



Milwaukee Continuum of Care **Written Standards, Policies, and Procedures**

Introduction

The Milwaukee Continuum of Care (Milwaukee CoC) has set forth standards, policies and procedures contained herein to ensure compliance with HUD regulations in regards to assisting those experiencing homelessness by means of housing services. Programs that receive Continuum of Care Program, Emergency Solutions Grant (ESG), or State of Wisconsin ETH Grant funding must abide by these written standards. Programs funded through other sources are highly encouraged to follow these standards.

This document will be reviewed and updated annually by the Provider Advisory Committee and the Board of Directors. This is to ensure that prioritization requirements for each program type are accurate and that the Milwaukee CoC is continually in compliance with both federal and local priorities. Programs that fail to abide by these written standards will not be considered for future CoC, ESG or ETH funding.

Section 1: Definitions

Chronically Homeless

The definition of “chronically homeless”, as stated in Definition of Chronically Homeless (HUD) final rule is:

(a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph

(a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described



in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Housing First

According to HUD's definition, Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals.

A Place Not Meant For Human Habitation

Generally meant in reference of 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." (§ 578.3, definition of "homeless" paragraph (1)(i)).

Severity of Service Needs

In reference of Notice CPD-16-11: "(a)...this means an individual for whom at least one of the following is true: i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing. 5 Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

(b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type."

Disability

Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation



that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

Categories

Section 2: Local Goals

The Milwaukee Continuum of Care (Milwaukee CoC) is committed to working with HUD in its efforts to end homelessness with the following priorities:

1. Veteran Homelessness by 2016
2. Chronic Homelessness by 2017
3. Youth and Families Homelessness by 2020

The Milwaukee CoC has also locally established priorities as laid out in the Milwaukee CoC's 10-Year Plan Revisions. The local target goals are in the following order of priority and are as follows:

1. Chronic Homelessness among single adults.
2. Veteran homelessness.
3. Prevent homeless among people discharged from institutions including foster care, hospitals, inpatient mental health facilities, and corrections.
4. Prevent initial and repeat episodes of homelessness among single adults and families with children.
5. Establish the Continuum of Care as a data-driven planning, program monitoring, and system management responsible for coordinating the provision of publicly-funded homeless services in Milwaukee County.

Section 3: Written Standards

In order to strategically reach these goals, the Milwaukee CoC has established the following standards:

Low Barrier to Entry: The Milwaukee CoC is committed to a low barrier to entry. According to the HUD Coordinated Entry Brief, this means that the coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. Instead, those experiencing the mentioned above, with an exception to those unable to house due to local or federal regulations, are able to gain a higher vulnerability which will increase entry to housing. All housing and homelessness programs, such as shelters and transitional housing programs, must lower their screening barriers and participate in the coordinated entry process.

Housing First Approach: The Milwaukee CoC utilizes the HUD Housing First approach as defined in Section 1 of this document. The Milwaukee CoC recognizes that Housing First does not apply



only those who provide permanent housing but instead to the entire continuum. The Milwaukee CoC is a continuum dedicated to creating a low barrier to entry system, and client-centered placement based on needs and vulnerability. The Milwaukee CoC is committed to quickly move clients from shelter, transitional housing and other non-permanent housing situations to a sustainable permanent housing situation.

Prioritization of dedicated and prioritized beds (CoC Funded): The Milwaukee CoC prioritizes in accordance to HUD’s Notice CPD-14-012 and Notice CPD-16-11 (see Section 4 for details). The Milwaukee CoC exercises due diligence when conducting street outreach and assessment to ensure that this prioritization is being met. The Milwaukee CoC has adopted that all CoC Permanent Supportive Housing (PSH) have an establishment of 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. Meaning, PSH beds that are dedicated to Chronically Homeless must fill those beds with those that meet HUD’s standard of Chronically Homeless (see Section 1 for definition). All other PSH beds that are not dedicated must, through turnover of beds, prioritize those beds for the Chronically Homeless (see Section 1 for definition) as stated in Section 4 of this document.

Non-dedicated and Non-prioritized beds (Non-CoC Funded):

As stated in Notice CPD-16-11, those with non-dedicated and non-prioritized PSH beds must offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

Street Outreach: The Street Outreach Committee will cohesively and efficiently target individuals living on the street, who, through coordinated efforts, have been deemed the most vulnerable. Street outreach providers will continuously make attempts to engage those persons that have been resistant to accepting an offer of PSH. Through the Coordinate Entry system, the Street Outreach Committee will align with processes that correlate to a salient and structured policy, which allows for housing placements to occur in a timely manner. The Street Outreach Committee will partition portions of their monthly meeting to address case specific details in relation to chronically homeless clients. This will include: housing plans, current barriers, legal issues that are holding up the housing process, logistics in terms of moving them from their encampment into an apartment, assigning ongoing support services and other related items that may come up. The Street Outreach will work with both the HMIS Lead Agency and the Coordinated Entry Coordinator to develop and continuously update a list of those chronically homeless. This list will be prioritized according to the Milwaukee CoC order of priority as stated in Section 4.



Non-discriminatory: The Milwaukee CoC has a strict non-discriminatory policy. The Milwaukee CoC will not turn services away for any reason (gender, religion, sexual orientation, etc.) except for federal or local laws in which prohibit housing to individuals, families, groups or sub-populations.

Section 4: Order of Priority for both CoC Funded and Non-CoC Funded

In accordance to HUD's priorities, the Milwaukee CoC has adopted to adhere to the guidance set forth by HUD's Notice CPD-16-11 (which supersedes Notice CPD-14-012) which provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. The CoC will follow the order of priority as stated below, while also considering local target populations. For example, a project targeting youth will follow the prioritization above to the extent in which youth meet the criteria. The following is an excerpt from the actual notice and states the Milwaukee CoC order of priority:

A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness:

(a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

(b) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,



ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

(c) Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

(d) Fourth Priority—All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and

ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of this Notice, as adopted by the CoC, may be followed.

B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

(a) First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.



(b) Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

(c) Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters. An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

Point in Time Methodology

What is the Point In Time?



The Point-in-Time count (also known as PIT) is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuum of Care conduct an annual count of homeless persons who are sheltered in Emergency Shelter, Transitional housing, and Safe Havens on a single night in January.

The Milwaukee CoC conducts their count on the last Wednesday of January to satisfy HUD's mandate and the last Wednesday in July to satisfy the State of WI's mandate every year.

Who is involved in planning and assisting with the Point in Time count?

The Point in Time count is a collaboration of both private and publically funded agencies. The CoC committee to

Who is counted?

Anyone who falls under the Category 1 definition of homelessness.

According to HUD, the Category 1 definition of homelessness is: (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Why is the Point in Time count important?

Aside from complying with HUD and other funder reporting requirements, data collected on unsheltered homeless people can help individual service providers and local continua justify requests for additional funding. The PIT count results assist with the discussion, planning and execution for future services geared toward meeting the needs of unsheltered homeless people. Most importantly, the PIT count allows communities to understand changes in trends among the homeless populations.

How does Milwaukee track the PIT data?

After each January PIT count, Milwaukee submits the Point In Time data to HUD. HUD has published the data for each CoC since 2009 on their website.

☑Milwaukee began entering the unsheltered data into the Homeless Management Information System since July 2015. All State, City and Federally funded agency are mandated to enter into the HMIS system (Wisconsin ServicePoint). Since the data is already entered into the database, there is no need for an additional survey to be filled out. All non-WISP agencies fill out a survey that contain the required HUD data elements. All unsheltered individuals and families also fill out a similar survey. The surveys are then entered into ServicePoint to allow for a consistent method of tracking



data.

Sheltered PIT Count Methodology

Continuum of Care utilizes HMIS (Homeless Management Information System) data to conduct its sheltered point-in-time count of the homeless (aka, "PIT Count"). The data is reviewed to the client record level to ensure de-duplication with personal identifiers. Additionally, bed stays, enrollments, and exit data is reviewed for accuracy for the night of the PIT Count. HMIS data meets the required HUD data standards and produces comprehensive PIT Count data. Organizations that are not Contributing HMIS Organizations (CHOs) are provided templates to gather all required PIT Count data. Each non-CHO has HMIS equivalent data systems that provide universal data elements and de-duplication methods to ensure an accurate count. This methodology was selected due to its HUD compliance and reliability. HMIS staff review HUD guidance to ensure the data is at the highest quality and is compared against prior year data to ensure consistency and accuracy.

Unsheltered PIT Count Methodology

During the night of the unsheltered PIT Count, endeavors to canvas the entire CoC geography. produces PIT Count route-maps utilizing GIS software for each county. 300+ volunteers in teams of 2-5 persons participate in the blitz count, deploying at the same time from four locations after all shelters have ceased intake. Duplications are prevented by utilizing personal identifying information, conducting the blitz count, and interviewing those who were willing to volunteer their information. All volunteers return their results on the night of the count which ends at approximately 2:00 am. This methodology is used in order to obtain the highest quality of data. Staff review HUD guidance and provide trainings to volunteers. PIT Count data will be compared to data from the prior years to ensure consistency and accuracy.