

## 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:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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:** ICA

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Workforce Investment Board	Yes	Yes
College/University	Yes	Yes
Veterans	Yes	Yes

**Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.**

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)**

The CoC maintains a listserv of 229, using Mail Chimp to publish 2X weekly info on training & work group opportunities; CoC Facebook page has 347 followers, both generate queries from new people. Street Angels & Feeding His Flock, 2 volunteer groups, participate in Street Outreach meetings, offering new points of view about homeless issues. Monthly meetings are open to all, occurring at the centrally located Hillside Family Resource Center. CoC's web page posts meeting info & solicits new members. Speakers present to Full Body about resources & collaboration opportunities. Public input solicited at each CoC meeting. In May 2017, Lead Agency conducted a survey of CoC members to identify topics for Full Body presentations/trainings.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)**

CoC membership is free & open to all individuals and organizations. Notice of meetings is posted on the website ([www.milwaukeeecoc.org](http://www.milwaukeeecoc.org)), CoC Facebook page, & via CoC listserv. CoC has made special efforts to engage volunteer street outreach groups. CoC has obtained increased involvement from behavioral health & employment sectors & continues efforts to broaden involvement of concerned individuals & religious organizations. A formerly homeless person serves on the BOD; and 2 homeless persons attend Full Body meetings.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)**

The CoC e-mailed self-reallocation intent to apply and self-reallocation forms to members on July 25th. The CoC announced the program competition and provided further information on the CoC grant at its public meeting on July 27th. The CoC posted the grant information to its own web page on July 28th.

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
<b>Other:(limit 50 characters)</b>	
Religious organizations	Yes
Voluntary community groups	Yes

**1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)**

1) City of Milwaukee Community Development Grants Administration (CDGA) is the Lead Agency (LA) for the CoC & also responsible for the administration of ESG funds allocated directly to the City & ESG funds awarded to Milwaukee by

the State of WI. CoC Provider Advisory Committee (PAC) includes all CoC & ESG-funded providers (mandatory); PAC reviews & approves annual ESG funding plan; ESG funding allocations, performance standards, & outcome evaluation align w/ HUD & CoC 10-Year Plan. 2) Representatives of all Con Plan jurisdictions (Milwaukee County, Milwaukee, West Allis, & Wauwatosa) sit on CoC Board of Directors where PIT & HIC data is shared w/ ICA (HMIS provider) & LA staff available for consultation on Con Plan development; PIT & HIC data submitted to HDX is shared electronically w/ all CoC members & sent to Con Plan entities. 3) LA authors Con Plan & updates using PIT & HIC data; other Con Plan entities are provided PIT & HIC data as available; data consultation provided.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)**

Per CoC policy approved 8/23/17 (which codified the practice already in place), Coordinated Entry (CE) assesses each caller's safety; if there is an immediate threat, law enforcement is engaged. If not in immediate danger, callers are warm-transferred to DV provider Sojourner Family Peace Center for intensive assessment, safety planning, & shelter placement at either SFPC or Milwaukee Women's Center. Callers fleeing DV are automatically eligible for shelter & are placed on the Emergency Shelter Prioritization List just below those sleeping on the street. Their placement in a safe place is CE's highest priority. In shelter, DV-affected persons receive case management, legal assistance, substance abuse assessment/referral, support groups, and help locating affordable, safe housing. Staff are expert in relocation plans that ensure safety. DV status is confidential at all levels. Client choice & control are central to CoC's services as part of a DV recovery focus.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)**

1) CoC sponsored 3 trainings (7/10/17, 7/19/17, 8/2/17) on "Best Practices in Working with Victims of Domestic Violence" by Sojourner Family Peace Center (SFPC); 1st annual training addressed the new CE DV policy; DV professionals will provide ongoing consultation to providers; 2) Data re DV is gathered via PIT, HMIS, & CE; In 2016, 25.1% of adults in ES were DV victims, 56.4% of those w/in past year. DV victims are served throughout COC system; incidence data shared widely to support improved awareness & enhanced services; 3) CE assesses caller's current safety, refers to law enforcement if immediate danger (IM); if DV, but not IM, CE warm transfers callers to SFPC or Milwaukee Women's Center for intensive assessment, safety planning & shelter placement;

if both are full, callers warm transferred back to CE for general shelter assessment. Callers ID'd as fleeing DV are eligible for shelter placement, placed on Prioritization List just below persons sleeping on the street.

**1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.**

**Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Milwaukee	4.80%	No
Milwaukee County DHHS - Housing Division	58.52%	Yes-HCV
CDA of the City of West Allis	92.30%	Yes-HCV
South Milwaukee Housing Authority	0.00%	No

**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-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)**

CoC Lead Agency has 1) included representative of the Housing Authority of the City of Milwaukee (HACM) on the CoC Board of Directors; 2) met w/HACM Director Tony Perez to request homeless admission preference; & 3) hosted HACM staff at 3/23/17 Full Body meeting to explain eligibility, waiting list, application process & conversions from public housing to HCV. HACM declined homeless preference out of concern for people who have been on the waiting list for several years. An initial discussion has occurred with S. Milwaukee Housing Authority to be further pursued in 2018.

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.**

**(limit 1000 characters)**

1) All providers in Coordinated Entry (CE) have taken affirmative steps to address the needs of LGBT individuals & families via Fair Housing & LGBT-specific training & TA provided by CoC & Shelter & Transitional Housing Task Force & by inclusion of LGBT in the CE referral criteria matrix; 2) Training was provided (4/13/17) to CoC providers by Tim Baack, Pathfinders, who was part of a national board to develop this training, on supporting inclusive housing for LGBT using HUD materials, e.g. Equal Access Expectations, Self-Assessment & Decision Tree; annual trainings will occur w/ ongoing consultation provided by Mr. Baack. 3) CE's Non-Discrimination Policy, approved 6/12/17 prohibits discrimination based on gender identity & sexual orientation as well as age, race, ethnic/cultural background, immigration status, religious preferences, disability status, arrests or convictions, veteran status, or previous history with CoC providers.

**1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
<b>Other:(limit 50 characters)</b>	
Milwaukee County resolution	<input checked="" type="checkbox"/>
County Outreach Collaborative, Advocacy Sub-Group	<input checked="" type="checkbox"/>
WI Department of Transportation draft policy	<input checked="" type="checkbox"/>

**When "No Strategies have been implemented" is selected no other checkbox may be selected.**



## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. 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-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)**

**1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

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

## **1E. Continuum of Care (CoC) Project Review, Ranking, and Selection**

### **Instructions**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.**

**Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

### **1E-2. Severity of Needs and Vulnerabilities**

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)  
(limit 1000 characters)**

Severity of needs/vulnerability comprised 21 pts of total score (100) on CoC's 2017-2018 Board of Directors Project Scoring Tool. To achieve maximum points (7) for each variable, projects had to score 30%+: 1) Coming from the streets or a place not fit for human habitation, or Safe Haven; 2) No income at program entry; 3) Multiple (3+) disabilities. Data was obtained via each renewal project's APR for 10/1/15 to 9/30/16. Projects ranked by the NOFA Work Group w/ ranking reviewed & approved by BOD. CoC Bonus Project will provide RRH for 46 youth ages 17-25, addressing the growing need/vulnerability of this population.

**1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.**

**Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.**

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

**1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.**

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

**Reallocation: Option 2**

**No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.**

**1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.** 08/23/2017

**Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.**

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 08/25/2017

**Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.**

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?** Yes

**Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.**

**2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** Pages 4-5, Governance Charter

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual.** Yes

**2A-3. What is the name of the HMIS software vendor?** Mediware Information Systems

**2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.** Statewide HMIS (multiple CoC)

**2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells**

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	763	74	674	97.82%
Safe Haven (SH) beds	70	0	70	100.00%
Transitional Housing (TH) beds	273	10	263	100.00%
Rapid Re-Housing (RRH) beds	420	0	420	100.00%
Permanent Supportive Housing (PSH) beds	1,662	0	1,662	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.  
 (limit 1000 characters)**

**2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?** 12

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 05/01/2017

## 2B. Continuum of Care (CoC) Point-in-Time Count

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/25/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 05/01/2017



## 2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)**

There were no changes in the technical aspects of the sheltered PIT implementation from 2016 to 2017. The CoC has an established protocol to draw PIT information for each provider from HMIS. Providers have consistently kept their HMIS up to date, ensuring a timely and accurate count. However, there was a reduction in beds that were included in the PIT; specifically, 332 Transitional Housing beds, representing 8 providers, were reallocated as PSH or closed between 2016 and 2017 (58.3% to PH). This contributed to a decrease in the # of people counted in TH settings.

**2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?** Yes

**2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.**

Beds Added:	0
Beds Removed:	332
Total:	-332

**2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?** No

**2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.**

Beds Added:	0
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Beds Removed:	0
Total:	0

**2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?** Yes

**CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

**2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)**

CoC intensified its efforts to locate unsheltered homeless by using a GIS intern who gathered data points from outreach workers for a month prior to PIT to determine where those experiencing homelessness frequented. On PIT day, each outreach worker had specific locations to target; outreach providers partnered w/ VA and youth providers to identify “hot spots” for each subpopulation; suburban “hot spots” were identified such as truck stops & Laundromats; unsheltered youth & adults calling Coordinated Entry were identified for in-person outreach. Overall, unsheltered PIT improved by the CoC’s Outreach Collaborative which coordinates efforts, shares information, & maximizes knowledge of homeless encampments/locations. All unsheltered surveys entered into HMIS to prevent duplication.

**2C-5. Did the CoC implement specific measures to identify youth in their PIT count?** Yes

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)**

A Youth Initiative Work Group and PIT-specific committee worked to better identify youth experiencing homelessness. A youth focus group helped to identify location where youth congregate. Youth-serving agencies provided PIT info to homeless clients & encourage youth to two designated warming rooms (Pathfinders & Hope House) where youth could go for the 12 hours of PIT, be counted, & receive service referrals. A TAY VI-SPDAT was administered to identify housing options for youth. Beyond PIT, CoC is working on the RHY initiative w/ several youth-serving stakeholders' involvement.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)**

PIT Committee met 3 months prior to PIT to assign committee positions & responsibilities; each member responsible for providing updates to ensure accuracy per HUD's PIT protocol. Three initiatives, addressing youth, chronic homeless, and veterans, are underway. Each initiative involves multiple agencies & meets on a bi-weekly basis to discuss housing options for individuals/families which are prioritized based on a series of parameters: chronic status, length of time homeless, youth status, and veteran status. These agencies mobilized on the night of PIT to ensure that targeted subpopulations are engaged and counted. (Needs more details)

## **3A. Continuum of Care (CoC) System Performance**

### **Instructions**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.  
(limit 1000 characters)**

1) Number of First Time Homeless (FTH) entering ES, SH, TH, & PH w/ no HMIS enrollment in previous 24 months decreased from 4,359 to 4,277. 2) Risk factors identified by CE, HMIS, and research conducted by the Institute for Child and Family Well-Being (Children's Hospital & University of Wisconsin-Milwaukee include large disparity between wages & rental costs, job loss, poor housing conditions, & eviction. High rate of eviction also documented in "Evicted," an in-depth study conducted by Matthew Desmond. 3) Legal Action of WI Eviction Defense Project located on-site at Courthouse; Community Advocates & Guest House Homeless Prevention Programs providing eviction prevention & rent assistance; Cathedral Center's community case management program to keep people housed in the community; enhanced CE referral to prevention services. 4) Lead Agency (CDGA)

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.  
(limit 1000 characters)**

1) Average Length of Time Homeless (LOTH) for persons in ES, SH, & TH dropped from 94 to 90 bed nights (-4); median LOTH dropped from 30 to 29 (-1). 2) Coordinated Entry (CE), Street Outreach (SO), & CE Mobile Screener complete assessments aimed at best housing fit including diversion resources that will prevent homelessness & target resources to most vulnerable; CE & SO complete the VI-SPDAT to determine need for CoC housing intervention; CoC

increased # of RRH units 153% from 45 (2016) to 114 (2017); average length of time from RRH enrollment to placement was 21 days in 2016; 3) Longest LOTH homeless Individuals & families identified via VI-SPDAT & rank on Housing Prioritization List kept by CE; bi-weekly staffing assigns responsibility to one case worker, mobilizes resources to quickly house; achieved functional 0 for CH families & veterans due to Housing First implementation. 4) Coordinated Entry Coordinator, 211 IMPACT

**3A-3. Performance Measures: Successful Permanent Housing Placement and Retention**

**Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)**

1) Exit to or retention of PH increased from 1,322 to 1,640 (96% to 97%) due to intensified outreach & HF. 2) CoC-wide Housing First (HF) implementation, including Milwaukee County (MC) HF Initiative increased PH placement of unsheltered homeless; HF also supported improved retention; recruitment target has been CH, those w/ longest time homeless, & persons with multiple disabilities; continued implementation of HF across the CoC, enhanced training in HF practices, improved cross-system collaboration w/ behavioral health & employment sectors; 3) Administrator, Milwaukee County Housing Division

**3A-4. Performance Measure: Returns to Homelessness.**

**Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)**

1) Returns to Homelessness (RTH) decreased 12.4% from 483 to 423 (-60); % of exiters who returned to homelessness decreased from 31% to 28%. 2) CE-led interagency staffings for chronically homeless focus on closely matching consumers' needs to available PSH; after placement, case manager staffings work to prevent PSH exit, sometimes making PSH to PSH transfers to find better fit. 3) Approach in #2 will continue & be expanded to families in RRH w/ goal of ensuring families find the best RRH fit for their needs & that problems do not result in RRH exits & ROT. 4) Coordinated Entry Coordinator, 211, IMPACT

**3A-5. Performance Measures: Job and Income Growth**

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's**

**strategy to increase job and income growth from employment, non-employment including mainstream benefits.  
(limit 1000 characters)**

27% of system leavers increased total income in 2016 (28% 2015); 13% increased earned income (13% 2015). 1) CoC Income Work Group (IWG) established 1/1/17 co-chaired by directors of Cathedral Center & Hope House w/ focus on employment & SOAR. IWG examined impact of employment on benefits, best practices in employment/soft skills, expanding partnership between shelters & downtown hotels, seeking assistance from Milwaukee Workforce Funding Alliance, & increasing SOAR. SOAR plan identifies clinics to document disability w/ CoC providers given a # of SOAR clinical hours. 2) System strategies in planning stage; providers have developed programs that serve as models for replication. 3) Goodwill Industries works w/ Guest House & has offered expanded service to other shelters; Workforce Investment Board developing new strategies for homeless employment & is represented on BOD; partnership between shelters & hotels expanding. 4) Co-chairs, Hope House & Cathedral Center

**3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).** No

**3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?  
(limit 1000 characters)**

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.  
(mm/dd/yyyy)** 05/01/2017

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

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	313	290	-23

**3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.**

Total number of beds dedicated as Dedicated Plus	540
Total number of beds dedicated to individuals and families experiencing chronic homelessness	418
<b>Total</b>	<b>958</b>

**3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.** Yes

**3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.**

History of or 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 checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)**

1)Coordinated Entry (CE) conducts weekly staffings of high priority (VI score, LOTH, & chronic status) families to expedite placement in private housing & CoC RRH. Since May, 69 families were staffed; 39 placed in private (non CoC-funded housing), 24 in CoC RRH. CoC increased #RRH units from 45 to 114 (2015-2016), 153% increase; in 2016, Hope House RRH served 170 families comprised of 392 children & 189 adults, 28 day average length of time between intake & placement. Continued expansion of RRH family capacity will further reduce the # of homeless households with Children as reflected in 2016 & 2017 PIT (170, 68). 2) Coordinated Entry & RRH providers (Hope House & Outreach Community Health Centers).

**3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.**

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	45	114	69

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)**

Coordinated Entry's Non-Discrimination Policy (approved by CoC Board of Directors 6/12/17) prohibits discrimination for any individual, family, or caregivers based on age, sex, gender, LGBT status, marital status, or disability. Further, the CoC passed a policy in 2012 expressly prohibiting the separation of family members except in situations where a single shelter/facility cannot physically accommodate all family members. In that case, the separation is to be temporary pending the identification of better accommodations. These policies have been conveyed to all providers; annual training is provided to CE



participating agencies; requirements are included in the CE Policy Manual.

**3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.**

Human trafficking and other forms of exploitation?	Yes
LGBT 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

**3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.**

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

**3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)**

1) Drop-In Resource Center & Street Beat conduct outreach to homeless youth throughout Milwaukee County; Pathways to Employment, Project O-YEAH (for youth w/ serious mental health challenges), 24-hour shelter & support for youth ages 11-17, & supportive housing including My Home, Housing First, Q-BLOK, & RRH complete continuum; special services targeting needs of youth being sexually exploited/trafficked provided; new program will provide housing & services to youth ages 17-21 aging out of foster care; CE implementing the TAY-VI-SPDAT to better assess youth homelessness; evidence-based Youth Count practices implemented to improve semi-annual PIT count. Total of \$2.0 million in non-CoC funding from United Way, local government, private foundations & others supports these programs. 2) 5,290 youth on the streets engaged by Street Beat outreach, 86% reduced risk of sexual exploitation; 567 youth received supportive housing or ES services, 99% had a successful exit

home or to safe alternative; 487 youth received drop-in services, 77% enrolled in educational &/or employment services; additional outcome data gathered as well. 3) RHY (Runaway & Homeless Youth) grant outcome measures (see #2) are reported annually; youth providers enter data into HMIS for provider/system level reporting; direct client feedback via surveys, focus groups, & leadership advisory committee also obtained. 4) CoC endorses RHY, United Way outcome requirements/data reporting & reliability of HMIS.

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)**

1) All CoC providers ensure that school-age children, including unaccompanied youth, experience no disruption in school attendance (CoC policy adopted 2011). Per agreement with Milwaukee Public Schools (McKinney-Vento LEA), each provider contacts MPS Homeless Education Program (HEP) when new children arrive to arrange transportation, enrollment, & HEP services. Pre-school children are connected to Head Start. HEP provides annual training to ES, TH & PH staff to ensure full knowledge of HEP resources & procedures. HEP services include transportation, free breakfast/lunch, free books, fee waivers, before/after school care & all authorized services. 2) Formal relationship is expressed in CoC policy (2011); LEA representative sits on CoC Board of Directors. 3) MPS online enrollment screens for homelessness; families presenting at any MPS school as homeless are connected to HEP; HEP is widely publicized in English & Spanish; HEP served 4,575 in 2016-17.

**3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers		No
Head Start		Yes
Early Head Start		No
Child Care and Development Fund		No
Federal Home Visiting Program		No
Healthy Start		No
Public Pre-K		Yes
Birth to 3		Yes
Tribal Home Visiting Program		No
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and**

**refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).  
(limit 1000 characters)**

Center for Veterans Issues (CVI) is the Coordinated Entry portal for veterans per MOU w/ CoC & VA. Homeless veterans presents to CVI Veterans Resource Center, meets with Veterans Registry Liaison (VRL), placed on Veteran Registry/Homeless Prioritization List, referral to SSVF Intake Specialist or PSH, HUD-VASH, PHA HCV & Zablocki VAMC for services, SSVF Intake Specialist screens for eligibility, case manager completes Literally Homeless Certification Form (VA), develops Individual Housing (IHP) & Service (ISP) Plans, & services begin. Homeless veterans identified via street outreach, County Veterans Services Office, probation/parole, halfway houses, community health clinics, VAMC, Veterans Treatment Court, & Coordinated Entry. Coordinated interagency effort supported by Mayor's Office has Milwaukee on track to reach VA functional zero by 2018.

**3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?** Yes

**3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?** Yes

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?** No

## 4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.**

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

**4A-1a. Mainstream Benefits**

**CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)**

1) Each CoC provider has trained staff to help consumers apply for BadgerCare (T19), FoodShare (SNAP), & Child Care via ACCESS (WI online application system). During PIT (January & July), Hunger Task Force workers were stationed at warming/cooling rooms to do benefits enrollment. Annual Project Homeless Connect provides on-site benefit enrollment & access to SSI/SSDI application help. SOAR Training was provided to Full Body by Outreach CHC(4/27/17); CoC convened a SOAR Action Planning meeting (6/1/17) attended by SAMHSA’s SOAR TA Center w/ reps from State of WI, United Way, ES, & Lead Agency, resulting in a 4-goal plan to expand SOAR. 2) CoC provides information on mainstream benefits including substance abuse & mental health services, housing assistance, & other services at its regular monthly meetings & via its listserv. 3) Grant Compliance Manager (CoC

Coordinator), Lead Agency (Milwaukee Community Development Grants Administration)

**4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?**

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	19.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	19.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

**4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	19.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	19.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

**4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)**

1) Milwaukee County (MC) Outreach Collaborative (OC) involves funded agencies (MC, Homeless Outreach Nursing Center, Street Beat, & Outreach CHC) & volunteers (Street Angels, Feeding His Flock, & StreetLife) in a coordinated HF strategy to reach hardest to serve living on the street/places not for habitation. OC has clinical & medical capabilities & partners w/ MPD/Behavioral Health Crisis Teams. OC deters encampment evictions & advocates decriminalization; 2) OC schedule provides more than 60 hrs outreach weekly (MTWTHFS) during early morning (5-8:30am) & late night (10pm-1pm); HMIS used to track individuals & establish homeless verifications; 3) OC uses motivational interviewing, consistent rapport/trust, & reassurance that HF has no prerequisites; housing options are presented to consumers regardless of mental health acuity, AODA issues, & legal barriers, disability status, language barriers, & other. OC resulted in PIT unsheltered dropping from 207 (2016) to 135 (2017).

**4A-5. Affirmative Outreach  
 Specific strategies the CoC has implemented that furthers fair housing as**

**detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.**

**Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)**

1) CoC Coordinated Entry (CE) has a Non-Discrimination Policy (adopted 6/12/17) applying to all CoC providers which prohibits discrimination based on race, ethnic or cultural background, gender, gender identity, sexual orientation, religion, disability status, arrest or conviction record, veteran status, family composition, or service history; w Fair Housing trainings provided to Full Body in past year; SO(funded & voluntary) seeks out people unable or resistant to accessing services including those w/ disabilities & limited English proficiency; the CE mobile screener conducts VI-SPDAT on-site to people unable/unwilling to call CE; outreach workers work to establish trust & rapport to engage people unlikely to apply for services, 100% county coverage. 2) CoC Housing First initiative brings service access to people on the street with disabilities & limited English proficiency; outreach workers have clinical expertise (medical & mental health) & multi-language capability.

**4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.**

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	169	420	251

**4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).** No

## 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:  
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Communication to ...	09/26/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	CoC Consolidated ...	09/26/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	FY17 Project and ...	09/26/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting Ra...	09/26/2017
05. CoCs Process for Reallocating	Yes	CoC Process for R...	09/26/2017
06. CoC's Governance Charter	Yes	CoC Governance Ch...	09/26/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	09/26/2017
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 Milwaukee Cou...	09/26/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	Milwaukee CoC MOU...	09/26/2017
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX-FY 2016 Syste...	09/26/2017
14. Other	No	Notifications of ...	09/26/2017
15. Other	No		

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

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<b>1A. Identification</b>	08/22/2017
<b>1B. Engagement</b>	09/26/2017
<b>1C. Coordination</b>	09/26/2017
<b>1D. Discharge Planning</b>	08/23/2017
<b>1E. Project Review</b>	09/26/2017
<b>2A. HMIS Implementation</b>	09/26/2017
<b>2B. PIT Count</b>	09/26/2017
<b>2C. Sheltered Data - Methods</b>	09/26/2017
<b>3A. System Performance</b>	09/26/2017
<b>3B. Performance and Strategic Planning</b>	09/25/2017
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**Submission Summary**

No Input Required