Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting 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
EMS/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
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
HOPWA Provider	Yes	Yes
Workforce Investment Board	Yes	Yes
College/Universities	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

1)CoC actively seeks input of community voices w/homelessness interest through: 1)Diverse perspectives represented on CoC Board of Directors & committees 2)Community Intervention Team meets regularly to discuss homelessness in MKE. Members include MKE County Housing Division, Downtown Business District, MKE Police Dept, City Attorney, District Attorney, & Marquette Univ. Topics include new homeless encampments, fundraising & ensuring all members are operating using Housing 1st approach 3)Regular contact w/MKE Municipal Court that launched a pilot Homeless Court where homeless outreach staff can get bench warrants waived immediately via email from County Housing staff if the individual agrees to a housing plan 4)CoC also participates in the new Interagency Council on Homelessness that was created by the State of WI. Each CoC is represented on the Council that is overseen by the Lt. Governor. Opinions on potential innovative ideas are shared from individuals from around the state in these open meetings 5)Regular meetings w/local HMO providers & private hospitals who have recently become more engaged on the link between housing & healthcare. This had led to new innovative partnerships & funding for CoC agencies 6)CoC has a Resident Advisory Council of formerly homeless individuals who recommend policy changes & engage current program participants. The RAC Co-Chair is also on the CoC Board.

2)CoC meetings are publicized in weekly e-newsletter to 249 subscribers, website & Facebook page w/567 followers. Minutes of committee meetings shared as consent agendas for Full Body & Provider Advisory meetings.

3)Suggestions & info gathered at public Full Body & committee meetings & community feedback are reviewed by Lead & added as agenda items to future meetings as appropriate. Examples of feedback consideration for CoC policy from Full Body public meetings include listening sessions for Coordinated Entry (CE) manual of policies & procedures held on 11/2017 & 12/2017.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

1.CoC members & Lead recruit new members to CoC through network of partners in their work. CoC provides interested applicants w/opportunity to review membership benefits & CoC structure in application, including workgroups to join in support of CoC. Member rights are listed on application, e.g. right to vote, training & eligibility to participate in funding opportunities. Applicant is invited to contact Lead & committees for further info. After submission of application, Lead reviews & informs applicant of membership determination. 100% of applicants became CoC members in 2018. If applicant is an organization, they designate 2 representatives w/ right to vote in Full Body mtgs. CoC maintains accessibility to all by not charging dues to members. CoC targets outreach to recruit new members for specific initiatives through invitations to special events or involvement in subcommittees of interest. New members announced on CoC newsletter & website.

2.Lead maintains open CoC membership application process & manages membership. CoC invites individual & org members to apply through CoC website, 567 CoC Facebook followers, 249 weekly newsletter subscribers & ~40 monthly Full Body meeting attendees. Membership info, policy & application available on CoC Facebook page, e-newsletter & website.

3.CoC continuously recruits new members. New members recommended through other CoC members & regular inquiry. Members targeted for recruitment based on knowledge & assets CoC leadership see need for in preventing/ending homelessness. Membership application & info made available on weekly CoC newsletter alongside new member announcements.

4.Application for membership emphasizes that current & formerly homeless individuals can apply for CoC membership. Lead recruited new board member in 2018 w/ lived experience by communication w/ member organizations who explained CoC membership opportunity to interested clientele. Lead offered membership during community outreach on PIT count

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)

Lead communicated it would accept applications for new RRH, joint TH-RRH & PSH bonus projects & applications for new RRH, joint TH-RRH & SSO-Coordinated Entry DV bonus projects w/public, inviting organizations that have not previously received CoC Program funding to submit applications via email to Lead staff. On 7/10/18 Lead announced application release & statement that organizations who have never been CoC-funded were able to apply in CoC e-newsletter & Facebook page viewed by general public & CoC members throughout geographic area of CoC (MKE County). Lead posted Intent to Apply form on City of Milwaukee (Lead Agency) & CoC websites on 7/10/18, along w/timeline for guidance on submission process. Lead posted FY18 Ranking, Scoring & Cut process on City of Milwaukee & CoC websites, & CoC e-newsletter for transparency in process of project proposal evaluation for new (including special instructions for DV bonus project applicants), renewal &

reallocated projects. FY18 Ranking, Scoring & Cut process document included evaluation criteria for proposals for new projects, including special criteria for new DV Bonus project proposals. Lead released unique RFP application form to apply for CoC funds available due to reallocation of this year's lowest performing project on 7/27/18. This form was made available to public through CoC Facebook, e-newsletter & website on 7/27/18, w/communication inviting organizations who have not previously received CoC funding to submit completed forms to Lead via email. The timeline on CoC webpage was updated to reflect release of new request for CoC funding proposals for use of funds from reallocating poorest performing project. The invitation process proved effective since the Lead received an application for CoC funds from a previously unfunded organization, & though the Lead determined the applicant did not meet the established criteria for project application acceptance, the applicant applied for & received CoC membership.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

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
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Advisory Council of Persons with Lived Experience	Yes
Volunteer Community Groups	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

1)CoC Lead is responsible for planning & allocating City, State & Federal ESG funds for shelter, RRH, street outreach, homeless prevention & Coordinated Entry SSO in MKE County in addition to programs supported by CoC funds. All ESG program recipients have executive leadership representation at monthly

Provider Advisory Committee facilitated by Lead providing venue for planning best use of ESG funds. Whenever there is opportunity, the Lead invites representatives receiving ESG funds to advocate for desired allocations by specific project &/or project component with local Common Council. Lead submits annual funding allocation plan to HUD, local homeless service providers & general public via public hearings advertised in newspaper detailing how ESG funds will be used to fulfill HUD national objectives & programs/priorities developed by local govt. Lead maintains responsibility for notifying all ESG recipients of federal funding changes in advance, planning proactively & collectively to meet community needs & HUD objectives.

2)CoC & ESG grant monitors representing Lead participated in evaluating & reporting of ESG performance as a group. Proposals for ESG funding from open & competitive application process for project types listed above are reviewed by Lead for financial performance, exceeding system performance benchmarks, ability to meet community needs, integration with greater CoC & fulfillment of HUD objectives. Goals for ESG funded programs, citizen & stakeholder planning & actions on issues related to long term outcomes are detailed in an annual action plan. Lead responsible for submitting annual Consolidated Annual Performance & Evaluation Report (CAPER) to HUD & using results to track long term outcomes of ESG-funded programs. Decisions are made by Lead based on performance standards/outcomes & policies/procedures for administration of HMIS in evaluating & reporting performance of ESG program subrecipients.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes to both
1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?	Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1)Per CoC Emergency Transfer Plan, CE assesses each caller's safety. If there is immediate threat present, law enforcement is engaged. If not, caller is warm-transferred to DV provider Sojourner Family Peace Ctr for assessment, safety

planning, need for trauma-informed & victim-centered services & shelter placement at one of 2 DV shelters. Callers fleeing DV/victimization placed on the Shelter Prioritization List. If DV status not revealed by client prior to shelter entry, ongoing assessment will reveal need & client will be transferred to DV shelter for care. Those in imminent danger in DV situation when no DV beds available & those staying outside given highest priority for shelter beds per CoC CE policy. Placements in DV shelters can take place outside of CE to ensure safety via emergency placement. DV-affected persons receive case management from CoC staff trained in trauma-informed & victim-centered care, legal aid, substance abuse assessment/referral, support groups & help locating affordable/safe housing. Staff are experts in relocation plans ensuring safety. Client choice/control central to CoC's services in DV recovery focus.

2)All accessing victimization services through CE protocol are presented housing & service options, stressing client-determination & understanding of current traumatization. Survivors offered range of interventions which best fit their current situation. Survivors can choose from emergency housing, legal aid, safety planning, support groups & other individualized services including CoC/ESG/DOJ/HHS housing programs/services. All interventions designed to maximize personal safety through case management & ensure confidentiality by process policies. When filling out standardized assessments, staff at CoC victim service agencies may create alias for client that distinguishes client but omits all identifying info. Victimization client files locked in HMIS & all identifying info is redacted from HMIS & paper files.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

Sojourner Family Peace Center (SFPC) provided annual training on 3/22/18 to CoC area homeless service providers including CE staff on domestic violence, dating violence, sexual assault, human trafficking & stalking to ensure staff of member agencies remain sensitive to specific needs of this population & able to serve them effectively in trauma-informed & victim-centered manner. Specific content targeted to CE staff & project staff. This provided info about how to ID abusive behavior/types of abuse, education about why those who are abused stay w/their abuser, how to ID barriers to leaving abuser, how to provide effective support to those experiencing DV, legal remedies for safety/housing/financial concerns, community resource info on shelter, hotlines, advocacy/supportive services, support groups, restraining order clinics & District Attorney/law enforcement advocates. Community resource info for seniors, Spanish-speaking, children & public schools was discussed during training. CoC members offered further training at agency/group-level in risk & lethality assessments, secondary trauma for advocates & addressing polyvictimization in co-located spaces.

All CoC providers serve those who have experienced DV/victimization & are trained on a recurring basis in best & innovative practices for serving this population to best meet unique & individual needs.Trainings include availability of DV professionals as consultants throughout year & access to DV advocates who are embedded in all districts of Milwaukee's Police Dept. Agencies Sal

Army & Hope House hosted SFPC for trainings on 4/11/18 & 11/08/17.

CoC DV policy approved 3/15/18 states CE staff receive training from SFPC in serving those experiencing DV annually, to remain sensitive to specific needs of this population & ensure their safety. Training for CE staff reviews safety planning process & methods of serving clients in trauma-informed, victim-centered approach.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

To assess the scope of needs related to domestic violence,dating violence,sexual assault & stalking,the CoC relies upon victim service members who use Osnium as the comparable database for reporting shelter, RRH & street outreach services for those experiencing DV. Osnium produces de-identified aggregate data for CAPER submitted to HUD and supports ongoing evaluation of CoC ability to serve DV victims by identifying needs & long-term performance evaluation efforts. The CoC reviewed turnaway data from DV emergency shelters to determine scope of need for DV specific housing & services.

DV/victimization resource recommendations via annual funding allocation plans for local CDBG & ESG funds are made with consideration of analysis of CAPER results & other evidence-based conclusions found by community need. Lead conducts reviews of agency performance and advocates for sustained resources since DV shelters & prevention services are classified as essential services. Since 2017, CoC has worked to reduce length of time homeless, prevent DV, & increase housing stability/safety by increasing inventory of RRH units & supportive services available specifically for victimized populations.

CoC also utilizes data from CE to assess scope of community needs for DV/victimization services. CoC reviews annual PIT, HMIS & CAPER reports to compile community-level data of total number of people, including heads of households, who are homeless, those who have experienced DV, DV histories & age distributions of those who are homeless & who have experienced DV. This data contributes to Lead's assessment of need for DV shelter, homeless prevention & housing service needs specifically for youth, single adults & families & subsequent systemic response to strategically allocate resources. CoC accepted & ranked DV bonus projects in FY18 based in part on applicant's ability to meet community needs assessed through CE caller data, youth service, PIT, HMIS & community human trafficking data.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects? Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	

	X
RRH	
Joint TH/RRH	X

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1)From 9/04/17 - 9/04/18 the CoC provided services to 2026 DV survivors in the CoC's geographic area, all of MKE County.

2)The CoC calculated the total number of DV survivors currently served by CoC in MKE County by adding the following, internally unduplicated by source, from 9/04/17 - 9/04/18: total number served directly pulled in HMIS from a HUD CAPER report of how many people reporting history of DV served by all street outreach, prevention, non-DV emergency shelter, non-DV transitional shelter, Safe Haven, Rapid Re-Housing, transitional housing, permanent supportive housing & other permanent housing programs (1089 adults & own heads of household); total number of women involved in street prostitution &/or human trafficking served by Benedict Center (BC)'s warming center (76 women); total number of youth victims of sexual exploitation served by Pathfinders (PF) New Paths program (119 youth); total number of adults & children served by ES & RRH from Sojourner Family Peace Center (SFPC) (468); total number of individuals (86) & people in families (178) served by Community Advocates (CA) ES; & total number of women served by Daystar TH (10). Daystar closed in June '18.

3)The CoC collected data regarding all clients currently served reporting history of DV through the HUD CAPER pulled out of HMIS. Every provider is required to fill out the HUD universal data elements questions in HMIS which include questions regarding DV history. The CoC collected data regarding total number served by BC programs from internal census. The CoC collected total number of youth victims of sexual exploitation served by PF New Paths program by reporting results from an internal database. PF's data is exported monthly from ServicePoint & merged into its custom database to deduplicate any data. The CoC collected data from Daystar TH through CDBG project activity reports. The CoC collected data for number served by SFPC's ES & RRH programs & CA ES program through internal reports.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1)In the CoC geographic area (MKE County), 164 single adult DV survivors, 107 families (including 11 families w/a youth head of household & 1 family w/a

youth head of household fleeing sex trafficking), 12 youth DV survivors & 39 youth fleeing sex trafficking currently need housing (all unduplicated).

The total numbers of DV survivors provided ES, TH or RRH, adult women involved in street prostitution &/or human trafficking receiving warming center services & victimized youth in supportive housing show ongoing needs for housing & shelter services that will continue to be met. Based on CoC's experience 2026 additional survivors need housing & services targeted to meet their unique needs.
From 10/1/17-8/1/18 a total of 987 unduplicated clients demonstrated need for CE, DV shelter & other services by calling 2-1-1 for referrals to DV shelter, or an equivalent of 1,392 calls. In 1,000 of these calls, requests were made for other services, most often referrals to non-DV shelters.

2)CoC used the following to calculate total DV survivors w/ housing/service needs from 2017-18: number of adults, families & youth reporting DV/human trafficking history on CE single by name, rolling housing prioritization list (SBN HPL), 2-1-1 report capturing number of callers requesting services including DV shelter or non-DV shelter & CAPER or agency reports of number of clients served.

3)CoC collected total number of DV survivors needing housing or services by finding total clients (youth, families & adults) on SBN HPL managed by CE lead reporting DV/ human trafficking experience, total number of callers to 2-1-1 who reported DV history & requested shelter/services, obtaining number of DV survivors including those experiencing human trafficking/victimization served in 2017-18 from agency's individual reporting system. CAPER report collects total number of clients served as entered in HMIS, gathered by universal data element questions that report if clients have experienced DV.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

1)The CoC doesn't have a CoC-funded PH project for DV survivors.The CoC's only ESG-funded RRH program for DV survivors doesn't offer case management/rent assistance. Per End Domestic Abuse WI 2016 report, lethality risk for DV survivors calls for ongoing DV advocacy supports to protect victims & DV survivors are more likely to leave abusive homes if they have the ability to survive financially when apart from their abusers. This report documented a statewide crisis: the highest number of homicides attributed to DV in WI since 2000. SFPC's joint TH-RRH program will increase capacity for the advocacy services connected to housing MKE County residents need to permanently leave abusive relationships or victimization through human trafficking. MKE County is nationally known as a hub for human trafficking & SFPC's joint TH-RRH program intervenes in further victimization of all who have been trafficked.

IMPACT's SSO-CE program needs resources scaled to fund a mobile CE staff & comprehensive assessment that best determines unique needs of DV survivors.Their project will provide CoC w/additional support in timely & holistic service delivery to DV survivors needing CoC intervention to be safely housed.

2)From 9/4/17-9/4/18, SFPC reports a total of 1,456 hotline calls for SFPC shelter services from Cat. 4 callers who didn't receive placement due to limited number of beds. From 10/1/17-8/1/18, Community Advocates MWC DV shelter turned away 36 single adults & 111 people in families due to capacity limits.164 single adult DV survivors,107 families (including 11 families w/a youth head of household & 1 family w/a youth head of household fleeing sex trafficking),12 youth DV survivors & 39 youth fleeing sex trafficking currently need housing. From 10/1/17-8/1/18, IMPACT referred 1,392 calls to 2-1-1 to DV shelter & during this same period the same callers (987 unduplicated clients) called again - 3,540 additional referrals to services were made.

3)Unmet need for housing & services for DV survivors calculated through number of adults, families & youth on CE Housing Prioritization list (HPL) who haven't been housed. The CoC gathered number of repeat calls to 2-1-1 from callers requesting DV shelter. The CoC collected the number of DV survivors who presented needs outside CE to MKE County's 2 DV shelter providers that couldn't be met due to capacity limits.

4)A high volume of calls to CE & HPL showed unmet need for housing & services for DV survivors. Due to capacity limits, the CoC places people w/DV experience in regular homeless shelters which don't meet the specific needs of DV survivors.The CoC saw that there isn't CoC funded PH targeted for DV survivors locally. CE analysis taking place 4/2018 called for CE screening services to be more specialized by populations including services & outreach coordination targeting DV survivors, as vulnerability of DV survivors who are housed but unsafe in their housing isn't accurately captured by CE assessment.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The SFPC project will provide 21 units of temporary housing & 40 units of rapid rehousing in MKE County tailored for DV survivors. SFPC's Joint TH-RRH project will replace a local TH program serving DV survivors that closed in 2018. SFPC's project increases MKE County capacity to meet the unique housing needs of several Category 4 populations, including youth fleeing DV, youth fleeing human trafficking, families fleeing DV, adults fleeing DV & adult women fleeing sexual violence, particularly those who are victimized by human trafficking. This project will provide case management services targeted to assist DV survivors in progress toward maintaining PH. These services include legal aid, safety planning, advocacy, rent assistance, SOAR & employment assistance. This project will provide longer lengths of housing placement/stabilization services than SFPC's ESG RRH program for DV survivors is able to provide at this time.

IMPACT's SSO-CE project will address the special needs of DV survivors in MKE County by increasing accessibility via mobile screening to a specialized

CE assessment, ID'ing needs & referring survivors to services in MKE County for crisis intervention, legal assistance, & housing instability. The SSO-CE project will address the unmet need of specialized mobile screening services to ID, provide resource info & refer DV survivors to appropriate services including the joint TH-RRH project proposed by SFPC. SSO-CE mobile screening will be scheduled for inreach at locations in community where those experiencing DV would be likely to go including the partnering agencies for the Joint TH-RRH project & other locations in MKE County. This project will support MKE County need for an expanded CE assessment determining the unique needs of those who are DV survivors who are assessed in the community by the mobile screener, or contact the CE 2-1-1 hotline for service info & referrals to resources.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

1)A CAPER report pulling HMIS data from 9/4/17-9/4/18 showed CoC HMIS users reported 785 people (adults & head of households) exited to positive housing destinations out of 1565 total people served. 1089 out of 1565 clients reported history of DV. The SSO-CE project targeted to DV will further tailor CE services, increasing capacity to track housing placements for special populations.

From 9/4/17-9/4/18: SFPC reports 83 out of 215 households served exited ES to PH. Community Advocates (CA) MWC reports 17 single adults & 38 families exited ES to PH. Walker's Point ES, TH & RRH programs saw 12 out of 22 DV survivors exit to PH. Pathfinder's ES, RRH & SO saw 15 out of 29 DV survivors exit to PH.

2)Based on HMIS report pulling data for those who exited homelessness to PH destinations from 9/4/16-9/4/17, 2416 persons exited to PH destinations total & 6.25% returned to homelessness in 6-12 months. System performance will be enhanced by IMPACT's DV specific SSO-CE project. SFPC found that out of all 83 households who exited ES to PH, 3 reported a subsequent eviction. CA MWC found that out of 55 single & family clients, 44 remained in PH.

3)Per United Way report (Jun'17-Jul'18), all 243 households SFPC served & all 154 households CA MWC served completed a safety plan. Benedict Center (BC) provided services to 294 unduplicated women involved in street prostitution &/or human trafficking through its drop-in services & served 79 women w/ overnight warming center service in 2017. In survey of BC clients receiving case management, 68% made progress toward their goals & 82% learned about safety planning. Walkers Point's 2015 risk assessment tool showed 92% of all youth provided SO services in 2014 made positive behavioral or situational changes reducing risk for sexual abuse & exploitation. Pathfinders New Paths program improved safety for youth who experienced

sexual exploitation: from 5/2017-7/2018, 68 youth received help developing a safety plan, 57 youth received crisis intervention services & 84% had a crisis stabilized.

IMPACT improved safety of DV survivors by creating DV policy approved in 3/2018, setting CoC-wide protocol for training, assessment, engagement w/law enforcement, follow up services & confidentiality, addressing safety concerns of DV survivors contacting CE. 33 IMPACT staff received crisis training in 2018.

All DV bonus project applicants & subrecipients offer trauma informed care, leading program participants to feel physically & psychologically safe.

4)As applicant for Joint TH-RRH, SFPC addresses barriers faced by DV survivors by offering continuum of services in its own agency & provides other services by partnering w/agencies experienced in serving subpopulations, ensuring the project is inclusive/low barrier. Subpopulations including youth, families, those at risk of homelessness, youth who have experienced human trafficking & adult women involved in street prostitution &/or human trafficking will be best served in the project due to partners' competence in meeting their unique needs. SFPC eliminates barriers to housing for DV survivors by taking a Housing 1st & victim centered approach.

As applicant for SSO-CE, IMPACT addresses barriers faced by DV survivors by furthering existing CE approach that prioritizes DV survivors for housing & services that best meet their unique needs, limiting barriers to these services as the central info clearinghouse in MKE County. IMPACT's existing CoC-funded SSO-CE project limits barriers to CE for DV survivors by deploying community based mobile screeners by appointment, conducting outreach at locations where DV survivors can be found. IMPACT will expand mobile screener capacity in order to increase accessibility to assess DV survivors who face barriers in connecting w/CE & other services, & address need for comprehensive CE assessment for DV survivors. IMPACT limits barriers to services for DV survivors in Housing 1st & victim centered approach.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Housing Authority of the City of Milwaukee	11.70%	No	No
City of West Allis	90.00%	Yes-HCV	No

Milwaukee County Housing Division	56.00%	Yes-HCV	No
City of South Milwaukee Housing Authority	6.60%	No	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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)**

West Allis & Milwaukee County PHAs both have preferences for homeless admission. The Milwaukee County Housing Authority has released over 200 vouchers specifically for homeless persons in last 3 years. South Milwaukee Housing Authority (SMHA) & Housing Authority of the City of Milwaukee (HACM) do not have a homeless preference.

HACM has a seat on the CoC Board of Directors & partners w/some CoC agencies to provide vouchers for homeless programs. The Lead agency & members of CoC have met w/HACM leadership on 3 occasions to encourage an overall homeless preference. HACM has indicated that preference is impeded by prioritizing current lengthy waitlists.

SMHA has also cited the waitlist in discussion w/CoC lead, but did have 1 homeless admission in 2017. Recent communication indicates possibility of HCV preference for those exiting HUD funded PSH.
Leadership for both PHAs partner w/CoC & other jurisdictions in Con. Plan on affirmatively furthering fair housing in MKE County, ensuring equal housing opportunities for marginalized populations & aligning w/mission of CoC to end homelessness.

CoC members created a universal housing application w/local HUD office, intending to increase accessibility of subsidized housing for those exiting PSH, shorten CoC's length of time homeless & improve rates of destination to permanent housing w/a subsidy. In Jan 2018 CoC established committee to formalize procedures & generate awareness of need for id'ing clients appropriate to move on to PHA units, affordable LIHTC development units, subsidized, senior & other low-income housing. The committee created policy guiding processes for moving clients on in CoC & assessment tool to ID clients for initiative to be incorporated in HMIS. They generated CoC-wide resource directory to more efficiently move clients to non CoC resources of clients' choice. It is anticipated these efforts will help PHAs accept a homeless preference.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local

Yes

low-income housing programs)?

Move On strategy description.
(limit 2,000 characters)

1)CoC has Move On strategy, which includes policy & assessment tool, & communicates to CoC agency staff & senior leadership awareness of Move On importance for CoC PSH availability. CE lead created list of all housing providers to share w/CoC for collaboration & increasing access to all housing options w/openings in CoC jurisdiction clients no longer needing PSH can move on to.

2)Move On options in MKE County include multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) & local low-income housing programs (LIH). MKE County benefits from 2017 bill authorizing pilot program prioritizing chronically homeless (CH) individuals & families on waiting list for WHEDA/PHA and contracting w/WHEDA for Housing Choice Vouchers (HCVs) & case management services. MKE County PHA dedicates the most resources & attention of any affordable housing provider to serving the homeless, having general priority for homelessness in admission to project based, port in & HCV programs & 2 seats on CoC Board. City of West Allis PHA has close relationship w/CoC, w/general homeless preference in HCV admissions & 2 seats on CoC Board. City of MKE PHA (HACM) has preference for low-income people/families who are disabled, seniors or Veterans providing housing options for those leaving CoC PSH. HACM partners w/CoC members Hope House, Heartland Housing & Friends of Housing to dedicate affordable housing with supportive services to families, adults w/disabilities & Veterans. South MKE PHA has preference for low income families, disabled adults & seniors, CoC members will refer when there are openings. CoC has relationships w/LIHTC providers setting aside units for clients in PSH, including Mercy Housing, Friends of Housing, Cardinal Capital & Heartland Housing. MKE County has many low-income housing providers admitting CoC clts who are disabled, seniors or families. CoC & HUD created universal housing application streamlining admission process for all LIH in MKE County.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)

To ensure marginalized populations including LGBT adults, youth & heads of households have equal opportunity to access & receive services, the CoC enforces a nondiscrimination policy that all CoC-, ESG-, CDBG- & HOPWA-funded organizations must follow. The CoC expects agency services to meet needs of LGBT ID'd by ensuring that access to CoC services is available where those who are LGBT are likely to congregate. CoC CE paper assessments available at 4 different social service agencies in MKE County whose services target needs of those who are LGBT. One agency is a youth provider & another serves those who have HIV/AIDS. CE Mobile Screener staff conduct outreach at these agencies to assist in screening & follow up w/those needing CoC services. CDBG & ESG-funded youth service agency Pathfinders (PF) has a

supportive housing program targeted to serve youth who are LGBT & at imminent risk of becoming homeless, & collaborates w/diverse LGBT agencies incl Diverse & Resilient, MKE LGBT Community Center, MKE Pride, Forge, Cream City Foundation & the LGBT Chamber of Commerce to ensure needs of LGBT individuals & their families are competently met. LGBT youth & young adults provide regular input & evaluative feedback on housing services provided by PF, who together w/HOPWA-recipient AIDS Resource Center of Wisconsin participated in 2018 Point in Time Count in effort to collect community data on number of LGBT people & families w/LGBT heads of households experiencing homelessness, including walk-ins at their agency & street outreach. CoC member providers required to inform all clts of their grievance rights, & rights to submit a grievance through CoC's CE system for neutral 3rd-party review. The CoC's adoption of Housing 1st principles contributes to system-wide accountability for inclusion, serving all clients in need of housing assistance w/ services the clients choose to participate in to accomplish their own goals.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual 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 (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Other:(limit 50 characters)	
Outreach, Advocacy & Peer Advisory Workgroups	X
Other Govt Agency Partnerships & Crosstraining	X
Housing First Cost Benefit Analysis Presentations	X

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

1)CE covers all of MKE County (100% of CoC area). Street outreach (SO) goes out 7 days/wk to connect people to CE; anyone in MKE County can call 211 for CE. CE deploys CE staff/SO to any location in MKE County. CE Lead has partners in all areas of MKE County, creating countywide awareness of how to access CoC services. CE policy manual published on CoC website & newsletter.

2)CE system prioritizes people for homeless assistance based on severity of need. SO teams look for people least likely to apply for homeless services 7 days/wk on 24-hr basis. SO & CE staff can be dispatched if someone calls 211 & states they are sleeping outside/need shelter. SO regularly maps areas for needed targeted engagement. CE provides paper assessments & does regular outreach, assessment & offers service suggestions to groups that don't have HMIS access & serve the homeless/at-risk. CE lead's marketing strategy reaches all in MKE County regardless of English language proficiency/disability.

3)CE Assessment includes demographic info, length of time homeless (LOTH) & standard VISPDAT/VIFSPDAT/TAY tools to prioritize people most in need of assistance on single by-name list. Singles & families prioritized by chronic homelessness, LOTH & then VI score through HMIS report. Youth prioritized by people id'd as being trafficked, pregnancy, age, LGBTQ-id'd youth, homeless status, disability & TAY score. Assessments completed by appointment/phone w/211, outreach, shelter & CE staff to limit delays, or paper application for those without access to HMIS. Clts at top of single by-name list discussed at least biweekly & have progress tracked/problem-solved in CE staffing mtgs to expedite placement. CE HMIS report tracks provider efficiency in housing clts. CoC approved standard homeless history form & documentation policy in 2018 to mitigate learning curve in assessing/referring clts for PSH. HMIS & CE leads provide regular training to CoC on homeless history documentation & CE assessment.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

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	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

1) Severity of needs and vulnerabilities comprised 21 points out of 100 on the CoC's FY 2018 Board of Directors Project Scoring Tool. The specific severity of needs and vulnerabilities included in reviewing, ranking and rating projects included the following categories: % of participants served, who prior to program entry: 1) were residing on the street (places not meant for human habitation) or in a safe haven, 2) had zero income, and/or 3) had multiple (3+) disabling conditions. Maximum points in each category was 7. Data for scoring was obtained via each project's APR for 10/1/2016-9/30/2017.

2) Maximum points were given to projects with 30%+ participants coming from the street or safe haven because this population is more likely to have the most severe needs due to long-term homeless and multiple conditions with higher acuity. Projects with 30%+ participants entering project with no income received maximum points because population is unlikely to resolve homelessness and gain access to income without supportive services and enrollment in mainstream benefit programs. Maximum points were given to projects serving 30%+ participants with multiple conditions because population is more likely to

face greater barriers in securing & maintaining permanent housing, as well as accessing other supportive services.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, 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, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes

(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your 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? Attachment Required.	Yes
2A-1a. Applicants must: (1) 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, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).	1) Pages 1-2. 2) Governance Charter
2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.	Yes
2A-3. HMIS Vender. What is the name of the HMIS software vendor?	Mediware Information Systems
2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.	Statewide HMIS (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	772	77	695	100.00%
Safe Haven (SH) beds	47	0	47	100.00%
Transitional Housing (TH) beds	120	10	110	100.00%
Rapid Re-Housing (RRH) beds	426	0	426	100.00%
Permanent Supportive Housing (PSH) beds	1,837	0	1,837	100.00%
Other Permanent Housing (OPH) beds	46	0	46	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/26/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).	01/24/2018
2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).	04/25/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

In 2018, the CoC's total sheltered PIT count decreased 7% from the 2017 total sheltered PIT Count as reported in HDX, though there were no changes in Sheltered PIT Count Implementation methodology or data quality from 2017 to 2018. In 2018, HMIS data constituted 90% of sheltered PIT count data & an additional 10% of sheltered PIT count data came from client interviews with providers not using HMIS. The CoC covered complete census count of all emergency shelter, transitional shelter & Safe Haven providers. Sheltered subpopulation data came from HMIS data only. The Point in Time Planning Committee did not change methodology in how sheltered individuals are counted because this is pulled directly from the CoC's HMIS system which encompasses all funded organizations. Those that are not funded but participate in the overall count are entered into the HMIS system as well so as to capture 100% bed capacity in Milwaukee County. For example, the Milwaukee Rescue Mission is the largest emergency shelter in Milwaukee County & one of the only Rescue Mission providers nationwide to contribute HMIS data for the CoC for PIT. Providers continue to enter data on timely basis, allowing for the CoC to capture an accurate count including complete, high quality data for 2018. Due to the CoC's practice of regularly reviewing data quality on a systemwide & provider-level basis, no change in data quality was observed.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?

No

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. 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 2018 sheltered PIT count?	No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.	Yes

2C-4a. If "Yes" was selected for question 2C-4, applicants must:
(1) describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC's unsheltered PIT count results.
(limit 2,000 characters)

1)There were changes in the CoC's 2018 unsheltered PIT count implementation. In 2018, the PIT Planning Committee was able to identify an additional location to set up a warming room to allow those experiencing homelessness an opportunity to be counted in a safe place, drawing those in who may not otherwise go into emergency shelter, transitional housing or Safe Haven locations & be included in the sheltered count. Increased coverage during the street count featured outreach to known locations such as individuals living in vehicles and in encampments. This was achieved through increased partnerships with both street outreach workers throughout the county, and those familiar with the specific areas where those who are homeless and unsheltered can be found In MKE County. The CoC conducted a census method count to ensure the entire CoC geography was physically covered, which was the same count method and geographic coverage level as the 2017 PIT. Data quality did not change from 2017 to 2018 because much of the new data collection methods had already been implemented to obtain the highest quality of data. Staff review all PIT guidance provided by HUD and provide trainings to volunteers to ensure proper administration of surveys. All PIT data that is collected in HMIS is then compared to data from previous years to ensure

accuracy and consistency.

2)Due to the additional warming room location in 2018, the 2018 PIT count resulted in a higher count for unsheltered individuals than the 2017 PIT count. While there was an increase in unsheltered count, there was an overall decrease in the entire PIT count.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?	Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

1)The CoC has a youth specific component focused on unaccompanied youth & young adults under age 25 whose planning includes stakeholders serving youth experiencing homelessness. All MKE County youth emergency shelters, youth street outreach (SO) & shelters serving children participate in PIT. Youth provider Pathfinders facilitates a magnet event to begin the census count, drawing in stakeholders serving youth in all areas of MKE County for awareness of the count & supporting advertising of the magnet event. Knowing 23% of youth experiencing homelessness are LGBT-ID'd, planning includes LGBT serving agencies: Diverse & Resilient, Planned Parenthood, MKE LGBT Community Center & Project Q. These connections led to these agencies being at the magnet event to provide services directly to youth in need.

2)The CoC worked w/local stakeholders serving homeless youth to select locations where youth experiencing homelessness would go on the night of the youth count & where youth SO could find youth 7 days afterwards. The youth count, also a census method count, is held on the same day as the general street count at a predetermined remote/private location open for youth from 7pm-7am. The Youth PIT planning committee worked w/youth SO to plan locations for the youth street count, using inreach to connect w/youth as CoC experience shows most youth experiencing homelessness will congregate indoors. On the night of PIT & the 7 days following youth SO went to churches, gas stations, recreation centers, community centers, youth serving agencies & for profit businesses w/social entrepreneurship model for a thorough youth count.

3)A Youth Advisory Group w/100% membership of youth w/lived experience of homelessness makes recommendations for youth PIT planning. CoC leadership recognizes the value of the Youth Count best practices published by Chapin Hall in 2018 & plans to foster the planning capacity of youth w/lived experience of homelessness in future youth PIT counts.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

1)CoC funded & non-funded street outreach groups conducted 2018 PIT count on night of 1/24/18 & 7 days following via client interviews in predetermined locations where those experiencing street homelessness are concentrated & where recent street homelessness in MKE County was reported to Outreach committee. CoC partnered w/volunteer groups & churches to open 5 warming room locations w/transportation in different geographic areas, knowing that those who are chronically homeless (CH) may go to a warming shelter but not go to year-round shelters.

2)CoC member agencies/partners serving families experiencing homelessness participated in 2018 PIT planning, night-of surveys & follow up interviews. Warming rooms open on night of agreed to serve single adults & families which allowed CoC to better count unsheltered families. Youth drop-in center hosted families w/youth head of household in warming room & on post 7 day follow up. CoC's largest homeless prevention provider Community Advocates conducted post 7 day follow up surveys, connecting to families homeless due to eviction/housing crisis. Volunteers conducted surveys at WIC centers to increase reach to families experiencing homelessness.

3)CoC partnered w/Veteran's Administration & Milwaukee Police Department's Homeless Outreach Team to ID locations where veterans experiencing homelessness could be located on night of count & 7 day follow up. Outreach staff had knowledge of where veterans were likely to be found & worked w/local police department to cover known areas. Staff from these organizations had presence in warming rooms & outreach, leading to higher likelihood of self-report of veteran status & more accurate count. Mainstream CoC providers/unfunded volunteer groups who have rapport w/veterans worked alongside veteran-serving providers to conduct PIT count interviews.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	3,660

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1)CoC risk factors determined through 2-1-1 caller data: 97% of callers are at-risk of homelessness. 2018 2-1-1 survey ID'd risk factors & connected callers to preventive resources. Risk factors for 1st time homelessness include violence, unsafe housing, Category 2 situations w/no time for intervention, no safe alternative options, loss of income, traumatic experiences, lack of local employment opportunities & unmet service/behavioral health treatment needs. Risk factors ID'd in HMIS reports & research from Public Policy Institute of Community Advocates, Wisconsin Policy Forum & Legal Action.

2)CoC strategy to address those at risk begins w/ preventing/diverting entry to system & linking them to case management, legal services & ESG/CDBG-funded homeless/eviction prevention resources post 2-1-1 assessment. CoC uses progressive engagement approach - there is no wrong door to prevention (eg CoC's largest homeless prevention provider Community Advocates accepts walk-in, phone & CE referrals for homeless prevention services & refers to outside resources that support housing stability). CoC sees needs for employment & benefits assistance & ongoing case management support based on HMIS data. CoC accesses resources for increasing income & ongoing case management in Board representation & relationship building w/Workforce Investment Board & County Mental Health Division. 3 CoC members provide direct homeless prevention services to all,1 CoC victim service provider provides outreach & wraparound services to those fleeing DV which prevents homelessness & 1 CoC provider offers homeless prevention for LGBT ID'd youth & supportive housing for those aging out of foster care. CoC targets eviction epidemic w/taskforce of diverse partners. Legal Action Eviction Defense provides on-site services at Courthouse. MKE County Housing Division

allocated resources in 2018 for community-based case management to prevent evictions from Section 8.

3)Lead Agency - City of Milwaukee (CDGA

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1)Avg length of time individuals & persons in families remained homeless (LOTH) reported in System Performance Measures (SPM) was 48 nights for those homeless in ES & SH projects & 60 nights for persons in ES, SH & TH projects.

2)Effectiveness of current CoC strategy demonstrated by decrease of 30 days in avg LOTH in ES, SH & TH since FY16 SPM. CoC strategy to reduce LOTH for individuals & families includes efforts to encourage all community housing providers & CoC to adopt a Housing 1st, low-barrier approach. Local Housing 1st priority ensures people ID'd as most in need of housing assistance are not denied housing nor encountering impediments to ongoing services because of stringent eligibility/participation policies. CoC agencies are trained in motivational interviewing & trauma-informed care to best serve those who are homeless long term. Person-centered approaches are used by all providers in CoC. Clients prioritized due to factors including LOTH are offered available housing opportunities on a recurring basis in CE for 6 months until a placement selection is made, protecting client choice while expediting housing placement process. CoC builds partnerships with landlords & housing providers to increase opportunities for housing placement via outreach events, invitations to committee participation & community recognition.

3)CoC identifies LOTH as a factor in prioritizing clients for housing based on need. Those with longest LOTH are prioritized on single by name list, along with completion of VI-SPDAT by CoC & CE staff. CoC increased ability to confirm self-report of homeless history through incorporation of standard homeless history tracking form into HMIS & homeless history documentation trainings. Communication & documentation of street outreach contacts among all 8 providers funded & non-funded improved through establishing agreement to use ECHO internet based client record system.

4)Lead Agency - City of Milwaukee (CDGA)

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in

emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and (2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	53%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	96%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and (2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1)CoC strategy to increase rate of exits to PH destinations is planned so additional support is available to all ES, SH, TH & RRH programs in CoC to increase services required to access CoC PSH. Homeless history & disability documentation uploaded into HMIS to limit delays to PH access due to lack of supporting documentation. In 2018 CoC adopted chronic homeless verification policy formalizing documentation & referral review standards for housing providers & referral sources. CE facilitated focus groups at agencies to get clients' feedback on the process of accessing housing through CE & provide leadership w/further insight into improving services. The CoC created a webpage for landlord recruitment, providing follow up education on CoC PH programs that improved community awareness around housing needs for the homeless. CoC plans to increase PH options through RRH for youth & Joint TH-RRH for survivors project applications.

2)CoC strategy to improve PH retention or increase rate of exits to all PH except RRH included systemwide data review & follow up support to PH program staff. All CoC-funded PH projects were mandated to regularly report performance in housing stability to NOFA committee for system performance evaluation. This practice encouraged providers to be accountable for reviewing their own performance. New Crisis Intervention staff available to CoC in 2018 increased capacity to support housing retention & provide more manpower for housing search & placement service needs. Training & cultural shift to Housing 1st throughout CoC & accountability to reporting housing outcomes to CE lessened likelihood of termination from CoC PSH for reasons such as client not engaging in services or not maintaining sobriety. Housing retention for those in PH projects requiring income or not offering on-site case management (such as affordable housing units in LIHTC developments) improved through increasing connections to ongoing mainstream case management.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must

report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	6%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

1)CoC IDs common factors of individuals & families who return to homelessness through CE & committee review of system performance data. CoC sees recurrence of evictions prior to returns to homelessness. CoC knows landlords working w/housing programs need education on CoC housing crisis resources to prevent returns to homelessness. Programs manage landlord relationships or problem solve when returns to homelessness are imminent. CoC takes proactive stance in serving clients in sunsetting TH programs w/housing search & placement.

2)CoC strategy to reduce rate of returns to homelessness includes formalized CE transfer & discharge policy that applies if a client in PH is at risk of returning to homelessness, different approaches to maintain housing have not been successful & client wants other housing. Cases discussed in CoC PH meetings to provide service suggestions & fidelity to Housing 1st approach. If there is no option but for a client to leave an apartment, CoC PSH does mutual lease terminations instead of evictions to prevent barriers to finding a subsequent PH placement. CoC created Moving On Assessment tool in 2018 showing a PSH client's ability to move on to other housing without later returning to homelessness. All CoC RRH providers conduct 3 month reassessments to track clients' progress towards successful discharge. A 10-unit CoC TH provider for those fleeing DV closed in 2018. Prior to closure, other CoC victim service providers & CE staff supported agency in creating housing plans for their clients to provide avenues to stable housing placement & prevent returns to homelessness. SSA payee service info was provided to CoC to prevent returns to homelessness caused by nonpayment of rent/utilities. 2018 City of Milwaukee plan to increase affordable housing by 10,000 units will benefit the majority of homeless people & families that can't access CoC PH following a stay in shelter/place not meant for habitation.

3)Lead Agency - City of Milwaukee (CDGA)

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income;

and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

1)CoC strategy to increase access to employment & non-employment cash sources includes relationships w/employment & benefits advocacy partners, increasing # of SOAR trained CoC members & creating supportive employment programs. CoC Board rep from Workforce Investment board (Employ Milwaukee) active in Full Body, Employment workgroup & Project Homeless Connect event committees. CoC has active SOAR committee & 22 CoC members were trained on expediting disability benefits for people & families experiencing homelessness in 2018. SOAR committee continues to train cohorts 2x/year. CoC hosts agencies like Legal Action of Wisconsin for outreach opportunities on non-cash benefits updates to ensure info about benefits access reaches entire CoC in timely manner.

2)CoC providers partner w/supportive employment providers like Goodwill & Employ Milwaukee to host workshops & increase access to job opportunities. In 2018, an Employ Milwaukee rep began outreach to sites where homeless congregate, furthering access to critical supportive employment opportunities for clients who are challenged in keeping schedule of appointments. CoC agencies build relationships w/a network of contacts by industry to provide availability of job opportunities to clients at any given time. ES/HP/RRH/PSH provider Guest House offers clients opportunity to participate in resident manager training program providing both skill development, unique peer support job training model & access to cash income upon program completion. CoC agency ES/SO provider Cathedral Center created Employment Retention specialist position to increase access to permanent employment opportunities, preventing returns to homelessness due to lack of stable job opportunities. Community employment hiring events & resources shared on CoC newsletter. CoC providers all make referrals to employment services for clients. As ancillary medicaid service, CCS provides employment assistance to CoC.

3)Lead Agency - City of Milwaukee (CDGA)

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)	05/30/2018

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter: (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	796
Total number of beds dedicated to individuals and families experiencing chronic homelessness	415
Total	1,211

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written 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? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1)In 2018, CoC established a Family Initiative to end family homelessness & rapidly rehouse families within 30 days of becoming homeless. CoC strategy includes tracking length of time homeless in HMIS for performance/trends in local homelessness & reviewing results by committee. RRH housing placement time monitored in HMIS & CE. Providers share housing strategies in Family Initiative/CE staffing. Family RRH agencies quickly recruit landlords w/marketing plans explaining services meeting landlord needs, financial incentives(double security deposit/utility assistance) & landlord liaison staff.

2)Knowing importance of housing retention, CoC members providing RRH reassess clients housing/services needs every 30-90 days, preparing clients for discharge. Family RRH providers participate in system-wide staffings & peersharing group to discuss progress toward successfully maintaining housing once assistance ends. Weekly Family Initiative meetings support family RRH providers in timely, person-centered work to improve client housing stability. CoC members refer to additional wraparound service providers including Behavioral Health Division/Comprehensive Community Services. CoC informed via committees, newsletter & community outreach events of current resource info for W2, childcare, homeless education programs, workforce development services, Social Security benefits, Foodshare & Badgercare health insurance. CoC is trained in trauma-informed care, Housing 1st, harm reduction & motivational interviewing approaches that increase housing retention after RRH. CoC builds relationships w/landlords providing affordable housing in MKE County, improving housing retention. Housing for families needing ongoing subsidy ID'd by Move On committee & shared in CE staffing/Family Initiative. Families needing homeless prevention services to maintain housing supported by CE outreach staff, homeless prevention programs & Community Intervention staff.

3)Lead Agency-City of Milwaukee (CDGA)

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination 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.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐

CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

1)CoC started a Youth Initiative specifically to end youth homelessness. CoC has accepted & ranked RRH for youth bonus project FY18 & FY17. CoC members are diligent in effectively using CoC resources serving youth: on 7/18 CoC RRH for youth provider Walker's Point worked w/local HUD office to increase capacity through # of beds designated for youth. To achieve best outcomes, local services are delivered in specialized/tailored manner for youth subpopulations including youth who have experienced human trafficking, youth w/severe & persistent mental illness, chronically homeless youth, LGBTQ-ID'd

youth, & youth aging out of foster care. Youth CE captures unmet need for housing assistance for highly vulnerable youth in Milwaukee. At present, 121 singles & 81 families w/youth head of household are on a waiting list w/less than 5 youth-specific openings at any given time. CoC providers recognize RRH as developmentally appropriate & cost-effective intervention for most homeless youth. Other funding sources benefit CoC programs for youth. Pathfinders (PF) secured new funding from WI DCF to develop & implement the PATHS program for youth aging out of foster care & subsequently homeless. Federal RHY TLP & street outreach funding is also being pursued. Substantial DOJ funding has already been secured by PF to serve trafficked & exploited youth, 75% of which report being homeless.

2)CoC ensures there is as much housing availability as possible for unsheltered youth via CE review. Youth Initiative formed in 2018 to identify vulnerability factors to prioritize youth-specific services based on need & create a method of single by-name list prioritization. All youth experiencing unsheltered homelessness prioritized for services based on TAY-VI SPDAT & Category 1 or 4 homeless. These factors of prioritization for housing & services apply to all youth that are unsheltered, but prioritization also affected by subpopulation factors: trading sex for housing, pregnant/parenting, age (younger is higher priority), LGBTQ-ID'd & disabling conditions ensuring most vulnerable youth served first. All community providers serving runaway/homeless youth & youth at risk of homelessness invited to participate in Youth CE to ensure equal opportunity to be assessed for service needs. CoC agencies providing State, CDBG & ESG-funded services address unique needs of youth that have experienced human trafficking, youth w/severe & persistent mental health needs & youth aging out of foster care by providing specialized supportive housing programs w/wraparound services.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

1)CoC started a youth initiative via youth CE in 2018 to begin measuring inflow & outflow of yout needing housing/services. CoC's goal is to reach functional zero for youth homelessness & assess adequacy of resources to serve & house homeless youth through CE. CoC Shelter Task Force includes 2 youth housing/shelter providers. Dept of Children & Families, CE lead & Milwaukee Public School Homeless Education Program forecast funding cuts at local, state & federal level & advocate for preservation of resources to support all services for youth. Housing providers for youth forecast housing inventory for their own projects based on historic costs per youth & youth headed family, local fair market rent limits from HUD & exit data informing housing costs youth & youth headed families can afford. This allows efficient use of resources & higher capacity to serve youth w/housing & services. CE implementation led to increased assistance for unsheltered youth through youth street outreach,

prioritizing youth based on vulnerability & structured county-wide communication has increased accessibility of CoC services for youth. CoC strives to prevent youth returns to homelessness & shorten length of time homeless.

2)Given Youth Initiative is new to CoC, CoC funded youth providers conducted self evaluations to measure effectiveness of their programs & in a year will be able to measure effectiveness based on CoC measures for housing stability, housing retention, increasing income, serving the most vulnerable & in need of services, data quality, effective use of federal funds & participation in CoC. The CoC's only local CoC-funded youth RRH provider Walker's Point participated in self-evaluation of performance based on this criteria though data available limited due to delay in executing HUD contract & subsequent ramp-up of services. Youth CE measure acuity of need for housing & services for youth on standardized TAY-VI assessment tool, & coupled w/outflow to housing & youth CE vulnerability factors this demonstrates CoC effectiveness in prioritizing community's most vulnerable youth for housing & services. Early measurements of inflow & outflow to housing from Youth CE SBN list show promise for evaluating effectiveness of local housing programs, their internal capacity to provide services meeting needs of youth & importance of leveraging assets local youth service provider partners provide in holistic service delivery.

3)CoC believes measures used for scoring all CoC-funded projects are appropriate for determining effectiveness of CoC strategies because they reflect HUD's metrics for evaluating program effectiveness & NOFA committee method of measuring whether or not a program meets community needs. TAY-VI vulnerability assessment for youth adopted as standard tool by CoC for assessing need for services to trigger prioritization nationally recognized for reliability & validity.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

1)CoC meets statutory requirements for SEA & LEA & refers to YEPs to decrease homelessness, improve economic mobility & increase housing stability. YEP Pathfinders (PF) active on Full Body, Shelter Taskforce (ST), Provider Advisory, NOFA, Youth Initiative & Board of Directors committees. CoC policy requires CoC members ensure school-age children & unaccompanied youth don't experience interruption in school attendance. By agreement w/Milwaukee Public Schools (MPS) (McKinney-Vento LEA), providers contact MPS Homeless Education Program (HEP) to arrange transportation, enrollment & HEP services. Preschool children referred to Head Start. HEP trains ES, TH & PH staff annually to ensure full knowledge of HEP resources & procedures. Local HEP services include transportation, free breakfast/lunch/books, fee waivers, before/after school care & all authorized services.

2)LEA (MPS) is on CoC Board, active w/ST & coordinates directly w/all shelters serving school-aged youth. As of 2018, Lead, reps from MKE County Housing Division & MKE County HCV program participate in State of WI's implementation of WI Interagency Council on Homelessness. McKinney-Vento SEA & LEA reps collaborate w/MKE CoC & 3 other CoCs in WI to reach goals established by Council, Gov & Lt Gov to reduce/prevent homelessness, based on social determinants like improving high school graduation rates.

3)City of Wauwatosa school district & MPS-HEP are on CoC Board. MPS-HEP are members of ST. CoC youth service providers Walker's Point (WP) & PF do prevention programming in alternative schools & in-reach in schools w/therapists. Shelters receive bussing assistance from MPS. CoC's youth service members outreach to MPS school resource fairs.

4)Lead's formal partnership documented in MOU w/Pathfinders. SAMHSA workgroup has formal MOUs w/education provider steering committee members. WP has MOUs w/MPS as required by all homeless prevention providers. PF has contract w/MPS for Southeastern Education Center.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

CoC ensures that individuals & families who become homeless are informed of their eligibility for education services under McKinney Vento. Lead hosted CoC board member & a Head Start provider at Full Body CoC meeting in 2018 to provide current info about eligibility for Milwaukee Public Schools-homeless education program (MPS-HEP) & Head Start services. This included distinction of Category 3 population that MPS-HEP serves from population served by other CoC programs/services for Category 1, 2 & 4 homelessness. Lead distributed MPS-HEP materials to CoC via e-newsletter to increase awareness of education services & understanding of eligibility criteria. MPS offers online enrollment screens for homelessness; all families presenting at any MPS school as homeless are connected to HEP; HEP literature is widely publicized in 7 different languages. Lead evaluates long-term outcomes & goal-setting of CoC access to education services through Annual Action plan which is released for public viewing on City of Milwaukee-CDGA website. Lead established CoC policy all providers must observe in 2011 to ensure all school-aged children & unaccompanied youth don't experience interruptions in school attendance. Link to MPS-HEP eligibility services on CoC website. CE material including service assessment tools are available in local public schools, & services for Category 3/education service info are accessible through CE. School social workers are invited to participate in case consultation w/CE regarding services that may be available to youth & families w/releases of info. Local technical college MATC's homeless service rep updated SAMHSA committee on Promise Program for tuition & program course fee assistance for homeless & low income individuals, intending to prepare people for in-demand career options. MATC also provides regular GED prep services to CoC agencies. CoC members Hope House & Benedict Center provides GED prep services.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or

partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

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

**3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)**

CoC identifies homeless Veterans eligible for VA housing & services using CE process guided by CoC CE policy. CoC goes through local VA Medical Center (VAMC) to determine Veteran status. Homeless Veterans are prioritized in CE list for single adults & families, & ID'd by Veteran status using list filters. HMIS lead & Veteran serving providers identify all Veterans experiencing homelessness & refer to CE list. Conversations have begun around adding 8 VAMC staff to HMIS.
CoC assesses homeless Veterans eligible for VA housing & services through assessments in HMIS prioritizing Veterans based on need & vulnerability. The assessment process is guided by CoC CE policy: Veterans are prioritized based on chronic homelessness, disability, length of time homelessness & vulnerability. Homeless Veterans & families w/Veteran heads of household are assessed using standard VISPDAT/FSPDAT tools & CE assessment in HMIS. CoC expects providers serving homeless Veterans to complete assessment & gather required referral documents within 7 days of program entry to improve CoC System Performance measurements.

CoC refers homeless Veterans to resources like HUD-VASH, SSVF & GPD by organizing Veterans CE initiative that tracks referral process for identified & assessed homeless Veterans. Homeless Veteran referral process guided by CoC CE policy. Prioritized Veterans staffed weekly & given housing options based on program eligibility until placement occurs. Follow up notes are recorded to note dated offers of housing options & placement. Veterans CE

Initiative lead & VAMC created a universal application for all local Veteran specific housing options to expedite completion of referrals. CoC HMIS lead & VAMC organized Veteran housing event in 7/18 with 4 participating CoC agencies referring Veterans in ES, SH, TH (GPD) & staying on street to 25+ housing options.

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 experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary. Yes

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	X
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	X
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	

The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	☐
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	☐
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	☐
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	☐
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	☐
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	☐
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	☐
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	☐
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	☐
Other:	☐

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

1)CoC invites representatives from programs that assist persons experiencing homelessness w/ applying for & receiving mainstream benefits to present at meetings and to partner w/member providers. SOAR subcommittee oversees work to increase the rate of approval for disability benefits & provides training to enable Coordinated Entry staff, managers, outreach workers, & case managers to complete SOAR applications. 20+ members participated in SOAR training in 2018. All providers track access to mainstream programs in client case plans and in HMIS. This info allows providers to know the status of clients' eligibility for and their enrollment in mainstream benefits. The CoC stresses the importance of access to mainstream resources in system performance metrics related to housing stability, increase in total income, & returns to homelessness,

& prioritizes increasing access to these resources at agency level. Members refer clients to CCS (Medicaid-funded wraparound services). Hope House invites Foodshare reps to their food pantry. Sal Army hosts public benefits enrollment rep from MKE Enrollment Services biweekly. CoC uses Wisconsin ACCESS site to get info about all mainstream benefits that clients are eligible for.

2)CoC lead hosts representatives from mainstream resources at monthly Full Body public meetings. Topics include access to Dept. of Workforce Development programs, Social Security workforce incentive programs, HMO enrollment changes for SSI members, Foodshare enrollment/eligibility, & medicaid changes. CoC communicates updates regarding mainstream resource eligibility, availability, & access changes through weekly e-newsletter for CoC members to share w/their
clients. Other presentations through subcommittees incl. Social Security payee info & substance abuse treatment eligibility. Two CoC agencies received reallocated State TANF dollars to support family case management in 2018.

3)Lead Agency - City of MIlwaukee (CDGA)

4A-2.Housing First: Applicants must report: (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	22
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	22
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must: (1) describe the CoC's outreach; (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area; (3) describe how often the CoC conducts street outreach; and (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1)The CoC has robust Street Outreach (SO) coordinated via committee which includes funded/non-funded teams, law enforcement, CE, HMIS lead, local govt, homeless services & faith-based groups. This includes teams serving subpopulations (youth, sex workers, those experiencing human trafficking,

veterans, chronically homeless). Committee covers 100% of CoC geographic area efficiently by tracking/conferencing clt status on single by name list in CE. Outreach contacts occur outdoors in encampment locations/parks/bus shelters & via inreach at congregate sites like meal sites, resource centers & day shelters. CoC partners w/3 Behavioral Health Division clinical outreach teams serving youth & adults w/mental illness to engage those staying in places not meant for habitation. New locations where homeless can sporadically be found updated through county-wide law enforcement, crisis svcs, Business Improvement districts, local govt, direct referral through CE & community SO message line.

2)CoC's SO covers 100% of the geographic area of CoC, or all all areas of MKE County.

3)SO occurs all year 7 days/wk. SO shifts scheduled so outreach active County-wide on 24 hr basis. SO PIT count initiative executed in Jan & July.

4)Those residing in places not meant for habitation the longest ID'd by CoC to be least likely to request to assistance. SO includes licensed staff to engage, document disability or refer to svcs. SO trained in motivational interviewing, trauma-informed care, housing 1st approach & harm-reduction to best serve those staying on street. CoC staff provide translation skills for those w/limited English language proficiency or refer to County-wide translation service for those staying on street who are least likely to seek consistent mental health/AODA/medical treatment in clinical setting/present needs to social svcs. SO collaborative has partnerships w/admin in local institutional settings, enabling inreach opportunities that prevent discharges to street.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC 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; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

1)Lead & Coordinated Entry (CE) staff are responsible for affirmative outreach strategy of provider adherence to CoC Non-Discrimination Policy, 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. CoC seeks out people w/challenges accessing services including those w/disabilities & limited English proficiency. CE mobile screener conducts VI-SPDAT on-site to people unable to call CE. Outreach workers engage people unlikely to apply for services. Lead contributes to regional affirmative fair housing plan & evaluation. CoC works w/Metropolitan Milwaukee Fair Housing Council, Community Advocates, and Legal Action Eviction Defense Project to access legal services to address discrimination & unlawful evictions. CoC received Wisconsin Policy Forum report & call to action to decrease housing segregation.

2)CoC communicates affirmative outreach strategy through Housing First

initiative, which brings service access to people on the street w/disabilities & limited English proficiency. Outreach workers have clinical expertise, multi-language capability, and access to translation service as needed. Lead hosts public meetings/hearings discussing housing plans, funding allocations, & funding opportunities at different locations accessible by public transportation in city limits w/disability accommodations & translation services available upon request. As mandated by HUD, a fair housing disclaimer is included in all agency manuals. Agencies have HUD literature available in different languages. Fair housing training is offered annually to Full Body. Agencies have staff with language proficiency in up to 11 languages. Signing is available for clients w/hearing impairments. CoC has policy for service dogs/reasonable accommodations. Civil rights compliance plans are required for all CoC agencies.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	420	426	6

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? 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
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Admin Plan, C...	09/14/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	CE Assessment: Si...	09/14/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Objective Scoring...	09/14/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Public posting of...	09/14/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public posting of...	09/14/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation, Ran...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	1E-5 Notification...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notifications Out...	09/14/2018
1E-5. Public Posting–Local Competition Deadline	Yes	1E-5 public posti...	09/14/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC HMIS Lead Gov...	09/14/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS policies & p...	09/14/2018
3A-6. HDX–2018 Competition Report	Yes	HDX Competition r...	09/14/2018
3B-2. Order of Priority–Written Standards	No	Orders of Priorit...	09/14/2018

3B-5. Racial Disparities Summary	No	Racial Disparity ...	09/14/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	1C-8 CE Assessmen...	09/14/2018
Other	No	1C-8 CE Assessmen...	09/14/2018
Other	No	1E-3, 3B-5a, 3B-5...	09/17/2018

Attachment Details

Document Description: PHA Admin Plan, City of West Allis & County of Milwaukee

Attachment Details

Document Description:

Attachment Details

Document Description: CE Assessment: Single Adults

Attachment Details

Document Description: Objective Scoring Tool

Attachment Details

Document Description: Public posting of CoC application

Attachment Details

Document Description: Public posting of scoring tool, intent to apply forms, ranking scoring cut

Attachment Details

Document Description: Reallocation, Ranking Scoring & Cut Process

Attachment Details

Document Description: 1E-5 Notifications Outside eSNAPS projects accepted

Attachment Details

Document Description: Notifications Outside eSNAPS Projects Rejected / Reduced

Attachment Details

Document Description: 1E-5 public posting of local competition deadline

Attachment Details

Document Description: CoC HMIS Lead Governance

Attachment Details

Document Description: HMIS policies & procedures manual

Attachment Details

Document Description: HDX Competition report

Attachment Details

Document Description: Orders of Priority, CE policies

Attachment Details

Document Description: Racial Disparity Assessment & SAMHSA Statement

Attachment Details

Document Description:

Attachment Details

Document Description: 1C-8 CE Assessment - Families

Attachment Details

Document Description: 1C-8 CE Assessment - Youth

Attachment Details

Document Description: 1E-3, 3B-5a, 3B-5b screenshots

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/17/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/12/2018
2A. HMIS Implementation	09/12/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/14/2018
3A. System Performance	09/12/2018
3B. Performance and Strategic Planning	09/12/2018
4A. Mainstream Benefits and Additional Policies	09/12/2018
4B. Attachments	09/17/2018

Submission Summary	No Input Required

Notice of Funding Availability (NOFA)
Fiscal Year 2018
Continuum of Care Program Competition

- 1C-5. PHA Administration Plan–Homeless Preference

  NOFA Required Documents-Section 1C-5
  - Attachments: PHA Administrative Plan
    - West Allis
    - Milwaukee County

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.

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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

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- 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-II.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-II.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.

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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)].

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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

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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)].

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MEMORANDUM OF AGREEMENT
BETWEEN THE
HOUSING AUTHORITY OF THE CITY OF MILWAUKEE
AND
THE MILWAUKEE COUNTY HOUSING DIVISION

The Housing Authority of the City of Milwaukee (HACM) and the Milwaukee County Housing Division (MCHD) hereby agree that they will work jointly in an effort to End Chronic Homelessness in Milwaukee County and hereby agree that:

HACM will make 50 Housing Choice Vouchers available from its' current Section 8 voucher allocation, subject to availability, to assist eligible chronically homeless clients referred by MCHD-Outreach Services; and

MCHD understands and agrees that HACM will screen clients referred for program eligibility and will have the final authority to accept or deny admission according to the Section 8 Housing Choice Voucher program; and

MCHD will employ four additional full-time staff members who will assist in the coordination of case management provided by the Division's community partners; and

HACM agrees to accept referrals from MCHD-Outreach Services upon execution of this Memorandum of Agreement until all 50 Housing Choice Vouchers have been utilized, including replacements of any terminated clients, or until the term of the memorandum has expired; and

This agreement will become effective upon execution by both parties and will continue for three years at which time MCHD may request an extension subject to HACM approval.

Signature - HACM	Signature - MCHD
Antonio M. Pérez	James Mathy
Name - HACM	Name - MCHD
Secretary-Executive Director	Housing Administrator
Title - HACM	Title - MCHD
7/14/15	7/20/15
Date - HACM	Date - MCHD

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.

MCHA Policy

The MCHA will maintain a waiting list for the HCV tenant based program, and separate waiting lists for PBV units (see MCHA administrative plan 17-VI.C.).

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.

MCHA Policy

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

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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.

MCHA Policy

The MCHA will offer the following preferences:

To any family that has been terminated from its HCV program due to insufficient program funding.

To an individual or family that is homeless or is transitioning up from a Permanent Supportive Housing unit.

This includes individuals and families that meet the definition of Category 1 or Category 4 homelessness as defined in HUD notice PIH 2013-15 (HA).

To Veterans discharged under any circumstances other than dishonorably.

To residents of MCHA's jurisdiction.

This includes families that reside within MCHA's jurisdiction, families with a family member who works within MCHA's jurisdiction, and families with a family member who has been notified that they have been hired to work within MCHA's jurisdiction.

To working families.

This includes families where the head, spouse or sole member is employed for at least 20 hours a week. However, an applicant where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, must also be given the benefit of this preference.

To a family that includes a family member who is a person with disabilities as defined in Chapter 3 (Exhibit 3-1).

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17-VI.C. ORGANIZATION OF THE WAITING LIST [24 CFR 983.251(c)]

The PHA may establish a separate waiting list for PBV units or it may use the same waiting list for both tenant-based and PBV assistance. The PHA may also merge the PBV waiting list with a waiting list for other assisted housing programs offered by the PHA. If the PHA chooses to offer a separate waiting list for PBV assistance, the PHA must offer to place applicants who are listed on the tenant-based waiting list on the waiting list for PBV assistance.

If a PHA decides to establish a separate PBV waiting list, the PHA may use a single waiting list for the PHA's whole PBV program, or it may establish separate waiting lists for PBV units in particular projects or buildings or for sets of such units.

MCHA Policy

The MCHA will establish and manage separate waiting lists for individual projects or buildings that are receiving PBV assistance.

17-VI.D. SELECTION FROM THE WAITING LIST [24 CFR 983.251(c)]

Applicants who will occupy units with PBV assistance must be selected from the PHA's waiting list. The PHA may establish selection criteria or preferences for occupancy of particular PBV units. The PHA may place families referred by the PBV owner on its PBV waiting list.

Income Targeting [24 CFR 983.251(c)(6)]

At least 75 percent of the families admitted to the PHA's tenant-based and project-based voucher programs during the PHA fiscal year from the waiting list must be extremely-low income families. The income targeting requirement applies to the total of admissions to both programs.

Units with Accessibility Features [24 CFR 983.251(c)(7)]

When selecting families to occupy PBV units that have special accessibility features for persons with disabilities, the PHA must first refer families who require such features to the owner.

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Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY
SOLUTIONS

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

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Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ___/___/____	___:___ AM/PM	

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ___/___/____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. SCORE: ____

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A. History of Housing and Homelessness

1. **Where do you sleep most frequently? (check one)**

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

2. **How long has it been since you lived in permanent stable housing?** _____ ☐ Refused

3. **In the last three years, how many times have you been homeless?** _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

4. **In the past six months, how many times have you...**

a) **Received health care at an emergency department/room?** ____ ☐ Refused
b) **Taken an ambulance to the hospital?** ____ ☐ Refused
c) **Been hospitalized as an inpatient?** ____ ☐ Refused
d) **Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?** ____ ☐ Refused
e) **Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?** ____ ☐ Refused
f) **Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?** ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

5. **Have you been attacked or beaten up since you've become homeless?** ☐ Y ☐ N ☐ Refused

6. **Have you threatened to or tried to harm yourself or anyone else in the last year?** ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.** **SCORE:**

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐Y ☐N ☐Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. SCORE:

8. Does anybody force or trick you to do things that you do not want to do? ☐Y ☐N ☐Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐Y ☐N ☐Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐Y ☐N ☐Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐Y ☐N ☐Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐Y ☐N ☐Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐Y ☐N ☐Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐Y ☐N ☐Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE:

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D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐Y ☐N ☐Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐Y ☐N ☐Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐Y ☐N ☐Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐Y ☐N ☐Refused

19. When you are sick or not feeling well, do you avoid getting help? ☐Y ☐N ☐Refused

20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐Y ☐N ☐N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**. SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐Y ☒N ☐Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐Y ☐N ☐Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**. SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐Y ☐N ☐Refused

b) A past head injury? ☐Y ☐N ☐Refused

c) A learning disability, developmental disability, or other impairment? ☐Y ☐N ☐Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐Y ☐N ☐Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**. SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. SCORE:

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25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.	SCORE:

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.	SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	8+: an assessment for Permanent Supportive Housing/Housing First
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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2018-2019 Board of Director Project Scoring Tool

Each COC-funded project will be ranked using the Milwaukee CoC Project Scoring Tool. The scoring criteria is based on performance – as reported through an HMIS APR and timely completion of COC goals. The maximum possible number of points a project can earn is 100.

Attached to this scoring sheet is a report prepared by the Institute for Community Alliances, with explanation of data points used in 2018-2019 scoring.

CoC Agency Name:	
Project Type:	**Project Name:**
Grant Award Amount:	**Total Points Awarded: *pts. / 100***

Where do the points come from?

		Total Points	**Points Awarded**		
Part 1	Timely Submission: APR and Intent to Apply, PIT Count Participation, & Meeting Attendance	0 pts.	*0 pts.*	COC Compliance	Penalty Only
Part 2	Unit Utilization	17 pts.	*pts.*	From Housing Inventory Chart average utilization report	17% of total
Part 3	HUD Performance Measures: Housing Stability, Increased Earned Income, and Increased Total Income	45 pts.	*pts.*	From HMIS APR and HMIS Entry/Exit Report	45% of total
Part 4	Risk Adjustment: High Risk Pool Score	21 pts.	*pts.*	HMIS Generated Report (10/1/2016 – 9/30/2017)	21% of total
Part 5	Reoccurrence	5 pts.	*pts.*	HMIS Generated Report (10/1/2016 – 9/30/2017)	5% of total
Part 6	Program Administration: Data Completeness, Effective Use of Federal Funds, LOCCS Draw, Housing First	12 pts.	*pts.*	From HMIS APR and HMIS Entry/Exit Report From report requested from HUD regarding quarterly drawdown and expenditures	12% of total

Point Breakdown:

***Part 1: Timely Submission - No points awarded. Penalty Points assessed.*

Criteria	0 points	-2 points
a) HMIS APR submitted on time	On time	*pts.*
b) Turned in Project Application for review on time	On time	*pts.*
c) Participated in Point in Time Count event or Planning	Participated	*pts.*
d) Attended 80% or more CoC Full Body and Provider Advisory Committee Meetings from July 1st 2017 to June 30th, 2018	Attended	*pts.*

***Part 2: Unit Utilization (17 points possible)*

Exceptions:

(1) Agencies voluntarily reallocating project(s) shall be exempt from scoring in the category of "Unit Utilization."

(2) New and first year renewals shall be exempt from scoring in the category of "Unit Utilization."

Criteria	17 points	12 points	7 points	0 points	Points Awarded:
Unit Utilization	93-100%	85-92%	77-84%	76% or less	

***Part 3: HUD Performance Measures (45 points possible)*

Criteria	15 points	10 points	5 points	0 points	Points Awarded:
a) HUD Goal: Housing Stability (PSH, RRH, S+C)	97% or higher	93-96%	80-92%	Under 80%	
b) HUD Goal: Increased Earned Income (Stayers and Leavers)	9% or higher	4-8%	1-3%	Under 1%	
c) HUD Goal: Increased Total Income (Stayers and Leavers)	50% or higher	28-49%	15-27%	Under 15%	

***Part 4: Risk Adjustment (21 points possible)*

Three risk factors were selected for the model based on scholarship, supported by Wisconsin outcomes, and sufficiently documented in HMIS (primarily through Annual Performance Reports [APRs]). These include:

- Coming from the streets (or a place not meant for human habitation), or Safe Haven
- No Income at program entry
- Multiple (3 or more) Disabilities

Criteria	7 points	5 points	3 points	0 points	Points Awarded:
a) Coming from the streets (or a place not meant for human habitation, or Safe Haven	30% or higher	22-29%	15-21%	Under 15%	
b) No income at program entry	30% or higher	22-29%	15-21%	Under 15%	
c) Multiple (3 or more) disabilities	30% or higher	22-29%	15-21%	Under 15%	

***Part 5: Reoccurrence (5 points possible)*

Note: Reoccurrence is calculated based on the number of people that exit a COC funded housing program and return to an Emergency Shelter that uses HMIS within one year. Reoccurrence calculation is based off of 555 report in HMIS. Projects with no exits will be awarded 2.5 points.

Criteria	5 points	3 points	2 points	0 points	Points Awarded:
Reoccurrence Rate	0 – 10%	11-16%	17-25%	25% +	

**Part 6: Program Administration (12 points possible)*

Exceptions:

(1) Agencies voluntarily reallocating project(s) shall be exempt from scoring in the category of "Effective Use of Federal Funds".

(2) New and first year renewals shall be exempt from scoring in the category of "Effective Use of Federal Funds".

If an agency cannot access LOCCS due to contractual issues with HUD, the agency is responsible to provide evidence of this situation to the Milwaukee Continuum of Care. If sufficient proof is provided, the agency will be exempt from the category of "Effective Use of Federal Funds".

Criteria	4 points	2 points	1 points	0 points	Points Awarded:
a) Effective Use of Federal Funds	Spent 90-100% of grant	Spent 80-89% of grant	Spent 75-79%	N/A	
b) Data Completeness: Don't Know, Missing, Refused	0% - 1.0%	1.1% - 2%	2.1% - 3%	Greater than 3%	
d) Housing First and Low Barrier	Yes	N/A	N/A	N/A	

***Overall Exceptions:**

There are a few projects that have different maximum points possible, and therefore are exceptions to this general rule.

(1) HMIS grant and IMPACT, Inc SSO grants will be placed at the bottom of the ranking of Tier 1 projects.

(2) The following new projects awarded in 2017 will be placed in Tier 1. They are:

- Walker's Point Youth and Family Services - RRH
- Milwaukee County Project Restore CH - PSH
- Milwaukee County Bonus Project -PSH
- Milwaukee County Housing First TBRA II – PSH (formerly SH)

Tiebreaker:

Once the total number of points are calculated, the number of points earned will be divided by the total possible points for that project type. The resulting percentage will be placed in descending order, highest at top and lowest at bottom. If there is a tie between projects, a tiebreaker score will be used. The tiebreaker score will be based on cost effectiveness. The total HUD grant award amount will be divided by the number of successful outcomes (leaving to permanent housing).

Example: A program gets $100,000 grant. 25 households successfully went to permanent housing. The cost per successful outcome is: $4,000.

Scoring criteria from HMIS reports (parts 3a, 3b, 3c, 4a, 4b, 4c, 5, and 6b) are based on a linear range from the lowest scoring to highest scoring.

NOFA FY18 COMPETITION AND INFORMATION

FY 2018 NOFA Submission

Milwaukee CoC

Timeline

6/20/18 CoC NOFA Released by HUD. Please see grant information HERE.

7/10/18 All Renewal, Reallocation and Bonus Intent to Apply form made available to CoC members, posted on CoC and CDGA websites, and sent out to CoC listserv subscribers. Please see intent to apply template for FY2018 for Renewal, Reallocation and Bonus (including DV Bonus) projects form by clicking HERE.

7/16/18 MANDATORY: All **preliminary** "intent to apply" applications for renewal and reallocation projects due

7/20/18 MANDATORY: All **preliminary** "intent to apply" applications for Bonus and DV Bonus projects due

7/23/18 MANDATORY: NOFA Workgroup Meeting to discuss preliminary "intent to apply" applications

8/02/18 MANDATORY: All **final** "intent to apply" applications due

8/08/18 MANDATORY: All applications to be uploaded into eSNAPS by 5:00 PM

8/09/18 MANDATORY: Provider Advisory Committee Meeting – all "intent to apply" applications discussed, final recommendations prepared for CoC Board of Directors based on scoring/ranking review

8/13/18 Complete the scoring and ranking of renewal, reallocation, bonus projects and DV bonus projects. The CoC scoring tool can be found here: 2018 Scoring Tool by Project (Master).

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10–YEAR PLAN TO END HOMELESSNESS REVISION UPDATES

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LINKS

CoC Capacity Analysis 2015

HUD Resource Exchange

Milwaukee CoC Facebook Page

Milwaukee CoC Listserv Sign Up

Inbox - cshana@milwaukee.gov - Microsoft Outlook

https://city.milwaukee.gov/CommunityDevelopment310.htm#.W0TuSa-WyUI

Official Website of the City of Milwaukee

CALL for Action (414) 286-CITY | Click for Action

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Community Development Grants Administration

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Community Development Grants Administration

Community Development Grants Administration

NEW **Milwaukee Continuum of Care (CoC) Into To Apply - 2018**
FY 2018 NOFA Submission Timeline

NEW **2019 Funding Allocation Plan - DRAFT**
2019 Public Hearings Notice - Funding Allocation Plan

NEW **Ceasefire Milwaukee - Request for Proposals**
City of Milwaukee Health Department Office of Violence Prevention

NEW **2018 Annual Action Plan - FINAL**

Showing the Impact of CDBG during National Community Development Week - April 2018
The National Community Development Association recognized the CDGA: Day Four spotlight

2017 Consolidated Annual Performance & Evaluation Report (CAPER) Draft
2017 Consolidated Annual Performance & Evaluation Report (CAPER) Notification

2018 CoC Board of Directors, Provider Advisory Committee and Full Body Meeting Calendar

CDBG Milwaukee

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FAX: 414-286-5003

Director
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CDBG Milwaukee

COMMUNITY DEVELOPMENT GRANTS ADMINISTRATION

12:35 PM
7/10/2018

http://milwaukeecoc.org/annual-request-for-funding-coc-program/nofa-fy18-competitio
Media Library ‹ Milwaukee Co...
NOFA FY18 Competition an...
Grantium™ sage Log in Home Suggested Sites Stock photos, royalty-free... Campaign Builder - Temp... Facebook
Milwaukee Continuum of Care Customize 13 0 New Edit Page Howdy, cshanahan

projects due

7/23/18 MANDATORY: NOFA Workgroup Meeting to discuss preliminary "intent to apply" applications

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8/09/18 MANDATORY: Provider Advisory Committee Meeting – all "intent to apply" applications discussed, final recommendations prepared for CoC Board of Directors based on scoring/ranking review

8/13/18 Complete the scoring and ranking of renewal, reallocation, bonus projects and DV bonus projects. The CoC scoring tool can be found here: 2018 Scoring Tool by Project (Master).

8/16/18 MANDATORY: Board of Directors Special Meeting for NOFA including 5 minute project presentations from applicants

8/17/18

- Public Notice on FINAL Project Ranking/Listing via CoC website and list serve.
- Grant Compliance Manager to send agencies individual scores via e-mail – HUD deadline.
- Lead Agency staff to send notification letters to applicants of whether their project applications will be accepted and ranked on the CoC Priority Listing, rejected, or reduced by the CoC, indicating reason(s) for rejection or reduction.
- Lead Agency staff provides all final eSNAPS feedback to project applicants

9/7/18 All eSNAPS applications FINAL

9/12/18 CoC website posting of all parts of the CoC Consolidated Application, newspaper notice, and listserve notice

9/14/18 Submission of CoC FY18 Application to HUD

9/18/18 HUD Deadline for Application Submission via eSNAPS

12/31/18 HUD Deadline for renewal projects' executed grant agreements

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LINKS

CoC Capacity Analysis 2015

HUD Resource Exchange

Milwaukee CoC Facebook Page

Milwaukee CoC Listserv Sign Up

OneCPD Resource Exchange

Point in Time Milwaukee January 2018 – 'Working Towards a Functional Zero'

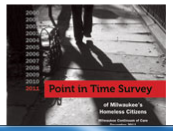
Project Homeless Connect Facebook

Service Point Login

The City of Milwaukee – Community Development Grants Administration

Wisconsin Department of Commerce

MILWAUKEE POINT IN TIME 2011



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Campaign Overview | MailChi...
Milwaukee CoC Intent to Appl...
Grantium™
sage Log in
Home
Suggested Sites
Stock photos, royalty-free...
Campaign Builder - Temp...
Facebook
Milwaukee Continuum of Care
Claire
Home
Page
Inbox
Notifications
Insights
Publishing Tools
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Milwaukee Continuum of Care
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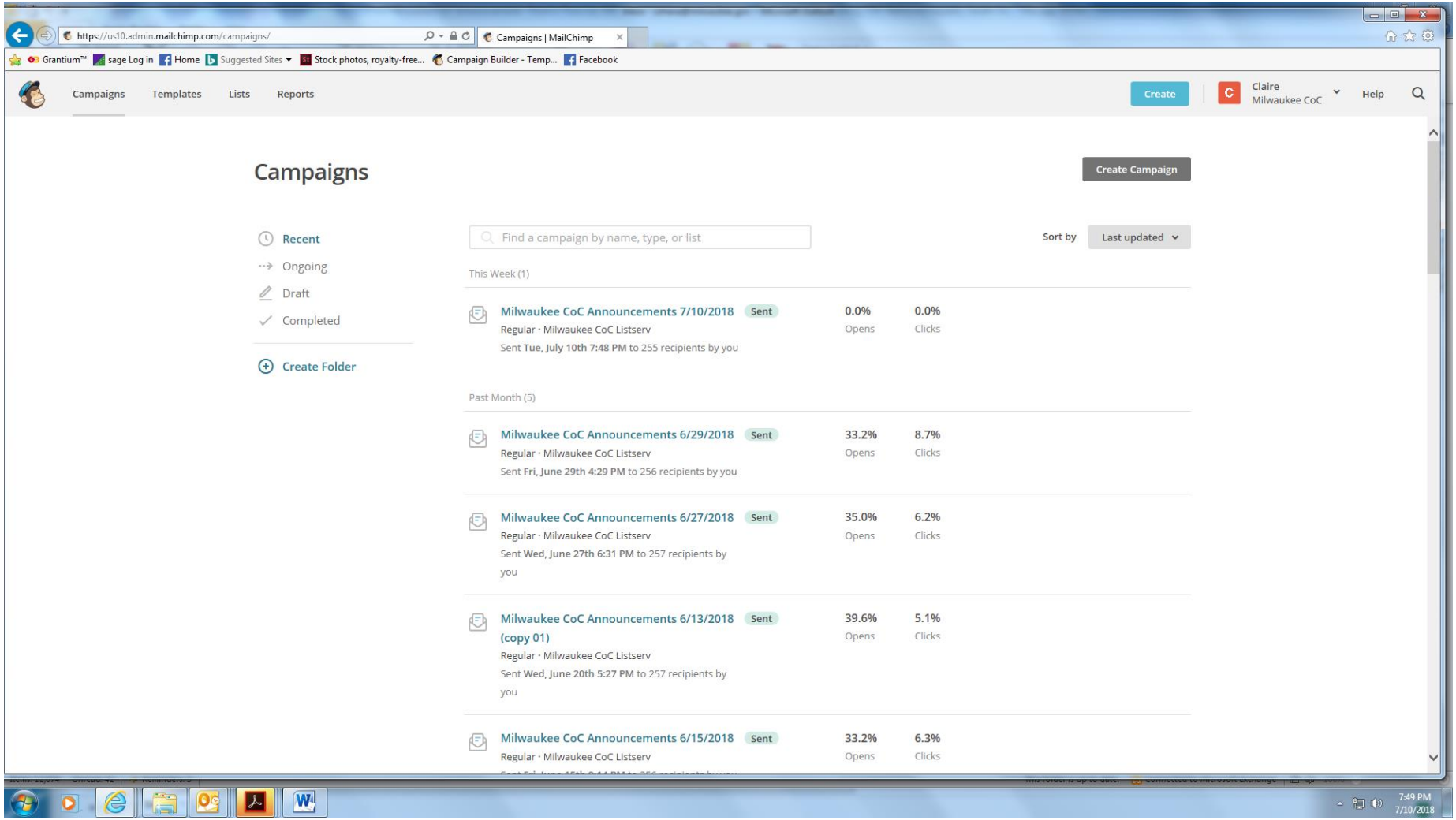
Photos
Events
Reviews
Videos
Posts
Community
Info and Ads
Promote
Manage Promotions
Liked
Following
Share
+ Add a Button
Make it easy for people to find by using Facebook events.
Create Event
Our Story
+ Tell people about your business
Milwaukee Continuum of Care
Published by Claire Shanahan · Just now
Milwaukee CoC is accepting intents to apply for CoC funding.
The CoC NOFA was released by HUD on June 20th, calling for review of CoC project applications. Milwaukee CoC's intent to apply form is now available for new projects, including bonus, DV bonus, re-allocations, and renewal projects. First-time applicants are invited to apply for CoC funding. Any new or renewal project wishing to apply for the Continuum of Care (CoC) funding in the FY2018 HUD CoC competition must complete this form and submit to the CoC by the deadline. Your renewal or re-allocation project will not be eligible to apply in the FY18 competition if you do not submit the intent to apply form (found at https://drive.google.com/…/1JberQPXTeN05Ja-4RDpnfF5a0x…/view) by the deadline of 5:00pm on July 16, 2018. Your bonus or DV Bonus project will not be eligible to apply in the FY18 competition if you do not submit this form by the deadline of 5:00pm on July 20, 2018. Please complete the proposed project overview and review each of the following ranking categories, marking those questions that apply to your project.
An established timeline guiding this process is available on the CoC's website: http://milwaukeecoc.org/…/nofa-fy18-competition-and-inform…/
Information about HUD's CoC Process is available at: https://www.hudexchange.info/programs/coc/.
Information about HUD's 2018 CoC Notice of Funding Availability (NOFA) is available at: https://www.hudexchange.info/…/fy-2018-coc-program-nofa-c…/…
HUDEXCHANGE.INFO
CoC: Continuum of Care Program - HUD Exchange
The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the
Page Tips
See All
Know Friends Who Might Like Your Page?
Invite friends to like Milwaukee Continuum of Care and help you connect with more people.
Help People Take Action
Add a Button to the top of your Page.
Get More Likes, Comments, and Shares
Short, visual posts created for the right audience are more successful.
See All Page Tips 5
Very responsive to messages
90% response rate, 13 mins response time
527 likes +3 this week
Renee Pasciak and 32 other friends
538 follows
See Pages Feed
Posts from Pages you've liked as your Page
219 post reach this week
14 video views this week
Community
See All
Chat (Off)
7:57 PM
7/10/2018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Home
Suggested Sites
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Find a campaign by name, type, or list
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Last updated
This Week (1)
Milwaukee CoC Announcements 7/10/2018
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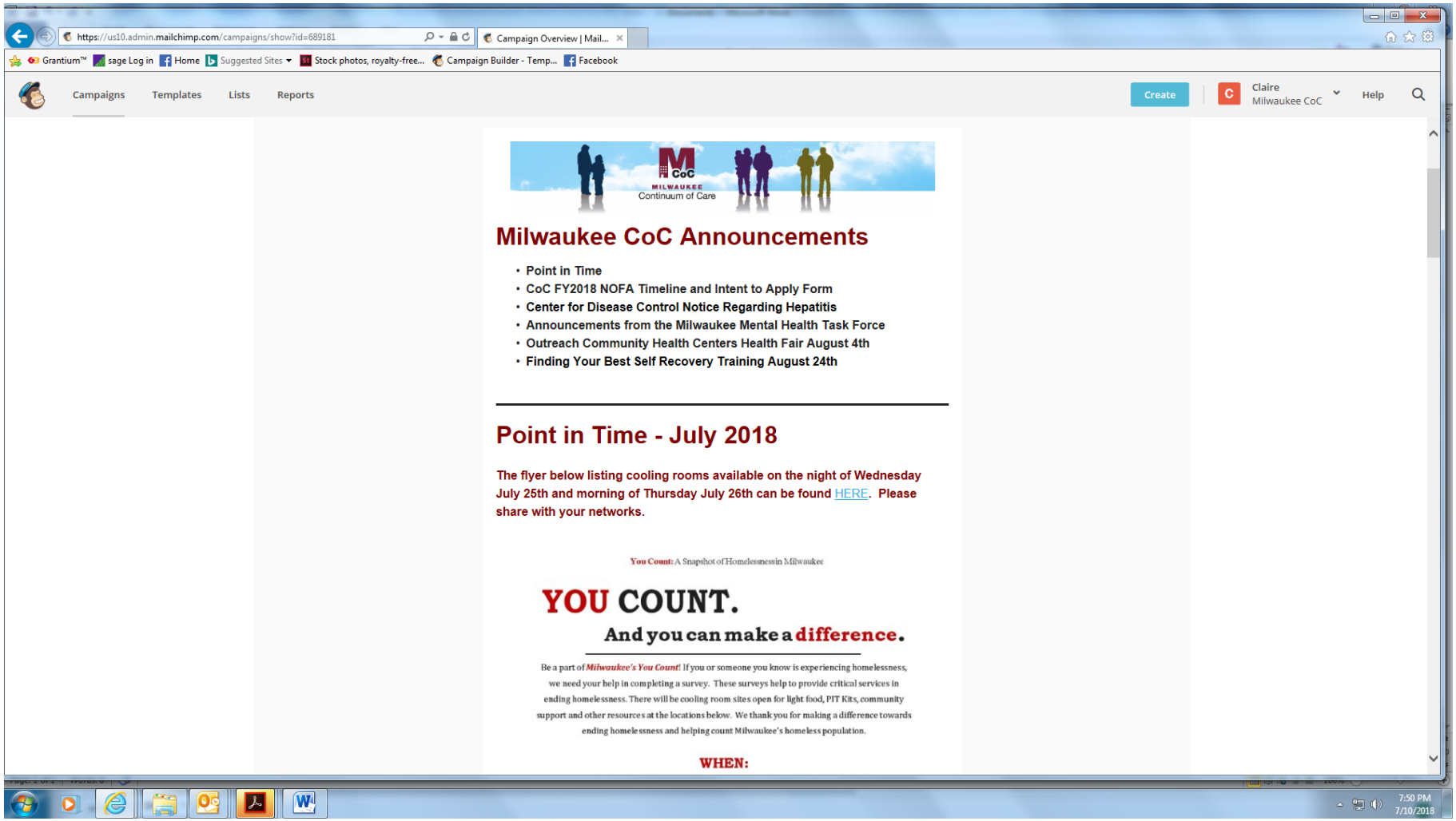
7/10/2018


https://us10.admin.mailchimp.com/campaigns/show?id=689181
Campaign Overview | Mail...
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Reports
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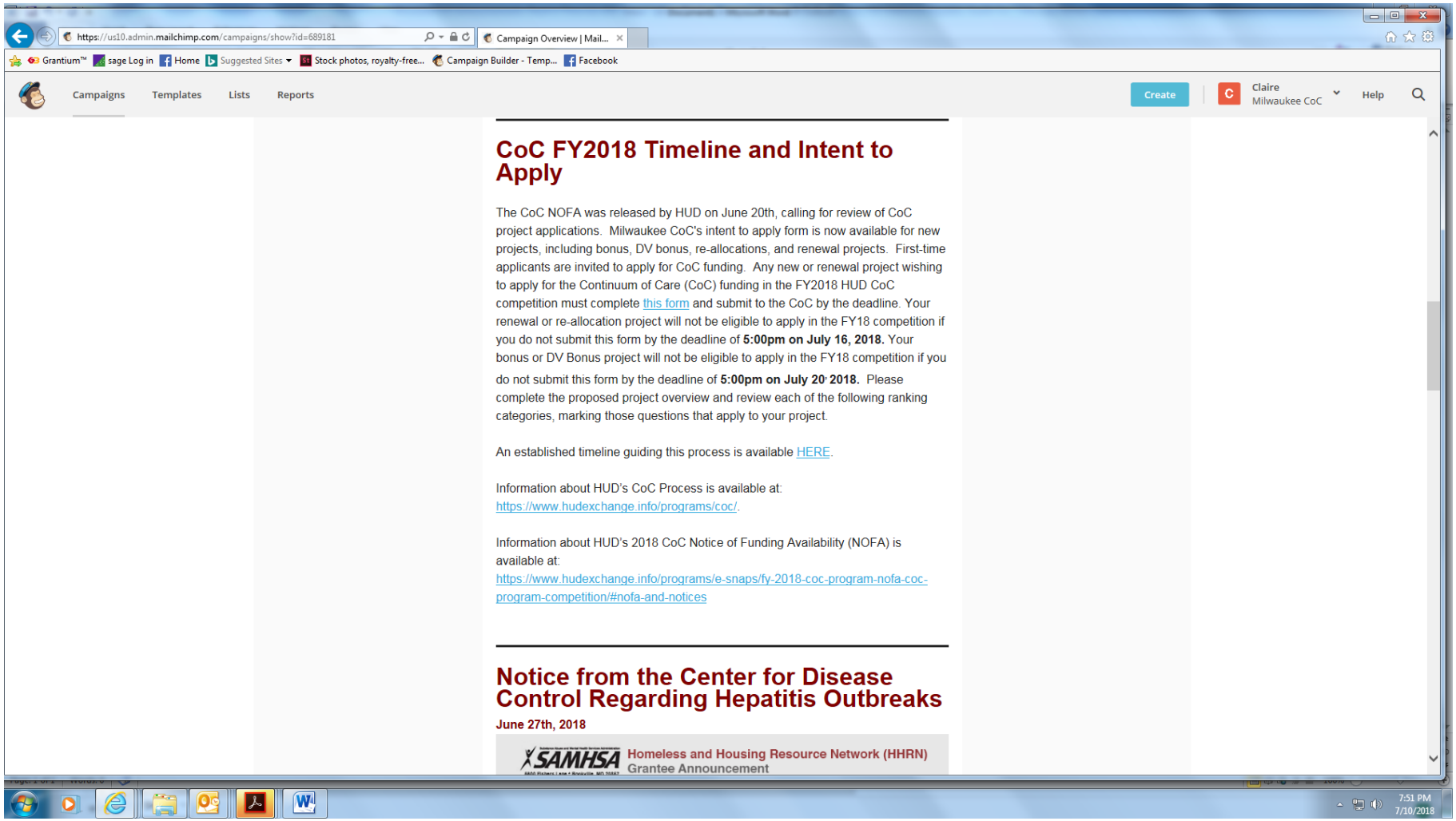
Milwaukee CoC
Help
MILWAUKEE
Continuum of Care
Milwaukee CoC Announcements
Point in Time
CoC FY2018 NOFA Timeline and Intent to Apply Form
Center for Disease Control Notice Regarding Hepatitis
Announcements from the Milwaukee Mental Health Task Force
Outreach Community Health Centers Health Fair August 4th
Finding Your Best Self Recovery Training August 24th
Point in Time - July 2018
The flyer below listing cooling rooms available on the night of Wednesday July 25th and morning of Thursday July 26th can be found HERE. Please share with your networks.
You Count: A Snapshot of Homelessness in Milwaukee
YOU COUNT.
And you can make a difference.
Be a part of Milwaukee's You Count! If you or someone you know is experiencing homelessness, we need your help in completing a survey. These surveys help to provide critical services in ending homelessness. There will be cooling room sites open for light food, PIT Kits, community support and other resources at the locations below. We thank you for making a difference towards ending homelessness and helping count Milwaukee's homeless population.
WHEN:
7:50 PM
7/10/2018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Campaign Builder - Temp...
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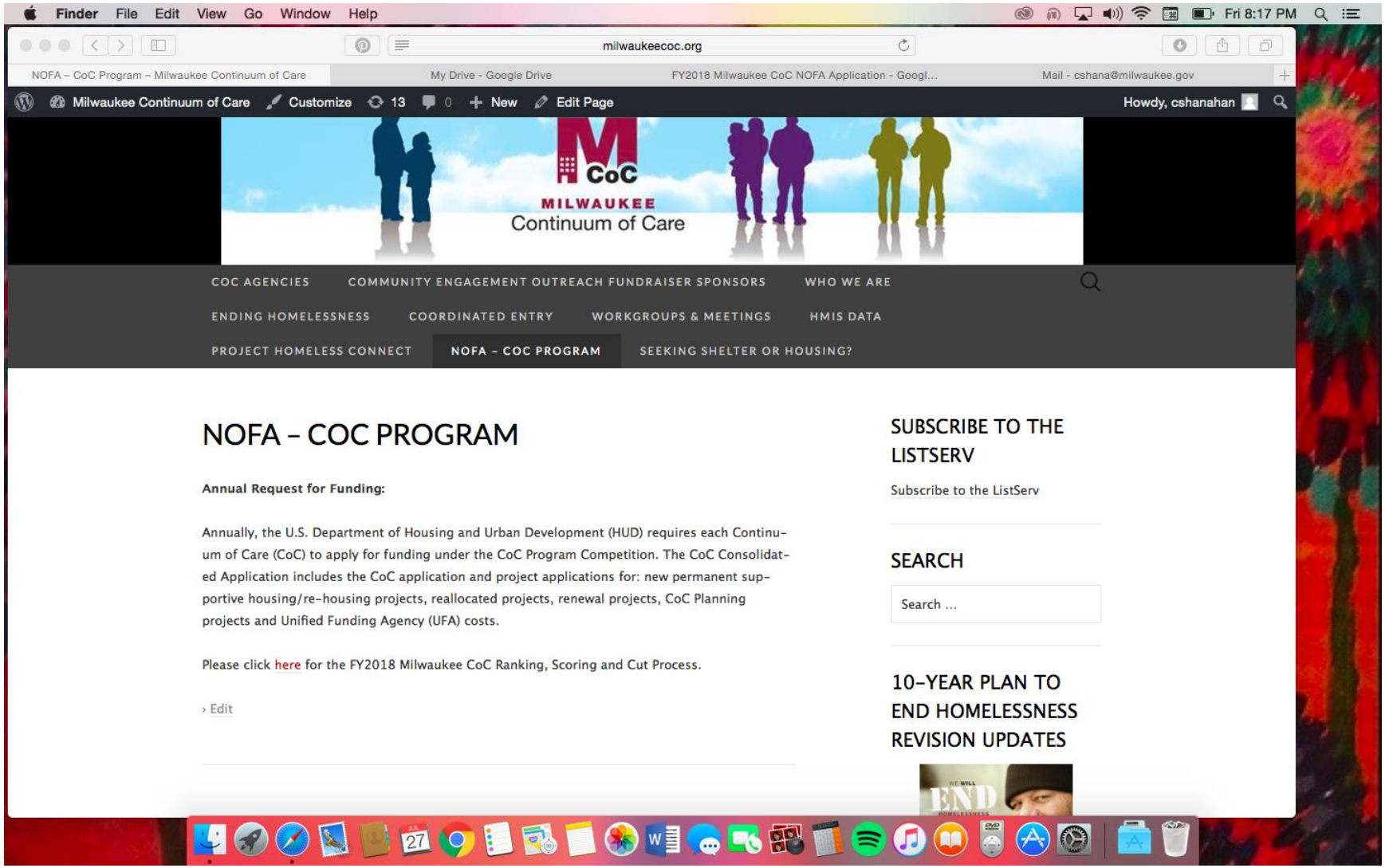
Templates
Lists
Reports
Create
Claire
Milwaukee CoC
Help
CoC FY2018 Timeline and Intent to Apply
The CoC NOFA was released by HUD on June 20th, calling for review of CoC project applications. Milwaukee CoC's intent to apply form is now available for new projects, including bonus, DV bonus, re-allocations, and renewal projects. First-time applicants are invited to apply for CoC funding. Any new or renewal project wishing to apply for the Continuum of Care (CoC) funding in the FY2018 HUD CoC competition must complete this form and submit to the CoC by the deadline. Your renewal or re-allocation project will not be eligible to apply in the FY18 competition if you do not submit this form by the deadline of 5:00pm on July 16, 2018. Your bonus or DV Bonus project will not be eligible to apply in the FY18 competition if you do not submit this form by the deadline of 5:00pm on July 20, 2018. Please complete the proposed project overview and review each of the following ranking categories, marking those questions that apply to your project.
An established timeline guiding this process is available HERE.
Information about HUD's CoC Process is available at: https://www.hudexchange.info/programs/coc/.
Information about HUD's 2018 CoC Notice of Funding Availability (NOFA) is available at: https://www.hudexchange.info/programs/e-snaps/fy-2018-coc-program-nofa-coc-program-competition/#nofa-and-notices
Notice from the Center for Disease Control Regarding Hepatitis Outbreaks
June 27th, 2018
SAMHSA
Homeless and Housing Resource Network (HHRN)
Grantee Announcement
7:51 PM
7/10/2018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milwaukeecoc.org
NOFA – CoC Program – Milwaukee Continuum of Care
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Continuum of Care
COC AGENCIES
COMMUNITY ENGAGEMENT OUTREACH FUNDRAISER SPONSORS
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ENDING HOMELESSNESS
COORDINATED ENTRY
WORKGROUPS & MEETINGS
HMIS DATA
PROJECT HOMELESS CONNECT
NOFA – COC PROGRAM
SEEKING SHELTER OR HOUSING?
NOFA – COC PROGRAM
Annual Request for Funding:
Annually, the U.S. Department of Housing and Urban Development (HUD) requires each Continuum of Care (CoC) to apply for funding under the CoC Program Competition. The CoC Consolidated Application includes the CoC application and project applications for: new permanent supportive housing/re-housing projects, reallocated projects, renewal projects, CoC Planning projects and Unified Funding Agency (UFA) costs.
Please click here for the FY2018 Milwaukee CoC Ranking, Scoring and Cut Process.
› Edit
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10-YEAR PLAN TO END HOMELESSNESS REVISION UPDATES

WI-501 Milwaukee City & County Continuum of Care (CoC)
Final Project Listing for HUD FY2018 CoC Competition

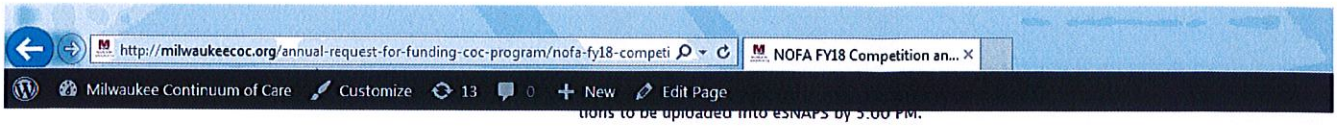
Agency	Program Name	Program Type	Score	Rank	Requested Amount
	Tier I				
Milwaukee County	Heartland Housing	PSH	94.16	1	$94,396.00
Milwaukee County	Mercy Housing SPC	PSH	89.96	2	$247,813.00
Milwaukee County	Milwaukee County Shelter + Care/TRA (My Home Housing Program)	PSH	87.23	3	$2,840,811.00
Guest House	Homelinc III	PSH	83.33	4	$1,144,090.00
Mercy Housing Lakefront	St Catherine	PSH	82.78	5	$152,852.00
The Salvation Army	ROOTS	PSH	76.87	6	$163,177.00
Community Advocates	Autumn West PSH	PSH	75.83	7	$1,139,448.00
Hope House of Milwaukee	TH-RRH For Families (Reallocated Project)	TH-RRH	71.56	8	$580,353.00
Center For Veterans Issues	PSH Milwaukee	PSH	70.71	9	$444,076.00
Center For Veterans Issues	Veteran Gardens	PSH	70.28	10	$285,150.00
Community Advocates	Autumn West SH	SH	66.67	11	$411,322.00
Mercy Housing Lakefront	Johnston Center	PSH	66.59	12	$34,139.00
Guest House	Homelinc V	PSH	61.40	13	$370,307.00
Friends of Housing Corporation	2016 PH Renewal	PSH	60.26	14	$104,737.00
Walker's Point Youth and Family Center	Rapid Rehousing for Youth (New RRH for youth)	RRH	N/A	15	$273,074.00
Milwaukee County	CoC PSH Bonus Project (New CoC Bonus project)	PSH	N/A	16	$600,482.00
Milwaukee County	Project Restore PH 2016 (Former Friends of Housing project)	PSH	N/A	17	$131,248.00
Milwaukee County	Milwaukee County Housing First TBRA II (Former Safe Haven)	PSH	N/A	18	$400,447.00
IMPACT, Inc.	Community Based Coordinated Entry	SSO	N/A	19	$61,498.00
Institute for Community Alliance (ICA)	Milwaukee CoC HMIS Coordination Project	HMIS	N/A	20	$66,761.00
Institute for Community Alliance (ICA)	Milwaukee CoC HMIS Expansion	HMIS	N/A	21	$77,351.00
Hope House of Milwaukee	Permanent Suportive Housing for Familes	PSH	N/A	22	$41,535.00
	Tier II			**Total Tier 1**	**$9,665,067.00**
Hope House of Milwaukee	Permanent Suportive Housing for Familes	PSH	N/A	22	$158,465.00
Outreach Community Health Center/Reallocated Projects	Rapid Rehousing for Families and Singles	RRH	38.29	23	$458,454.00
				Total Tier 2	**$616,919.00**
				Total ARD	**$10,281,986.00**
Milwaukee County	Rapid Rehousing for Youth	Bonus/New		24	$765,494.00
Sojourner Family Peace Center	TH-RRH For Victims	DV Bonus/New		25	$1,148,000.00
Impact, Inc.	DV Project Expansion SSO-CE	DV Bonus/New		26	$127,823.00
				Total	**$12,323,303.00**
	PLANNING				
City of Milwaukee	Planning FY2018	Planning		N/A	$382,747.00
				Total Requested Amount	**$12,706,050.00**

Tier I Amount is 94% of the Milwaukee CoC ARD = $9,665,067	
Tier II Amount is 6% of the Milwaukee CoC ARD = $616,919	

Final Rank and Scores - Public Posting

CoC Website

Friday, August 17th, 2018



tions to be uploaded into eSNAPS by 5:00 PM.

8/09/18 MANDATORY: Provider Advisory Committee Meeting – all "intent to apply" applications discussed, final recommendations prepared for CoC Board of Directors based on scoring/ranking review

8/13/18 Complete the scoring and ranking of renewal, reallocation, bonus projects and DV bonus projects. The CoC scoring tool can be found here: 2018 Scoring Tool by Project (Master).

8/16/18 MANDATORY: Board of Directors Special Meeting for NOFA including 5 minute project presentations from applicants

8/17/18

- Public Notice on FINAL Project Ranking/Listing via CoC website and list serve. **See the FINAL Project Ranking/Listing** HERE
- Grant Compliance Manager to send agencies individual scores via e-mail – HUD deadline.
- Lead Agency staff to send notification letters to applicants of whether their project applications will be accepted and ranked on the CoC Priority Listing, rejected, or reduced by the CoC, indicating reason(s) for rejection or reduction.
- Lead Agency staff provides all final eSNAPS feedback to renewal and voluntary reallocation project applicants

8/29/18 MANDATORY: All bonus, DV bonus & applications for CoC funds available due to reallocation to be uploaded into eSNAPS by 5:00 PM.

8/31/18 Lead Agency staff provides all final eSNAPS feedback to bonus applications, DV bonus applications and applications for CoC funding available due to reallocation of lowest-performing project.

9/7/18 All eSNAPS applications FINAL

9/12/18 CoC website posting of all parts of the CoC Consolidated Application, newspaper notice, and listserve notice

9/14/18 Submission of CoC FY18 Application to HUD

9/18/18 HUD Deadline for Application Submission via eSNAPS

12/31/18 HUD Deadline for renewal projects' executed grant agreements

Final Rank and Scores - Public Posting

CoC Electronic List Serve

Friday, August 17th, 2018

Acevedo Jr, Rafael

From: Milwaukee Continuum of Care <cshana=milwaukee.gov@mail225.atl121.mcsv.net> on behalf of Milwaukee Continuum of Care <cshana@milwaukee.gov>
Sent: Friday, August 17, 2018 12:25 PM
To: Acevedo Jr, Rafael
Subject: Final NOFA Scoring and Ranking for FY18 Competition

FY18 NOFA COMPETITION

Final Project Ranking

8/17/2018

The Continuum of Care Board of Director's met yesterday to determined which projects would move forward in the FY18 CoC NOFA Competition. See the ranking and scoring on the Milwaukee CoC website by clicking here*.

*When clicking the link, scroll down to 8/17/18 for the link to the document.

Copyright © 2018 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

Want to change how you receive these emails?
You can update your preferences or unsubscribe from this list.

Final Rank and Scores - Public Posting

CoC Facebook Page

Friday, August 17th, 2018

Milwaukee Continuum o | NOFA FY18 Competition

Secure | https://www.facebook.com/milwaukeecoc/photos/a.998642420198528/2016233305106096/?type=3&theater

WI-501 Milwaukee City & County Continuum of Care
Final Project Listing for HUD FY2018 CoC Competition

Agency	Program Name	Program Type	Rank	Requested Amount
	Tier I			
Milwaukee County	Heartland Housing	PSH	1	$94,396.00
Milwaukee County	Mercy Housing SPC	PSH	2	$247,813.00
Milwaukee County	Milwaukee County Shelter + Care/TRA (My Home Housing Program)	PSH	3	$2,840,811.00
Guest House	Homelinc III	PSH	4	$1,144,090.00
Mercy Housing Lakefront	St Catherine	PSH	5	$152,852.00
The Salvation Army	ROOTS	PSH	6	$163,177.00
Community Advocates	Autumn West PSH	PSH	7	$1,139,448.00
Hope House of Milwaukee	TH-RRH For Families (Reallocated Project)	TH-RRH	8	$580,353.00
Center For Veterans Issues	PSH Milwaukee	PSH	9	$444,076.00
Center For Veterans Issues	Veteran Gardens	PSH	10	$285,150.00
Community Advocates	Autumn West SH	SH	11	$411,322.00
Mercy Housing Lakefront	Johnston Center	PSH	12	$34,139.00
Guest House	Homelinc V	PSH	13	$370,307.00
Friends of Housing Corporation	2016 PH Renewal	PSH	14	$104,737.00
Walker's Point Youth and Family Center	Rapid Rehousing for Youth (New RRH for youth)	RRH	15	$273,074.00
Milwaukee County	CoC PSH Bonus Project (New CoC Bonus project)	PSH	16	$600,482.00
Milwaukee County	Project Restore PH 2016 (Former Friends of Housing project)	PSH	17	$131,248.00
Milwaukee County	Milwaukee County Housing First TBRA II (Former Safe Haven)	PSH	18	$400,447.00
IMPACT, Inc.	Community Based Coordinated Entry	SSO	19	$61,498.00
Institute for Community Alliance (ICA)	Milwaukee CoC HMIS Coordination Project	HMIS	20	$66,761.00
Institute for Community Alliance (ICA)	Milwaukee CoC HMIS Expansion	HMIS	21	$77,351.00
Hope House of Milwaukee	Permanent Suportive Housing for Familes	PSH/New	22	$41,535.00
	Tier II		**Total Tier 1**	**$9,665,067.00**
Hope House of Milwaukee	Permanent Suportive Housing for Familes	PSH/New	22	$158,465.00
Outreach Community Health Center/Reallocated Project	Rapid Rehousing for Families and Singles	RRH	23	$458,454.00
			Total Tier 2	**$616,919.00**
			Total ARD	**$10,281,986.00**
Milwaukee County	Rapid Rehousing for Youth	Bonus/New	24	$765,494.00
Sojourner Family Peace Center	TH-RRH For Victims	DV Bonus/New	25	$1,148,000.00
Impact, Inc.	DV Project Expansion SSO-CE	DV Bonus/New	26	$127,823.00
			Total	**$12,323,303.00**
	PLANNING			
City of Milwaukee	Planning FY2018	Planning	N/A	$382,747.00
			Total Requested Amount	**$12,706,050.00**

Milwaukee
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Final Rank and Scores - Public Posting

Email notification to all

renewal projects

Friday, August 17th, 2018

Acevedo Jr, Rafael

From: Acevedo Jr, Rafael
Sent: Friday, August 17, 2018 2:02 PM
To: Adam Smith; Andi Elliot ; armando gutierrez; Audra (audra.oconnell@walkerspoint.org); Berdie Cowser; Cindy Krahbuehl (cindy@guesthouseofmilwaukee.org); Clarissa Cameron; conniep (ConnieP@ORCHC-MILW.ORG); Debra_Lewis; Helen King; Jennifer_vonHelms@usc.salvationarmy.org; Jim Mathy ; John Hyatt; Kenney, Emily; Licia Knight; Nancy Esteves; Orlow, Jean; Robert Cocroft; Susan Beck ; Wendy Weckler; Yvonne Bell-Gooden
Cc: Mahan, Steven; Acevedo Jr, Rafael; Shanahan, Claire
Subject: Final Scoring for CoC Project Renewals FY18
Attachments: Scoring of CoC Projects FY2018.pdf

Good afternoon,

I am attaching your final score of your individual projects. Some projects were not scored based on their project type or the project is fairly new and does not have the sufficient data. We will work with the NOFA committee to develop a tool to score these projects for the next application process. Claire has already started a draft.

We also publicly posted the final ranking of all renewal, new, and bonus projects on the CoC website, www.milwaukeecoc.org. Please let me know if you have any questions.

Rafael J. Acevedo Jr.
Grant Compliance Manager
Community Development Grant Administration (CDGA)
Lead Agency for the Milwaukee Continuum of Care (CoC)
City of Milwaukee
200 E Wells St. Rm 606 | Milwaukee, WI 53202
414.286.5548 | racevedo@milwaukee.gov
http://milwaukeecoc.org

MILWAUKEE Continuum of Care

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MILWAUKEE
Continuum of Care

Final Scores of CoC Projects FY2018

1. Milwaukee County Heartland Housing – **94.16**
2. Milwaukee County Mercy Housing SPC – **89.96**
3. Milwaukee County Shelter + Care/TRA – My Home – **87.23**
4. Guest House of Milwaukee Homelinc III – **83.33**
5. Mercy Housing - St. Catherine's – **82.78**
6. Salvation Army - ROOTS – **76.87**
7. Community Advocates - Autumn West Permanent Housing – **75.83**
8. Hope House of Milwaukee - RRH for Families – **71.56**
9. Center for Veteran Issues – Operation Turning Point PSH – **70.71**
10. Center for Veteran Issues - Veterans Gardens – **70.28**
11. Community Advocates - Autumn West Safe Haven – **66.67**
12. Mercy Housing Lakefront - Johnston Center – **66.59**
13. Guest House of Milwaukee – Homelinc V – **61.40**
14. Friends of Housing 2016 PH Renewal – **60.26**
15. Outreach Community Health Centers - RRH for families – **38.29**

Projects Not Scored

1. Walkers Point Youth & Family Center (RRH for Youth)
2. Milwaukee County Project Restore PH 2016
3. Milwaukee County Housing First TBRA I (FY16 Bonus)
4. Milwaukee County Housing First TBRA II (Former Safe Haven)
5. IMPACT, Inc. Community Based Coordinated Entry
6. Institute for Community Alliances (ICA) Milwaukee CoC HMIS Coordination Project **(to be consolidated with #7)**
7. Institute for Community Alliances (ICA) Milwaukee CoC HMIS Expansion **(to be consolidated with #6)**

Updated 8/8/2018

Final Rank and Scores - Public Posting

Email notification to approved DV Bonus projects

Friday, August 17th, 2018

Acevedo Jr, Rafael

From: Acevedo Jr, Rafael
Sent: Friday, August 17, 2018 10:33 AM
To: Liz Marquardt
Cc: Mahan, Steven; Acevedo Jr, Rafael; Shanahan, Claire
Subject: FY18 CoC DV Bonus Project

Good morning,

Congratulations! The CoC Board of Directors met on August 16th and approved the Sojourner Family Peace Center's DV Bonus Project to move forward. Please go ahead and submit a new application on eSnaps in the amount of **$1,148,000. The deadline to submit the application via eSnaps is Wednesday, August 29th by 5:00 PM.** The project will be ranked 25th in Tier II.

Please let me know if you have any questions.

Regards,
Rafael

Rafael J. Acevedo Jr.
Grant Compliance Manager
Community Development Grant Administration (CDGA)
Lead Agency for the Milwaukee Continuum of Care (CoC)
City of Milwaukee
200 E Wells St. Rm 606 | Milwaukee, WI 53202
414.286.5548 | racevedo@milwaukee.gov
http://milwaukeecoc.org

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Acevedo Jr, Rafael

From: Acevedo Jr, Rafael
Sent: Friday, August 17, 2018 10:46 AM
To: John Hyatt; Susan Beck ; Kenney, Emily
Cc: Mahan, Steven; Acevedo Jr, Rafael; Shanahan, Claire
Subject: FY18 DV Bonus Project

Good morning,

Congratulations! The CoC Board of Directors met on August 16th and approved Impact's DV Bonus Project to move forward. Please go ahead and submit a new application on eSnaps in the amount of **$127,823. The deadline to submit the application via eSnaps is Wednesday, August 29th by 5:00 PM.** The project will be ranked 26th in Tier II.

Please let me know if you have any questions.

Regards,
Rafael

Rafael J. Acevedo Jr.
Grant Compliance Manager
Community Development Grant Administration (CDGA)
Lead Agency for the Milwaukee Continuum of Care (CoC)
City of Milwaukee
200 E Wells St. Rm 606 | Milwaukee, WI 53202
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Final Rank and Scores - Public Posting

Email notification on approved CoC Bonus Project

Friday, August 17th, 2018

Acevedo Jr, Rafael

From: Acevedo Jr, Rafael
Sent: Friday, August 17, 2018 9:50 AM
To: Jim Mathy ; Orlow, Jean; Shriver, Jessica; Collins, Eric; Tim Baack
Cc: Mahan, Steven; Acevedo Jr, Rafael; Shanahan, Claire
Subject: FY18 Bonus Application

Good morning,

Congratulations! The CoC Board of Directors met on August 16th and approved the Milwaukee County RRH for Youth Bonus Project to move forward. Please go ahead and submit a new application on eSnaps in the amount of **$765,494. The deadline to submit the application via eSnaps is Wednesday, August 29th by 5:00 PM.** The project will be ranked 24th in Tier II.

Please let me know if you have any questions.

Regards,
Rafael

Rafael J. Acevedo Jr.
Grant Compliance Manager
Community Development Grant Administration (CDGA)
Lead Agency for the Milwaukee Continuum of Care (CoC)
City of Milwaukee
200 E Wells St. Rm 606 | Milwaukee, WI 53202
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Final Rank and Scores - Public Posting

Email notification on approved CoC reallocated PSH project ($200,000)

Friday, August 17th, 2018

Acevedo Jr, Rafael

From: Acevedo Jr, Rafael
Sent: Friday, August 17, 2018 10:29 AM
To: Wendy Weckler
Cc: Mahan, Steven; Acevedo Jr, Rafael; Shanahan, Claire
Subject: FY18 Reallocation Award for PSH

Good morning,

Congratulations! The CoC Board of Directors met on August 16th and approved the Hope House Permanent Supportive Housing Project for families to move forward. Please go ahead and submit a new application on eSnaps in the amount of **$200,000. The deadline to submit the application via eSnaps is Wednesday, August 29th by 5:00 PM.** The project will straddle Tier I and Tier II, $41,535 in Tier I and $158,465 in Tier II. The project is ranked 22nd.

Please let me know if you have any questions.

Regards,
Rafael

Rafael J. Acevedo Jr.
Grant Compliance Manager
Community Development Grant Administration (CDGA)
Lead Agency for the Milwaukee Continuum of Care (CoC)
City of Milwaukee
200 E Wells St. Rm 606 | Milwaukee, WI 53202
414.286.5548 | racevedo@milwaukee.gov
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1E-5.

Final Rank and Scores - Public Posting

Email notification on reduced CoC renewal RRH project ($458,454)

Friday, August 17th, 2018

Acevedo Jr, Rafael

From: Connie Palmer <ConnieP@ORCHC-MILW.ORG>
Sent: Friday, August 17, 2018 11:23 AM
To: Acevedo Jr, Rafael
Cc: Sue Gadacz; Yvonne Bell-Gooden; Mahan, Steven; Shanahan, Claire
Subject: Re: OCHC RRH FY18 Renewal Grant Reduction

Thanks Rafael

Sent from my iPhone

On Aug 17, 2018, at 11:17 AM, Acevedo Jr, Rafael <Rafael.J.AcevedoJr@milwaukee.gov> wrote:

> Correction: The amounts did not match. The actual amount for submission is **$458,454.**
>
> **Rafael J. Acevedo Jr.**
> Grant Compliance Manager
> Community Development Grant Administration (CDGA)
> Lead Agency for the Milwaukee Continuum of Care (CoC)
> City of Milwaukee
> 200 E Wells St. Rm 606 | Milwaukee, WI 53202
> 414.286.5548 | racevedo@milwaukee.gov
> http://milwaukeecoc.org
>
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>
> **From:** Acevedo Jr, Rafael
> **Sent:** Friday, August 17, 2018 10:51 AM
> **To:** conniep (ConnieP@ORCHC-MILW.ORG) <ConnieP@ORCHC-MILW.ORG>; Sue Gadacz <SueG@ORCHC-MILW.ORG>; Yvonne Bell-Gooden <YvonneBG@ORCHC-MILW.ORG>
> **Cc:** Mahan, Steven <Steven.Mahan@milwaukee.gov>; Acevedo Jr, Rafael <Rafael.J.AcevedoJr@milwaukee.gov>; Shanahan, Claire <cshana@milwaukee.gov>
> **Subject:** OCHC RRH FY18 Renewal Grant Reduction
>
> Good morning,
>
> The CoC Board of Directors met on August 16th and approved a reduction in the Outreach Community Health Centers (OCHC) CoC grant. The final amount approved for the FY18 CoC competition is **$458,454.** Please go ahead and submit your renewal application on eSnaps in the amount of $465,494. **The deadline to submit the application via eSnaps is Wednesday, August 29th by 5:00 PM.** The project will be ranked 23rd in Tier II.
>
> The CoC Board approved to place OCHC on probation for the next year. The Milwaukee CoC, as the lead agency, will work closely with our local HUD office to monitor progress of OCHC's Rapid Re-Housing program. I am requesting that you **submit a plan to improve program performance by Friday August**

31st. We will then set up a time to review the plan and see how the CoC can support you through this process. For your reference, I've attached the final scoring tool of the RRH project.

Please let me know if you have any questions.

Regards,
Rafael

Rafael J. Acevedo Jr.
Grant Compliance Manager
Community Development Grant Administration (CDGA)
Lead Agency for the Milwaukee Continuum of Care (CoC)
City of Milwaukee
200 E Wells St. Rm 606 | Milwaukee, WI 53202
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Final Rank and Scores - Public Posting

Email notification on denied application for the new CoC RRH project ($458,454). Community Advocates.

Friday, August 17th, 2018

Acevedo Jr, Rafael

From: Acevedo Jr, Rafael
Sent: Friday, August 17, 2018 12:03 PM
To: Andi Elliot; Steve Schultz
Cc: Mahan, Steven; Acevedo Jr, Rafael; Shanahan, Claire
Subject: FY18 Reallocation Application for RRH

Good afternoon Andi,

The CoC Board of Directors met on August 16th and voted not to approve the $458,454 Community Advocates re-allocation application for RRH. Thank you for taking the time to submit the application for consideration. We look forward to our continued partnership.

Please let me know if you have any questions.

Regards,
Rafael

Rafael J. Acevedo Jr.
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Final Rank and Scores - Public Posting

Email notification on denied application for the new CoC PSH project ($200,000). Guest House of Milwaukee & Milwaukee County Housing Division.

Friday, August 17th, 2018

Acevedo Jr, Rafael

From: Acevedo Jr, Rafael
Sent: Friday, August 17, 2018 11:51 AM
To: Cindy Krahbuehl (cindy@guesthouseofmilwaukee.org)
Cc: Mahan, Steven; Acevedo Jr, Rafael; Shanahan, Claire
Subject: FY18 CoC Reallocation Application

Good afternoon Cindy,

The CoC Board of Directors met on August 16th and voted not to approve the $200,000 Guest House re-allocation application. Thank you for taking the time to submit the application for consideration. We look forward to our continued partnership.

Please let me know if you have any questions.

Regards,
Rafael

Rafael J. Acevedo Jr.
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Acevedo Jr, Rafael

From: Acevedo Jr, Rafael
Sent: Friday, August 17, 2018 11:56 AM
To: Jim Mathy ; Orlow, Jean; Shriver, Jessica; Collins, Eric
Cc: Mahan, Steven; Acevedo Jr, Rafael; Shanahan, Claire
Subject: FY18 Reallocation Award for PSH

Good afternoon Jim,

The CoC Board of Directors met on August 16th and voted not to approve the $200,000 Milwaukee County re-allocation application for Permanent Supportive Housing. Thank you for taking the time to submit the application for consideration. We look forward to our continued partnership.

Please let me know if you have any questions.

Regards,
Rafael

Rafael J. Acevedo Jr.
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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:
The Continuum of Care program is designed to promote community-wide goals to end homelessness; provide funding to quickly rehouse homeless individuals including unaccompanied youth and families while minimizing trauma and dislocation to those persons; promote access to, and effective utilization of, mainstream programs; and optimize self-sufficiency among individuals and families experiencing homelessness. The program is composed of emergency shelter, transitional housing, street outreach, permanent housing, supportive services, coordinated entry, and a Homeless Management Information System (HMIS) (*HUD Exchange*); therefore the City of Milwaukee/Milwaukee County Continuum of Care's mission is 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) <u>Lead Agency</u>

The US Housing & Urban Development Department (HUD) mandates under 24 CFR Part 578 that each Continuum of Care have a lead agency, otherwise stated as a collaborative applicant. An eligible collaborative applicant designated by the CoC may be any of the four: a local government, a nonprofit, the State or a Public Housing Authority (PHA). The City of Milwaukee is the collaborative applicant of the Milwaukee Continuum of Care. As the collaborative applicant, the City acts on behalf of the CoC when applying to HUD for grants. The City of Milwaukee will herein be known as the Lead Agency. Main responsibilities of the Lead Agency as outlined by HUD and the CoC are found below.

Specific responsibilities include but are not limited to the following:

- Hold meetings of full membership with published agendas and minutes monthly
- Make invitation for new members to join publicly available within Milwaukee County
- Appoint additional committees, subcommittees or workgroups on a need-basis
- Coordinate resources, integrate activities and facilitate collaboration including needs and gap assessments
- Provide trainings and workshops when needed and/or requested by CoC
- Serve as the Collaborative Applicant and applies for funding on behalf of CoC
- Utilize allotted HUD Planning dollars on behalf of CoC
- Point of Contact for the CoC including media point of contact
- Develop, implement and collaborate with entire CoC membership to update Governance Charter
- Consult with recipients and sub-recipients to establish performance role
- Designate and direct, on the behalf of the CoC, the Coordinated Entry (CE) and HMIS Lead Agencies as needed
- Enter into all contracts and MOUs on behalf of the CoC with all providers, Coordinated Entry (CE) and HMIS providers included
- Monitor CoC outcomes and work to incorporate other HUD and non-HUD funded program/projects into CoC system

- Administer and provide assistance as requested and needed by the CoC
- All other responsibilities as outlined in MOUs with Providers, CE and HMIS.

b) **Homeless Management Information System (HMIS) Administration**

The Continuum of Care must designate a single Homeless Management Information System (HMIS) for the geographic area and designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead Agency.

The Institute for Community Alliances is the Milwaukee Continuum of Care's Homeless Management Information System (HMIS) Lead Agency administrator and will herein be known as the HMIS Lead Agency. The HMIS Lead Agency is responsible for the maintenance, oversight, security, and information contained therein. The HMIS Lead Agency will assess current reporting needs, provide CoC required reports, train agency system users, assist the Point-in-Time process and provide reports that satisfy the reporting requirements of HUD in a timely manner.

I. HMIS Lead Agency –Specific responsibilities:

- Review, revise, and approve a privacy plan, security plan, and data quality
- Ensure consistent participation of recipients and sub-recipients
- Ensure the HMIS is administered in compliance with requirements prescribed by HUD
- Collect and report performance on a monthly basis
- Present data and give directive in-sight to CoC on a monthly basis
- Coordinate HMIS Committee within the CoC
- Assist with Point-In-Time data
- System Operations, Maintenance and Assessment of CoC HMIS
- Lead and facilitate HMIS Workgroup
- Create and enter into all HMIS MOUs and User Agreements with providers
- Other duties and responsibilities as outlined in the Institute for Community Alliance Homeless Management Information Systems Governance Charter.

Wisconsin Statewide

Homeless Management Information System

Policies and Procedures

Institute for Community Alliances

2018

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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. Mediware Information Systems, Inc. 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 Designated Agency HMIS Contacts 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

Designated Agency HMIS Contact

1. Provide updated agency information to ICA for update 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 most recently released 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 accurately within 5 calendar days.
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 and secure the release of information needed for sharing client data.
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

Partner Agency Authorization to Access HMIS

The HMIS Lead Agency will review all requests for access from new potential Partner Agencies. Requests for HMIS access will be granted to agencies that have a business interest in the HMIS. The HMIS Lead Agency will take into consideration the agency's intent to contribute data into the system, or use HMIS data for the following: homeless service provision, referrals to non-homeless services used by persons experiencing homelessness or data analysis.

To become a Partner Agency, the agency must complete the Participation Agreement Documents listed below.

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 Designated Agency HMIS Contact 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 Designated Agency HMIS Contact 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 Designated Agency HMIS Contact. 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. ICA will communicate the system-generated password to the user in the event the agency does not have a user with agency administrator access
- 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 under the most recently HMIS Data Standards.

Tracking of Unauthorized Access

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

Designated Agency HMIS Contact

This person is 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 Designated Agency HMIS Contact must identify the assessments and requirements for each program, and work with the System Administrators to properly set up each program in the HMIS.

Designated Agency Security Officer

Each Partner Agency must designate a Security Officer. The Security Officer must be a current HMIS user, and may also be the Designated Agency HMIS Contact.

The Security Officer is responsible for ensuring compliance with applicable security standards and maintaining the security of the HMIS for their agency.

User Role: Agency Administrator

Agencies with 10 or more users must designate one person to be the Agency Administrator. This person may also be the Designated Agency HMIS Contact. 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. The user assigned as Agency Administrator must also act as the Designated Agency HMIS Contact.

Client Release of Information (ROI)
In addition to posting the HMIS Consumer Notice, agencies must obtain client consent prior to sharing client data with other agencies when data sharing is appropriate for client service delivery. Agencies are required to ensure clients know what data are being collected about them, and be given the opportunity to make choices about what personal and program related information is shared in HMIS and with whom that data is shared. Agencies may use the Client Release of Information form on the ICA website, or use their own form that includes language commensurate with the ICA ROI. The form requires clients to authorize the electronic sharing of their personal information, and allows for clients to have more control over their own information. Agencies are required to obtain client consent at each level listed on the form. Clients have the right to refuse any level of shared data.

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.

Agency Relationship with the HMIS Vendor
Partner agencies are prohibited from directly contacting the HMIS Vendor to request custom database work. Any such request must be made through the HMIS Lead Agency.

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.

Included in and in addition to the New User Training Series, users will be required to take program and/or project specific training related to the programs and projects administered by their agency.

In regards to Coordinated Entry, it is the responsibility of the agency to inform the user of the training curriculum and requirements for an agency and/or user's participation in Coordinated

Entry in HMIS. Where provided by the CoC, ICA will host a link to those requirements. ICA will provide the HMIS specific workflow and report trainings.

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 different 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 exempt from completing an additional training during that calendar year.

All users with licenses for the reporting platform embedded in HMIS, along with the Designated Agency HMIS Contact are required to attend at least two reporting 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.

The HMIS Lead Agency will suspend user licenses from users who do not complete their annual training requirements by January 31st of the following year. To reactivate the license, the user must complete their training requirements. Additionally, the Partner Agency will be subjected to an additional Late Training Fee at the next annual billing cycle.

2.5 HMIS USER LEVELS

HMIS user roles are listed on the ICA website. HMIS User Roles

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 are responsible to reset the passwords of users at their agency. 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
- Mobile devices used for HMIS data entry must use the Mozilla Firefox, Google Chrome or Apple Safari internet browsers. Apple Safari must be used on 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 $65 per license. 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.

Example of licensing fees: If an agency has 4 Licenses, they will be billed: $260. 4x65=260

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.

Example of Non-use Fee: If an agency has 4 licenses and one is not being used at least once every 90 days, they will be billed: $510. (4x65)+250=510

Late Training Fee

Agencies will be assessed a Late Training Fee of $65 for each end user who does not complete their annual ongoing user training requirements. See Section 2.4 User Training Requirements, "Ongoing User Training Requirements"

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.

HMIS Reporting Platform Licenses
The reporting platform license is an add-on license available for HMIS users to facilitate data reporting. There is an amount charged for these licenses based on annual contractual amounts from the HMIS vendor.

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 each Designated Agency HMIS Contact and general User 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 Not Shared Data. HMIS staff will assess all data, and implement appropriate controls to ensure that data classified as shared or not shared 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 a shared system that defaults to allow shared data. Providers have the option of changing their program settings to not share client data.

Data that is Not Shared
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 services to unaccompanied minors, or legal services must enter not shared data. Further, programs that provide legal services may enter clients as "unnamed." Individual client records can be not shared 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. Final decisions will be made by the HMIS Director.

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 HMIS Contact 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 a shared 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 HMIS client files that are not shared. 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 Designated Agency HMIS Contact 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 Designated Agency HMIS Contact. 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 Designated Agency HMIS Contacts 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

Mediware Information Systems Disaster Recovery Plan
Wisconsin's HMIS is covered under Mediware Systems Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Mediware Information 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. Mediware Information 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 Designated Agency HMIS Contact must identify the assessments and requirements for each program. ICA will consult with the Designated Agency HMIS Contact 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 Designated Agency HMIS Contacts and posted on the Institute for Community Alliances' Wisconsin HMIS webpage. Designated Agency HMIS Contacts 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

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. No data collection system has a quality rating of 100%. However, to meet the goals set forth by the four CoCs in the state of Wisconsin when presenting accurate and consistent information on homelessness, it is critical that the HMIS have the best possible representation of reality as it relates to persons experiencing homeless and the projects that serve them. Specifically, the goal is to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact on the homeless service system. To that end, the CoCs will collectively assess the quality of our data by examining characteristics such as timeliness, completeness, and accuracy.

See Appendix 7 for the complete Data Quality Plan.

4.4 DATA IMPORTS

While HMIS databases are required to have the capacity to accept data imports, ICA reserves the right to not allow data imports into Wisconsin's HMIS. Allowing data 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

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

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

Confidential Data – contains personal identifying information.

Designated Agency HMIS Contact - the individual responsible for HMIS use at each partner agency. This includes running reports and verifying data entry is accurate and timely.

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 Mediware Information 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 at the Institute for Community Alliances 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. Appendix 1: 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.

7. Appendix 2: Data Quality Plan

Data quality is vitally important to the success of the HMIS and the programs that use this database. The Federal Partners and other funders monitor the quality of the HMIS data through the Annual Homelessness Assessment Report, System Performance Measures, the CoC Program Competition, and a variety of other program reports. If the quality of the data are poor, funders may refuse to grant funding or reduce future funding. These funding cuts could negatively affect program(s) throughout the State of Wisconsin. As it is imperative that the data are correct, HMIS participating providers and ICA staff will work diligently on adhering to the HMIS Data Standards in order to ensure all reports are complete, consistent, accurate, and timely.

7.1 GOALS OF THE DATA QUALITY PLAN

In coordination with the Wisconsin HMIS Governance Committee, a data quality plan was established. The goals of this plan are to:

- Help ensure the availability of timely and accurate data for use in helping to end homelessness.
- Identify problems early and increase the usability of data.
- Prepare data for federal, state, and local reporting processes.
- Support the efforts of the HEARTH Act implementation, including Coordinated Entry.

Agencies and program providers will also benefit from participating in this process by:

- Requiring less corrections right before reports are due, because data will be cleaned up regularly.
- Providing access to more up-to-date information to inform program decisions, monitor client progress, and inform stakeholders about programs.
- Implementing changes when needed and measuring progress against goals.

7.2 DATA QUALITY PLAN AND RESPONSIBILITIES

Wisconsin HMIS Advisory Board Role

- Have an ongoing relationship with the HMIS Users from across the state to identify training needs.
- Develop the HMIS Policies and Procedures, including a Data Quality and Security Plan, which are updated annually.
- Meet at least annually to discuss changes to HMIS policy and procedures and updates in the system related to HMIS Data Quality.

Funder Role

- Create a framework of performance expectations that will enable the funder to rank and rate projects and target funding based on need.
- Monitor the established baseline standards for participation and data collection as set forth by the HMIS Data Standards.
- Work with ICA staff to perform site visits yearly that will include comparing paper files to the data entered into HMIS to check for data accuracy and completeness.

ICA HMIS Staff Role

- Review the data quality reports for each CoC.
- If a provider has data quality issues, forward the report to the provider, so they can fix their data.
- Review the provider list for each report. If there are missing or incorrect providers on the list, confirm those with the agency.
- Run specified data quality reports monthly*.
- Run specified data quality reports quarterly*.
- Assist funders with monitoring when appropriate and provide technical assistance regularly to non-funded HMIS participating agencies.
- Provide HMIS training to new users prior to giving access to the system.
- Provide on-going HMIS training for existing end-users.

Designated Agency HMIS Contact

- Review data quality reports sent to you by ICA HMIS Staff person(s).
- If you have data quality issues, correct them as soon as possible.
- Run data quality reports to check client data on a monthly basis.
- Compare paper files to data entered in HMIS regularly.
- Direct any HMIS question to ICA Staff.

User Role

- Input required data fields accurately and in a current and timely manner.
- Review data quality reports sent to you by your Designated Agency HMIS Contact or ICA Staff.
- Correct data quality issues as soon as possible.

7.3 DATA COMPLETENESS

All data entered into the HMIS must be complete. Completeness is the level at which a field has been answered in whole or in its entirety. Measuring completeness can ensure that client profiles are accurately answered in whole and that an entire picture of the client situation emerges. Partially complete or missing data (e.g., missing the SSN, missing the date of birth, missing information on disability or missing veteran status) can negatively affect the CoC's ability to provide comprehensive care to clients. Incomplete data results in an inaccurate picture of the need in the CoC, directly affecting services in individual communities necessary to permanently house clients. It is every HMIS end user's responsibility to report an accurate picture of populations served to facilitate accurate reporting and analysis.

The ultimate goal is to collect 100% of all data elements for all household members. However, the Wisconsin HMIS Advisory Board recognizes that this may not be possible in all cases. Therefore, an acceptable range of null/missing and unknown/don't know/refused responses has been established, depending on the data element and the project type. Missing data elements are data elements that were either not collected, or collected but were not entered into HMIS. Don't know/refused data elements are those data elements that were not collected because the client either doesn't remember the information or refuses to answer the question. Don't know/refused is from the clients' perspective and is not used to denote that the information was not collected.

Participating agencies will be expected to record the most complete data possible. Only when a client refuses to provide his or her or dependent's personal information and the project funder does not prohibit it, it is permissible to enter incomplete client data.

Some required procedures to follow are:

- If a client refuses to provide the remaining identifiable elements, record the answer as "refused."
- If a client's record already exists in HMIS, the agency must not create a new alias or duplicate record. Client records entered under aliases or duplicate records may affect agency's overall data completeness and accuracy rates. The agency is responsible for any duplication of services that results from hiding the actual name under an alias.

Note: A client may not wish to provide information to HMIS. This is their right and an HMIS Participating Agency cannot deny services to any client refusing inclusion in HMIS. However, in order for HUD funded providers to accurately complete reporting for their projects, either a De-identified client record must be created in HMIS or the client's information and services must be tracked on paper.

7.4 DATA COMPLETENESS STANDARDS

- *Emergency Shelter projects:* All Universal Data Elements will be entered with an overall completeness rate of 95% or greater.
- *Outreach projects:* All Universal and Project Specific Data Elements (if HUD or SAMHSA funded) will be entered with an overall completeness rate of 90% or greater ***after client enrollment date.***
- *Permanent Supportive Housing projects (including HUD-VASH):* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Transitional Housing projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Rapid Re-Housing projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Prevention projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *HOPWA projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Coordinated Entry projects:* All Universal Data Elements and Project Specific Data Elements will be entered with an overall completeness rate of 90% or greater.
- *Supportive Services Only projects:* All Universal Data Elements and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.

7.5 DATA CONSISTENCY

ICA HMIS Staff will evaluate the quality of all HMIS Participating Agency data on the consistency of the data being entered. All Participating Agencies across should work consistently to reduce duplication in HMIS by following workflow practices outlined in training.

HMIS end users are trained to search for existing clients in the system, across multiple parameters, before adding a new client into the system. Client data can be searched by Client ID, Name, Social Security Number, and Client Alias. End Users are trained to follow this protocol when adding a new client in the system.

Data consistency will ensure that data is understood, collected, and entered consistently across all projects in the HMIS. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they don't collect it in a consistent manner, then the data may not be accurate. All data in HMIS shall be collected and entered in a common and consistent manner across all projects. To that end, all end users will complete an initial training before accessing the live HMIS system.

ICA HMIS staff will provide regular training, refresher courses, as well as, updated data entry workflows and sample intake forms as a guide for quick reference when collecting and entering data to ensure that data is understood, collected and entered consistently across all programs in the HMIS.

ICA HMIS staff will review data entries in the database quarterly for duplicate entries, and merge any duplicate client records found at this time. If a Participating Agency is consistently creating duplicate clients, the HMIS staff will contact the designated Agency Administrator to notify and address the end user creating the duplication, so future duplication can be avoided.

All HMIS Participating Agency client data should adhere to HMIS capitalization guidelines. HMIS end users are trained on the current method and style to enter client level data. For example, client names are entered with the first initial of the first and last name capitalized (i.e., First Last). No client name should be entered in any of the following ways:

- ALL CAPS
- all lower case
- Mix of lower and upper case letters
- Nicknames in the Name space (use the Alias box instead.)

7.6 DATA ACCURACY

Accurate data ensures that the HMIS is the best possible representation of reality as it relates to persons experiencing homelessness and the programs serving them on a day-to-day basis. Accuracy can be difficult to assess as it depends on the client providing correct data and the intake worker's ability to document and enter the data accurately. Accuracy is best determined by comparing records in the HMIS to paper records, or the records of another reliable provider. For example, a SSN in question can be compared to a paper case file or SSI benefit application. In-person interviews, with clients participating in projects who are utilizing the HMIS, are another method for assessing accurate data entry. Evaluation for accurate documentation of case management, service transactions and referrals in the HMIS can be assessed by client interviews. In-person interviews with clients may be coordinated with funders during HUD monitoring or performed individually with non-HUD funded Participating Agencies by HMIS staff, when appropriate.

Information entered into the HMIS needs to be valid, meaning it needs to accurately represent information on the participants of the homeless service projects contributing data to the HMIS Implementation. Inaccurate data may be intentional or unintentional. In general, false or

inaccurate information is less desirable than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter nothing (or preferably "client doesn't know" or "refused") than to enter inaccurate information. To ensure the most up-to-date and complete data, data entry errors should be corrected on a monthly basis.

All data entered into the HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited.

7.7 DATA ACCURACY STANDARD

Data Quality Measurements: Accurate Data*	Data Quality Report Name	Applicability of Standard by Project Type	Max Allowed
Missing Entry/Exits	Data Completeness	All Projects	0%
Incorrect Entry Type	Data Completeness	All Projects	0%
Duplicate Entry/Exits	Data Completeness	All Projects	0%
Future Entry/Exits	Data Completeness	All Projects	0%
Missing Exit Dates	Unexited Clients Exceeding Max Length of Stay	All Projects	0%
Unknown Destinations	Data Completeness	All Projects	50% for CE, 20% for ES 20% for Outreach 3% All Other Types
Children Only Households	Data Completeness	All Projects	0%
Missing Head of Household	Data Completeness	All Projects	0%
Missing Services and Referrals	PATH Data Completeness	PATH	0%
Service Dates fall outside of Entry and Exit Dates	PATH Data Completeness	PATH	0%

7.8 DATA TIMELINESS

Data shall be recorded in HMIS on a consistent and timely basis. Users shall strive for real-time, or close to real-time data entry. Real-time or close to real-time is defined by either immediate data entry upon seeing a client or data entry into the HMIS database within five calendar days.

7.8 BED/UNIT UTILIZATION RATES

One of the primary features of an HMIS is the ability to record the number of client stays or bed nights at a homeless assistance project. The count of clients in a project on a given night is compared to the number of beds reported in the Housing Inventory Count (HIC) to return the agency's Bed Utilization percentage. The generally acceptable range of bed utilization rates for established projects is 65%- 105%

Project Types	Lowest Acceptable Bed Utilization Rate	Highest Acceptable Bed Utilization Rate
ES, TH, PSH, RRH	65%	105%

7.9 MONITORING PLAN

The WI HMIS Advisory Board recognizes that the data produced from HMIS is critical to meet the reporting and compliance requirements for individual partner agencies and the HMIS implementation as a whole. As such, all HMIS partner agencies are expected to meet the data quality benchmarks described in this document.

To achieve this, the HMIS data will be monitored on a monthly basis to quickly identify and resolve issues that affect the timeliness, completeness, consistency and accuracy of the data. All monitoring will be done in accordance with the data quality monitoring plan, with full support of the four CoC Governing Boards and the HMIS Advisory Board.

The purpose of monitoring is to ensure that the agreed-upon data quality benchmarks are met to the greatest extent possible, and that data quality issues are quickly identified and resolved. To ensure that Participating Agencies have continued access to the expectations set forth in the data quality plan, the following protocol will be used:

1. The CoC Governing Boards and the HMIS Advisory Board will have the ability to review and critique the Data Quality Plan draft prior to publication, and continue to provide input when updates are necessary.
2. Participating agencies will provide timely updates to the HMIS staff in their corresponding CoC regarding any changes to programs.
3. Data Quality reports will be reviewed at a minimum once a month by HMIS staff and senior staff at all HMIS participating agencies in the CoC.
4. HMIS staff and participating agencies throughout each CoC must work to prevent duplicate data.

5. HMIS staff will monitor the creation of duplicate client records within the system and correct at least quarterly.
6. Participating agencies must review hardcopy records and compare them to the HMIS data to ensure consistency.
7. HMIS will provide new end users with new user training and provide existing users with access to training throughout the year to reflect any system updates.
8. HMIS staff will assist programs within their service area in correcting data and updating information as needed.
9. Participating agencies that meet the data quality benchmarks will be periodically recognized by their respective HMIS Staff.

7.10 DATA QUALITY PLAN ENFORCEMENT

ICA HMIS Staff will take the following steps to enforce the Data Quality Plan:

1. ICA HMIS staff will first provide additional in-person technical assistance for participating agencies that fail to meet the data quality benchmarks set forth in this document.
2. If corrective action is not taken, ICA HMIS staff will send the HMIS participating agency a notice stating they are noncompliant with the standards set for data quality. The participating agency will be asked to submit a plan to the ICA HMIS staff describing how they intend to improve their data quality to meet WI HMIS standards.
3. If a plan of action is requested, and is not submitted within the allotted time frame, the ICA HMIS staff may suspend all end-user accounts under that project for a period no longer than 7 days.
4. After the suspension, end-user accounts will be restored, and the HMIS participating agency will have the opportunity to correct data until the next month's review and will follow the same process as before. ICA HMIS staff will report the suspension to the Wisconsin HMIS Advisory Board.
5. If the HMIS participating agency's account needs to be suspended for a second time, the ICA HMIS Staff may suspend user accounts for up to 30 days. Should the problem persist, or in the event that the participating agency fails to submit a written plan, ICA may suspend the participating agency's ability to enter data into the HMIS, and will contact any appropriate state and federal funders, notifying these funders of the participating agency's non-compliance with HMIS data entry mandates. ICA HMIS staff will report the suspension to the Wisconsin HMIS Advisory Board.

The ICA HMIS staff will investigate all potential violations of any security protocols. A participating agency's access may also be suspended or revoked if serious or repeated violation(s) of HMIS Policies and Procedures occur by agency users. Any user found to be in violation of security protocols will be sanctioned which may include, but are not limited to:

- A formal letter of reprimand
- Suspension of system privileges
- Revocation of system privileges

2018 HDX Competition Report

PIT Count Data for WI-501 - Milwaukee City & County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	**1415**	**900**	**871**
Emergency Shelter Total	616	557	565
Safe Haven Total	43	63	46
Transitional Housing Total	549	145	99
Total Sheltered Count	**1208**	**765**	**710**
Total Unsheltered Count	**207**	**135**	**161**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**58**	**98**	**96**
Sheltered Count of Chronically Homeless Persons	43	71	64
Unsheltered Count of Chronically Homeless Persons	15	27	32

2018 HDX Competition Report

PIT Count Data for WI-501 - Milwaukee City & County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**170**	**68**	**67**
Sheltered Count of Homeless Households with Children	169	67	65
Unsheltered Count of Homeless Households with Children	1	1	2

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**192**	**97**	**74**	**85**
Sheltered Count of Homeless Veterans	177	87	65	79
Unsheltered Count of Homeless Veterans	15	10	9	6

2018 HDX Competition Report

HIC Data for WI-501 - Milwaukee City & County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**772**	**77**	**695**	**100.00%**
Safe Haven (SH) Beds	**47**	**0**	**47**	**100.00%**
Transitional Housing (TH) Beds	**120**	**10**	**110**	**100.00%**
Rapid Re-Housing (RRH) Beds	**426**	**0**	**426**	**100.00%**
Permanent Supportive Housing (PSH) Beds	**1837**	**0**	**1837**	**100.00%**
Other Permanent Housing (OPH) Beds	**46**	**0**	**46**	**100.00%**
Total Beds	3,248	87	3161	100.00%

2018 HDX Competition Report

HIC Data for WI-501 - Milwaukee City & County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	313	290	553

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	45	114	99

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	169	420	426

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for WI-501 - Milwaukee City & County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	5820	5030	48	48	0	22	21	-1
1.2 Persons in ES, SH, and TH	6429	5282	90	60	-30	29	24	-5

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	5831	5004	87	85	-2	31	26	-5
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	6447	5259	133	97	-36	42	29	-13

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range.Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	116	20	17%	11	9%	4	3%	35	30%
Exit was from ES	748	166	22%	48	6%	54	7%	268	36%
Exit was from TH	431	72	17%	32	7%	27	6%	131	30%
Exit was from SH	36	7	19%	2	6%	4	11%	13	36%
Exit was from PH	681	63	9%	34	5%	56	8%	153	22%
TOTAL Returns to Homelessness	2012	328	16%	127	6%	145	7%	600	30%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1415	900	-515
Emergency Shelter Total	616	557	-59
Safe Haven Total	43	63	20
Transitional Housing Total	549	145	-404
Total Sheltered Count	1208	765	-443
Unsheltered Count	207	135	-72

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	6494	5361	-1133
Emergency Shelter Total	5734	4994	-740
Safe Haven Total	145	174	29
Transitional Housing Total	997	299	-698

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	736	804	68
Number of adults with increased earned income	18	33	15
Percentage of adults who increased earned income	2%	4%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	736	804	68
Number of adults with increased non-employment cash income	203	339	136
Percentage of adults who increased non-employment cash income	28%	42%	14%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	736	804	68
Number of adults with increased total income	211	350	139
Percentage of adults who increased total income	29%	44%	15%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	742	508	-234
Number of adults who exited with increased earned income	93	63	-30
Percentage of adults who increased earned income	13%	12%	-1%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	742	508	-234
Number of adults who exited with increased non-employment cash income	118	123	5
Percentage of adults who increased non-employment cash income	16%	24%	8%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	742	508	-234
Number of adults who exited with increased total income	197	166	-31
Percentage of adults who increased total income	27%	33%	6%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	5754	4980	-774
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1768	1565	-203
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3986	3415	-571

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	6325	5447	-878
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2048	1787	-261
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4277	3660	-617

FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	1441	1286	-155
Of persons above, those who exited to temporary & some institutional destinations	134	87	-47
Of the persons above, those who exited to permanent housing destinations	202	218	16
% Successful exits	23%	24%	1%

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3909	2946	-963
Of the persons above, those who exited to permanent housing destinations	1795	1554	-241
% Successful exits	46%	53%	7%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	1698	1774	76
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1640	1711	71
% Successful exits/retention	97%	96%	-1%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

WI-501 - Milwaukee City & County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	706	771	733	759	776	748	695	263	1271	1366	1620	1662	26	16	169	420				
2. Number of HMIS Beds	635	718	721	744	714	686	686	263	1128	1128	1620	1662	26	16	169	420				
3. HMIS Participation Rate from HIC (%)	89.94	93.13	98.36	98.02	92.01	91.71	98.71	100.00	88.75	82.58	100.00	100.00	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	1366	1997	2379	2303	1179	1041	701	232	1082	1189	1487	1608	1165	1512	1338	949	296	657	800	644
5. Total Leavers (HMIS)	1162	1738	2076	1970	602	528	579	152	151	128	160	209	934	1158	920	666	181	262	371	491
6. Destination of Don't Know, Refused, or Missing (HMIS)	383	598	608	532	50	35	49	11	12	0	11	4	311	353	196	11	140	210	275	440
7. Destination Error Rate (%)	32.96	34.41	29.29	27.01	8.31	6.63	8.46	7.24	7.95	0.00	6.88	1.91	33.30	30.48	21.30	1.65	77.35	80.15	74.12	89.61

2018 HDX Competition Report

Submission and Count Dates for WI-501 - Milwaukee City & County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/24/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/25/2018	Yes
2018 HIC Count Submittal Date	4/26/2018	Yes
2017 System PM Submittal Date	5/30/2018	Yes

Coordinated Entry Policy Orig. Issue Date: 02/06/2017

Program: Milwaukee Continuum of Care

Title: Coordinated Entry Assessment and Prioritization

Date Last Reviewed: 06/12/2017

Coordinated Entry Assessment and Prioritization

PURPOSE:

According to HUD, each Continuum of Care (CoC) must utilize a standardized assessment across the CoC in order to create a single prioritization list of individuals experiencing homelessness (https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf). This policy addresses that mandate.

All Continuum of Care providers who encounter someone experiencing homelessness in Milwaukee County will complete the same standardized assessment, the VI-SPDAT, VI-FSPDAT, or TAY-VI depending on the population assessed through ServicePoint.

PROCEDURES:

- By April 1, 2017, all CE screeners, homeless outreach providers, and shelter staff who will be completing the client assessments, either in-person or via the 2-1-1 Call Center, will be trained in the use of the VI-SPDAT, VI-FSPDAT, and TAY-VI. Thereafter, any newly hired staff will complete this training within 60 days of their start date. Training can be accessed here: http://www.orgcode.com/course/vi-spdat-v2-training/
- Recorded VI-SPDAT scores are valid for one year and should be reviewed, at a minimum, yearly to determine if changes are necessary. Data should be updated whenever there are any changes in client status. If necessary, a new VI-SPDAT may be completed more than annually.
- The VI-SPDAT, VI-FSPDAT, or TAY-VI are the tools used to create the prioritization lists for housing options within the Continuum of Care, therefore, anyone interested in services through the Continuum of Care should complete an assessment. However, if a client chooses not to complete the assessment, he/she can be added to the prioritization lists, but the VI score will not be taken into account.
- Any CoC provider is eligible to complete the VI-SPDAT, VI-FSPDAT, or TAY-VI. Groups outside of the CoC can direct their clients to call 2-1-1 for an assessment to be completed, or email coordinatedentry@impactinc.org to schedule a mobile screen.
- IMPACT will employ a Coordinated Entry Mobile Screener who will do inreach to places where people who are homeless tend to congregate in order to do assessments. Locations might include:
    - Meal sites
    - Public libraries
    - Day shelters
- In order to best reach special populations, paper assessments may be completed in places where the target population is likely to engage in services. The Coordinated Entry team will provide sufficient training for these assessments to be completed accurately, and will

complete the data entry necessary to follow the Coordinated Entry Policy and Procedure. Possible locations include:

- The VA
- Diverse & Resilient
- LGBT Community Center
- Public Schools
- Hospitals

- All CoC providers working with clients in need of housing should complete an assessment as soon as possible, but should use professional judgment regarding the timing of the assessment so as to get the fullest, most honest answers.

TO ASSESS:

1) The assessment tool used is dependent on the person being assessed.
   a. Single adults age 25 and older use the VI-SPDAT
   b. Families use the VI-FSPDAT
   c. Single adults age 18-24 use the TAY-VI

2) Explain the assessment tool in a brief introduction, an example is below:

The purpose of the VI-SPDAT is to assess your service needs. This assessment usually takes less than 7 minutes to complete. Any question can be skipped or refused. If you do not understand the question, let me know. It is important that you give accurate information; there's no right or wrong answer. This survey is in ServicePoint, which is our database, and it will be shared with housing providers only to get you into housing. What you provide remains confidential.

3) Complete the assessment in ServicePoint. Alternatively, complete the assessment on paper and put it into ServicePoint within 24 hours.

PRIORITIZATION LIST:

- To best utilize the lists, there are five referrals that can be made to the prioritization list based on client population and need.

1) Choose which referral(s) need to be made.
   a. Clients who are seeking emergency shelter should be referred to the Milwaukee CoC Emergency Shelter Prioritization List.
   b. Single adults aged 25 and older seeking permanent housing options should be referred to the Milwaukee CoC Housing Priority List- Single Adults.
   c. Families with heads of households 25 and older seeking permanent housing options should be referred to the Milwaukee CoC Housing Priority List- Families.
   d. Single adults aged 18-24 seeking permanent housing options should be referred to the Milwaukee CoC Housing Priority List- Single Youth.
   e. Families with heads of households aged 18-24 and seeking permanent housing options should be referred to the Milwaukee CoC Housing Priority List- Youth Families.
2) Complete the referral according to the Cheat Sheet from Institute for Community Alliances.

3) As clients enter housing, the housing provider will enter a Service Transaction named "Permanent Supportive Housing" from within the referral, mark the referral as "Closed" and "Fully Met" which will take them off the prioritization list.
4) The Prioritization lists are prioritized as follows:
    a. Housing Priority List by chronic status, then length of time homeless, then VI score through a Housing Priority List report run from ServicePoint.
    b. Emergency Shelter Prioritization List by last outreach contact then by VI score through a daily report run from ServicePoint.
    c. In the event that there are no chronically homeless clients in a particular category for housing, the prioritization will be of those who have the longest time of homelessness and then those with the highest service needs, which is also determined through the ServicePoint reports.

Coordinated Entry Policy
Program: Coordinated Entry
Title: **Youth Initiative**

Orig. Issue Date: 02/15/2018
Date Last Reviewed: 09/10/2018

Purpose: Milwaukee's Continuum of Care recognizes that youth experiencing homelessness have unique and specific needs and must be treated with respect to their individual situation. As such, the following policy will be incorporated into our service deliver flow through Coordinated Entry. Youth clients include those between the ages of 18-24 and any minor children in their household.

Procedure:

Access

To begin the Coordinated Entry process, all youth in need of housing services will complete the TAY-VI-SPDAT assessment. Assessments can be completed in the following ways: calling 2-1-1, meeting at the Pathfinders Drop during open hours for assessments, via a StreetBeat street outreach worker, through Coordinated Entry Mobile Screening, or through a community partner. Paper TAY-VI-SPDAT assessments will be distributed to key community partners where youth tend to engage. Once completed, these assessments will be sent to IMPACT 2-1-1 for uploading into HMIS. Refer to the Assessment and Prioritization policy for more information about the steps to assessment and referral to Coordinated Entry.

Prioritization

For the purposes of the Youth Initiative, the HMIS Housing Prioritization List will be run weekly. Coordinated Entry team members will confirm accuracy of the information for each client to the best of their ability, to ensure that the prioritization is correct. Prioritization will be as follows:

1) Those who are trading sex for housing
2) Pregnant or parenting youth
3) Age (younger is higher priority)
4) LGBTQA-identified youth
5) Category 4 homeless youth
6) Category 1 homeless youth
7) Disabling condition
8) TAY-VI score

Placement and Referral

The following are the steps from beginning to end for the placement and referral process through the Youth Initiative.

1. Referrals are completed by IMPACT, Pathfinders, or Walker's Point, or by a community partner who sends in a referral packet (attached) in the manner described in the "Access" section of this policy.

2. For a fully complete referral, The Coordinated Entry Assessment must be complete and up-to-date in HMIS. At minimum, demographic information, client contact information, and the TAY-VI needs to be completed.

3. Every week, IMPACT will run the Youth Prioritization Report from HMIS and will send out the next 9 people to IMPACT, Pathfinders, and Walker's Point, based on TAY score. They will be marked as Identified for Engagement in the CE Status in HMIS.

4. Staff from those three agencies will reach out to the clients and will attempt to complete the CE Assessment.

- Staff will write a CE Follow Up note to indicate what happened during the contact, or if no contact was made.
- Staff will change the CE Status to either Staffing Ready if the CE Assessment was completed, BOLO if the contact wasn't successful, or declining housing if the youth is in need of housing but does not want to work with a program.
- If contact was made, staff will also create an Outreach contact for the Youth Initiative on the Client Profile.
- If the youth no longer needs housing, the youth will request to be taken off the list. Staff will then cancel out the referral to the Youth Prioritization List and indicate that the youth secured housing on their own, that the need is closed and fully met.

5. Once per month, IMPACT will run the Youth Prioritization Report and will send a list of those youth who have a CE Status of BOLO or Unable to Contact to Walker's Point, Pathfinders, and IMPACT. The three agencies will divide the list equally and will attempt to make a contact.

- If contact is made, they will update the CE Assessment, write a CE Follow Up note, and change the CE Status to Staffing Ready.
- If no contact is made, they will document the attempt in a CE Follow Up note.
- If a person has had a documented attempted contact at least once per month for 90 days with no success, they will be removed from the list.

6. Every Thursday, IMPACT will run the Youth Prioritization Report again and the Youth Initiative will meet. In the meeting:

- Engagement assignments from the previous week will be briefly reviewed. Updates in ServicePoint should be current.
- Housing assignments from the previous week will be reviewed. Updates in ServicePoint should be current. Any youth not offered housing, but ready for discussion for housing placement, will have a CE Status of Staffing Ready.
- Any openings for housing will be announced.
- The Youth Prioritization list will be reviewed and those with top priority will be referred into housing openings. For each potential opening, 3 potential youth will be referred, as indicated by a CE Status of Application in Process. The housing program and staffing date will be entered into the CE Assessment. The housing program will reach out to youth in the order that they were on the Youth Prioritization List, but if they cannot contact a youth or they are ineligible for the housing program (e.g., a youth who was in a Category 1 situation but moved to a Category 2 situation would no longer be eligible for Rapid Rehousing), the housing program will move to the next possible referral.
    - If a youth declines housing that is offered to them, but they are not stably housed, staff will document the attempt to offer housing every two weeks for six months. If after 12 declined attempts to house the youth, they will be removed from the list. If they decide they want housing after that, they can be re-added to the list.
- The housing program will enter CE Follow Up notes to document their work.

- During the Youth Initiative meeting, the CE Status will be updated to indicate where the youth is in the housing process and which dates they applied for housing, the application was reviewed, accepted, and when the youth was housed.

7. Clients who are referred to housing will be staffed at each subsequent Youth Initiative meeting until they are housed. The staffings including problem-solving and strategizing regarding youth declining housing or who are having trouble locating housing to ensure efficient housing and service delivery. This will be done by CE Status to ensure that the most accurate information is in ServicePoint.

8. Permanent Housing programs must follow the Housing First policy regarding acceptance of referrals, work done with the client while in the program, and discharging. The Continuum of Care endorses the Housing First paradigm for all its programming.

Milwaukee CoC – WI-501

3B-5. Racial Disparities Summary

Attachment

WI-501 Milwaukee CoC Racial Disparity Summary

Milwaukee County Total Pupulation by Race (2010 Census)

HUD CoC	Race	Persons	% of Total Population
WI-501	White (HUD)	574,656	60.63%
WI-501	Black or African American (HUD)	253,764	26.78%
WI-501	American Indian or Alaska Native (HUD)	6,808	0.72%
WI-501	Asian (HUD)	32,422	3.42%
WI-501	Native Hawaiian or Other Pacific Islander (HUD)	363	0.04%
WI-501	2 or more Races	28,293	2.99%
WI-501	Hispanic/Latino (HUD)	126,039	13.30%

Milwaukee County Total Homeless Population by Race (data colected from 10/1/2016 – 9/30/2017)

HUD CoC	Race	Clients	% of Homeless	Total Population	Pop %	% Difference	% of That Is Homeless
WI-501	Black or African American (HUD)	7,345	66.42%	253,764	26.78%	39.65%	2.89%
WI-501	2 or more Races	500	4.52%	28,293	2.99%	1.54%	1.77%
WI-501	American Indian or Alaska Native (HUD)	95	0.86%	6,808	0.72%	0.14%	1.40%
WI-501	Native Hawaiian or Other Pacific Islander (HUD)	16	0.14%	363	0.04%	0.11%	4.41%
WI-501	Asian (HUD)	40	0.36%	32,422	3.42%	-3.06%	0.12%
WI-501	Hispanic/Latino (HUD)	951	8.60%	126,039	13.30%	-4.70%	0.75%
WI-501	White (HUD)	2,951	26.69%	574,656	60.63%	-33.95%	0.51%

1. **Proposed number of individuals to be serviced by subpopulations in the grant service area.**

   The numbers in the chart below reflect the proposed numbers of individuals to be served during the grant period. Subpopulations have been identified.

Year	1	2	3	Total
Gender				
Men	91	91	92	**111**
Women	23	23	23	**28**
Transgender	1	1	1	**1**
TOTAL	**115**	**115**	**116**	**140**
Race/Ethnicity				
Black	77	77	78	**93**
White	24	24	24	**29**
Hispanic	9	9	9	**11**
Other	5	5	5	**7**
TOTAL	**115**	**115**	**116**	**140**
Sexual Orientation[1]				
Gay/Bisexual (M)	3	3	3	**4**
Gay/Bisexual (F)	1	1	1	**1**
TOTAL	**4**	**4**	**4**	**5**

The Milwaukee City/County Continuum of Care data reports African Americans make up 67.5% of the chronically homeless population, and males make up 88.5%. There appears to be a slight racial and ethnic disparity in access, as there is a lower proportion of black individuals enrolled in the Milwaukee County Housing Division Housing First Initiative (60.2%) and a slightly higher one for Whites (29.5%). Also, among the general homeless population a disproportionate number of females discharge into permanent housing comparted to males (40.7% male 49.5% female). *MCHFI* serves a majority male consumers at (86%). No one is currently identifying as LGBTQ within the Milwaukee County Housing First Initiative.

2. **A Quality Improvement Plan Using Data.**

The ultimate goal in addressing access disparities to services is homeless persons of any gender and or racial ethnic population will be accepted entry. Also, *MCHFI* works to not only place, but to maintain homeless persons in permanent housing. *MCHFI* staff will monitor the subpopulations and enhance services in order to effectively address any disparities in the identified subpopulations.

An operation workgroup of service providers will meet with program evaluators on a bi-monthly basis to analyze the GPRA data and explore outcomes in regards to race, ethnicity and LGBTQ populations. Adjustments to the program will be discussed if disparities continue. The operations workgroup will also analyze the referrals to treatment and discharge data to assure that all subpopulations are receiving adequate services. The Milwaukee County Housing First Initiative also works closely with street outreach teams; one of the outreach team specializing in LGBTQ youth. This particular collaboration will help to assure that the LGBTQ subpopulation is appropriately outreached to and referred for services. The operation workgroup will also set a timeline of trainings for staff for the implementation of two other complementary evidence based practices, Motivational Interviewing (MI) and Trauma-Informed Care (TIC), which will enhance services in the proposed project.

The disparities that are discussed and analyzed through the operation work group will be communicated to the both the SAMHSA CAHBI steering committee and ultimately communicated with the Milwaukee City/County Continuum Care to implement the necessary system changes to assure that the disparities are addressed system wide. The Steering Committee will address systemic barriers to access, service and outcomes identified through data and analyses provided by the GPRA data.

3. **Adherence to the CLAS Standards**

The quality improvement plan will adhere to the National Standards for Culturally and Linguistically Appropriate Services in Health Care. All services will include training in the areas of best practices for services that are culturally and linguistically appropriate.

Diverse cultural health beliefs and practices:

Programs will be structured to increase outreach and services for subpopulations that historically experience greater obstacles; including those who experience health disparities based on race, sexual orientation or gender. Training and hiring protocol will reflect the need to address the specific needs of the subpopulation.

Preferred languages:

Interpreters will be available for use for non-English speaking clients, and for clients who prefer their primary languages.

Health literacy and other communication needs of sub-populations identified in your proposal:

Staff will receive training to ensure services are culturally and linguistically appropriate techniques in Motivational Interviewing (MI) and Trauma-Informed Care (TIC). Service provides will also receive ongoing training and support when issues are identified through bi-monthly operations meetings.

Family Service Prioritization Decision Assistance Tool

(F-SPDAT)

Assessment Tool for Families

VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

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Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool ("SPDAT") and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

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A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Has anyone in your family ever received any help with their mental wellness?* • *Do you feel that every member in your family is getting all the help they need for their mental health or stress?* • *Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that?* • *Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally?* • *Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant?* • *Has anyone in your family ever hurt their brain or head?* • *Do you have any documents or papers about your family's mental health or brain functioning?* • *Are there other professionals we could speak with that have knowledge of your family's mental health?*	**NOTES**

SCORING	
4	**Any** of the following among any family member: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following among any family member: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	☐ All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** are engaged with mental health supports as necessary.
0	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

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B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
• *How is your family's health?* • *Are you getting any help with your health? How often?* • *Do you feel you are getting all the care you need for your family's health?* • *Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family?* • *Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that?* • *When was the last time anyone in your family saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your family's health?* • *Do you have any documents or papers about your family's health or past stays in hospital because of your health?*	**NOTES**

SCORING	
4	**Any** of the following for any member of the family: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue among any family member with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition in a family member, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

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C. Medication

PROMPTS	CLIENT SCORE:
• *Has anyone in your family recently been prescribed any medications by a health care professional?* • *Does anyone in your family take any medication, prescribed to them by a doctor?* • *Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take?* • *Were any of your family's medications changed in the last month? Whose? How did that make them feel?* • *Do other people ever steal your family's medications?* • *Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to?* • *How does your family store their medication and make sure they take the right medication at the right time each day?* • *What do you do if you realize someone has forgotten to take their medications?* • *Do you have any papers or documents about the medications your family takes?*	**NOTES**

SCORING	
4	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following for any family member: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following is true for **every** family member: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

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D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs? What about the other members of your family?* • *Anything we should keep in mind related to drugs/alcohol?* • *How often would you say you use [substance] in a week?* • *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?* • *Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING	
4	☐ An adult is in a life-threatening health situation as a direct result of substance use, **or**, ☐ Any family member is under the legal age but over 15 and would score a 3+, **or**, ☐ Any family member is under 15 and would score a 2+, **or** who first used drugs prior to age 12, **or**, In the past 30 days, **any** of the following are true for any adult in the family... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times
3	☐ An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, ☐ Any family member is under the legal age but over 15 and would score a 2, **or**, ☐ Any family member is under 15 and would score a 1, **or** who first used drugs at age 13-15, **or**, In the past 30 days, **any** of the following are true for any adult in the family... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	☐ Any family member is under the legal age but over 15 and would otherwise score 1, **or**, In the past 30 days, **any** of the following are true for any adult in the family... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

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E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. ***Because this section is self-reported, if there are more than one parent present, they should each be asked individually.*** • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

SCORING	
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

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F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened?* • *Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themself or others? How long ago was that? Does that happen often?* • *Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights?*	**NOTES**

	SCORING
4	**Any** of the following for any family member: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following for any family member: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following for any family member: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, a family member had 1-3 involvements in physical alterations
0	☐ Whole family reports no instance of harming self, being harmed, or harming others

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G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick people in your family to do things that they don't want to do?* • *Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?* • *Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events ☐ In the past 90 days, any member of the family left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events ☐ In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events ☐ 181+ days ago, any member of the family left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

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H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often does your family go to emergency rooms?* • *How many times have you had the police speak to members of your family over the past 180 days?* • *Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay?*	**NOTES**

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

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I. Legal

PROMPTS	CLIENT SCORE:
• *Does your family have any "legal stuff" going on?* • *Has anyone in your family had a lawyer assigned to them by a court?* • *Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time?* • *Any outstanding fines?* • *Has anyone in your family paid any fines in the last 12 months for anything?* • *Has anyone in your family done any community service in the last 12 months?* • *Is anybody expecting someone in your family to do community service for anything right now?* • *Did your family have any legal stuff in the last year that got dismissed?* • *Is your family's housing at risk in any way right now because of legal issues?*	**NOTES**

SCORING	
4	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following among any family member: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues among family members, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No family member has had any legal issues within the past 365 days, **and** currently no conditions of release

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J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Is your family currently homeless?* • *[If the family is housed] Does your family have an eviction notice?* • *[If the family is housed] Do you think that your family's housing is at risk?* • *How is your family's relationship with your neighbors?* • *How does your family normally get along with landlords?* • *How has your family been doing with taking care of your place?*	**NOTES**

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

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K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:
• *How are you and your family with taking care of money?* • *How are you and your family with paying bills on time and taking care of other financial stuff?* • *Does anyone in your family have any street debts or drug or gambling debts?* • *Is there anybody that thinks anyone in your family owes them money?* • *Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs?* • *Does your family try to pay your rent before paying for anything else?* • *Is anyone in your family behind in any payments like child support or student loans or anything like that?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ No family income (including formal and informal sources) ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments **Or**, for the person who normally handles the household's finances, **any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Not aware of the full amount spent on substances, if the household includes a substance user
3	☐ Real or perceived debts of $999 or less, past due or requiring monthly payments, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if the household includes a substance user
2	☐ In the past 365 days, source of family income has changed 2+ times, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

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L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:
• *Tell me about your family's friends, extended family or other people in your life.* • *How often do you get together or chat with family friends?* • *When your family goes to doctor's appointments or meet with other professionals like that, what is that like?* • *Are there any people in your life that you feel are just using you, or someone else in your family?* • *Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* • *Have you ever had people crash at your place that you did not want staying there?* • *Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment?* • *Have you ever been concerned about not following your lease agreement because of friends or extended family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Currently homeless and would classify most of friends and family as homeless ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ No friends or family and any family member demonstrates an inability to follow social norms
3	**Any** of the following: ☐ Currently homeless, and would classify some of friends as housed, while some are homeless ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but all family members demonstrate ability to follow social norms ☐ Any family member is meeting new people with an intention of forming friendships ☐ Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	**Any** of the following: ☐ Currently homeless, and would classify friends and family as being housed ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Any family member is developing relationships with new people but not yet fully trusting them
1	☐ Has been housed for less than 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability

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M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE:
• *Do you have any worries about taking care of yourself or your family?* • *Do you have any concerns about cooking, cleaning, laundry or anything like that?* • *Does anyone in your family ever need reminders to do things like shower or clean up?* • *Describe your family's last apartment.* • *Do you know how to shop for nutritious food on a budget?* • *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* • *Do you tend to keep all of your family's clothes clean?* • *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* • *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*	**NOTES**

SCORING	
4	**Any** of the following for head(s) of household: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following for head(s) of household: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following for head(s) of household: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, family accessed community resources 4 or fewer times, **and** head of household is fully taking care of all the family's daily needs
0	☐ For the past 365+ days, fully taking care of all the family's daily needs independently

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N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:
• *How does your family spend their days?* • *How does your family spend their free time?* • *Do these things make your family feel happy/fulfilled?* • *How many days a week would you say members of your family have things to do that make them feel happy/fulfilled?* • *How much time in a week would you or members of your family say they are totally bored?* • *When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day?* • *How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love?* • *Are there any things that get in the way of your family doing the sorts of activities they would like to be doing?*	**NOTES**

SCORING	
4	☐ Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	☐ Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	☐ Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** they are not fully committed to continuing the activities.
1	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

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O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE:
• *How long has your family been homeless?* • *How many times has your family experienced homelessness other than this most recent time?* • *Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address?* • *Has your family ever spent time sleeping in a car, alleyway , garage, barn, bus shelter, or anything like that?* • *Has your family ever spent time sleeping in an abandoned building?* • *Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*	**NOTES**

SCORING	
4	☐ Over the past 10 years, cumulative total of 5+ years of family homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

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P. Parental Engagement

PROMPTS	CLIENT SCORE:
• *Walk me through a typical evening after school in your family.* • *Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed?* • *Does your family have play time together? What kinds of things do you do and how often do you do it?* • *Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day?*	**NOTES**

Note: In this section, a child is considered "supervised" when the parent has knowledge of the child's whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. "Caretaking tasks" are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

	SCORING
4	☐ No sense of parental attachment and responsibility ☐ No meaningful family time together ☐ Children 12 and younger are unsupervised 3+ hours each day ☐ Children 13 and older are unsupervised 4+ hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	☐ Weak sense of parental attachment and responsibility ☐ Meaningful family activities occur 1-4 times in a month ☐ Children 12 and younger are unsupervised 1-3 hours each day ☐ Children 13 and older are unsupervised 2-4 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	☐ Sense of parental attachment and responsibility, but not consistently applied ☐ Meaningful family activities occur 1-2 days per week ☐ Children 12 and younger are unsupervised fewer than 1 hour each day ☐ Children 13 and older are unsupervised 1-2 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	☐ Strong sense of parental attachment and responsibility towards their children ☐ Meaningful family activities occur 3-6 days of the week ☐ Children 12 and younger are never unsupervised ☐ Children 13 and older are unsupervised no more than an hour each day
0	☐ Strong sense of attachment and responsibility towards their children ☐ Meaningful family activities occur daily ☐ Children are never unsupervised

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Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE:
• *Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?* • *Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?*	**NOTES**

SCORING	
4	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relative within the family have changed 4+ times ☐ Children have left or returned to the family 4+ times
3	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 3 times ☐ Children have left or returned to the family 3 times
2	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 2 times ☐ Children have left or returned to the family 2 times
1	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 1 time ☐ Children have left or returned to the family 1 time
0	In the past 365 days, **any** of the following have occurred: ☐ No change in parental arrangements and/or other adult relatives within the family ☐ Children have not left or returned to the family

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R. Needs of Children

PROMPTS	CLIENT SCORE:
• *Please tell me about the attendance at school of your school-aged children.* • *Any health issues with your children?* • *Any times of separation between your children and parents?* • *Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse?* • *Have your children ever accessed professional assistance to address that abuse?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 15+ days in any month ☐ School-aged children are not currently enrolled in school ☐ Any member of the family, including children, is currently escaping an abusive situation ☐ The family is homeless
3	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 7-14 days in any month ☐ School-aged children typically miss 3+ days of school per week for reasons other than illness ☐ In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 1-6 days in any month ☐ School-aged children typically miss 2 days of school per week for reasons other than illness ☐ In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	**Any** of the following: ☐ In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days ☐ School-aged children typically miss 1 day of school per week for reasons other than illness
0	**All** of the following: ☐ In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month ☐ School-aged children maintain consistent attendance at school ☐ There is no evidence of children in the home having experienced or witnessed abuse ☐ The family is housed

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S. Size of Family Unit

PROMPTS	CLIENT SCORE:
• *I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?* • *Is anyone in the family currently pregnant?*	NOTES

SCORING	FOR ONE-PARENT FAMILIES:	FOR TWO-PARENT FAMILIES:
4	**Any** of the following: ☐ A pregnancy in the family ☐ At least one child aged 0-6 ☐ Three or more children of any age	**Any** of the following: ☐ A pregnancy in the family ☐ Four or more children of any age
3	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age	**Any** of the following: ☐ At least one child aged 0-6 ☐ Three children of any age
2	☐ At least one child aged 12–15.	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age
1	☐ At least one child aged 16 or older.	☐ At least one child aged 12 or older
0	☐ Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

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T. Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE:
• *Any matters being considered by a judge right now as it pertains to any member of your family?* • *Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back?* • *Has there ever been an investigation by someone in child welfare into the matters of your family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, interactions with child protective services have occurred ☐ In the past 365 days, one or more children have been removed from parent's custody that have **not** been reunited with the family at least four days per week ☐ There are issues still be decided or considered within family court
3	In the past 180 days, **any** of the following have occurred: ☐ Interactions with child protective services have occurred, but not within the past 90 days ☐ One or more children have been removed from parent's custody through child protective services (non-voluntary) **and** the child(ren) has been reunited with the family four or more days per week; ☐ Issues have been resolved in family court
2	☐ In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	☐ No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	☐ There have been no serious interactions with child protective services because of parenting concerns

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/ OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT		
STABILITY/RESILIENCY OF THE FAMILY UNIT		
NEEDS OF CHILDREN		
SIZE OF FAMILY		
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/ OR FAMILY COURT		
TOTAL		**Score: Recommendation:** 0-26: No housing intervention 27-53: Rapid Re-Housing 54-80: Permanent Supportive Housing/Housing First

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Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

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Family SPDAT

Upon the release of SPDAT Version 3, a special version was released - the Family SPDAT Version 1. This tool introduced five new components that specifically address the unique challenges to housing stability faced by homeless families. In addition, the tool has a focus on households throughout.

SPDAT Version 4/Family SPDAT Version 2

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4 and F-SPDAT v2, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

The new versions build upon the success of previous versions of the SPDAT products with some refinements. Starting in August 2014, a survey was launched of existing SPDAT and F-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from F-SPDAT Version 1 to Version 2 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

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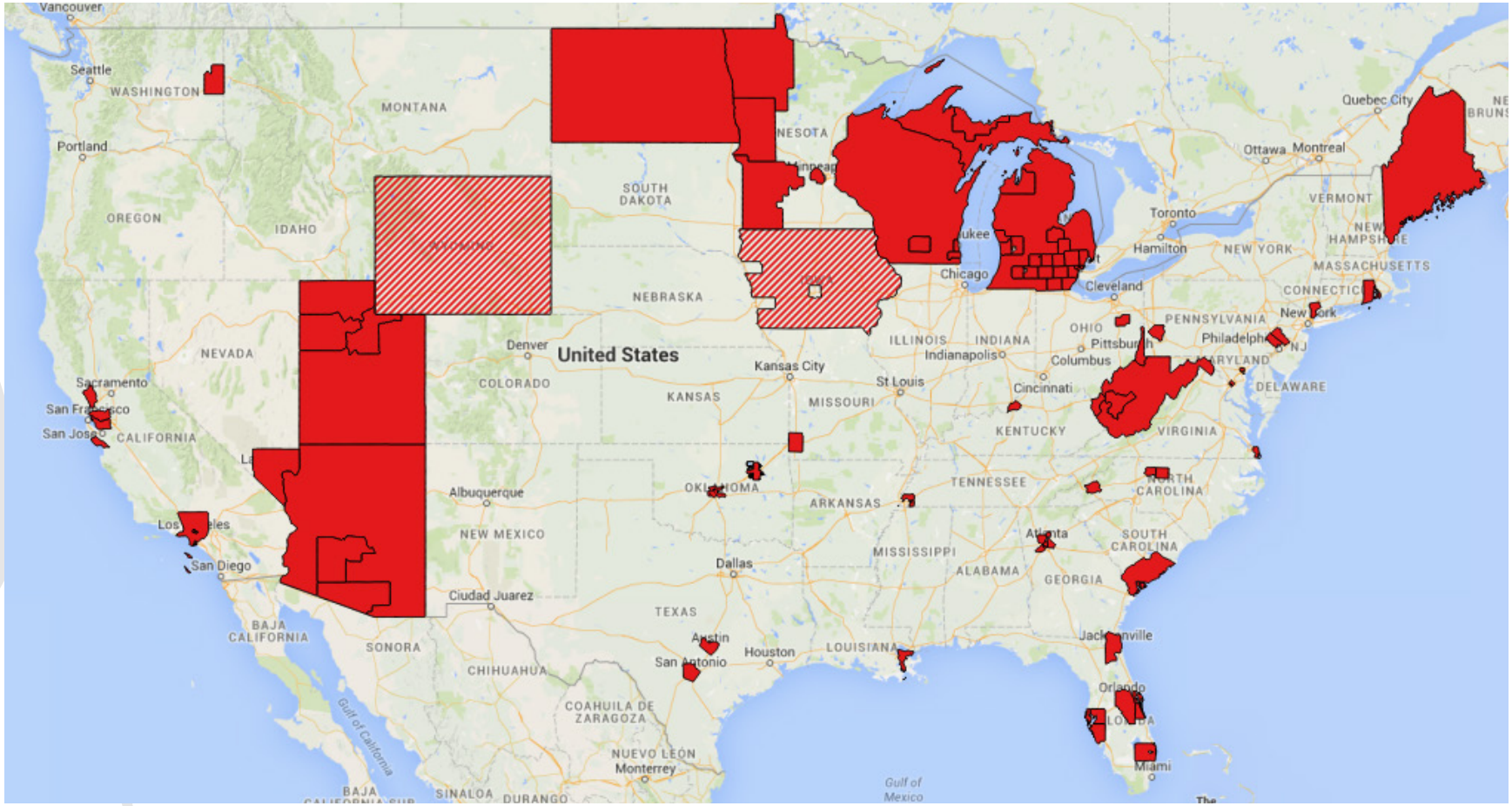
Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



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Arizona
- Statewide

California
- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia
- District of Columbia CoC

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia
- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa
- Parts of Iowa Balance of State CoC

Kentucky
- Louisville/Jefferson County CoC

Louisiana
- New Orleans/Jefferson Parish CoC

Maryland
- Baltimore City CoC

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County CoC
- Northwest Minnesota CoC
- Moorhead/West Central Minnesota CoC
- Southwest Minnesota CoC

Missouri
- Joplin/Jasper, Newton Counties CoC

North Carolina
- Winston Salem/Forsyth County CoC
- Asheville/Buncombe County CoC
- Greensboro/High Point CoC

North Dakota
- Statewide

Nevada
- Las Vegas/Clark County CoC

New York
- Yonkers/Mount Vernon/New Rochelle/Westchester County CoC

Ohio
- Canton/Massillon/Alliance/Stark County CoC
- Toledo/Lucas County CoC

Oklahoma
- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania
- Lower Marion/Norristown/Abington/Montgomery County CoC
- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country CoC

Tennessee
- Memphis/Shelby County CoC

Texas
- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah
- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia
- Virginia Beach CoC
- Arlington County CoC

Washington
- Spokane City & County CoC

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming is in the process of implementing statewide

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Canada

Alberta
- Province-wide

Manitoba
- City of Winnipeg

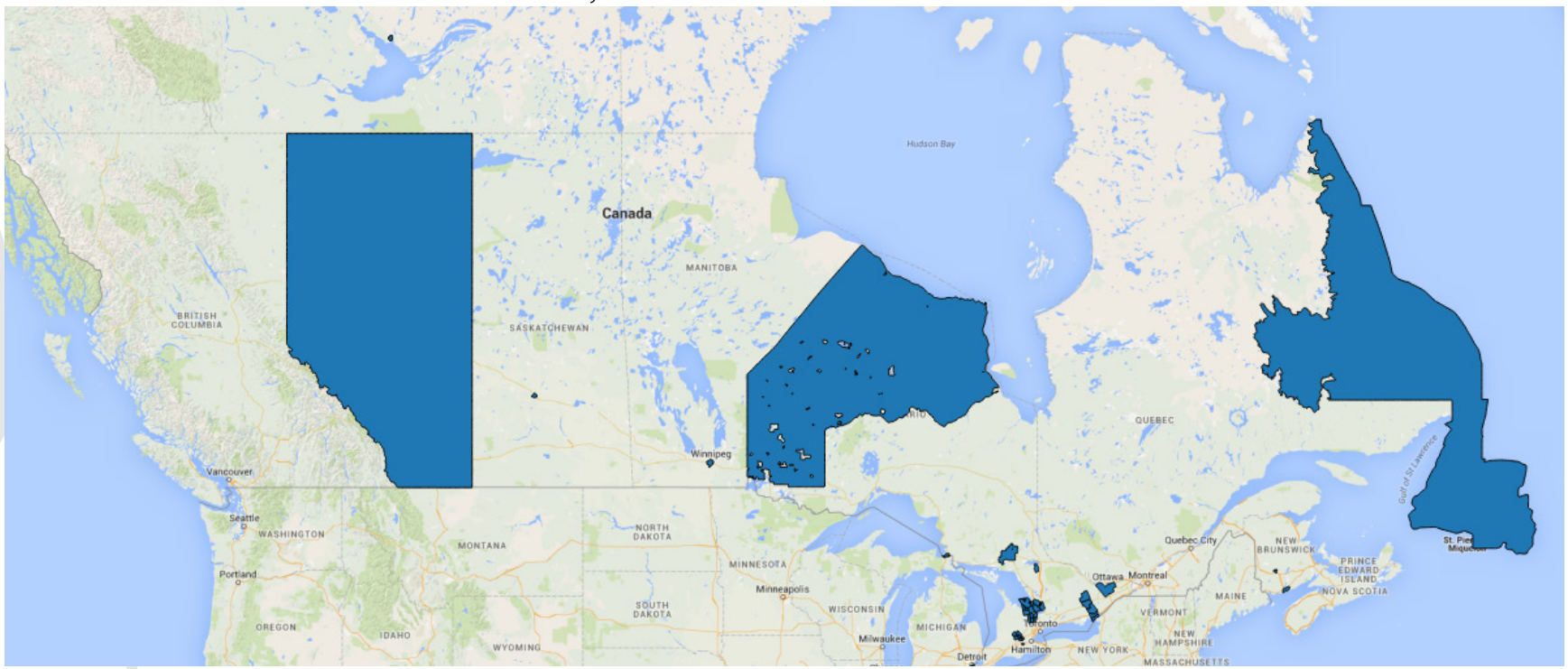
New Brunswick
- City of Fredericton
- City of Saint John

Newfoundland and Labrador
- Province-wide

Northwest Territories
- City of Yellowknife

Ontario
- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor
- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan
- Saskatoon



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Australia

Queensland
- Brisbane

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Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

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Eric Rice, PhD

COMMUNITY SOLUTIONS

CSH

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Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

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Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**	
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes	☐ No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters ☐ **Couch surfing** ☐ **Other (specify):**
☐ Transitional Housing ☐ **Outdoors** _____
☐ Safe Haven ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ **Y**	☐ N	☐ Refused	
8. Were you ever incarcerated when younger than age 18?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.**				**SCORE:**
9. Does anybody force or trick you to do things that you do not want to do?	☐ **Y**	☐ N	☐ Refused	
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**				**SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ **Y**	☐ N	☐ Refused	
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused	
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.**				**SCORE:**
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**				**SCORE:**
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **SELF-CARE.**				**SCORE:**

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15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home?	☐ **Y**	☐ N	☐ Refused
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	☐ **Y**	☐ N	☐ Refused
c) Because your family or friends caused you to become homeless?	☐ **Y**	☐ N	☐ Refused
d) Because of conflicts around gender identity or sexual orientation?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

e) Because of violence at home between family members?	☐ **Y**	☐ N	☐ Refused
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA.** **SCORE:**

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
20. When you are sick or not feeling well, do you avoid getting medical help?	☐ **Y**	☐ N	☐ Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

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22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

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Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

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Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

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The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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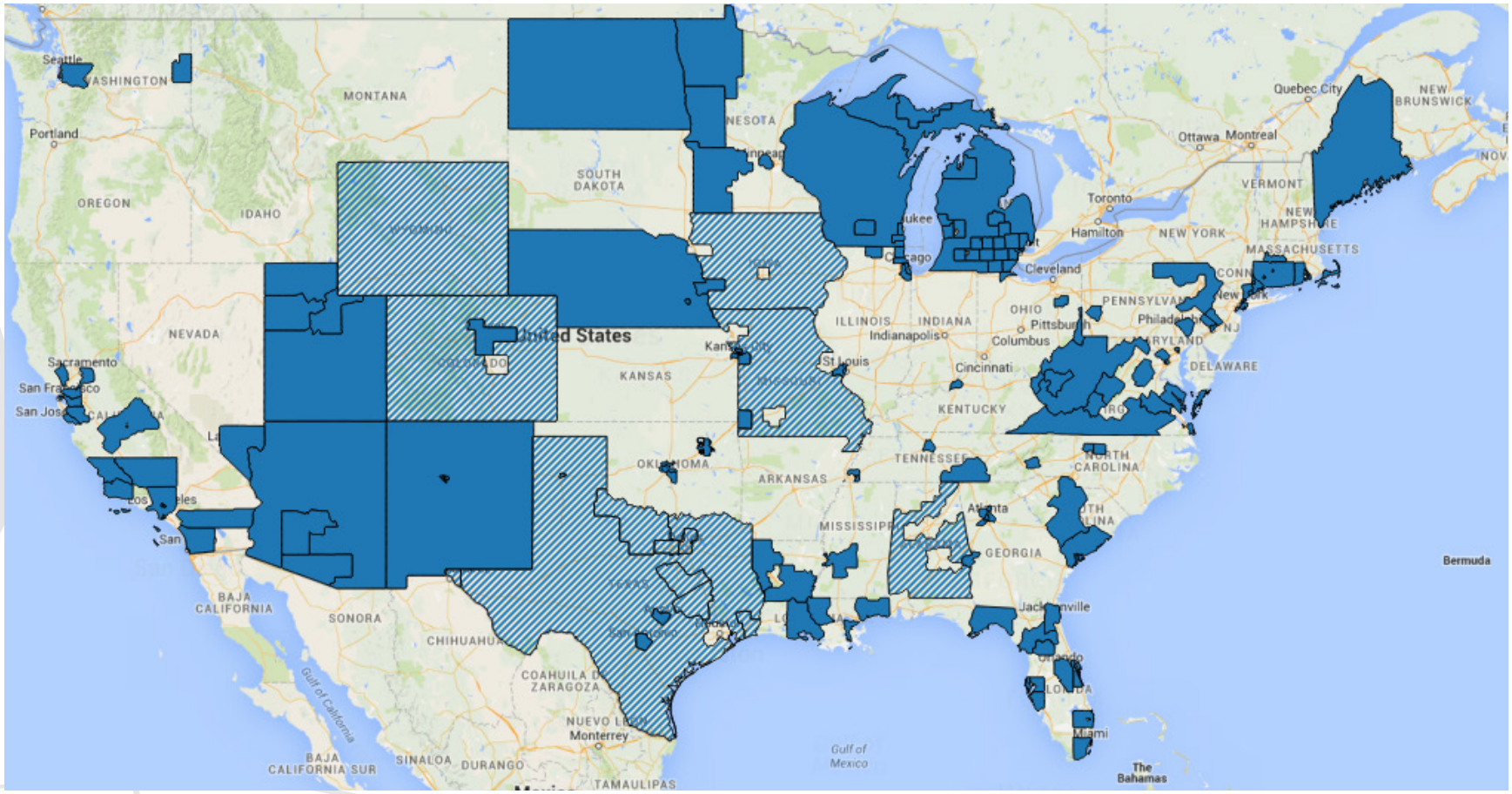
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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