes
 - Public Google Drive linked from CoC website
 - Final Ranking and Scoring of Projects

[HOME](#) | [STRUCTURE](#) | [WORKGROUPS & MEETINGS](#) | [COORDINATED ENTRY](#) | [HMIS DATA](#) | [BEST PRACTICES TRAINING SERIES](#)

[10 YEAR PLAN](#) | [ANNUAL REQUEST FOR FUNDING - COC PROGRAM](#) | [PROJECT HOMELESS CONNECT](#)

Annual Request for Funding - CoC Program

PLEASE NOTE: The Milwaukee Continuum of Care FY2015 Accepted NOFA Project Listing can be found here: 2015 Milwaukee CoC NOFA Final List of Projects

The HUD Notice of Funding Available for the Fiscal Year (FY) 2015 Continuum of Care Program Competition has been posted to the HUD Exchange. The FY 2015 CoC Consolidated Application and Project Applications are now available in e-snaps. Click here for the NOFA.

[FY 2015 NOFA Submission Timeline External](#)

[2015 NOFA Criteria](#)

PLEASE BE ADVISED: The due date for Reallocation and Bonus Intent to Apply forms have been extended to October 5th at 10am.

PLEASE NOTE AS WELL: There is an **additional \$28,816 available through reallocation** of The Salvation Army's SSO project. Please use the same Reallocation Intent to Apply form if interested in applying. This amount combined with the \$110,033 can be utilized in reallocation. This total available for reallocation is \$138,849.

REVISED Intent to Apply Forms:

- 2015 Intent to Apply Renewal;
- 2015 New Project-Reallocation- Intent to Apply;
- 2015 New Project Intent to Apply BONUS

There will be a Funding Opportunity Workgroup meeting at the next Provider Advisory Group meeting. Please reach out to Rafael Acevedo, racevedo@milwaukee.gov, if interested.

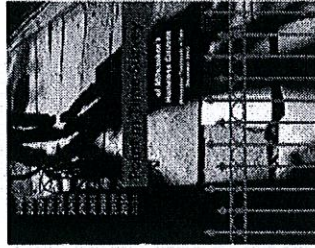
[FY 2014 Funding Award Announcement](#)

Please click the [following link to view Wisconsin's Funding awards](#)

Search

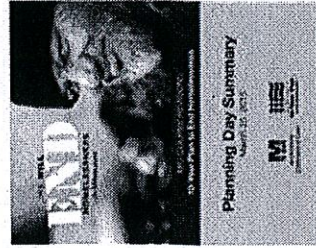
Search

Milwaukee Point in Time
2011



[Download the PDF \(3.2MB\)](#)

10-year Plan to End
Homelessness Revision
Updates



[Download the PDF \(774KB\)](#)

Milwaukee CoC NOFA Announcements 11/5

[View Report](#)

[Campaign Preview](#) [HTML Source](#) [Plain-Text Email](#) [Details](#)

NOFA Announcements 11/5

[View this email in your browser](#)



FY15 NOFA Accepted Projects

The FY2015 NOFA Continuum of Care accepted projects have been posted on the Milwaukee Continuum of Care website. You may also [view the listing here](#).

If you have any questions or concerns, please contact Rafael Acevedo, 414-216-5548 or email at racevedo@milwaukee.gov.

Thank you.

Copyright © 2015 Milwaukee CoC. All rights reserved.
You are receiving this email because you opted-in at our website, milwaukeecoc.org

Our mailing address is:
Milwaukee CoC
200 E Wells St Room 606
Milwaukee, WI 53202

[Add us to your address book](#)

**WI 501 – Milwaukee City & County Continuum of Care
FY 2015 Project listing**

Grantee Name	Project Name	Program Type
The City of Milwaukee	CoC Planning	Planning
Center for Veterans Issues	Permanent Supportive Housing/Milwaukee	PSH
Center for Veterans Issues	Veterans Opportunity Integration Development	TH
Community Advocates	Autumn West Permanent Supporting Housing Project	PSH
Community Advocates	Autumn West Sage Haven	SH
Friends of Housing	PH Renewal 2014	PSH
Friends of Housing	Project Restore Permanent Supportive Housing Project	PSH
Guest House of Milwaukee	Homelinc I	TH
Guest House of Milwaukee	Homelinc III	PSH
Guest House of Milwaukee	Homelinc 4	PSH
Guest House of Milwaukee	Homelinc 5	PSH
Heartland Housing	Capuchin Apartments	PSH
Hope House of Milwaukee	Hope House Rapid Rehousing for Families	RRH
Institute for Community Alliances	Milwaukee CoC HMIS Coordination Project	HMIS
Mercy Housing Lakefront	Johnston Center	PSH
St. Catherine Residences (Mercy Housing Lakefront)	St. Catherine Residence	PHS
Meta House	Meta House Transitional Housing – Phase I (Bremen)	TH
Meta House	Meta House Transitional Housing – Phase II (Locust)	TH
Meta House	Meta House Permanent Housing – Phase III (1 st Street)	PSH
Milwaukee County	Heartland Housing	PSH
Milwaukee County	Mercy Housing SPC – Milwaukee South	PSH
Milwaukee County	Milwaukee County Shelter + Care/TRA (My Home Housing Program)	PSH
Milwaukee County	Milwaukee County – Safe Haven	SH
My Home Your Home	Lissy's Place	TH
The Salvation Army	Roots	PSH
The Salvation Army	Winterstar	TH
Walker's Point Youth and Family	Transitional Living Program for Homeless Youth	TH
Outreach Community Health Centers	Rapid Rehousing for Families	RRH
Impact 211	Community Based Coordinated Entry	SSO
Institute for Community Alliance (ICA)	Milwaukee HMIS Expansion	HMIS
Milwaukee County (Bonus Project)	Housing First – TBRA for Chronically Homeless	PSH

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

Introduction

Annually, the U.S. Department of Housing and Urban Development (HUD) released the Continuum of Care (CoC) FY 2015 Notice of Funding Availability (NOFA) on September 17, 2015. The NOFA is available at <https://www.hudexchange.info/resource/4688/fy-2015-coc-program-nofa>. This competition brings funds into Milwaukee City & County to provide housing and supportive services to individuals and families who are experiencing homelessness. The competitive application requires each local Continuum of Care to rank, score, and select new and renewal projects. The CoC must identify and describe the process used for ranking, scoring, and selecting eligible projects. The process should be Fair & Impartial, inclusive of a Public Notification which lists the CoC's final determination on funded projects. In the FY 2015 competition, the CoC has the option to re-allocate funds from CoC renewal projects to fund new projects, and to create a new project through the Bonus competition. New funding opportunities created through re-allocation will only be available for Permanent Supportive Housing projects serving 100% chronically homeless individuals and families; Rapid Re-Housing serving homeless individuals, including unaccompanied youth, and families coming directly from the streets or emergency shelter or fleeing domestic violence; new projects for dedicated HMIS; and new Supportive Services Only (SSO) projects for centralized or coordinated assessment systems.

A ranking, scoring and selection tool has been developed to measure performance and capacity based on the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) Performance Measures. This instruction guide will detail how the WI 501- Milwaukee City and County Continuum of Care (Milwaukee CoC) projects will be evaluated.

Intent to Apply:

Annually after HUD announces the Continuum of Care registration requirements, the CoC will post an "Intent to Apply" request form on the Milwaukee Continuum of Care website, make members aware of the form by announcing at the monthly Full Body CoC meeting, posting on the CoC website at www.milwaukeeecoc.org, as well as email the Continuum's email listserv. Listserv subscription is also available via the CoC website. The intent form is intended to identify agencies who are seeking CoC funds. The form is applicable for "new" or "renewal" CoC projects. "New" projects include those made through reallocation and through Bonus project funding as made available by HUD within each NOFA. A preliminary, quantitative and qualitative review of each interested applicant is submitted to the Lead Agency, City of Milwaukee. The submission of the form will help confirm the capacity of the CoC to accommodate those agencies interested in receiving funds. The synopsis of interested applicants is communicated with the CoC's Provider Advisory Group and Full Body. Interested applicants are required to sign the form and agree to the following:

- Must meet all HUD eligibility criteria.
- Must meet all pre-application deadlines as set by the Continuum.
- Must have met all program requirements for most recent program year to be eligible for application.

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

- Must be a 501(c) 3, 501 (c) 4, PHA, or local government.
- Must possess legal authority to apply for and receive funds and carry out activities authorized by the CoC Program.
- Must provide the supplementary match funds required by HUD.
- Must participate fully in the Milwaukee CoC process to coordinate and integrate with other mainstream programs for which homeless populations may be eligible.
- Must assume ultimate responsibility for preparing an accurate and complete application for submission to HUD that meets all federal rules and regulations.
- Must use the coordinated assessment system established by the Continuum of Care, as set forth in 578.7(a)(8). A victim service provider may choose not to use the CoC's coordinated assessment system, provided that the victim service providers in the area use a coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system instead
- Must be in compliance with all local, state, and federal civil rights laws and Executive Orders as well as all standards outlined in the U.S. Department of Housing and Urban Development CoC NOFA.
- All project sponsors must meet any HUD certification requirements as outlined in the 2015 CoC NOFA.
- Must submit a copy of the agency's most recent audit or IRS form 990.
- Renewal Project Sponsors must be entering data into the HMIS system, with the exception of Domestic Violence programs that are exempted by the Violence Against Women Act. Compliance with HMIS regulations will be reported by the HMIS administrator for scoring.

Ranking of Projects:

In order to best serve our community members through effective projects and maximizing funds, projects which most closely align with HUD Priorities will be prioritized for funding. The NOFA requires the ranking of each project (new/renewals) and to prioritize the eligible project into one of two funding Tiers; Tier I or Tier II. HUD requests Tier 1 is equal to 85% of the CoC's Annual Renewal Amount (ARD) amount on the final HUD-approved Grant Inventory Worksheet (GIW). Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available for the bonus project. This does not include the amounts available for CoC planning and UFA costs (the latter of which does not apply to Milwaukee CoC).

This prioritization will occur within the noted Ranking Categories and each CoC project will compete within their own project's program component. The categories are detailed below.

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

Ranking Categories
1. Renewal Permanent Housing projects – Rapid Re-Housing and Permanent Supportive Housing
2. New Permanent Supportive Housing created through reallocation serving 100% chronically homeless
3. New Rapid Re-Housing created through reallocation serving homeless households with children
4. Renewal Safe Havens
5. Renewal Transitional Housing
6. CoC Planning Costs (not a scored project)
7. UFA costs – Not Applicable
8. SSO projects for Coordinated Entry (not scored in its first year)
9. Renewal HMIS (not a scored project)
10. New HMIS (not a scored project)
11. All other renewal Supportive Services Only projects

In an effort to meet HUD's highest priority funding, PSH with 100% chronic homeless units and RRH for families, will be recommended for "full" funding. This high prioritization is in line with the Federal Strategic Plan, which aims to end chronic homelessness in the year 2017, and family homelessness by 2020. Ranking categories 1 through 11 (with the exception of # 6, #7, #8, #9, & #10 – which are not scored) will be scored and ranked and subject to the determined final pro rata share for the CoC (inclusive of annual budget cut) – FY 2015.

In alignment with HUD's Project selection process, the Milwaukee CoC will select projects in the order of HUD's selection priorities (as established by the NOFA), and then by each project's score. The CoC will use the project scored list and continue to the next selection priority when selecting projects for each Tier.

Tier I	Tier II
Renewal PH (RRH & PSH)	Supportive Services Only
New PSH (Re-allocation) with 100% CH	Low scoring projects
New RRH (Re-allocation) Households with Children	
Renewal Safe Haven	
Renewal Transitional Housing	
Renewal HMIS	

*PH – Permanent Housing; PSH – Permanent Supportive Housing; RRH – Rapid Re-Housing; CH – Chronically Homeless; HMIS – Homeless Management Information System

HUD is asking CoCs to make strategic decisions on which projects to cut to meet the tiering thresholds. All projects are ranked for tier determination based on APR threshold performance data.

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

New projects created through reallocation in the FY13/14 application that do not have performance measures will keep their ranking placement from FY13/14.

In the FY15 NOFA, the Bonus Project *is* subject to the Tier ranking and conditioned to placement in Tier 2.

Project Evaluation Process

The Milwaukee CoC evaluation workgroup developed an evaluation process and tool based on the FY15 CoC NOFA that will be used to review, score, and rank all CoC projects, as part of the FY 2015 CoC competition. The priority areas that will be reviewed are as follows:

HUD Priorities, Capacity, Community Need

- Serving HUD's target populations
- % of Chronically Homeless Clients Served
- Capacity
- % Housing Stability Measure
- Rate of Return

Project's Participant Impact

- % of Earned Income at Exit
- % of Non-Cash Benefits at Exit
- % of Other Income

Compliance

- Data Quality
- CoC Active Participation/Involvement
- % of CoC Funds Returned to HUD (Unspent)
- Timely Submission of Annual Performance Report (APR)

Data Sources:

Performance and HMIS elements are heavily weighted measures used by HUD in determining the overall CoC scores for the NOFA. Data used in the project evaluation tool comes largely from projects' most recently submitted Annual Performance Report (APR). These data elements are directly obtained from the provider themselves. Participation in HMIS and quality data entry is mandatory for those agencies seeking new and renewal CoC funds. APR performance measures provide an objective evaluation of current program performance. The APR data elements can be easily calculated to measure and provide quantitative basis for scoring the performance of renewals projects in the application process. This tool

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

also helps the CoC assess the system wide progress of the region in meeting established benchmarks. Information related to compliance will be shared by local HUD representative and/or CoC lead agency.

As performance is the most heavily weighted criteria used by HUD when scoring Homeless Assistance Program applications, the burden of performance falls on both the CoC and the individual projects funded by the CoC. It is therefore crucial that all projects make every attempt possible to meet or exceed their program outcomes. The CoC will assist projects that are having difficulty in meeting objectives.

Special data reports from the HMIS system are shared by the HMIS vendor/coordinator.

New Projects:

Applicants will be scored on project design, how the project addresses local priority needs, how the project aligns with local strategies and HUD's priority to end homelessness, budget appropriateness and accuracy, project match, leveraging, CoC participation, community collaborations, organizational capacity, use of Housing First, and implementation timeline. Other factors in the rating of New Projects will include community involvement. New Projects will be ranked in conjunction with HUD's Priority Listing, as noted in the FY 2015 NOFA.

Project Evaluation & Scoring:

The Milwaukee CoC NOFA evaluation workgroup will use the evaluation tool for scoring each CoC project. A list of all FY 2015 renewal projects can be found in Appendix A, and a copy of the evaluation tools used for the CoC programs can be found in Appendix B of this document. After completing the project evaluation tool, the workgroup will rank all renewals projects according to their evaluation score. New projects will also be evaluated, scored and ranked according to HUD's priority list. Projects scoring highest are ranked best; those scoring lowest are ranked at the bottom.

There also may be new projects that fail to score well enough that are held out of the NOFA submission. These projects may request that the CoC provide them with technical assistance to assist them in improving their application for future competitions. This process ensures that organizations that may lack the current capacity to receive a federal grant, can build their capacity for a future year.

Total scores for each project are determined by adding points in each section and then reducing the total by project penalties, if applicable. Projects that are unable to meet the compliance criteria will be penalized. The threshold compliance criteria are based on HUD's standards and mandatory reporting timelines and requirements. Projects which have a tie in scoring (within the same ranking category) will be evaluated on additional APR data elements. Such as: Cost Per Client Served, % of Veterans Served, Percentage of CH Clients Entry, Projects Serving Youth or Family and the following HUD priorities:

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

- Strategic Resource Allocation
- Ending Chronic Homelessness
- Ending Family Homelessness
- Ending Veteran Homelessness
- Using a Housing First Approach

Projects will be approved for submission to HUD based on the project funding requests that fall within the final pro rata share for the CoC, split between Tier I and Tier II, according to Section VII.A.2 of the FY 2015 HUD NOFA. The CoC's project listing will incorporate submitting all projects to total HUD's final pro rata share amount. All projects being considered will be based on evaluating HUD's recommending priority listing (renewals & new projects) as well as project performance (if applicable).

Re-Allocation:

As part of the CoC's project review process, the Funding Opportunity Workgroup will consistently evaluate projects performance and capacity throughout the funding cycle. The APR review team will submit quarterly to the Funding Opportunity Workgroup of the Provider Advisory Group score cards on how each project is performing and if a CoC project's data quality is below the HUD established threshold. As such, the CoC has established two options of re-allocation; voluntary and mandatory.

Voluntary Re-Allocation:

Voluntary Re-Allocation allows a project sponsor to re-allocate a portion or in full a project, for use towards a new CoC Project. Should a project sponsor decide to voluntarily re-allocate a project, this sponsor has the first right to use the re-allocated funds to create a "new" CoC project; one which meets HUD's requirement of either: Permanent Supportive Housing serving 100% Chronically Homeless individuals and families, Rapid Re-Housing serving homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, or fleeing/attempting to flee DV, new Supportive Services Only (SS) projects specifically for centralized or coordinated assessment system, or new dedicated HMIS project.

The interested project sponsor must notify the CoC Lead Agency as soon as possible, submitting a notification to the agency informing them on their intent to voluntarily re-allocate a CoC project. Should the project sponsor waive their right to first use of the re-allocated funds, the CoC will announce the re-allocation amount publicly and request an interest to apply for a new CoC project.

Mandatory Re-Allocation:

The CoC may forward low-scoring renewal projects to the HUD competition, so as not to create a service gap within the CoC. However, renewal projects that were recommended for funding, but did not meet sufficient HUD performance measurements may be placed on probation. Projects determined to be on probation will require the agency to create an action plan to address the problems identified on the evaluation tool. A project on probation will need to demonstrate considerable improvement over the

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

probation timeline, so as to remain in the NOFA competition in future years. The CoC will work with the project during the probation period to develop a plan to improve program performance and to monitor the progress of these efforts. The CoC may request for the project to receive technical assistance and/or implement corrective actions with established timelines.

When the project's probation timeline expires and the project continues to reflect poor performance, the Funding Opportunity Workgroup/Provider Advisory Group will make a recommendation to the CoC Executive Board for mandatory re-allocation. The Executive Board may recommend ranking poor performance projects below projects of another ranking category. However, if indicated, the Executive Board may also choose to re-allocate a project should improvements (via technical assistance or corrective action) not be made by the established deadline.

The Executive Board may also have the right to recommend a mandatory re-allocation of a CoC project if it is determined to be a ranking category that is classified by HUD as non-priority; to have continual poor data quality efforts are identified; projects without prioritized placement for Chronically Homeless individuals and/or to serve the Special Targeted Population; and historical projects who return an excessive amount of CoC funds to HUD.

Rejected CoC Projects:

If a CoC project has been rejected or re-allocated (via mandatory re-allocation), the project applicant will be notified no later than 15 days before the NOFA application deadline. The written notification will be mailed to the project applicant, include an explanation for the decision. In addition, all CoC projects for the FY2015 competition (accepted & rejected) will be listed on the CoC's website and shared at the next scheduled Full Body CoC meeting.

Appeals Process:

If an applicant chooses to appeal the CoC decision regarding the ranking, rejection, or funding of their project, a written notification should be submitted to the CoC Lead Agency within 5 business days of the Public Notification of ranked/scored projects for the FY 2015 CoC NOFA. The Lead Agency/NOFA review team will review all appeals, notify the Executive Board on the appeal and provide a response to the applicant.

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

APPENDIX A:

Milwaukee CoC FY 2015 – List of “Eligible” Renewal CoC Projects

Grantee Name	Project Name	Program Type
Renewal Projects		
The City of Milwaukee	CoC Planning	Planning
Center for Veterans Issues	Permanent Supportive Housing/Milwaukee	PSH
Center for Veterans Issues	Veterans Opportunity Integration Development (VOID)	TH
Community Advocates	Autumn West Permanent Supporting Housing Project	PSH
Community Advocates	Autumn West Safe Haven	SH
Friends of Housing	PH Renewal 2014	PSH
Friends of Housing	Project Restore Permanent Supportive Housing Project	PSH
Guest House of Milwaukee	Homelinc I	TH
Guest House of Milwaukee	Homelinc III	PSH
Guest House of Milwaukee	Homelinc 4	PSH
Guest House of Milwaukee	Homelinc 5	PSH
Heartland Housing	Capuchin Apartments	PSH
Hope House of Milwaukee	Hope House Rapid Rehousing for Families	RRH
Institute for Community Alliances	Milwaukee CoC HMIS Coordination Project	HMIS
Mercy Housing Lakefront	Johnston Center	PSH
St. Catherine Residences (Mercy Housing Lakefront)	St. Catherine Residence	PSH
Meta House	Meta House Transitional Housing – Phase I (Bremen)	TH
Meta House	Meta House Transitional Housing – Phase II (Locust)	TH
Meta House	Meta House Permanent Housing – Phase III (1 st Street)	PSH
Milwaukee County	Heartland Housing	PSH
Milwaukee County	Mercy Housing SPC – Milwaukee South	PSH
Milwaukee County	Milwaukee County Shelter + Care/TRA (My Home Housing Program)	PSH
Milwaukee County	Milwaukee County – Safe Haven	SH
My Home Your Home	Lissy’s Place	TH
The Salvation Army	Roots	PSH

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

The Salvation Army	Winterstar	TH
Walker's Point Youth and Family	Transitional Living Program for Homeless Youth	TH
New Projects		
Outreach Community Health Centers	Rapid Rehousing for Families	RRH - Reallocation
Impact 211	Community Based Coordinated Entry	SSO- Reallocation
Institute for Community Alliance (ICA)	Milwaukee HMIS Expansion	HMIS- Reallocation
Milwaukee County	Housing First – TBRA for Chronically Homeless	PSH – Bonus

WI 501 –Milwaukee City & County Continuum of Care | 2015
Project Ranking, Scoring, Cut Process

APPENDIX B:

FY 2015 Evaluation Tool

PSH/SH Projects - Renewals

Evaluation Categories – PSH/SH Programs	Goal	Max Points	Project Performance	Score
<i>I. HUD Priorities, Capacity, Community Needs – Maximum Points Available = 75 Points</i>				
Serving HUD's Target Population <ul style="list-style-type: none"> Example: Veterans > 10% = Max 5 pts, Family & Youth = Max 5 pts 	Yes	10 pts		
% of Chronically Homeless Clients Served	100%	35 pts		
<ul style="list-style-type: none"> Project Serves 100% CH 		35		
<ul style="list-style-type: none"> Project Serves 75% -99.9% CH 		15		
<ul style="list-style-type: none"> Project Serves 40% - 74.9% CH 		5		
<ul style="list-style-type: none"> Project Serves less than 39.9% CH 		0		
Capacity	>95%	10 pts		
<ul style="list-style-type: none"> 95% - 100% 		10		
<ul style="list-style-type: none"> 80% - 94.9% 		8		
<ul style="list-style-type: none"> 65% - 79.9% 		5		
<ul style="list-style-type: none"> Less than 65% 		0		
% Housing Stability Measure	>= 90%	14 pts		
<ul style="list-style-type: none"> 90% - 100% 		14		
<ul style="list-style-type: none"> 80% - 89.9% 		13		
<ul style="list-style-type: none"> 75% - 79.9% 		10		
<ul style="list-style-type: none"> 70% - 74.9.9% 		7		
<ul style="list-style-type: none"> 65%-69% 		4		
<ul style="list-style-type: none"> Less than 65% 		0		
Rate of Return to Shelter	< 12%	6 pts		
<ul style="list-style-type: none"> Less than 12% 		6		
<ul style="list-style-type: none"> 12% - 25% 		4		
<ul style="list-style-type: none"> 25.1% - 39.9% 		2		
<ul style="list-style-type: none"> More than 40% 		0		
<i>I. HUD Priorities, Capacity, Community Needs</i>			Sub-Total	

WI 501 –Milwaukee City & County Continuum of Care | 2015
Project Ranking, Scoring, Cut Process

Evaluation Categories – PSH/SH Programs	Goal	Max Points	Project Performance	Score
II. Projects Participant Impact – Maximum Points Available = 25 Points				
% of Earned Income at Exit	>= 35%	10 pts		
• More or Equal to 35%		10		
• 19% – 34.9%		6		
• 6% - 18.9%		4		
• Less than 6%		0		
% of Non-Cash Benefits at Exit	>= 90%	10 pts		
• More or Equal to 90%		10		
• 75% – 89.9%		6		
• 30% - 74.9%		4		
• Less than 29.9%		0		
% of Other Income	>= 70%	5 pts		
• More or Equal to 70%		5		
• 35% – 69.9%		2		
• Less than 35%		0		
II. Projects Participant Impact			Sub-Total	
III. Compliance – Maximum Point Reduction = -40 Points				
% of HUD Funds Returned	None	0 pts		
• 1% - 20%		-6		
• >= 20%		-15		
Active CoC Participation	All Meetings	0 pts		
• 3 or More Absences		-5		
• 2 Absences		-3		
HMIS Quality Data Entry	No	0 pts		
• Data Entry Errors Above 10%		-10		
Timely Submission of APR	Yes	0 pts		
• Did Not Submit APR by Deadline		-5		
• Amendment After Timely Submission		-3		
III. Compliance			Sub-Total	
PSH/SH Total Project Score				

Project's Ranking Number:

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

APPENDIX B:

FY 2015 Evaluation Tool

TH Projects - Renewals

Evaluation Categories – TH Program	Goal	Max Points	Project Performance	Score
<i>I. HUD Priorities, Capacity, Community Needs – Maximum Points Available = 60 Points</i>				
Serving HUD's Target Population <ul style="list-style-type: none"> Example: Vets > 10% = Max 5 pts, Family & Youth = Max 5 pts 	Yes	10 pts		
% of Chronically Homeless Clients Served	100%	10 pts		
<ul style="list-style-type: none"> Project Serves More than 25% CH 		10		
<ul style="list-style-type: none"> Project Serves 10% -24.9% CH 		7		
<ul style="list-style-type: none"> Project Serves 5% -9.9% CH 		5		
<ul style="list-style-type: none"> Project Serves less than 5% CH 		0		
Capacity	>95%	10 pts		
<ul style="list-style-type: none"> 95% - 100% 		10		
<ul style="list-style-type: none"> 80% - 94.9% 		8		
<ul style="list-style-type: none"> 65% - 79.9% 		5		
<ul style="list-style-type: none"> Less than 65% 		0		
Rate of Return to Shelter	<= 12%	5 pts		
<ul style="list-style-type: none"> Less than 12% 		5		
<ul style="list-style-type: none"> 12% - 25% 		3		
<ul style="list-style-type: none"> 25.1% - 39.9% 		1		
<ul style="list-style-type: none"> More than 40% 		0		
% Housing Stability Measure	>= 85%	25 pts		
<ul style="list-style-type: none"> 85% - 100% 		25		
<ul style="list-style-type: none"> 60% - 84.9% 		15		
<ul style="list-style-type: none"> 30% – 59.9% 		5		
<ul style="list-style-type: none"> Less than 30% 		0		
<i>I. HUD Priorities, Capacity, Community Needs</i>			Sub-Total	

WI 501 –Milwaukee City & County Continuum of Care | 2015 Project Ranking, Scoring, Cut Process

Evaluation Categories –TH Program	Goal	Max Points	Project Performance	Score
II. Projects Participant Impact – Maximum Points Available = 40 Points				
% of Earned Income at Exit	>= 35%	15 pts		
• More or Equal to 35%		15		
• 19% – 34.9%		8		
• 6% - 18.9%		5		
• Less than 6%		0		
% of Non-Cash Benefits at Exit	>= 90%	20 pts		
• More or Equal to 90%		20		
• 75% – 89.9%		17		
• 60% - 74.9%		8		
• Less than 60%		0		
% of Other Income	>= 70%	5 pts		
• More or Equal to 70%		5		
• 35% – 69.9%		2		
• Less than 35%		0		
II. Projects Participant Impact			Sub-Total	
III. Compliance – Maximum Point Reduction = -40 Points				
% of HUD Funds Returned	None	0 pts		
• 1% - 10%		-6		
• >= 20%		-15		
Active CoC Participation	All Meetings	0 pts		
• 3 or More Absences		-5		
• 2 Absences		-3		
HMIS Quality Data Entry	No	0 pts		
• Data Entry Errors Above 10%		-10		
Timely Submission of APR	Yes	0 pts		
• Did Not Submit APR by Deadline		-5		
• Amendment After Timely Submission		-3		
III. Compliance			Sub-Total	
TH Total Project Score				10

Project's Ranking Number:

WI 501 –Milwaukee City & County Continuum of Care | 2015
Project Ranking, Scoring, Cut Process

APPENDIX B:

FY 2015 Evaluation Tool

NEW Projects (PSH – Serving Chronically Homeless; Rapid Re-Housing – Serving Families; SSO – Coordinated Entry; HMIS)

New Project Evaluation Tool (PSH-CH, RRH-Families, SSO-CE, HMIS)	Max Points	Project Score
<u>Program Design</u> <ul style="list-style-type: none"> • Target Population • Reasonable HUD Projected Outcomes • Projected Outcomes Address Homeless Needs/Issues • Project Coordinates with other CoC Sources/Partners • Project will increase # of people experiencing homelessness being served • Project Location – an existing facility or is it new; one site or multiple sites • Design incorporates multiple methods of outreach • Project incorporates working with special population (Veterans, Persons w/ AIDS, Youth, Families, Physical and/or Mentally Ill, etc.) 	40	
<u>Project Budget</u> <ul style="list-style-type: none"> • Budget Line Items are HUD Eligible • Administration Budget is <=10.0% • Budget Line Items are reasonable • Match funds are noted • Leverage funds are noted • Other funding sources are being used in project 	30	

WI 501 –Milwaukee City & County Continuum of Care | 2015
Project Ranking, Scoring, Cut Process

New Project Evaluation Tool (PSH-CH, RRH-Families, SSO-CE, HMIS)	Max Points	Project Score
<u>Home – Based Services Offered</u> <ul style="list-style-type: none"> • Services are eligible as defined by CoC rules (24 CFR part 578.53) • Do the services align with agency's mission, capacity and previous community experience • Are any of the services contracted to sub-recipient, partner or non-partner to achieve HUD Outcomes? 	10	
<u>Agency Capacity</u> <ul style="list-style-type: none"> • Solid & demonstrated management structure • Previous Community Experience in providing housing and homeless services • Demonstrated sound financial accounting system • Experience with HUD funded homeless assistance grants • Sufficient Staffing Levels to accommodate new project (Team Leader, Case Manager, Housing Specialists) • Levels of Staff Retention for current homeless operations 	10	
<u>Agency Community/Stakeholder Experience</u> <ul style="list-style-type: none"> • History of implementing homeless projects successfully • Active CoC member/Community Stakeholder –advocating for ending homelessness • Current/Previous experience with HUD homeless funding; if yes did it involve returning funds within last 12 months to HUD due to lack of expenditures • Unresolved monitoring/audit findings within last 12 months with HUD on grant funded items or local participating jurisdiction 	10	
Total Available Points	100	

Project Ranking Number:

Templates Lists Reports Automation



View R

Milwaukee CoC NOFA Announcements 11/18

[Campaign Preview](#) [HTML Source](#) [Plain-Text Email](#) [Details](#)

Milwaukee NOFA Announcements 11/18

[View this email in your browser](#)



Ranking and Scoring Document

As the time draws closer to the submission of the NOFA, please note that the lead agency will be reaching out to funded-agencies to discuss strengths and weaknesses. Please [click here](#) to find the Milwaukee CoC process in ranking and scoring projects.

This document may also be found on the Milwaukee CoC Website under the "Annual Funding" tab. Please contact Rafael Acevedo, 414-286-5548, with any questions or concerns. Thank you.

Milwaukee Continuum of Care Full Body Meeting Minutes Sep/24/2015

Rafael Acevedo began with introductions and called for a review and motion to approve the July meeting minutes

1st Wendy Weckler 2nd Tim Baack

Lead Agency Updates

a. Executive Board Updates

The Executive Board nominated and approved two board members; Alderman Jose Perez and Dr. Greg Schramka of Aurora Behavioral Health Center. A presentation was given by Tim Baack and Wendy Henderson, director of Office of Youth Services in the Department of Children and Families. The presentation covered a new approach to serving homeless youth in Wisconsin: building new intervention models for youth with Child Welfare involvement at risk of homelessness. The Executive board looked into setting up an ADHOC committee to address charter bylaws. No action was taken on the issue of the Wisconsin coalition. The board talked about the perspective and position of the full CoC; county and executive board. No plans were made for the executive board to take a position on opposition of coalition. There is a need to raise awareness of discussions on CoC side. Tim Baack added that Audra O'Connell gave relevant info on the Wisconsin Interagency Council to end homelessness. Tim Baack gave an alternative approach to the council about how to implement plans to effectively go about the goals of ending homelessness. The board is looking for support from city and county lobbyists.

b. NOFA Updates

This year there are only two instead of the traditional three months to complete the NOFA application. An external timeline is being released today with deadlines. One thing to convey about NOFA; not alarmist or cut throat but HUD is incredibly and increasingly competitive; including adding scoring to ranking tier two and how each agency is implementing Housing First. Policies are competitive. The deadline for applications was given as November twentieth. Project applications are due in eSNAPS October twenty first. City consultants will be working back and forth to complete applications.

Jim Beer may be consultant. **NOFA scoring and ranking** will come out fifteen days after project applications are submitted. The City will let applicants know more about scoring. Scoring and ranking criteria is in NOFA. Seventy five percent of ARD is Tier one. ARD is approximately ten million five hundred fifty nine thousand. Tier two is the difference of tier one plus bonus. Bonus is fifteen percent of pro data. Rapid Rehousing and Permanent Supportive Housing for Chronic Homelessness are the only projects available to receive bonus funding. The process is similar to last year and in 2013. The City is still waiting for Candice to send over the scoring matrix which draws from all APRs. HUD is putting points to subpopulations such as chronic homeless, youth, Vets, DV. The CoC will score based on HUD's priorities: housing first, whether serving subpopulations: veterans, families and youth, as well as chronic homeless, rate of return, the amount being returned per project and other HUD priorities. There is an emphasis on reallocation of projects that aren't performing. If projects are low capacity or not meeting thresholds they will have their funds reallocated. Housing first policies will have point systems new this NOFA. A huge part is no or low barriers to entry not only for CoC funding grantees but also CoC as a system. Communities must have fidelity to Housing First. Looking at digesting

policies and adopting likely before NOFA is due to ensure compliance. By not complying it is very clear they won't fund some projects which will lower CoC score. HUD is targeting subpopulations because we are moving closer to two thousand twenty and the end of the initial ten year plan to end homelessness. HUD needs to see results in youth and Veteran homelessness; including housing first approach. HUD will take an in depth look at how CoC prioritizes needs in households. For Milwaukee CoC that is looking at category one and two; how we reallocate; are we serving most vulnerable? Must focus projects and efforts on that. Floor open to questions.

HUD is implementing what they have been teasing in past years now that we are closer to ten year plan goals. We are moving towards that but we are actually setting the stage for what HUD is moving towards nationally. Nationally HUD is moving towards focusing on Permanent Supportive Housing, Rapid Rehousing, outreach, and targeting specific subpopulations that are most vulnerable and most in need. We are on a fast track to meeting priorities because of fast turnaround of next NOFA expected in spring. On leverage side capture as much as possible. Jim Beer and Jan Wilberg will be working on writing NOFA narrative. With this funding no longer speculative HUD is dictating a tight hallway. Show we are not impeding our own system through barriers. Milwaukee is ahead of the curve moving forward because we implemented the goals of bringing veteran and chronic homelessness to zero ahead of time. One detail is that HUD has stressed serving the most in need with the funds used. Another thing HUD is focusing on is that there should be no barriers. HUD wants those receiving the grant to reallocate low utilization rate projects; retool system so it works for clients; create and maintain a client centered delivery system. Projects requesting funding must meet needs based on low barriers and autonomy for clients other HUD expectations. Seventy five percent of projects must meet Housing First to receive full points; outreach is expected to reach one hundred percent of geographic location; eighty five percent of bed coverage; ending chronic homelessness; accomplished eighty five percent turnover. Prioritized to serving Chronic Homelessness. Concerning veterans there has been a great collaboration with VA. Analysis of NOFA scoring criteria will be sent out to Full Body with point values for write ups, submitting, and emphasis in particular subpopulations. Disseminate write ups and get feedback.

This NOFA will have to answer to HUD methodology for Point in Time and provide manual. First NOFA where lead agency has to speak on that manual and address plan. 14 steps of how you should address it.

Question: CoC collects data about housing first do you think we're achieving seventy five percent of low barriers.

Answer: Not likely.

CoC will move towards seventy five percent threshold. The former director of HUD is now the national budget director. He knows where money at HUD is sitting to make up the National Budget. Locally projects will be offered Transitional Housing if underperforming. Through succession of monitoring is issues are not addressed then there will be last step of involuntary reallocation.

Question: do we only have one month to engage as system to talk about repurposing reallocation.

Answer: Involuntary reallocation will not take place this NOFA.

Housing First: CoC needs to talk about each program's eligibility criteria which translates into barriers for access; working with shelters to increase and stop barriers or we won't meet threshold of seventy five percent of system and projects.

Balance of State CoC is bringing in Sam Tsembaris, the founder of Housing First approach on November twelfth in Madison. CoC members and agencies are expected to attend. Scholarships will be available. Milwaukee CoC is bringing in HUD TA for Housing First. We will continue to have TA on Rapid Rehousing.

Question: Balance of State had high cost of attending. Clarification of cost is needed. One hundred ten dollars per person is too costly for everyone.

Answer: we can look into scholarships to get people there. Attending now is crucial so we will investigate cost and send out an answer to the body. Likely it will be less expensive to CoC as whole to all go together then to schedule Sam Tsembaris to come to Milwaukee.

Question: NOFA scoring shows fifteen percent of funds in tier two. Is there a purpose to lower ARD overall?

Answer: rather than trying to lower ARD, they are trying to have communities understand projects must perform and be prioritized.

They are getting cut throat about high echelon of services provided in each community. They have enough money to fund all projects but will implement strategic resource allocation. More or less; you can't act like tier two is priority like tier one. Last year we had our fingers crossed. This year start making critical moves to buy time and eliminate reallocation in future. Make strides towards transferring projects. Timeline sent out today and intent to apply. Intent to apply due next week on the thirtieth. It is a two page application.

c. Project Homeless Connect Updates

October eighth fundraiser. October twenty second is two thousand fifteen Project Homeless Connect. All members is encouraged to be involved, engaged, and participate.

Project homeless connect is in it's sixth year. Every year it is a one stop shop for folks experiencing homelessness. They can get resources that they need to help them in many areas of life and improve their transition from homelessness. There is going to be a job fair, free haircuts, free assistance in improving dental hygiene. The city is looking for dentists. Contact Audra. Clothes get donated but things still cost money like lunch so this year there will be a fundraiser and award ceremony. CoC listserve distinguished employee award and outstanding volunteer award will be presented October eighth. Fundraiser will be October eighth at Lee's Luxury Lounge in Bay View. If you can't come you can still donate to Greater Milwaukee Foundation through Project Homeless Connect.

Info on volunteering for the twenty second: setting up, tearing down, intakes will be provided. Contact Angie or Celeste with questions. Still accepting donations for silent auction at Lee's Luxury Lounge fundraiser. Already have ten barbers. Need podiatrist. Added medical students doing frostbite education. Impact two one one doing esprit screening. Milwaukee Fire Department doing blood sugar reading and EKG on site. Dental students could receive gift certificates for cleaning teeth thrown out as an idea. Columbia St. Marys has a dental clinic too.

d. Special Meeting Reallocation of Funds from YWCA

There was a meeting this past Tuesday, September 22nd. There were many thoughts and the CoC supported all reallocation options: Permanent Supportive Housing, Rapid Rehousing, Homeless Management Information Systems, Supportive Services Only. The Intent to Apply, RFPs should

be going out today. Due September thirtieth at noon. Lead agency will review proposals and make recommendations for final approval to begin the NOFA process.

Workgroup Updates

a. Shelter and Transitional Housing Task Force

Last meeting spent with Milwaukee Behavioral Health and Crisis Resource Centers. Shelters not equipped to manage mental health correctly. Coordinated entry prioritizes greater vulnerability and risk. Significant mental health problems need to be met. Task force needs next steps to advance conversation.

There will be a sleep out to raise recognition and awareness at Clarke Square Park October twenty fourth. Four P.M. press conference.

b. Coordinated Entry

Zach, a Public Ally will be digging into the Coordinated Entry Impact database to assess the areas where there are gaps.

Jan Wilberg is working to address criminal background barriers in shelter system. Jan created memo with specific suggestions to present to city and executive board to move shelters to lower their barriers.

c. Homeless Management Information System

At the last workgroup meeting discussed the need to reduce the Milwaukee assessment. There is a desire to create reports with the data collected. If there is no need for the data then we should not ask the questions. Agencies and users are asking for a reason to collect data for x report and x trends.

Provider Advisory Group

Motivational Interview training: open registration today for all agencies and members.

Coordinating phone call with Sean Smith who will be conducting training. Open house idea.

Names suggested for the CoC warehouse open house. Steve stated that if a CoC agency receives notification from the office of Inspector General call the city. Do not let them pressure you into contacting someone. If you're contacted the city will attach an attorney to you right away. Check with staff. Don't take it lightly if they contact you. Also quick announcement, a woman's boutique we would like to make a clothing donation to the CoC but knowing the condition of the warehouse these donations will not be going to the warehouse but instead to direct services.

Meeting Adjourned.

Homeless Management Information System (HMIS) and *Coordinated Entry (CE)* are two additional standing work groups. Information related to these two work groups can be found on individual tabs at the top of the page.

Monthly Meetings

The Milwaukee Continuum of Care (CoC) meets the fourth Thursday of every month, with the exception of a Holiday (meeting would be scheduled earlier in the week). Currently, we are changing locations for the Full Body meetings and will have the information posted a week prior to the meeting or sign up for our e-newsletter. All Full Body meetings start at 9:30 AM. Full Body General Calendar 2015

PLEASE NOTE: OCT. 22nd, there will be NO Full Body meeting as that day is the Annual Project Homeless Connect event. Please find a way for your agency, or you as an individual to participate. Thanks!

Would you like to host a Full Body meeting or present at one of our Full Body meetings on an issue or topic related to ending homelessness in our community? Contact Ahong Xiong, axiong@milwaukee.gov for scheduling inquiries.

Full Body General Meeting Agenda:

The monthly standing meeting for all CoC members to attend covers six basic areas: Introductions, Review of previous month minutes, Lead Agency Updates, HMIS Lead Agency Updates, Shelter Task Force Report, and Other Business. Special agenda items are added as needed and made available to CoC members via email listserve and the day of the monthly meeting. A general copy of the agenda can be found here: Agenda - General

[Please click here for all 2015 agendas.](#) | [Please click here for all 2015 Meeting Minutes.](#)

Milwaukee CoC Agendas - 2013 (By Quarter):

3rd Q Agendas

Q2 - Full Body Agendas

Q1 - Full Body Agendas

Milwaukee CoC Agendas - 2012 (By Year):

2012 Jan.-Dec. Agendas

[Project Homeless Connect Facebook](#)

[Service Point Login](#)

[The City of Milwaukee - Community](#)

[Development Grants Administration](#)

[Wisconsin Department of Commerce](#)

News Archive

[April 2015](#)

[August 2013](#)

[May 2010](#)

[April 2010](#)

[March 2010](#)

[February 2010](#)

/e

g Minutes 9 items



4 23 15 FullBody ...



5 18 15 Full Body ...



9 24 15 Full Body ...



CoC FullBody Minu...



CoC FullBody Minu...



CoC FullBody Minu...

Milwaukee Continuum of Care Full Body Meeting Minutes Sep/24/2015

Rafael Acevedo began with introductions and called for a review and motion to approve the July meeting minutes

1st Wendy Weckler 2nd Tim Baack

Lead Agency Updates

a. Executive Board Updates

The Executive Board nominated and approved two board members; Alderman Jose Perez and Dr. Greg Schramka of Aurora Behavioral Health Center. A presentation was given by Tim Baack and Wendy Henderson, director of Office of Youth Services in the Department of Children and Families. The presentation covered a new approach to serving homeless youth in Wisconsin: building new intervention models for youth with Child Welfare involvement at risk of homelessness. The Executive board looked into setting up an ADHOC committee to address charter bylaws. No action was taken on the issue of the Wisconsin coalition. The board talked about the perspective and position of the full CoC; county and executive board. No plans were made for the executive board to take a position on opposition of coalition. There is a need to raise awareness of discussions on CoC side. Tim Baack added that Audra O'Connell gave relevant info on the Wisconsin Interagency Council to end homelessness. Tim Baack gave an alternative approach to the council about how to implement plans to effectively go about the goals of ending homelessness. The board is looking for support from city and county lobbyists.

b. NOFA Updates

This year there are only two instead of the traditional three months to complete the NOFA application. An external timeline is being released today with deadlines. One thing to convey about NOFA; not alarmist or cut throat but HUD is incredibly and increasingly competitive; including adding scoring to ranking tier two and how each agency is implementing Housing First. Policies are competitive. The deadline for applications was given as November twentieth. Project applications are due in eSNAPS October twenty first. City consultants will be working back and forth to complete applications.

Jim Beer may be consultant. NOFA scoring and ranking will come out fifteen days after project applications are submitted. The City will let applicants know more about scoring. Scoring and ranking criteria is in NOFA. Seventy five percent of ARD is Tier one. ARD is approximately ten million five hundred fifty nine thousand. Tier two is the difference of tier one plus bonus. Bonus is fifteen percent of pro data. Rapid Rehousing and Permanent Supportive Housing for Chronic Homelessness are the only projects available to receive bonus funding. The process is similar to last year and in 2013. The City is still waiting for Candice to send over the scoring matrix which draws from all APRs. HUD is putting points to subpopulations such as chronic homeless, youth, Vets, DV. The CoC will score based on HUD's priorities: housing first, whether serving subpopulations: veterans, families and youth, as well as chronic homeless, rate of return, the amount being returned per project and other HUD priorities. There is an emphasis on reallocation of projects that aren't performing. If projects are low capacity or not meeting thresholds they will have their funds reallocated. Housing first policies will have point systems new this NOFA. A huge part is no or low barriers to entry not only for CoC funding grantees but also CoC as a system. Communities must have fidelity to Housing First. Looking at digesting

**WI-501 Milwaukee City & County Continuum of Care (CoC)
Final Project Listing for HUD FY2015 CoC Competition**

TIER I					
Agency	Program Name	Program Type	Project Type	Rank	Request
Milwaukee County	Milwaukee County/Heartland Housing S+C	PSH	Renewal	1	\$ 89,212
The Salvation Army	ROOTS	PSH	Renewal	2	\$ 159,554
Mercy Housing Lakefront	Johnston Center	PSH	Renewal	3	\$ 33,196
Community Advocates	Autumn West Permanent Housing	PSH	Renewal	4	\$ 1,114,159
Guest House of Milwaukee	Homelinc III	PSH	Renewal	5	\$ 1,119,888
Center for Veterans Issues	Permanent Supportive Housing/Milwaukee	PSH	Renewal	6	\$ 433,533
Heartland Housing	Capuchin Apartments	PSH	Renewal	7	\$ 12,840
Milwaukee County	Milwaukee County Shelter + Care/TRA (My Home Housing Program)	PSH	Renewal	8	\$ 2,760,183
Guest House of Milwaukee	Homelinc 4	PSH	Renewal	9	\$ 185,225
Meta House	Meta House Permanent Housing – Phase III (1st Street)	PSH	Renewal	10	\$ 140,424
Friends of Housing	Project Restore Permanent Supportive Housing Project	PSH	Renewal	11	\$ 127,871
Outreach Community Health Centers	Rapid Rehousing for Families	RRH	New-Reallocation	12	\$ 642,326
Hope House of Milwaukee	Hope House Rapid Rehousing for Families	RRH	Renewal	13	\$ 568,269
Community Advocates	Autumn West Safe Haven	SH	Renewal	14	\$ 411,322
Milwaukee County	Milwaukee County – Safe Haven	SH	Renewal	15	\$ 387,247
Meta House	Meta House Transitional Housing – Phase II (Locust)	TH	Renewal	16	\$ 120,085
Walker's Point Youth and Family	Transitional Living Program for Homeless Youth	TH	Renewal	17	\$ 148,069
Center for Veterans Issues	Veterans Opportunity Integration Development	TH	Renewal	18	\$ 404,820
Institute for Community Alliances	Milwaukee CoC HMIS Coordination Project	HMIS	Renewal	19	\$ 66,761
IMPACT 211	Community Based Coordinated Entry	SSO	New-Reallocation	20	\$ 61,498
Total ARD (GIW) = \$10,555,244 (Tier 1 is 85%) Limit = \$8,971,957				Tier I Request	\$8,986,482 *
TIER II					
Guest House of Milwaukee	Homelinc 5	PSH	Renewal	21	\$ 177,835
Milwaukee County	Mercy Housing SPC – Milwaukee South	PSH	Renewal	22	\$ 233,557
Friends of Housing	PH Renewal 2015	PSH	Renewal	23	\$ 102,474
St. Catherine Residences (Mercy Housing Lakefront)	St. Catherine Residence	PSH	Renewal	24	\$ 149,886
My Home Your Home	Lissy's Place	TH	Renewal	25	\$ 157,633
The Salvation Army	Winterstar	TH	Renewal	26	\$ 216,458
Guest House of Milwaukee	Homelinc I	TH	Renewal	27	\$ 155,729
Meta House	Meta House Transitional Housing – Phase I (Bremen)	TH	Renewal	28	\$ 297,839
Institute for Community Alliance (ICA)	Milwaukee HMIS Expansion	HMIS	New-Reallocation	29	\$ 77,351
				Subtotal ARD	\$ 10,555,244
Milwaukee County (Bonus Project)	Housing First – TBRA for Chronically Homeless	PSH	New Bonus	30	\$ 1,642,560
				Tier II Request	\$ 3,211,322
				Tier I + Tier II Request	\$ 12,197,804
PLANNING					
City of Milwaukee	Planning				\$ 328,512
				Total FY15 Request	\$ 12,526,316

*Tier 1 exceeds 85% ARD by \$14,525. Should HUD make reductions in funding, the difference of \$14,525 will be reduced from Tier 1 and will impact the last project in Tier I - IMPACT 211 - SSO for Coordinated Entry.

Notice of Funding Availability (NOFA)
Fiscal Year 2015
Continuum of Care Program Competition

NOFA Required Documents—Section 1F-4

- Attachments: Final NOFA Projects Ranked and Scored list
 - Evidence of public posting
 - CoC listserv/Mailchimp
 - CoC website
 - email

**WI-501 Milwaukee City & County Continuum of Care (CoC)
Final Project Listing for HUD FY2015 CoC Competition**

Agency	Program Name	Program Type	Project Type	Rank	Request
Milwaukee County	Milwaukee County/Heartland Housing S+C	PSH	Renewal	1	\$ 89,212
The Salvation Army	ROOTS	PSH	Renewal	2	\$ 159,554
Mercy Housing Lakefront	Johnston Center	PSH	Renewal	3	\$ 33,196
Community Advocates	Autumn West Permanent Housing	PSH	Renewal	4	\$ 1,114,159
Guest House of Milwaukee	Homelinc III	PSH	Renewal	5	\$ 1,119,888
Center for Veterans Issues	Permanent Supportive Housing/Milwaukee	PSH	Renewal	6	\$ 433,533
Heartland Housing	Capuchin Apartments	PSH	Renewal	7	\$ 12,840
Milwaukee County	Milwaukee County Shelter + Care/TRA (My Home Housing Program)	PSH	Renewal	8	\$ 2,760,183
Guest House of Milwaukee	Homelinc 4	PSH	Renewal	9	\$ 185,225
Meta House	Meta House Permanent Housing – Phase III (1st Street)	PSH	Renewal	10	\$ 140,424
Friends of Housing	Project Restore Permanent Supportive Housing Project	PSH	Renewal	11	\$ 127,871
Outreach Community Health Centers	Rapid Rehousing for Families	RRH	New-Reallocation	12	\$ 642,326
Hope House of Milwaukee	Hope House Rapid Rehousing for Families	RRH	Renewal	13	\$ 568,269
Community Advocates	Autumn West Safe Haven	SH	Renewal	14	\$ 411,322
Milwaukee County	Milwaukee County – Safe Haven	SH	Renewal	15	\$ 387,247
Meta House	Meta House Transitional Housing – Phase II (Locust)	TH	Renewal	16	\$ 120,085
Walker's Point Youth and Family	Transitional Living Program for Homeless Youth	TH	Renewal	17	\$ 148,069
Center for Veterans Issues	Veterans Opportunity Integration Development	TH	Renewal	18	\$ 404,820
Institute for Community Alliances	Milwaukee CoC HMIS Coordination Project	HMIS	Renewal	19	\$ 66,761
IMPACT 211	Community Based Coordinated Entry	SSO	New-Reallocation	20	\$ 61,498
Total ARD (GIW) = \$10,555,244 (Tier 1 is 85%) Limit = \$8,971,957			Tier I Request		\$8,986,482 *
Guest House of Milwaukee	Homelinc 5	PSH	Renewal	21	\$ 177,835
Milwaukee County	Mercy Housing SPC – Milwaukee South	PSH	Renewal	22	\$ 233,557
Friends of Housing	PH Renewal 2015	PSH	Renewal	23	\$ 102,474
St. Catherine Residences (Mercy Housing Lakefront)	St. Catherine Residence	PSH	Renewal	24	\$ 149,886
My Home Your Home	Lissy's Place	TH	Renewal	25	\$ 157,633
The Salvation Army	Winterstar	TH	Renewal	26	\$ 216,458
Guest House of Milwaukee	Homelinc I	TH	Renewal	27	\$ 155,729
Meta House	Meta House Transitional Housing – Phase I (Bremen)	TH	Renewal	28	\$ 297,839
Institute for Community Alliance (ICA)	Milwaukee HMIS Expansion	HMIS	New-Reallocation	29	\$ 77,351
Subtotal ARD					\$ 10,555,244
Milwaukee County (Bonus Project)	Housing First – TBRA for Chronically Homeless	PSH	New Bonus	30	\$ 1,642,560
Tier II Request					\$ 3,211,322
Tier I + Tier II Request					\$ 12,197,804
PLANNING					
City of Milwaukee	Planning				\$ 328,512
Total FY15 Request					\$ 12,526,316

*Tier 1 exceeds 85% ARD by \$14,525. Should HUD make reductions in funding, the difference of \$14,525 will be reduced from Tier 1 and will impact the last project in Tier I - IMPACT 211 - SSO for Coordinated Entry.

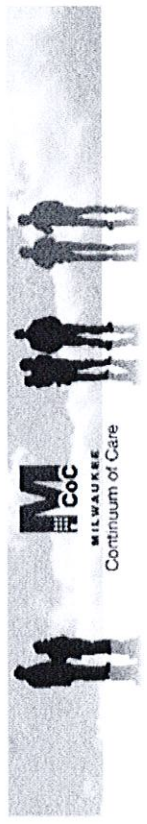
Milwaukee CoC NOFA Announcements 11/19 (Copy 01)

[View Report](#)

[Campaign Preview](#) [HTML Source](#) [Plain-Text Email](#) [Details](#)

Milwaukee NOFA Announcement 11/19
Final Projects Ranked and Scored

[View this email in your browser](#)



Projects Ranked & Scored

[Please click here for the Final Ranking and Scoring of CoC Projects.](#)

This document may also be found on the Milwaukee CoC Website under the "Annual Funding" tab. Please contact Rafael Acevedo, 414-286-5548, with any questions or concerns. Thank you.

Copyright © 2015 Milwaukee CoC. All rights reserved.
You are receiving this email because you opted-in at our website, milwaukeecoc.org

Our mailing address is:
Milwaukee CoC
200 E Wells St Room 606
Milwaukee, WI 53202

[Add us to your address book](#)



- HOME
- STRUCTURE
- WORKGROUPS & MEETINGS
- COORDINATED ENTRY
- HMIS DATA
- BEST PRACTICES TRAINING SERIES
- 10 YEAR PLAN
- ANNUAL REQUEST FOR FUNDING - COC PROGRAM
- PROJECT HOMELESS CONNECT

Annual Request for Funding - CoC Program

11/19 PLEASE NOTE: The Milwaukee Continuum of Care FY Project Listing can be found here: Copy of FY2015 Milwaukee CoC Project Listing and Ranking

11/18 PLEASE NOTE: The Milwaukee Continuum of Care FY Ranking and Scoring document can be found here: FY 2015 NOFA Ranking Scoring Selection Process

PLEASE NOTE: The Milwaukee Continuum of Care FY2015 Accepted NOFA Project Listing can be found here: 2015 Milwaukee CoC NOFA Final List of Projects

The HUD Notice of Funding Available for the Fiscal Year (FY) 2015 Continuum of Care Program Competition has been posted to the HUD Exchange. The FY 2015 CoC Consolidated Application and Project Applications are now available in e-snaps. Click here for the NOFA.

FY 2015 NOFA Submission Timeline External

2015 NOFA Criteria

PLEASE BE ADVISED: The due date for Reallocation and Bonus Intent to Apply forms have been extended to October 5th at 10am.

PLEASE NOTE AS WELL: There is an additional \$28,816 available through reallocation of The Salvation Army's SSO project. Please use the same Reallocation Intent to Apply form if interested in applying. This amount combined with the \$110,033 can be utilized in reallocation. This total available for reallocation is \$138,849.

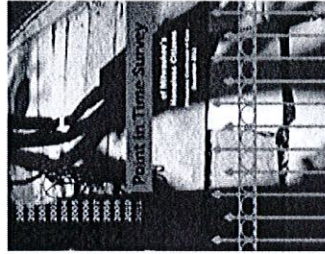
REVISED Intent to Apply Forms:

- 2015 Intent to Apply Renewal;
- 2015 New Project-Reallocation- Intent to Apply;
- 2015 New Project Intent to Apply BONUS

Search

Search

Milwaukee Point in Time
2011



Download the PDF (3.2MB)

10-year Plan to End
Homelessness Revision
Updates



Download the PDF (774KB)

Message

Ignore

X

Junk - Delete

Reply

Forward

More

Meeting

Team Email

Reply & Delete

Quick Steps

IC Manager

Done

Create New

Move

Actions

Assign

Mark

Unread

Policy

Follow Up

Translate

Find

Paired

Select

Zoom

Zoom

CoC Final Project Ranking and Scoring - Message (HTML)

You forwarded this message on 11/19/2015 5:08 PM.

From:

Kong, Ahong

To:

Amy Gispert; Amy Linnner; Andi Elliott; Andre Oltan; Anissa Robertson; Anne Barile; Armando Gutierrez; Berdie Cowser; bgolmar@metadhouse.org; Bill Jenkins; Carolyn Martin; Cindy Krahenbuhl; Connie Palmer; Deb a Lewis; Erin O'Neil; Gerard Campbell; Helen King; Jean Orlow; Jennifer_vonHemsgausc.salvationarmy.org; Jessica Shriver; Jimmy Conlon; Judith Vander Grinten; Kerry Kramer; Kris Dubois-Hoe; Leah Jepsen; Maria Melendes; Maudwella Kiriendoli; Mmelendes; Nancy Szudzik; Robert Cocroft; Wendy Wiedler; Yvonne Bell Gooden

Cc:

Yohann Steven (Steven.Monan@milwaukee.gov); Acevedo Jr, Rafael; Frey, Jennifer (jcfrey@milwaukee.gov)

Subject:

CoC Final Project Ranking and Scoring

Message

Copy of FY2015 Milwaukee CoC Project Listing and Ranking.pdf (215 KB)

Hello everyone,

Please see the NOFA Final Project Ranking and Scoring document attached. If you have any questions or concerns please contact Rafael Acevedo, facevedo@milwaukee.gov.

Best,
Ahong Xiong
Milwaukee Continuum of Care Liaison
Community Development Grants Administration (CDGA)
City of Milwaukee
200 E Wells St. Rm 606
Milwaukee, WI 53202
Phone 414.286.5534 Fax 414.286.5003

Click on a photo to see social network updates and email messages from this person.

Notice of Funding Availability (NOFA)
Fiscal Year 2015
Continuum of Care Program Competition

NOFA Required Documents—Section 1F-5

- Attachment: Process of Reallocation (taken from ranking and scoring sheet, p.6-7)
- Attachments: Reallocation Process Public Posting
 - CoC email
 - CoC listserve/Mailchimp e-newsletters
 - CoC website

- Strategic Resource Allocation
- Ending Chronic Homelessness
- Ending Family Homelessness
- Ending Veteran Homelessness
- Using a Housing First Approach

Projects will be approved for submission to HUD based on the project funding requests that fall within the final pro rata share for the CoC, split between Tier I and Tier II, according to Section VII.A.2 of the FY 2015 HUD NOFA. The CoC's project listing will incorporate submitting all projects to total HUD's final pro rata share amount. All projects being considered will be based on evaluating HUD's recommending priority listing (renewals & new projects) as well as project performance (if applicable).

Re-Allocation:

As part of the CoC's project review process, the Funding Opportunity Workgroup will consistently evaluate projects performance and capacity throughout the funding cycle. The APR review team will submit quarterly to the Funding Opportunity Workgroup of the Provider Advisory Group score cards on how each project is performing and if a CoC project's data quality is below the HUD established threshold. As such, the CoC has established two options of re-allocation; voluntary and mandatory.

Voluntary Re-Allocation:

Voluntary Re-Allocation allows a project sponsor to re-allocate a portion or in full a project, for use towards a new CoC Project. Should a project sponsor decide to voluntarily re-allocate a project, this sponsor has the first right to use the re-allocated funds to create a "new" CoC project; one which meets HUD's requirement of either: Permanent Supportive Housing serving 100% Chronically Homeless individuals and families, Rapid Re-Housing serving homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, or fleeing/attempting to flee DV, new Supportive Services Only (SS)) projects specifically for centralized or coordinated assessment system, or new dedicated HMIS project.

The interested project sponsor must notify the CoC Lead Agency as soon as possible, submitting a notification to the agency informing them on their intent to voluntarily re-allocate a CoC project. Should the project sponsor waive their right to first use of the re-allocated funds, the CoC will announce the re-allocation amount publicly and request an interest to apply for a new CoC project.

Mandatory Re-Allocation:

The CoC may forward low-scoring renewal projects to the HUD competition, so as not to create a service gap within the CoC. However, renewal projects that were recommended for funding, but did not meet sufficient HUD performance measurements may be placed on probation. Projects determined to be on probation will require the agency to create an action plan to address the problems identified on the evaluation tool. A project on probation will need to demonstrate considerable improvement over the

probation timeline, so as to remain in the NOFA competition in future years. The CoC will work with the project during the probation period to develop a plan to improve program performance and to monitor the progress of these efforts. The CoC may request for the project to receive technical assistance and/or implement corrective actions with established timelines.

When the project's probation timeline expires and the project continues to reflect poor performance, the Funding Opportunity Workgroup/Provider Advisory Group will make a recommendation to the CoC Executive Board for mandatory re-allocation. The Executive Board may recommend ranking poor performance projects below projects of another ranking category. However, if indicated, the Executive Board may also choose to re-allocate a project should improvements (via technical assistance or corrective action) not be made by the established deadline.

The Executive Board may also have the right to recommend a mandatory re-allocation of a CoC project if it is determined to be a ranking category that is classified by HUD as non-priority; to have continual poor data quality efforts are identified; projects without prioritized placement for Chronically Homeless individuals and/or to serve the Special Targeted Population; and historical projects who return an excessive amount of CoC funds to HUD.

Rejected CoC Projects:

If a CoC project has been rejected or re-allocated (via mandatory re-allocation), the project applicant will be notified no later than 15 days before the NOFA application deadline. The written notification will be mailed to the project applicant, include an explanation for the decision. In addition, all CoC projects for the FY2015 competition (accepted & rejected) will be listed on the CoC's website and shared at the next scheduled Full Body CoC meeting.

Appeals Process:

If an applicant chooses to appeal the CoC decision regarding the ranking, rejection, or funding of their project, a written notification should be submitted to the CoC Lead Agency within 5 business days of the Public Notification of ranked/scored projects for the FY 2015 CoC NOFA. The Lead Agency/NOFA review team will review all appeals, notify the Executive Board on the appeal and provide a response to the applicant.

Xiong, Ahong

From: Xiong, Ahong
Sent: Monday, September 21, 2015 12:26 PM
Cc: Acevedo Jr, Rafael; Mahan, Steven (Steven.Mahan@milwaukee.gov); Frey, Jennifer (jefrey@milwaukee.gov)
Subject: Reminder for Reallocation Meeting tomorrow
Importance: High

Hello everyone,

A reminder that there will be a special meeting held tomorrow at 8:30am at Hillside Family Resource Center in regards to the reallocation of the YWCA's Transitional Housing amount of \$110,033. The RFP will be sent out as well for this reallocation, so please look forward to receiving the RFP.

Also, to inform everyone, HUD's Notice Of Funding Availability for the FY 2015 CoC Program Competition is out! The NOFA was release last week, September 17th.

*Best,
Ahong Xiong
Milwaukee Continuum of Care Liasion
Community Development Grants Administration (CDGA)
City of Milwaukee
200 E Wells St. Rm 606
Milwaukee, WI 53202
Phone 414.286.5534 Fax 414.286.5003*

[View Report](#)

Milwaukee CoC Announcements 9/15/15

[Campaign Preview](#) [HTML Source](#) [Plain-Text Email](#) [Details](#)

Milwaukee CoC 9/15/15

[View this email in your browser](#)



Coc Special Meeting for Reallocation of YWCA Funding

The YWCA will sun-set their Transitional Housing program on July 31, 2016. This will leave the Milwaukee CoC with \$110,033 to reallocate. There will be a special meeting held to discuss how to best utilize this amount in the upcoming reallocation.

This meeting will be on **September 22nd at the Hillside Family Resource Center at 8:30am**. If you have any questions or concerns please contact Rafael Acevedo, racevedo@milwaukee.gov. Thank you.

New CoC Performance Standards

Greetings,

I have attached a document introducing the [HUD System Performance](#)



Update on Reallocation and Bonus deadlines

[View this email in your browser](#)



Updates: Extension on deadlines & Additional funds in reallocation available

Please excuse the multiple correction emails. For clarification:

There is now an **additional \$28, 816 available through reallocation** from voluntary reallocation of Salvation Army's SSO project. Therefore, there a **total amount of \$138,849 is available for reallocation**. Reallocation allows to create one or several new projects by one or several new providers. Projects allowed for reallocation as outlined in the NOFA.

PSH serving 100% Chronically Homeless individuals, families, and youth;
Rapid ReHousing for individuals, families, and youth coming from street or shelter

HMIS;

SSO-Coordinated Entry

Projects must meet threshold criteria as stated in the FY15 NOFA found here. Please use the Reallocation Intent to Apply form if interested in applying.

The new due date for Reallocation and Bonus Intent to Apply forms have been extended to October 5th at 10am.

If you have any questions or concerns please feel free to contact Rafael, Jennifer or Ahong at the City. Thanks and have a great one.



- HOME
- STRUCTURE
- WORKGROUPS & MEETINGS
- COORDINATED ENTRY
- HMIS DATA
- BEST PRACTICES TRAINING SERIES
- 10 YEAR PLAN
- ANNUAL REQUEST FOR FUNDING - COC PROGRAM
- PROJECT HOMELESS CONNECT
- Annual Request for Funding - Coc Program

PLEASE NOTE: The Milwaukee Continuum of Care FY2015 Accepted NOFA Project Listing can be found here: [2015 Milwaukee Coc NOFA Final List of Projects](#)

The HUD Notice of Funding Available for the Fiscal Year (FY) 2015 Continuum of Care Program Competition has been posted to the HUD Exchange. The FY 2015 Coc Consolidated Application and Project Applications are now available in e-snaps. Click here for the NOFA.

FY 2015 NOFA Submission Timeline External

2015 NOFA Criteria

PLEASE BE ADVISED: The due date for Reallocation and Bonus Intent to Apply forms have been extended to October 5th at 10am.

PLEASE NOTE AS WELL: There is an additional \$28, 816 available through reallocation of The Salvation Army's SSO project. Please use the same Reallocation Intent to Apply form if interested in applying. This amount combined with the \$110,033 can be utilized in reallocation. This total available for reallocation is \$138,849.

REVISED Intent to Apply Forms:

- 2015 Intent to Apply Renewal;
- 2015 New Project-Reallocation- Intent to Apply;
- 2015 New Project Intent to Apply BONUS

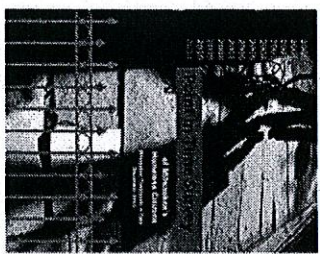
There will be a Funding Opportunity Workgroup meeting at the next Provider Advisory Group meeting. Please reach out to Rafael Acevedo, racevedo@milwaukee.gov, if interested.

FY 2014 Funding Award Announcement

Please click the following link to view Wisconsin's Funding awards

Search

Milwaukee Point in Time 2011



Download the PDF (3.2Kb)

10-year Plan to End Homelessness Revision Updates



Download the PDF (774Kb)

Notice of Funding Availability (NOFA)
Fiscal Year 2015
Continuum of Care Program Competition

NOFA Required Documents—Section 2A-1

- Attachments: Governance Charter & HMIS Duties
 - CoC Governance Charter



Milwaukee Continuum of Care

Governance Charter



City of Milwaukee/Milwaukee County Continuum of Care Charter

1. Purpose of the Charter:

This Charter sets out the composition, roles, responsibilities and committee structure of the City of Milwaukee/ Milwaukee County Continuum of Care (CoC).

2. Purpose of the Continuum of Care:

City of Milwaukee/Milwaukee County Continuum of Care's mission to organize people and resources to end homelessness in Milwaukee

3. Organization of the CoC:

The Continuum of Care is comprised of several volunteer committees and networking/task groups which have various roles and responsibilities. These committees/groups include:

A. Milwaukee CoC Executive Board:

The CoC Executive Board is the lead decision-making body responsible for planning for the use of U.S. Department of Housing and Urban Development's HEARTH Act CoC resources and coordinating these funds with other relevant resources in the jurisdiction. This board makes decisions based on the feedback and expertise of the CoC sub-committees and workgroups.

Specific responsibilities include:

- Overall direction and leadership of the process
- Make all formal decisions of the CoC
- Strategic planning and goal-setting
- Align and coordinate CoC and other homeless assistance and mainstream resources
- Establish priorities for and make decisions about the allocation of CoC resources
- Receive monitoring and evaluation from system wide and individual program performance on established goals
- Receive reports and recommendations from sub-committees and task groups
- Establish sub-committees and task groups as needed to perform the functions of the CoC
- Approval of the lead support agency (Collaborative Applicant) and HMIS administrator

Members of the CoC Executive Board:

- City of Milwaukee (2 designees; Mayor and Common Council)
- Milwaukee County (2 designees; County Executive and Board of Supervisors)
- City of Milwaukee Public Housing Authority
- Milwaukee County Public Housing Authority
- City of West Allis
- City of Wauwatosa
- Milwaukee Police Department
- Milwaukee County Sheriff's Department
- Milwaukee County District Attorney's Office
- Milwaukee Area Workforce Investment Board

- Milwaukee Public Schools
 - Marquette University
 - University of Wisconsin- Milwaukee
 - Health Care Organization
 - Philanthropic Agency Representative
 - Private Developer (Housing)
 - Homeless/ formally homeless individual
 - Open Slots (total 6) – Other Organizations as needed
- In total, there are 25 seats on the CoC Executive Board, not less than 19 and not more than 25 seats on the Executive Board, 19 of which as outlined above.
 - Each Board member organization selects its representative(s) for the Executive Board. Each recommendation is submitted to the Milwaukee Common Council and Mayor for final approval. Consumer representatives cannot be employees of agencies funded through this process.
 - Terms are for three years. Existing representatives may be designated for successive terms, at the will of the respective Board member organization.

Executive Board, Quorum, and Attendance

- The Executive Board shall meet monthly and no less frequently than every quarter.
- The vote of a majority of members present and voting at a meeting at which a quorum is present is enough to constitute an act of the Executive Board. Quorum being defined as the majority by the entire membership in attendance at each Executive Board meeting.
- Members that fail to attend regularly scheduled meetings (without an Alternate present) shall be subject to removal from the Executive Board by majority vote of the entire Board if they attend fewer than 75% of meetings. The Executive Board will require the appointing agencies to appoint a substitute in the event of the removal of a member of the Executive Board.
- The Executive Board member roster will be posted on the Milwaukee CoC website.

Conflicts of Interest and Recusal Procedure:

No member of the Executive Board shall vote upon or participate in the discussion of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions. Any Board member finding themselves in a situation where conflict of interest may arise shall recuse himself/ herself from proceedings. The recusal shall be duly recorded in the Board minutes. All Board processes shall comply as it relates to the requirements of **24 CFR Part 578.95(b)**

Code of Conduct:

The Board expects of itself and its members ethical and business-like conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behavior when acting as Board members.

- a) Board members must represent, with non-conflicted loyalty, the interests of the membership. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other Boards or staffs.

- b) Board members must avoid any conflict of interest with respect to their responsibilities.
- c) There must be no self-dealing or any conduct of private business or personal services between any Board members and the Milwaukee Continuum of Care (CoC) and/or the City of Milwaukee Community Development Grants Administration (CDGA) except as procedurally controlled to assure openness, competitive opportunity, and equal access to "inside" information.
- d) Board members must not use their positions to obtain for themselves, family members, or close associates, employment within the CoC and/or CDGA.
- e) Should a Board member be considered for employment by the CoC and/or CDGA, he or she must temporarily withdraw from Board deliberations, voting, and access to applicable Board information.
- f) Board members and members at large may not attempt to exercise individual authority over the CoC and/or CDGA or staff except as explicitly set forth in Board policies.

B. Milwaukee CoC Members

The Milwaukee CoC encourages an open invitation process. Current invitation methods are: Announcements at CoC or Sub Work Group Meetings, Newspapers, Public Inquiries, Letters/Emails to CoC Membership, and Outreach to Faith-Based Groups. An open invitation is hosted on the Milwaukee CoC website. The current CoC membership is based on attendance to the "Full Body" meetings.

In addition, the Continuum will work with new partners, to expand its partnerships with non-profit housing development organizations to include local and regional entities with proven expertise in developing, operating and maintaining permanent housing for persons with disabilities, especially individuals with mental illness.

C. CoC Meeting Bodies

Each workgroup has their own process of selection of chair/co-chairs with the exception of the HMIS Workgroup which is led by Institute for Community Alliance.

- **Shelter and Transitional Housing Task Force:** The Shelter and Transitional Housing Task Force (formerly the Shelter Task Force) is a self-constituting group that provides advocacy, planning, service coordination, public education and resource development for emergency shelter and transitional housing issues on behalf of its members and clients. The membership of the Shelter and Transitional Housing Task Force (STTF) shall be directors or their designee of Milwaukee based non-profit emergency shelters, transitional housing programs and other related providers who offer significant services to the homeless. Task Force goals include:
 - Foster active collaboration among community partners;
 - Educate the public on the causes and consequences of poverty, homelessness and the public safety net;
 - Advocate on the federal, state and local level to ensure adequate and effective safety net services;
 - Develop white papers around homeless related issues
 - Partner with the Milwaukee Community on developing local solutions and improving service delivery

- systems, and
- Fight for low-income and homeless families, youth, victims of domestic violence and single adults.

The Task Force functions as the planning and coordination entity for Milwaukee's shelter and transitional housing system. In that capacity, STTF acts as an affiliate of the full CoC to study, evaluate, and recommend solutions to immediate and longer term system front door issues including: planning related to inter-county public mental health service delivery, implementation of a coordinated entry system for housing services, and program development related to joint funding applications for ESG, EFSP, SSSG, and other local and state funding.

- **Coordinated Entry Workgroup:** United Way of Greater Milwaukee and Waukesha County serves as the Lead Agency and IMPACT 2-1-1 as the Coordinating Agency for the Milwaukee Continuum of Care Coordinated Entry System. This workgroup has its own election process for selecting the workgroup chair. This workgroup is responsible for designing and implementing the coordinated entry (CE) system to improve effective access for homeless people to homeless prevention, shelter diversion, community case management, emergency shelter, transitional housing and other services to support housing stability. Specific activities include: analysis of current shelter/transitional housing system, development of vulnerability index, community notification strategies, determine ongoing and system expansion costs and funding resources, presentations to focus groups with key stakeholders and consumers, convening key stakeholders and facilitating collaboration among stakeholder workgroups, stakeholder review and feedback, maintaining CE system implementation planning and schedule, creating and maintaining comprehensive shelter diversion and homelessness prevention resources inventory, identifying an advisory group upon full deployment in August 2014-2015, and, evaluation of CE system. The Coordinated Entry system is governed by the Coordinated Entry Manual and operates as the CE workgroup guide.
- **Provider Advisory Group:** The Provider Advisory Group (PAG) is comprised of homeless service providers; members from the CoC. The workgroup is convened to facilitate service delivery among providers, provide input to the Executive Board to address on funding and service delivery issues, and to help in the resolution of service delivery issues that may arise at the local, state or federal levels. This meeting is conducted on a consent agenda where members (both those who sit on the PAG and those who are part of the body) can submit agenda topics to the Lead Agency. The Lead Agency is the facilitator to the meeting. The meeting is open to the public and entire CoC to attend, however only members of the PAG are able to vote. The Funding Opportunity Workgroup (FOW) falls under the PAG and meets on an as-needed basis as an agenda item.
 - **Funding Opportunity Workgroup:** The workgroup is responsible for overseeing the project selection processes; specifically, public announcement of the funding opportunity, solicitation of letters of interest, development of the application format and scoring instrument, oral presentations, application scoring, project ranking, and bonus project selection. Review process includes examination of applicant(s) organizational capability, housing project specifications, supportive services, participant recruitment, and budget. Extent of housing emphasis, services provided to chronically homeless, as well as families, are also assessed. Committee recommendation is provided to the Executive Board for review and approval.
- **HMIS Workgroup:** The workgroup addresses system usage, including discussions on data entry issues, workflow best practices, troubleshooting and data quality techniques, and training

needs. The work group will also provide data related technical assistance, reports, and other needed support to the CoC, the Executive Committee and its workgroups/task forces.

Additionally, two ad-hoc workgroups function under the HMIS Workgroup:

- **Point In Time:** The PIT workgroup actively plans for the next Point in Time Survey, scheduled semi-annually on the last Wednesday of January and July. The workgroup is continually tasked with improving the Point In Time surveys, and, developing and improving strategies of approach for highest success during the count, inclusive of collaborating with local jurisdictions within the Milwaukee CoC. To date, the workgroup has conducted a thorough review of the 2011 Point in Time survey instrument which resulted in several critical modifications to more accurately assess disability status, assessed the adequacy of the 2011 coverage and outreach strategy to identify specific ways to enhance future Point In Time counts, and developed a preliminary volunteer interviewer recruitment and training plan. The University of Wisconsin- Milwaukee assists in the final data analysis for the PIT.
- **APR Review Panel:** The APR Review Panel is responsible for holding a quarterly APR review process of Service Point data submitted through the Advanced Reporting Tool to assist with data quality and completeness and to maintain data quality standards. The HMIS workgroup will evaluate the submitted data and provide feedback to each agency on where revisions may be needed and improvements can be made. The APR data reviews also serves as a means to monitor data patterns and project trends. Performance measure feedback is provided to the Funding Opportunity Workgroup for evaluating renewal projects during the annual CoC NOFA.
- **Project Homeless Connect Committee:** Project Homeless Connect is a one day, one-stop shop event which aims to bring necessary services and resources to people who are homeless. This committee works to plan and implement the annual Project Homeless Connect event. This event provides guests with free resources, services, a job fair, and lunch for guests. The event features a one-on-one volunteer model where a volunteer will accompany a guest throughout the event to ensure they receive everything they need. This committee's purpose is to connect the community (those who are able to provider services/resources) to those who are experiencing or at-risk of experiencing homelessness.

The above mentioned groups are considered "standing" committees. The Executive Board can establish ad hoc workgroups/committees as needed, and for as long as needed.

4. Reporting:

- Proceedings of all meetings are documented in minutes.
- Minutes of all meetings are circulated and approved at the subsequent meeting.
- Executive Board resolutions are first put out in a draft form (as a "Board Paper") and, once passed, are recorded in the minutes of meetings or a Resolutions Register.
- Meeting minutes from the Full Body CoC, Executive Board and all sub-committees will be posted on the CoC website once approved.

5. Lead Agency

The City of Milwaukee is the lead support agency providing staff to the various committees and work groups that constitute the CoC.

Specific responsibilities include:

- Staff committees
- Produce planning materials
- Coordinate Needs/Gaps Assessments
- Collect and report performance data
- Coordinate resources, integrate activities and facilitate collaboration
- Prepare collaborative application for CoC funds
- Media point of contact
- Maintain CoC Website
- Enter into all contracts and MOU's on behalf of the CoC and monitors performance under these contracts
- Monitor program performance; with executed Memorandum of Understanding agreement (MOU)
- Monitor Emergency Solutions Grant (ESG) recipients' activity outcomes
- Administer and provide assistance as requested and needed by CoC and ESG recipient agencies.

6. Homeless Management Information System (HMIS) Administration

Institute for Community Alliance (ICA) shall serve as the Homeless Management Information System (HMIS) administrators, responsible for the maintenance, oversight, security, and information contained therein. As the HMIS Lead Agency for the CoC ICA will assess current reporting needs, train agency system users, lead the Point-in-Time process and provide reports that satisfy the reporting requirements of HUD in a timely manner.

Specific responsibilities include:

- Collect and report performance data
- Point-In-Time data
- System Research, Analysis and Training
- System Operations, Maintenance and Assessment
- System Entry and Report Evaluation

7. Coordinated Entry Lead Agency

United Way of Greater Milwaukee will serve as the Lead Agency and IMPACT 2-1-1 as the Coordinating Agency for the Milwaukee Continuum of Care Coordinated Entry System.

Lead Agency – United Way Specific responsibilities include:

- Advocate for system improvement
- Convene partners to review progress and convene Work Group meetings and tasks
- Monitor process
- Maintain effective communication and dialogue among partners
- Facilitate HMIS data collection and utilization
- Improve technology to support the system

Coordinating Agency – IMPACT 2-1-1 Specific responsibilities include:

- Provide system oversight and management through its full-time Program Coordinator
- Provide through its Resource Specialists standardized initial assessments that provide information on the needs of individuals and families seeking housing assistance through 2-1-1
- Evaluate process
- Maintain effective communication and dialogue among partners, providers, and consumers
- Ensure HMIS data collection, utilization and reporting

8. Review of Charter:

The review of this charter shall be made annually to ensure it remains consistent with the CoC's objectives and responsibilities as it relates to **24 CFR Part 578.7(a)(3)**

Notice of Funding Availability (NOFA)
Fiscal Year 2015
Continuum of Care Program Competition

NOFA Required Documents—Section 2A-2

- Attachments: HMIS Policies and Procedures
 - ICA/HMIS Provider Policies and Procedures Manual

Wisconsin Statewide

Homeless Management Information System

Policies and Procedures

Institute for Community Alliances

2015

Contents

1. Introduction	4
1.1 HMIS BENEFITS	4
2. Requirements for Participation	6
2.1 RESPONSIBILITIES OF HMIS USERS.....	6
2.2 PARTNER AGENCY REQUIREMENTS.....	6
2.4 USER TRAINING REQUIREMENTS	8
2.5 HMIS USER LEVELS	9
2.6 HMIS VENDOR REQUIREMENTS	11
2.7 MINIMUM TECHNICAL STANDARDS	12
2.8 HMIS LICENSE FEES	12
Table 1: Example HMIS License Fees.....	12
2.9 HMIS OPERATING POLICIES VIOLATION	13
3. Privacy and Security	15
3.1 DATA ASSESSMENT AND ACCESS.....	15
3.2 DATA REPORTING PARAMETERS AND GUIDELINES	16
3.3 RELEASE OF DATA FOR GRANT FUNDERS	17
3.4 BASELINE PRIVACY POLICY	17
3.5 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS.....	20
3.6 USER CONFLICT OF INTEREST	21
3.7 SECURITY PROCEDURE TRAINING FOR USERS.....	21
3.8 VIOLATION OF SECURITY PROCEDURES	21
3.9 PROCEDURE FOR REPORTING SECURITY INCIDENTS	21
3.10 DISASTER RECOVERY PLAN.....	22
4. Data Requirements.....	23
4.1 MINIMUM DATA COLLECTION STANDARD.....	23
4.2 PROVIDER NAMING CONVENTION	23
4.3 DATA QUALITY PLAN	23
4.4 XML IMPORTS	24
4.5 HMIS DATA PROTECTION.....	24
5. Glossary	25
6. Appendices	27

6.1 USER MANUALS	27
6.2 DATA DICTIONARY AND DATA MANUAL	27

1. Introduction

The Wisconsin Homeless Management Information System (HMIS) is a collaborative project of the four Wisconsin Continua of Care (CoC) – Balance of State, Dane, Milwaukee, and Racine – the Institute for Community Alliances (ICA), and participating Partner Agencies. HMIS is an internet-based database that is used by homeless service organizations across Wisconsin to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. Bowman Internet Systems administers the central server and HMIS software, and ICA administers user and agency licensing, training and compliance.

HMIS enables service providers to measure the effectiveness of their interventions and facilitate longitudinal analysis of service needs and gaps within the CoCs. Information that is gathered from consumers via interviews conducted by service providers is analyzed for an unduplicated count, aggregated (void of any identifying client level information) and made available to policy makers, service providers, advocates, and consumer representatives. Data aggregated from HMIS about the extent and nature of homelessness in the state of Wisconsin is used to inform public policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

Guidance for the implementation of Wisconsin's HMIS is provided by a broad-based advisory board that is committed to understanding the gaps in services to consumers of the human service delivery system in an attempt to end homelessness.

This document provides the policies, procedures, guidelines and standards that govern HMIS operations, as well as the responsibilities for Agency Administrators and end users.

1.1 HMIS BENEFITS

Use of HMIS provides numerous benefits for service providers, homeless persons and the State of Wisconsin.

Benefits for service providers

- Provides online real-time information about client needs and the services available for homeless persons.
- Assures confidentiality by providing information in a secured system.
- Decreases duplicative client intakes and assessments.
- Tracks client outcomes and provides a client history.
- Generates data reports for local use and for state and federal reporting requirements.
- Facilitates the coordination of services within an organization and with other agencies and programs.
- Provides access to a statewide database of service providers, allowing agency staff to easily select a referral agency.
- Better able to define and understand the extent of homelessness throughout Wisconsin.
- Better able to focus staff and financial resources where services for homeless persons are needed the most.

- Better able to evaluate the effectiveness of specific interventions and programs, and services provided.

Benefits for homeless persons

- Intake information and needs assessments are maintained historically, reducing the number of times homeless persons must repeat their stories to multiple service providers.
- The opportunity to provide intake and life history one time demonstrates that service providers consider the homeless person's time valuable, and restores some of the consumer's dignity.
- Multiple services can be easily coordinated and referrals streamlined.

2. Requirements for Participation

2.1 RESPONSIBILITIES OF HMIS USERS

Agency Administrators

1. Edit and update agency information in HMIS.
2. Ensure that the participating agency obtains a unique user license for each user at the agency.
3. Establish the standard report for each specific program created.
4. Maintain a minimum standard of data quality by ensuring the Universal Data Elements are complete and accurate for every individual served by the agency and entered into HMIS.
5. Maintain the required universal data elements and program specific data elements for each program in accordance with the 2014 HMIS Data Standards, and maintain data elements required by the HMIS Advisory Board and/or the CoC in which the program operates.
6. Ensure agency staff persons receive required HMIS training, and review the Wisconsin HMIS Policies and Procedures, the Agency Partnership Agreement and any agency policies which impact the security and integrity of client information.
7. Ensure that HMIS access is granted only to staff members that have received training, have completed the Wisconsin User Agreement and are authorized to use HMIS.
8. Notify all users at their agency of interruptions in service.
9. Provide a single point of communication between users and HMIS staff at the Institute for Community Alliances.
10. Administer and monitor data security policies and standards, including:
 - User access control;
 - The backup and recovery of data; and
 - Detecting and responding to violations of the policies and procedures or agency procedures.

Users

1. Take appropriate measures to prevent unauthorized data disclosure.
2. Report any security violations.
3. Comply with relevant policies and procedures.
4. Input required data fields in a current and timely manner.
5. Ensure a minimum standard of data quality by accurately answering the Universal Data Elements and required program specific data elements for every individual entered into HMIS.
6. Inform clients about the agency's use of HMIS.
7. Take responsibility for any actions undertaken with one's username and password.
8. Complete required training.
9. Read the WISP News email newsletter.

2.2 PARTNER AGENCY REQUIREMENTS

Participation Agreement Documents

Partner Agencies must complete the following documents:

1. **Partnership Agreements** must be signed by each participating agency's executive director. The Institute for Community Alliances will retain the original document. The participation agreement states the agency's commitment to adhere to the policies and procedures for effective use of HMIS.
2. **Wisconsin User Agreements** list user policies and responsibilities and are electronically signed by each authorized user. An electronic or hard copy of the original document must be kept by the originating agency.
3. **Coordinated Services Agreements** allow the specifically named HMIS user to enter client data as, or on behalf of, another specifically named Participating Agency and/or to report on behalf the specifically named Participating Agency. The signed agreement will be maintained by the HMIS Lead Agency, the Institute for Community Alliances.

User Access to the System

The Agency Administrator will determine user access for users at or below the Case Manager III access level and assign users to the appropriate agency provider. The System Administrator will generate usernames and passwords within the administrative function of the software.

The Agency Administrator and all users must complete training before access to the system is granted by ICA. All users must undergo a criminal background check as detailed in the Agency Partnership Agreement.

User Requirements

Users must be paid staff or official volunteers of a Partner Agency. An official volunteer must complete a volunteer application with the Partner Agency, undergo agency training, pass a criminal background check, and record volunteer hours with the agency. Individuals who are solely contracting with a Partner Agency are prohibited from receiving a user license. All users must be at least 18 years old.

Users who are also Clients Listed in HMIS

In order to prevent users from editing their own file or files of immediate family members, all users will agree to a conflict of interest statement that is part of the User Agreement. Users must disclose any potential conflict of interest to their Agency Administrator. Users will be prohibited from making changes to the information in their own file or the files of their immediate family members. If a user is suspected of violating this agreement, the System Administrator will run the audit trail report to determine if there was an infraction.

Passwords

- **Creation:** Passwords are automatically generated from the system when a user is created. The Agency Administrator will communicate the system-generated password to the user.
- **Use:** The user will be required to change the password the first time they log onto the system. The password must be at least 8 characters and alphanumeric. Passwords should not be able to be easily guessed or found in a dictionary. Passwords are the

individual's responsibility and users cannot share passwords. Users may not keep written copies of their password in a publicly accessible location.

- Storage: Any passwords that are written down are to be stored securely and must be inaccessible to other persons. Users are not to store passwords on a personal computer for easier log on.
- Expiration: Passwords expire every 45 days. Users may not use the same password consecutively. Passwords cannot be re-used until 2 password selections have expired.
- Unsuccessful logon: If a user unsuccessfully attempts to log-on 3 times, the User ID will be "locked out," and access permission will be revoked rendering the user unable to gain access until his/her password is reset.

Inputting Data

Agencies participating in the HMIS must meet the minimum data entry requirements established by the -2014 HMIS Data Standards.

Tracking of Unauthorized Access

Any suspicion of unauthorized activity should be reported to the Institute for Community Alliances HMIS staff.

Agency Administrator

Agencies with 10 or more users must designate one person to be the Agency Administrator. Agencies with fewer than 10 users may forego designating an Agency Administrator. ICA HMIS staff will perform Agency Administrator responsibilities for these agencies.

The Agency Administrator will be responsible for resetting passwords, and monitoring HMIS access by users at their agency. This person will also be responsible for ensuring new agency staff persons are trained on how to use the HMIS by the System Administrators and for ensuring that new staff are aware of any agency or program specific data entry requirements.

The Agency Administrator must identify the assessments and requirements for each program, and work with the System Administrators to properly set up each program in the HMIS.

Client Consent Forms

In addition to posting the HMIS Consumer Notice, agencies may require clients to sign a client consent form. The form requires clients to authorize the electronic sharing of their personal information with other agencies that participate in HMIS when data sharing is appropriate for client service.

Data Protocols

Agencies may collect information for data elements in addition to the minimally required data elements established by the HMIS Advisory Board in accordance with HUD. Agencies must maintain consistency with data collection and entry within each program.

2.4 USER TRAINING REQUIREMENTS

New User Training Requirements

All users are required to attend new user training with ICA prior to receiving access to the system. If ICA determines that data entered by a current end user does not meet minimum data quality standards, users may be required to repeat this training.

Once a new user begins the HMIS new user training series, the user has 15 days to complete the training series and all required assignments. ICA staff will review the user's homework and determine if corrections are needed. Users will have an additional 15 days to make all corrections. If the user fails to complete all requirements within 30 days, the user will need to retake the training series. ICA staff may determine that a new user failed to grasp the necessary data entry concepts based on the quality of the user's homework. ICA staff may use their discretion to require new users to repeat new user training. If a new user fails to successfully complete the homework requirements for data entry after repeated attempts, ICA staff may use their discretion to determine that the new user is not capable of accurate and complete data entry, and may refuse to issue the new user a Wisconsin HMIS user license.

New users may request permission from ICA to take the new user training series over two consecutive months if new users are unable to attend all trainings during one month. ICA must receive the request in writing prior to the start of the new user training series.

If a user requesting a new user license had a license for the Wisconsin HMIS in the past, the user will be required to re-take the training series, with few exceptions. ICA has sole discretion to waive the requirement to attend new user training. ICA will consider the user's familiarity with the HMIS and the need for the user to learn about potential system updates and changes during new user training when making its decision to waive the new user training requirement.

Users are expected to fully participate in all trainings attended. If a user misses more than ten minutes or ten percent (whichever is greater) of a training, the user will not receive credit for completing the training.

Ongoing User Training Requirements

All users are required to attend annual security training to retain their user license.

All users are required to attend at least two general HMIS trainings annually. The new user training series will count as one training toward the general training requirement. New users taking the new user training series in December will be except from completing an additional training during that calendar year.

All users with Advanced Reporting Tool (ART) Licenses are required to attend at least two ART trainings annually in addition to the required general HMIS trainings.

Users are expected to fully participate in all trainings attended. If a user misses more than ten minutes or ten percent (whichever is greater) of a training, the user will not receive credit for completing the training.

2.5 HMIS USER LEVELS

HMIS user roles are listed on the ICA website.

Resource Specialist I

Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. A Resource Specialist I cannot modify or delete data, and does not have access to client or service records or other modules and screens.

Resource Specialist II

Users may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. At this level, the user does not have access to client or service records or other modules and screens. A Resource Specialist II is an agency-level "Information & Referral (I&R) specialist" who may update their own agency and program information.

Resource Specialist III

Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs and view the agency or program detail screens. A Resource Specialist III may add or remove resource groups, including Global (which they get by default). Access to client or service records and other modules and screens is not given. A Resource Specialist III may edit the system-wide news feature.

Volunteer

Users may access ResourcePoint, and have limited access to ClientPoint and service records. A volunteer may view or edit basic demographic information about clients (the profile screen), but is restricted from all other screens in ClientPoint. A volunteer may also enter new clients, make referrals, and check clients in/out from a shelter. A volunteer does not have access to the "Services Provided" tab. This access level is designed to allow a volunteer to perform basic intake steps with a new client and then refer the client to an agency staff member or case manager.

Agency Staff

Users may access ResourcePoint, have full access to service records, and limited access to ClientPoint. Agency staff may access most functions in ServicePoint, however, they may only access basic demographic data on clients (profile screen). All other screens are restricted including Reports. Agency Staff can add news items to the newswire feature.

Case Manager I

Users may access all screens and modules except "Administration." A Case Manager I may access all screens within ClientPoint, except the medical screen for confidentiality reasons. Users may access Reports.

Case Manager II

Users may access all screens and modules except "Administration." A Case Manager II may access all screens within ClientPoint, including the medical screen. Users may access Reports.

Case Manager III

This role has the same actions available as the Case Manager II with the added ability to see program data for all providers on their provider tree, like an Agency Administrator.

Agency Administrator

Users may access all ServicePoint screens and modules. Agency Administrators may add/remove users and edit agency and program data for all providers on their provider tree.

Executive Director

Users have the same access rights as an Agency Administrator, but rank above the Agency Administrator.

System Operator

Users may only access Administration screens. System operators can create new agency providers, add new users, reset passwords, and access other system-level options. Users may order additional user licenses and modify the allocation of licenses. They maintain the system, but may not access any client or service records.

System Administrator I

Users have the same access rights to client information as Agency Administrators, but for all agencies in the system. System Administrators also have full access to administrative functions.

System Administrator II

There are no system restrictions on users. They have full HMIS access.

2.6 HMIS VENDOR REQUIREMENTS

Physical Security

Access to areas containing HMIS equipment, data and software will be secured.

Firewall Protection

The vendor will secure the perimeter of its network using technology from firewall vendors. Company system administrators monitor firewall logs to determine unusual patterns and possible system vulnerabilities.

User Authentication

Users may only access HMIS with a valid username and password combination that is encrypted via SSL for internet transmission to prevent theft. If a user enters an invalid password three consecutive times, they are automatically shut out of that HMIS session. For added security, the session key is automatically scrambled and re-established in the background at regular intervals.

Application Security

HMIS users will be assigned a system access level that restricts their access to appropriate data.

Database Security

Wherever possible, all database access is controlled at the operating system and database connection level for additional security. Access to production databases is limited to a minimal number of points; as with production servers, production databases do not share a master password database.

Technical Support

The vendor will assist ICA HMIS staff to resolve software problems, make necessary modifications for special programming, and will explain system functionality to ICA.

Technical Performance

The vendor maintains the system, including data backup, data retrieval and server functionality/operation. Upgrades to the system software will be continuously developed and implemented.

Hardware Disposal

Data stored on broken equipment or equipment intended for disposal will be destroyed using industry standard procedures.

2.7 MINIMUM TECHNICAL STANDARDS

Minimum Computer Requirements

- A PC with a 2 Gigahertz or higher processor, 40GB hard drive, 512 MB RAM, and Microsoft Windows 7 or 8
- The most recent version of Google Chrome, Safari or Firefox. No additional plug-in is required.
It is recommended that your browser have a 128 cipher / encryption strength installed. The browser's cache should be set to "Check for new version of the stored pages: Every visit to page."
- A broadband Internet connection or LAN connection. Dial-up modem connections are not sufficient.
- Virus protection updates
- The only mobile device that is officially supported by Bowman Systems is the Apple iPad running the latest version of IOS.

Additional Recommendations

Memory

- Windows 7: 4Gig recommended (2 Gig minimum)

Monitor

- Screen Display: 1024x768 (XGA) or higher; 1280x768 strongly advised

Processor

- A Dual-Core processor is recommended

2.8 HMIS LICENSE FEES

Annual Wisconsin HMIS License Fees

Agencies may purchase licenses at any time. License fees are calculated on a sliding scale. Agencies purchasing 20 or fewer licenses will be charged \$60 per license. Agencies purchasing more than 20 licenses will be charged \$60 for the first 20 licenses and \$50 per license for each additional license. License fees are listed on Table 2 below. The amount of a user license may change depending on the operating costs of the Wisconsin HMIS. All changes in amounts charged for user licenses will be approved by the HMIS Advisory Board.

Billing for licenses will occur once annually in January, covering January - December. The annual fee will cover the subsequent calendar year and must be paid within 60 days following the date of the invoice. If a Partner Agency fails to pay their license fees by the stated due date, the agency's user licenses will be suspended until ICA receives the payment.

Table 1: Example HMIS License Fees

Number of Users	Annual License Fee	Number of Users	Annual License Fee	Number of Users	Annual License Fee

1	\$60	9	\$540	17	\$1020
2	\$120	10	\$600	18	\$1080
3	\$180	11	\$660	19	\$1,140
4	\$240	12	\$720	20	\$1,200
5	\$300	13	\$780	21	\$1,250
6	\$360	14	\$840	22	\$1,300
7	\$420	15	\$900	23	\$1,350
8	\$480	16	\$960	24	\$1,400

Non-use Fee

Agencies with users who do not access their HMIS account at least once every 90 days will be assessed a Non-use Fee. For each user who does not meet the access requirement, the agency will be charged \$250 at the time of annual license renewal. Participating Agencies are responsible for monitoring staff use of the HMIS to ensure that their agency is not charged Non-use Fee.

Fees for Programs Mandated to Use HMIS

Funding shall be provided from agencies operating programs required by federal and state agencies to enter data into HMIS as needed to fully fund the operation of the HMIS. The amount charged will be a set dollar amount or a percentage allocation of the funding source, to be determined by ICA based upon various criteria.

ART Licenses

The ART license is an add-on license available for HMIS users to facilitate data reporting. The additional amount charged for these licenses will reflect the actual cost of the license charged to the HMIS Lead Agency under the HMIS software contract..

2.9 HMIS OPERATING POLICIES VIOLATION

HMIS users and Partner Agencies must abide by all HMIS operational policies and procedures found in the HMIS Policies and Procedures manual, the Wisconsin User Agreement, and the Partner Agency Agreement. Repercussion for any violation will be assessed in a tiered manner. Each user or Partner Agency violation will face successive consequences – the violations do not need to be of the same type in order to be considered second or third violations. User violations do not expire. No regard is given to the duration of time that occurs between successive violations of the HMIS operation policies and procedures as it relates to corrective action.

- First Violation – the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days, or until the Partner Agency notifies ICA of action taken to remedy the violation. ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Advisory Board of the violation during the next scheduled Advisory Board meeting following the violation.
- Second Violation – the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days. The user and/or Partner

Agency must take action to remedy the violation; however, this action will not shorten the length of the license suspension. If the violation has not been remedied by the end of the 30-day user license suspension, the suspension will continue until the Partner Agency notifies ICA of the action taken to remedy the violation. ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Advisory Board of the violation during the next scheduled Advisory Board meeting following the violation.

- Third Violation – the user and Partner Agency will be notified of the violation in writing by ICA. ICA will notify the HMIS Advisory Board of the violation and convene a review panel made up of Advisory Board members who will determine if the user's license should be terminated. The user's license will be suspended for a minimum of 30 days, or until the Advisory Board review panel notifies ICA of their determination, whichever occurs later. If the Advisory Board determines the user should retain their user license, ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. If users who retain their license after their third violation have an additional violation, that violation will be reviewed by the Advisory Board review panel.

Any user or other fees paid by the Partner Agency will not be returned if a user's or Partner Agency's access to HMIS is revoked.

Notifying the HMIS Lead Agency of a Violation

It is the responsibility of the Agency Administrator or general User at Partner Agencies that do not have an agency administrator to notify the HMIS Lead Agency when they suspect that a User or Partner Agency has violated any HMIS operational agreement, policy or procedure. A complaint about a potential violation must include the User and Partner Agency name, and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS Lead Agency at wisp@icalliances.org. The name of the person making the complaint will not be released from the HMIS Lead Agency if the individual wishes to remain anonymous.

Violations of Local, State or Federal Law

Any Partner Agency or user violation of local, state or federal law will immediately be subject to the consequences listed under the Third Violation above.

Multiple Violations within a 12-Month Timeframe

During a 12 month calendar year, if there are multiple users (3 or more) with multiple violations (2 or more) from one Partner Agency, the Partner Agency as a whole will be subject to the consequences listed under the Third Violation above.

3. Privacy and Security

The importance of the integrity and security of HMIS cannot be overstated. Given this importance, HMIS must be administered and operated under high standards of data privacy and security. The Institute for Community Alliances and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. When a privacy or security standard conflicts with other Federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact ICA to collaboratively update the applicable policies for the partner agency to accurately reflect the additional protections.

3.1 DATA ASSESSMENT AND ACCESS

All HMIS data will be handled according to the following major classifications: Shared or Closed Data. HMIS staff will assess all data, and implement appropriate controls to ensure that data classified as shared or closed are handled according to the following procedures.

Shared Data

Shared data is unrestricted information that has been entered by one provider and is visible to other providers using HMIS. Wisconsin's HMIS is designed as an open system that defaults to allow shared data. Providers have the option of changing their program settings to keep client data closed.

Closed Data

Information entered by one provider that is not visible to other providers using HMIS. Programs that serve victims of domestic violence, individuals with HIV/AIDS, provide youth services, or legal services must enter closed data. Further, programs that provide youth services and legal services may enter clients as "unnamed." Individual client records can be closed at the client's request.

Procedures for transmission and storage of data

- **Open Data:** This is data that does not contain personal identifying information. The data should be handled discretely, unless it is further classified as Public Data. The data must be stored out of site, and may be transmitted via internal or first-class mail until it is considered public data.
- **Confidential Data at the Agency Level:** Confidential data contains personal identifying information. Each agency shall develop rules governing the access of confidential data in HMIS to ensure that those staff needing confidential data access will have access, and access is otherwise restricted. The agency rules shall also cover the destruction of paper and electronic data in a manner that will ensure that privacy is maintained and that proper controls are in place for any hard copy and electronic data that is based on HMIS data.

Whenever confidential data is accessed:

- Hard copies shall be shredded when disposal is appropriate. Hard copies shall be stored in a secure environment that is inaccessible to the general public or staff not requiring access.
- Hard copies shall not be left out in the open or unattended.

- Electronic copies shall be stored only where the employee can access the data.
- Electronic copies shall be stored where a password is required to access the data if on shared server space.

All public data must be classified as aggregated public or unpublished restricted access data.

Aggregated Public Data

Information published according to the "Reporting Parameters and Guidelines" (HMIS Policies and Procedures Section 3.2).

Unpublished Restricted Access Data

Information scheduled, but not yet approved, for publication. Examples include draft reports, fragments of data sets, and data without context or data that have not been analyzed.

Procedures for Transmission and Storage of Data

- Aggregated Public Data: Security controls are not required.
- Unpublished Restricted Access Data:
 1. Draft or Fragmented Data – Accessible only to authorized HMIS staff and agency personnel. Requires auditing of access and must be stored in a secure out-of-sight location. Data can be transmitted via e-mail, internal departmental or first class mail. If mailed, data must be labeled confidential.
 2. Confidential Data: Requires encryption at all times. Must be magnetically overwritten and destroyed. Hard copies of data must be stored in an out-of-sight secure location.

3.2 DATA REPORTING PARAMETERS AND GUIDELINES

All open data will be handled according to the following classifications - *Public Data, Internal Data, and Restricted Data* - and should be handled according to the following procedures.

Principles for Release of Data

- Only de-identified aggregated data will be released except as specified below.
- No identified client data may be released without informed consent unless otherwise specified by Wisconsin State and Federal confidentiality laws. All requests for such information must be addressed to the owner/participating agency where the data was collected.
- Program specific information used for annual grant program reports and program specific information included in grant applications is classified as public information. No other program specific information will be released without written consent.
- There will be full access to aggregate data included in published reports.
- Reports of aggregate data may be made directly available to the public.
- The parameters of the aggregated data, that is, where the data comes from and what it includes will be presented with each report.
- Data will be mined for agencies requesting reports on a case-by-case basis.
- Requests must be written with a description of specific data to be included and for what duration of time. Requests are to be submitted at least 30 days prior to the date the report is needed. Exceptions to the 30-day notice may be made.
- ICA reserves the right to deny any request for aggregated data.

3.3 RELEASE OF DATA FOR GRANT FUNDERS

Entities providing funding to agencies or programs required to use HMIS will not have automatic access to HMIS. Access to HMIS will only be granted by ICA when there is a voluntary written agreement in place between the funding entity and the agency or program. Funding for any agency or program using HMIS cannot be contingent upon establishing a voluntary written agreement allowing the funder HMIS access.

3.4 BASELINE PRIVACY POLICY

Collection of Personal Information

Personal information will be collected for HMIS only when it is needed to provide services, when it is needed for another specific purpose of the agency where a client is receiving services, or when it is required by law. Personal information may be collected for these purposes:

- To provide or coordinate services for clients
- To find programs that may provide additional client assistance
- To comply with government and grant reporting obligations
- To assess the state of homelessness in the community, and to assess the condition and availability of affordable housing to better target services and resources

Only lawful and fair means are used to collect personal information.

Personal information is collected with the knowledge and consent of clients. It is assumed that clients consent to the collection their personal information as described in this notice when they seek assistance from an agency using HMIS and provide the agency with their personal information.

If an agency reasonably believes that a client is a victim of abuse, neglect or domestic violence, or if a client reports that he/she is a victim of abuse, neglect or domestic violence, explicit permission is required to enter and share the client's information in HMIS.

Personal information may also be collected from:

- Additional individuals seeking services with a client
- Other private organizations that provide services and participate in HMIS

Upon request, clients must be able to access the *Use and Disclosure of Personal Information* policy found below.

Use and Disclosure of Personal Information

These policies explain why an agency collects personal information from clients. Personal information may be used or disclosed for activities described in this part of the notice. Client consent to the use or disclosure of personal information for the purposes described in this notice, and for reasons that are compatible with purposes described in this notice but not listed, is assumed. Clients must give consent before their personal information is used or disclosed for any purpose not described here.

Personal information may be used or disclosed for the following purposes:

1. *To provide or coordinate services to individuals. Client records are shared with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information. If clients access services at one of these other*

organizations, they will be notified of the agency's privacy and sharing policy.
{OPTIONAL}

2. To carry out administrative functions such as legal audits, personnel, oversight, and management functions.
3. For research and statistical purposes. Personal information released for research and statistical purposes will be anonymous.
4. For academic research conducted by an individual or institution that has a formal relationship with the Institute for Community Alliances. The research must be conducted by an individual employed by or affiliated with the organization or institution. All research projects must be conducted under a written research agreement approved in writing by the designated agency administrator or executive director. The written research agreement must:
 - Establish the rules and limitations for processing personal information and providing security for personal information in the course of the research.
 - Provide for the return or proper disposal of all personal information at the conclusion of the research.
 - Restrict additional use or disclosure of personal information, except where required by law.
 - Require that the recipient of the personal information formally agree to comply with all terms and conditions of the written research agreement, and
 - Be substituted, when appropriate, by Institutional Review Board, Privacy Board or other applicable human subjects' protection institution approval.
5. When required by law. Personal information will be released to the extent that use or disclosure complies with the requirements of the law.
6. To avert a serious threat to health or safety if:
 - the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
 - the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.
7. To report to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence, information about an individual reasonably believed to be a victim of abuse, neglect or domestic violence. When the personal information of a victim of abuse, neglect or domestic violence is disclosed, the individual whose information has been released will promptly be informed, except if:
 - it is believed that informing the individual would place the individual at risk of serious harm, or
 - a personal representative (such as a family member or friend) who is responsible for the abuse, neglect or other injury is the individual who would be informed, and it is believed that informing the personal representative would not be in the best interest of the individual as determined in the exercise of professional judgment.
8. For a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:

- In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer or a grand jury subpoena, if the court ordered disclosure goes through the Institute for Community Alliances and is reviewed by the Executive Director for any additional action or comment.
 - If the law enforcement official makes a written request for personal information. The written request must meet the following requirements:
 - i. Be signed by a supervisory official of the law enforcement agency seeking the personal information.
 - ii. State how the information is relevant and material to a legitimate law enforcement investigation.
 - iii. Identify the personal information sought.
 - iv. Be specific and limited in scope to the purpose for which the information is sought, and
 - v. Be approved for release by the Institute for Community Alliances legal counsel after a review period of seven to fourteen days.
 - If it is believed that the personal information constitutes evidence of criminal conduct that occurred at the agency where the client receives services.
 - If the official is an authorized federal official seeking personal information for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to a foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.
9. For law enforcement or another public official authorized to receive a client's personal information to conduct an immediate enforcement activity that depends upon the disclosure. Personal information may be disclosed when a client is incapacitated and unable to agree to the disclosure if waiting until the individual is able to agree to the disclosure would materially and adversely affect the enforcement activity. In this case, the disclosure will only be made if it is not intended to be used against the individual.
10. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

Inspection and Correction of Personal Information

Clients may inspect and receive a copy of their person information maintained in HMIS. The agency where the client receives services will offer to explain any information that a client may not understand.

If the information listed in HMIS is believed to be inaccurate or incomplete, a client may submit a verbal or written request to have his/her information corrected. Inaccurate or incomplete data may be deleted, or marked as inaccurate or incomplete and supplemented with additional information.

A request to inspect or copy one's personal information may be denied if:

- The information was compiled in reasonable anticipation of litigation or comparable proceedings

- The information was obtained under a promise or confidentiality and if the disclosure would reveal the source of the information, or
- The life or physical safety of any individual would be reasonably endangered by disclosure of the personal information.

If a request for inspection access or personal information correction is denied, the agency where the client receives services will explain the reason for the denial. The client's request and the reason for the denial will be included in the client's record.

Requests for inspection access or personal information correction may be denied if they are made in a repeated and/or harassing manner.

Limits on Collection of Personal Information

Only personal information relevant for the purpose(s) for which it will be used will be collected. Personal information must be accurate and complete.

Client files not used in seven years may be made inactive in HMIS. ICA will check with agencies before making client files inactive. Personal information may be retained for a longer period if required by statute, regulation, contract or another obligation.

Limits on Partner Agency Use of HMIS Client Information

The Wisconsin HMIS is an open data system. This system allows Partner Agencies to share client information in order to coordinate services for clients. However, Partner Agencies may not limit client service or refuse to provide service in a way that discriminates against clients based on information the Partner Agency obtained from HMIS. Partner Agencies may not penalize a client based on historical data contained in HMIS.

Youth providers serving clients under the age of 18 must maintain closed HMIS client files. Youth under the age of 18 may not provide either written or verbal consent to the release of their personally identifying information in HMIS.

Complaints and Accountability

Questions or complaints about the privacy and security policies and practices may be submitted to the agency where the client receives services. Complaints specific to HMIS should be submitted to the HMIS agency administrator and program director. If no resolution can be found, the complaint will be forwarded to the System Administrators, and the agency's executive director. If there is no resolution, the Wisconsin HMIS Advisory Board will oversee final arbitration. All other complaints will follow the agency's grievance procedure as outlined in the agency's handbook.

All HMIS users (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Users must receive and acknowledge receipt of a copy of this privacy notice.

3.5 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS

Victim service providers, private nonprofit agencies whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, must not

directly enter or provide data into HMIS if they are legally prohibited from participating in HMIS. Victim service providers that are recipients of funds requiring participation in HMIS, but are prohibited from entering data in HMIS, must use a comparable database to enter client information. A comparable database is a database that can be used to collect client-level data over time and generate unduplicated aggregated reports based on the client information entered into the database. The reports generated by a comparable database must be accurate and provide the same information as the reports generated by HMIS.

3.6 USER CONFLICT OF INTEREST

Users who are also clients with files in HMIS are prohibited from entering or editing information in their own file. All users are also prohibited from entering or editing information in files of immediate family members. All users must sign the Wisconsin User Agreement, which includes a statement describing this limitation, and report any potential conflict of interest to their Agency Administrator. The System Administrator may run the audit trail report to determine if there has been a violation of the conflict of interest agreement.

3.7 SECURITY PROCEDURE TRAINING FOR USERS

All users must receive security training prior to being given access to HMIS. Security training will be covered during the new user training for all new users. All users must receive ongoing annual training on security procedures from the Institute for Community Alliances.

3.8 VIOLATION OF SECURITY PROCEDURES

All potential violations of any security protocols will be investigated and any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges and criminal prosecution.

If possible, all confirmed security violations will be communicated in writing to the affected client within 14 days, unless the client cannot be located. If the client cannot be located, a written description of the violation and efforts to locate the client will be prepared by the System Administrator at the Institute for Community Alliances, and placed in the client's file at the Agency that originated the client's record.

Any agency that is found to have consistently and/or flagrantly violated security procedures may have their access privileges suspended or revoked. All sanctions are imposed by the ICA HMIS staff. All sanctions may be appealed to the HMIS Advisory Board.

3.9 PROCEDURE FOR REPORTING SECURITY INCIDENTS

Users and Agency Administrators should report all unlawful access of HMIS and unlawful attempted access of HMIS. This includes theft of usernames and passwords. Security incidents should be reported to the ICA System Administrator. The ICA System Administrator will use the HMIS user audit trail report to determine the extent of the breach of security.

3.10 DISASTER RECOVERY PLAN

Bowman Systems Disaster Recovery Plan

Wisconsin's HMIS is covered under Bowman Systems Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Bowman Systems provides the following disaster recovery plan. Plan highlights include:

- Database tape backups occur nightly.
- Tape backups are stored offsite.
- Seven day backup history is stored locally on instantly accessible Raid 10 storage.
- One month backup history is stored off site.
- Access to Bowman Systems emergency line to provide assistance related to "outages" or "downtime" 24 hours a day.
- Data is backed up locally on instantly-accessible disk storage every 24 hours.
- The application server is backed up offsite, out-of-state, on a different internet provider and on a separate electrical grid via secured Virtual Private Network (VPN) connection.
- Backups of the application site are near-instantaneous (no files older than 5 minutes).
- The database is replicated nightly at an offsite location in case of a primary data center failure.
- Priority level response (ensures downtime will not exceed 4 hours).

Standard Data Recovery

Wisconsin's HMIS database is stored online, and is readily accessible for approximately 24 hours a day. Tape backups of the database are kept for approximately one month. Upon recognition of a system failure, HMIS can be copied to a standby server. The database can be restored, and the site recreated within three to four hours if online backups are accessible. As a rule, a tape restoration can be made within six to eight hours. On-site backups are made once daily. A restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.

All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that are connected in turn to electrical circuits, which are connected to a building generator.

All client data is backed-up online and stored on a central file server repository for 24 hours. Each night a tape backup is made of the client database and secured in a bank vault.

Historical data can be restored from tape as long as the data requested is newer than 30 days old. As a rule, the data can be restored to a standby server within four hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.

For power outage, HMIS is backed up via APC battery back-up units, which are connected via generator-backed up electrical circuits. For a system crash, a system restore will take four hours. There is potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a tape restore is necessary. If the failure is not hard

drive related, the data restore time will possibly be shorter as the drives themselves can be repopulated into a standby server.

All major outages are immediately brought to the attention of executive management. Bowman Systems support staff helps manage communication or messaging to the System Administrator as progress is made to address the service outage.

Wisconsin HMIS Disaster Recovery Plan

The Institute for Community Alliances operates a regional approach to administering the Wisconsin HMIS. The main ICA Wisconsin HMIS office is in Madison, Wisconsin, and there are three regional offices throughout the state. In the event of a localized emergency or disaster, ICA will shift responsibility for administering the HMIS and managing day-to-day operations of the system to an unaffected site.

4. Data Requirements

4.1 MINIMUM DATA COLLECTION STANDARD

Partner Agencies are responsible for asking all clients a minimum set of questions for use in aggregate analysis. These questions are included in custom assessments that are created by HMIS System Administrators. The required data elements depend on the program. The mandatory data elements in each assessment are displayed in *red* text and/or specific text indicating that the field is required.

The Agency Administrator must identify the assessments and requirements for each program. ICA will consult with the Agency Administrator to properly set up each program in HMIS.

Guidelines clearly articulating the minimum expectations for data entry for all programs entering data in HMIS will be sent to Agency Administrators and posted on the Institute for Community Alliances' Wisconsin HMIS webpage. Agency Administrators must ensure that the minimum data elements are fulfilled for every program.

4.2 PROVIDER NAMING CONVENTION

All providers within HMIS must be named so that they accurately reflect the type of service carried out by the corresponding Partner Agency program.

4.3 DATA QUALITY PLAN

Partner Agencies are responsible for the overall quality, accuracy and completeness of data entered by their staff for their clients. HMIS staff will monitor data collection of the HMIS Universal Data Elements and required program specific data elements monthly and hold participating agencies accountable for not entering required data.

ICA will submit a report to each CoC annually that identifies the degree to which all agencies within the CoC are meeting the minimum data entry standards.

Programs that do not adhere to the minimum data entry standards will be notified of their deficiencies and given appropriate training on how to correctly enter data. Partner Agencies and/or users who do not meet minimum data entry standards following additional training from ICA will be considered in violation of the HMIS operating agreements, and will be subject to the repercussions listed in Section 2.9 of the HMIS Policies and Procedures Manual.

4.4 XML IMPORTS

While HMIS databases are required to have the capacity to accept XML imports, ICA reserves the right to not allow XML imports into Wisconsin's HMIS. Allowing XML imports will impact data integrity and increase the likelihood of duplication of client files in the system.

4.5 HMIS DATA PROTECTION

As the HMIS Lead Agency, it is the responsibility of ICA to maintain the HMIS, including protecting the data contained in HMIS. In the case where ICA is made aware through data contained in HMIS that Partner Agency program funds were used for an ineligible service, ICA will notify the Partner Agency about the misuse of funds. If the Partner Agency fails to rectify the misuse of funds in a timely fashion, ICA will notify the appropriate funding body.

5. Glossary

Agency Administrator – the individual responsible for HMIS use at each partner agency that has ten or more HMIS users.

Aggregated Public Data – data that is published and available publicly. This type of data does not identify clients listed in the HMIS.

Closed Data – information entered by one provider that is not visible to other providers using HMIS.

Confidential Data – contains personal identifying information.

ICA – the Institute for Community Alliances, which is the HMIS Lead Agency.

HMIS – Homeless Management Information System – an internet-based database that is used by homeless service organizations across Wisconsin to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness.

HMIS Advisory Board – the group of HMIS users who are responsible for approving and implementing the HMIS Policies and Procedures, and for working to make improvements to Wisconsin's HMIS.

HMIS License Fee – the annual fee paid by partner agencies to allow each HMIS user at their agency continued access to the database.

HMIS User Level – HMIS users are assigned a specific user level that limits the data the user is able to access in the database.

HMIS Vendor – the Wisconsin HMIS software vendor is Bowman Systems. The HMIS vendor designs the HMIS and provides ongoing support to the System Administrators.

Minimum Data Entry Standards – a minimum set of questions that must be completed for each client to provide data for use in aggregate analysis.

Open Data – does not contain personal identifying information.

Partner Agencies – the homeless service organizations that use HMIS.

System Administrators – staff in the Division of Housing who are responsible for overseeing HMIS users and use in Wisconsin. The System Administrators allow users HMIS access and provide training; ensure user compliance with HMIS policies and procedures; and make policy recommendations to the Steering Committee.

Shared Data – unrestricted information that has been entered by one provider and is visible to other providers using HMIS.

Unpublished Restricted Access Data – information scheduled, but not yet approved, for publication.

Victim Service Provider – a nonprofit agency with a primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

6. Appendices

6.1 USER MANUALS

The 5.8 Manuals for General Users provide the protocol for data entry workflow for Wisconsin HMIS users. The User Manuals include the data entry workflow requirements to document valid program entry and exit dates in the HMIS.

Manuals

1. 5.8 Manual for General Users – Part 1
2. 5.8 Manual for General Users – Part 2

6.2 DATA DICTIONARY AND DATA MANUAL

The HMIS Data Standards Manual is intended to serve as a reference and provide basic guidance on HMIS data elements for CoCs, HMIS Lead Agencies, HMIS System Administrators, and users. The companion document to the HMIS Data Manual is the HMIS Data Dictionary.

The HMIS Data Dictionary is designed for HMIS vendors, HMIS Lead Agencies, and HMIS system administrators to understand all of the data elements required in an HMIS, data collection and function of each required element and the specific use of each element by the appropriate federal partner. The HMIS Data Dictionary should be the source for HMIS software programming.

HMIS systems must be able to collect all of the data elements defined in the HMIS Data Dictionary, support system logic identified in this document, and ensure that data collection and the visibility of data elements is appropriate to the project type and federal funding source for any given project.

Notice of Funding Availability (NOFA)
Fiscal Year 2015
Continuum of Care Program Competition

NOFA Required Documents—Section 1C-4

- Attachments: PHA Administrative Plan
 - West Allis

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive Section 8 HCV assistance, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.

The PHA is required to adopt a clear approach to accepting applications, placing families on the waiting list, selecting families from the waiting list and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the PHA to receive preferential treatment. Funding earmarked exclusively for families with particular characteristics may also alter the order in which families are served.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the PHA affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the PHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the PHA will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the PHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the PHA will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide the PHA in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the PHA has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the policies that guide the PHA's efforts to distribute and accept applications, and to make preliminary determinations of applicant family eligibility that affect placement of the family on the waiting list. This part also describes the PHA's obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the PHA to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the PHA. However, the PHA must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the PHA's application.

PHA Policy

Depending upon the length of time that applicants may need to wait to receive assistance, the PHA may use a two-step application process.

A two-step process will be used when it is expected that a family will not be selected from the waiting list for at least 30 days from the date of application. Under the two-step application process, the PHA initially will require families to provide only the information needed to make an initial assessment of the family's eligibility, and to determine the family's placement on the waiting list. The family will be required to provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list.

Families may obtain application forms on the Internet or from the PHA's office during normal business hours. Families may also request – by telephone or by mail – that a form be sent to the family via first class mail.

Completed applications must be returned to the PHA through the Internet, by mail, by fax, or submitted in person during normal business hours. Applications must be complete in order to be accepted by the PHA for processing.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The PHA must take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard PHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The PHA must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the PHA must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the PHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

PHAs are required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the PHA's policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The PHA must review each complete application received and make a preliminary assessment of the family's eligibility. The PHA must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the PHA must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

PHA Policy

If the PHA can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the PHA will send written notification of the ineligibility determination within 30 days of receiving a complete application. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

PHA Policy

The PHA will send written notification of the preliminary eligibility determination within 10 business days of receiving a complete application.

For apparently eligible families that are placed on the waiting list, the notice will indicate the family's relative place on the waiting list. If applicable, it also will indicate whether the family is eligible for any preferences that the PHA uses when selecting families from the waiting list.

Applicants will be placed on the waiting list using a lottery system. Once each application has been randomly assigned a number, the applications will be placed on the waiting list in order of the assigned numbers and according to PHA preference(s). The lottery system will limit the number of accepted applications to 500.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The PHA must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how a PHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The PHA's HCV waiting list must be organized in such a manner to allow the PHA to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:

- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any local preference;
- Racial or ethnic designation of the head of household.

HUD requires the PHA to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. Such PHAs are permitted, but not required, to maintain a separate waiting list for each county or municipality served.

PHA Policy

The PHA will maintain a single waiting list for the HCV program.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the PHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs.

HUD permits, but does not require, that PHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs.

A family's decision to apply for, receive, or refuse other housing assistance must not affect the family's placement on the HCV waiting list, or any preferences for which the family may qualify.

PHA Policy

The PHA will not merge the HCV waiting list with the waiting list for any other program the PHA operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

A PHA is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, the PHA may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

PHA Policy

The PHA will close the waiting list 48 hours after the application first becomes available. Where the PHA has particular preferences or funding criteria that require a specific category of family, the PHA may elect to continue to accept applications from these applicants while closing the waiting list to others.

Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the PHA publishes a notice in local newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

PHA Policy

The PHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.

The PHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to:

Official City newspaper responsible for the publication of Legal Notices

West Allis NOW

The Spanish Journal

City of West Allis website

Local government access cable television channel

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

The PHA must conduct outreach as necessary to ensure that the PHA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the PHA to serve a specified percentage of extremely low income families (see Chapter 4, Part III), the PHA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

PHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations
- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program

- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers
- Developing informational materials and flyers to distribute to other agencies
- Providing application forms to other public and private agencies that serve the low income population
- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

PHA Policy

The PHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the PHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-IL.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

PHA Policy

While the family is on the waiting list, the family must immediately inform the PHA of changes in contact information, including current residence, mailing address, phone number, email address and preference criteria. The changes must be submitted in writing.

4-IL.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the PHA to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a PHA request for information or updates because of the family member's disability, the PHA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

PHA Policy

The waiting list will be updated every 12-18 months to ensure that all applicants and applicant information is current and timely.

To update the waiting list, the PHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the PHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the PHA not later than 10 business days from the date of the PHA letter.

If the family fails to respond within 10 business days, the family will be removed from the waiting list without further notice.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 10 business days to respond from the date the letter was re-sent.

If a family is removed from the waiting list for failure to respond, the Executive Director may reinstate the family if s/he determines the lack of response was due to PHA error.

Removal from the Waiting List

PHA Policy

If at any time an applicant family is on the waiting list, the PHA determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the PHA has determined the family is not eligible for assistance, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the PHA's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences that the family qualifies for. The source of HCV funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit families that are not on the waiting list, or without considering the family's position on the waiting list. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

PHA Policy

The PHA administers the following types of targeted funding:

The PHA does not currently administer any type of targeted funding.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated

plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer a preference for a family who has been displaced by local government action.

The PHA will offer a preference for a family whose head of household is elderly.

The PHA will offer a preference for a family who is homeless, as defined by HUD.

The PHA will offer a preference for a family that includes a family member who is a person with disabilities, as defined by HUD.

The PHA will offer a preference for a family that includes a family member who is a victim of domestic violence.

The PHA will offer a preference for veterans or surviving spouses of veterans.

The PHA will offer a preference to families displaced by a national disaster (as declared by the President).

The PHA will offer a preference to families who are renting, and have been displaced by bank foreclosure.

The PHA will offer a preference to families who owned a home, and have been displaced by bank foreclosure.

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families either according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. When selecting families from the waiting list PHAs are required to use targeted funding to assist only those families who meet the specified criteria, and PHAs are not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

PHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preferences(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected in numerical order based on the numbers that were assigned to each application, by lottery, at the time the applications were placed on the waiting list. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notification maintained so that the PHA does not have to ask higher placed families each time targeted selections are made.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the PHA must notify the family.

PHA Policy

The PHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time, and location of required documentation, deadlines and delivery location

- Documents that must be provided to the PHA to document the legal identity of household members, including information about what constitutes acceptable documentation

- Other documents and information that should be provided to the PHA as instructed in the notification packet

If a notification letter is returned to the PHA with no forwarding address, the family will be removed from the waiting list. A notice of denial (see Chapter 3) will be sent to the family's address of record, as well as to any known alternate address.

4-III.E. THE APPLICATION SCREENING

HUD recommends that the PHA obtain the information and documentation needed to make an eligibility determination through a screening process [HCV GB, pg. 4-16]. Being invited to attend a screening does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the PHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of four (4) weeks [Notice PIH 2010-3].

Reasonable accommodation must be made for persons with disabilities who are unable to attend a screening due to their disability.

PHA Policy

Families selected from the waiting list are required to participate in an eligibility screening and will have four (4) weeks from date of notification letter to submit all required information.

The head of household and the spouse/cohead will be strongly encouraged to attend the screening together. However, either the head of household or the spouse/cohead may attend the screening on behalf of the family. Verification of information pertaining to adult members of the household not present at the screening will not begin until signed release forms are returned to the PHA.

The screening will be conducted only if the head of household or spouse/cohead provides appropriate documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation, the family may be removed from the waiting list.

Pending disclosure and documentation of social security numbers, the PHA will allow the family to retain its place on the waiting list for four (4) weeks. If not all household members have disclosed their SSNs at the next time the PHA is issuing vouchers, the PHA will issue a voucher to the next eligible applicant family on the waiting list.

The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials are missing, the PHA will provide the family with a written checklist of items that must be submitted.

Any required documents or information that the family is unable to provide at the screening must be provided within the deadline identified in the written checklist of items as mentioned in the paragraph above (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of Social Security numbers and eligible noncitizen status). If the required documents and information are not provided within the required time frame, the family will be sent a notice of denial (See Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the screening process.

Screening will be conducted in English. For limited English proficient (LEP) applicants, the PHA may provide translation services in accordance with the PHA's LEP plan.

4-III.F. COMPLETING THE APPLICATION PROCESS

The PHA must verify all information provided by the family (see Chapter 7). Based on verified information, the PHA must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted admission, or selection preference that affected the order in which the family was selected from the waiting list.

PHA Policy

If the PHA determines that the family is ineligible, the PHA will provide eligibility status information through an online service that is provided to the PHA by a vendor contracted with the PHA at the time of wait list opening. The online service will specify the reasons for ineligibility, and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. preferences, extremely low-income), the family will be returned to its original position on the waiting list. The order in which the applicant family is selected from the waiting list will be provided through an online service that is provided to the PHA by a vendor contracted with the PHA at the time of wait list opening. The online service provider will inform the family that it has been returned to the waiting list, and will specify the reasons for it.

If the PHA determines that the family is eligible to receive assistance, the PHA will invite the family to attend a briefing in accordance with the policies in Chapter 5.

Notice of Funding Availability (NOFA)
Fiscal Year 2015
Continuum of Care Program Competition

NOFA Required Documents—Section 3B-1.4a

- Attachments: CoC Order of Priority (Samples)

Milwaukee Continuum of Care (CoC)

Written Policy for CoC Recipient Agencies of Permanent Supportive Housing

Prioritization of Serving Chronically Homeless

Agency:

Address:

Phone:

As a member of the Milwaukee Continuum of Care and a provider of Permanent Supportive Housing (PSH), we, _____, agree to establish a priority for individuals and/or families meeting the federal definition of chronic homelessness for placement in 100% of the units that become available through turnover during 2015. In practice, this will mean that when all application criteria are equal, preference will be given to the individual and/or family determined to be chronically homeless. Adherence to this policy will not mean that all units made available through turnover must be assigned to persons who are chronically homeless; rather, the policy establishes priority for chronically homeless in situations where those persons otherwise meet stated program admission criteria. Prioritization of serving chronically homeless will be tracked quarterly through HMIS data to ensure targets are being met. It is understood that individual PSH project's performance in assigning units made available through turnover to persons who are chronically homeless will be used as a significant project scoring and ranking measure of CoC projects for the 2015 funding application.

By signing below, _____ understands and agrees to adhere to the terms within this policy.

Name

Title

Date

Milwaukee Continuum of Care (CoC)

Written Policy for CoC Recipient Agencies of Permanent Supportive Housing

Prioritization of Serving Chronically Homeless

Agency: Center for Veteran's Issues (CVI)

Address: 315 W. Court Street
Milwaukee, WI 53212

Phone: 414-345-3917

As a member of the Milwaukee Continuum of Care and a provider of Permanent Supportive Housing (PSH), we, CVI, LTD., agree to establish a priority for individuals and/or families meeting the federal definition of chronic homelessness for placement in 100% of the units that become available through turnover during 2015. In practice, this will mean that when all application criteria are equal, preference will be given to the individual and/or family determined to be chronically homeless. Adherence to this policy will not mean that all units made available through turnover must be assigned to persons who are chronically homeless; rather, the policy establishes priority for chronically homeless in situations where those persons otherwise meet stated program admission criteria. Prioritization of serving chronically homeless will be tracked quarterly through HMIS data to ensure targets are being met. It is understood that individual PSH project's performance in assigning units made available through turnover to persons who are chronically homeless will be used as a significant project scoring and ranking measure of CoC projects for the 2015 funding application.

By signing below, CVI, LTD. understands and agrees to adhere to the terms within this policy.

Robert A. Cocroft
Name

President / CEO
Title

9/23/2015
Date