

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	Yes
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

By selecting "other" you must identify what "other" is.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
	1. communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;	
	2. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
	3. invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1. The Milwaukee CoC membership application, process and invitation to join the CoC are published regularly in the public e-newsletter. The application is posted on the CoC website and states that CoC membership is open to any individual or agency located in or serving Milwaukee County that is interested in the CoC's work. As a result of this transparent and inclusive approach, 100% of all that applied for CoC membership from '22-23 became CoC members. Membership is invited & encouraged in all-member meetings, most recently in September 2023. CoC staff meets with interested candidates for orientation to the CoC membership process & structure of the CoC. CoC workgroup leads also invite new members to join the CoC. The CoC has near 2000 followers on Facebook, aiding awareness of membership by sharing CoC member news & accomplishments accompanying an invitation to apply. CoC outreach to new members proved successful and it led to 3 new applicants gaining CoC membership in 2023.

2. CoC communication inviting membership includes alt-text & PDF for accessible communication with persons with disabilities. CoC meetings are on Zoom, with live closed captioning options available for effective communication with individuals with disabilities. The CoC lead consults with colleagues in City of Milwaukee Equal Rights Commission for guidance in best approach in accessibility to CoC communications, meetings & records.

3. Milwaukee CoC member engagement led to new CoC membership of 3 nonprofits in 2023, lending CoC their unique expertise in helping culturally specific communities or specific populations. New members joining CoC especially well-positioned to address equity include: Courage MKE (serves LGBTQ+ young adults), Milwaukee Health Care Partnership (facilitates access to health care), YMCA (variety of supportive services). Each culturally specific organization is led/staffed by members of the community it serves. Membership to the CoC is free/open to anyone with mission aligned with CoC, ensuring no eligibility barriers or personal bias exist in the CoC membership application review. As the CoC organizes efforts to improve disparities seen in those who are most at risk of becoming homeless, there will be potential to include interested new members in efforts to address equity such as inclusion in a new CoC workgroup tasked with this, as all CoC members are engaged to lend their expertise to CoC initiatives.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1.CoC has sought input through: a) Diverse perspectives in CoC board/committees/planning mtgs; b) Community mtgs to discuss homelessness w/ MKE local gov't, Downtown Business Dist., MKE Police Dept., City & District Attorney, Marquette University, to address homeless encampments, fundraising & Housing 1st; c) CoC works w/ WI Interagency Council on Homelessness, ideas are shared & considered from different service sectors in mtgs; d) HMOs & private hospitals are engaged to meet with CoC about housing & healthcare, continuing partnerships & funding for CoC agencies; e) CoC's partnership with CoC Peer Collaborative of persons with lived experience; f) CoC leadership's outreach to faith communities interested in supporting CoC work including the McKenna Brown Homeless Sanctuary & other faith leaders; g) The CoC family initiative conducts a peer review and incorporates their feedback into CoC program policies and procedures.

2.CoC communicates information during public monthly committee mtgs. CoC committee minutes are shared with the public on the website.Surveys were distributed to CoC over email & social media for the purposes of gathering input on CoC priorities for funding captured in the Consolidated Plan in 2021. Consolidated Plan input affecting priorities for funding was gathered in public listening sessions held across Milwaukee.

3.CoC media inviting membership includes alt-text & PDF for accessible communication with persons with disabilities. CoC meetings are on Zoom, with live closed captioning available for individuals with disabilities. CoC Lead consults with City of Mkee Equal Rights Commission for guidance in best approach in accessibility of CoC communications, meetings & records.

4.The CoC strategic plan & the Mkee Consolidated Plan are guided by CoC mtgs & public sessions. CoC input from planning mtgs affected the approach to COVID relief funds. CoC's monthly committee mtgs include discussion of priorities for all funding sources to prevent/end homelessness as well as plans for CoC initiatives. CoC members attended public focus groups & completed surveys shared in CoC e-newsletter to provide insight & public comment on homeless svc needs to be met by Con.Plan update including funding priorities & preferences for svcs for most pressing needs. CoC public mtgs included discussion of the greatest needs, leading to establishment of workgroups that will consider non-traditional avenues to expand affordable housing & supportive services.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. CoC encourages project applications from organizations not previously funded. CoC posted the information for the bonus project application on CoC social media pages, website and in the e-newsletter - all open to the public. CoC shared details on how to apply and encouraged organizations that have not previously received CoC funding to reach out to the CoC lead agency for support in their application.
2. CoC communicated the process for submission in its project application availability announcement shared on the CoC website, social media, and in the e-newsletter open to anyone from the public. It informed that CoC project applications must be submitted to CoC staff as email attachments by a deadline included in a clear timeline process published on the CoC website.
3. CoC communicated the process of determination of project applications to be submitted to HUD in its announcement on the CoC website, social media, and in the e-newsletter. The process includes the project review, rating and ranking policy, as well as scoring summary documents for all applications for renewal and new CoC funding. The CoC communication listed threshold criteria for new project applications to be accepted for the CoC to submit to HUD for funding. In addition, it clarified how renewal projects would be rated and ranked in the priority listing in the CoC application submitted to HUD, per the established CoC board approved process.
4. CoC makes sure that individuals with disabilities have access to CoC communications. CoC shared scoring information documents in the PDF format accessible for persons with disabilities. Other electronic formats include Zoom software. Meetings discussing funding were held on Zoom which offers closed captioning for live meetings that allows access for persons with disabilities.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		Nonexistent
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1. CoC & City of Milwaukee work in tandem in planning and allocating ESG/-CV funds, as the City is a Participating Jurisdiction as well as CoC Lead. Monthly CoC meetings are facilitated by City staff. These meetings include discussions on City ESG/-CV planning & allocations, including WI State ESG funds received by the City, as well as best course of planning to address community needs. The City participates in State WI ESG/-CV planning meetings as the ESG recipient representing CoC needs.
2. CoC Lead evaluates performance of ESG subrecipients. Proposals for ESG funds are reviewed by Lead for financial performance, exceeding system performance benchmarks, meeting community needs, & integration with CoC. Long-term goals for ESG programs and stakeholder planning are set in annual action plans. CoC Lead submits an annual Consolidated Annual Performance & Evaluation Report to HUD, using results to track long-term outcomes of ESG programs. Decisions are made by Lead based on performance standards & outcomes, as well as policies & procedures for HMIS in evaluating/reporting the performance of ESG subrecipients. CoC & HMIS lead provide quarterly ESG-CV performance reports to WI.
3. CoC PIT/HIC data from 2019-2020 was used for 2020-24 Consolidated Plan updates that City (Participating Jurisdiction)/CoC Lead published in 2021. This covered the nature & extent of homelessness, the number and type of subpopulations in need of housing, the nature & extent of homelessness by racial/ethnic group, & an inventory of homeless facilities & services for analysis of current needs. PIT/HIC data was shared with three Consolidated Plan jurisdictions in the CoC area.
4. City of Milwaukee as CoC Lead held regular CoC meetings to gather input about current Milwaukee homeless needs as seen by local agencies, prior to finalizing the Consolidated Plan updates in 2021. CoC members & anyone interested from Consolidated Plan jurisdictions attended public focus groups & completed surveys shared in the CoC e-newsletter to provide insight & public comments on homeless service needs to be met by the Consolidated Plan update, finalized in 2021. This included feedback on funding priorities & preferences for services to meet the most pressing needs consistent with those observed by CoC, e.g., using community case management to further long-term housing stability. Our plan is to follow the same process when we update the Consolidated Plan in 2024.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

CoC meets statutory requirements for SEA/LEA by participating in meetings held by State & local education agencies and with formalized agreements with school districts. The CoC coordinates with the Wisconsin Department of Public Instruction to assure that the cross-program and inter-agency initiatives serving children and youth who experience homelessness align with the CoC initiatives. Milwaukee Public Schools (MPS) is LEA. As directed by written agreement, all family-/youth- CoC providers contact Milwaukee Public Schools (MPS) Homeless Education Program (HEP) to arrange transport, enrollment & HEP services for homeless children to avoid interruption in school attendance. The school district collaboration is substantial and formalized, with MPS being an appointee to the CoC board and 3 CoC committees. The role of MPS in the CoC and its committees is guided by a formal CoC membership agreement. CoC shelters receive Homeless Family assistance from MPS and all 18 geographically-based school districts in the county, and there is a written agreement to coordinate services between shelters and MPS' Homeless Education Program (HEP). MPS' HEP has a seat on the CoC board, allowing LEA input into CoC policies affecting homeless families, as well as into the strategic plan for preventing/ending homelessness and local funding for CoC. LEA trains CoC staff to ensure knowledge of HEP resources and services: transportation, free breakfast/lunch/books, fee waivers, and before/after school care. MPS is active with CoC shelter and family committees, and coordinates work in shelters serving school-age youth. McKinney-Vento SEA/LEA representatives collaborate with CoC to reach goals of the Wisconsin Council, Governor, and Lt. Governor to address homelessness based on social determinants, i.e., improving school graduation rates. CoC attends Interagency Council state-level meetings, with which SEA is formally involved. The CoC initiative to End Family Homelessness engages 100% of public and privately-funded YEPs, CE, CoC/HMIS lead, United Way, LEA, and County Housing division to coordinate leveraging of private funding with the United Way in committees addressing family homelessness, homeless prevention, and shelter support. YEPs lend perspective on homeless families' McKinney-Vento related needs to CoC policy discussions/strategic planning. In addition, they refer homeless families/youth to Coordinated Entry (CE) for services.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The written CoC policy and procedures ensure individuals and families who become homeless are informed of their eligibility for education services under McKinney-Vento. Providers must meet McKinney-Vento guidelines for all school-aged children and unaccompanied youth to prevent them from experiencing interruptions in their school attendance. A Head Start provider holds a seat on the CoC board and participates in the CoC’s family homelessness planning meetings. At these meetings, the Head Start provider regularly offers CoC stakeholders current information about eligibility for Milwaukee Public Schools’ Homeless Education Program (MPS-HEP) and Head Start services. The CoC Lead distributes MPS-HEP materials to CoC via e-newsletter to increase awareness of education services and to maintain understanding of the eligibility criteria. A link to MPS-HEP eligibility services is available on the CoC website. MPS offers online enrollment screens for homeless. All families appearing at any MPS school as homeless are connected to HEP, and the HEP literature is widely publicized in seven different languages. MPS-HEP social workers attend provider Shelter Task Force meetings. There is written procedure for shelters to contact HEP social workers when families and youth enter shelter to coordinate services. Coordinated Entry (CE) materials including service assessment tools are available in local public schools, and services for Category 3/education service information are accessible through CE. The local community college, MATC (Milwaukee Area Technical College), provides regular GED preparation services to CoC agencies. CoC members Hope House and Benedict Center provide on-site GED/HSED preparation services in small groups and 1:1 tutoring. This tutoring was offered virtually early in the pandemic and has now been resumed in-person. The GED/HSED preparation courses are offered in Spanish and English.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1.Coordinated Entry (CE) Leadership Committee has a Category 4 workgroup that includes victim service providers, statewide advocacy groups, and anti-trafficking groups. They review policies and procedures for CoC, VAWA, and ESG to ensure they reflect best practices and federal mandates. Providers meet weekly to provide case conferencing for people in Category 4 to ensure policy is implemented in practice.

2.Sojourner Family Peace Center, a victim service provider, provides annual training at CoC full body meetings for trauma informed care, identifying DV, and resources for victim services. CoC DV policy provides four agencies that providers can refer to for individual services and housing assessments. Sojourner Family Peace Center is available for individual consultation as needed.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC coordinates to provide training for:

1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

1. Local victim service provider (VSP) provides annual CoC training on domestic violence, dating violence, sexual assault, human trafficking and stalking to ensure staff remain sensitive to the specific needs of this population and are able to serve them effectively in a trauma-informed, victim-centered manner. 2023 training included cultural competency, human trafficking and legal aid in housing, as well as best practices for serving those with trafficking experience. Information was given on how to identify abusive behavior/types of abuse, education about why those who are abused often stay with their abuser, how to identify barriers to leaving an abuser, how to provide effective support to those experiencing DV, and legal remedies for safety/housing/financial issues. In addition, this training covered community resources such as shelter, hotlines, advocacy/supportive services, support groups, safety planning, restraining order clinics, and District Attorney/law enforcement advocates. Community resources for seniors, Spanish speakers, children and public schools were also discussed. Further training will be offered at agency/group-level in risk and lethality assessments, secondary trauma for advocates, and addressing polyvictimization in co-located spaces. All CoC providers serve those who have experienced DV/victimization and are trained on a recurring basis in best innovative practices. Trainings include reminders of access to DV professionals' support throughout the year and access to DV advocates embedded in all districts of Milwaukee Police Department.

2. CoC DV policy states that annually Coordinated Entry (CE) staff receive training from local VSP in serving those experiencing DV, to remain sensitive to specific needs of this population and ensure their safety. Annual training for CE staff reviews safety planning process, safe transfers and methods of serving clients in trauma-informed, victim-centered approach. Call center CE staff receive specialized training on appropriate, trauma-informed interactions with callers in DV situations, on warm transfers to DV shelters and involvement of law enforcement. CE staff responsible for outreach and assessments attended the 2023 CoC DV training. CE staff can access an individual consultation as needed from VSP.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1.All people assessed for Coordinated Entry/housing needs are assessed individually. If a couple comes in or calls, assessors explain that the assessment is individual and gives an opportunity for each person to use a private space for assessing. During the assessment, all participants are screened for DV, dating violence, sexual assault, stalking, per annual DV training and in the assessment itself. If a person screens in for DV and/or other Category 4 services, they are provided resources and safety planning at that moment. Five CoC partner agencies are identified as safety planning agencies for referrals including Sojourner Family Peace Center, Milwaukee Women's Center, Pathfinders, Benedict Center, and the Asha Project.

2.Category 4 participants are given the option to be screened through the regular CE process or by one of the 5 partner agencies who specialize in Category 4 services. When screened, they sign a release and specify how much information they want shared for the Coordinated Entry By Name List: full name, initials only, no identifying information. If no identifying information, the person is assigned a number that is attached to the person doing the assessing for case conferencing to protect the anonymity of the person.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1.To assess special needs related to DV, dating violence, sexual assault & stalking, CoC relies upon victim service members who use Osnum as the database for reporting shelter data collected annually by CoC for those experiencing DV. CoC has 3 VSP domestic violence emergency shelters funded by ESG that use Osnum, comparable to HMIS which follows HUD-published 2022 HMIS data standards. It produces de-identified aggregate data for the ESG CAPER submitted to HUD and supports ongoing evaluation of CoC ability to serve DV victims by providing aggregate housing outcomes, length of shelter stay data needed to assess local needs. CoC Lead is also a Participating Jurisdiction and collects CAPER reports. An agreement to use an HMIS-comparable database is reinforced in contracts between CoC Lead as Participating Jurisdiction & VSP DV shelters. CoC Lead ensures current HMIS data standards are met in preparing for the annual CAPER submission. HMIS Lead’s provider trainings include VSPs, covering data elements required by current HMIS data standards.

2.CoC also utilizes data from CE to determine community needs for DV/victimization services. CoC reviews annual PIT, HMIS & CAPER reports to compile community-level data of total # of people, including homeless heads of households that have experienced DV, DV histories, and age distributions of homeless who have experienced DV. This data contributes to Lead’s assessment of special needs for DV shelter, homeless prevention & housing svcs for youth, single adults & families, and subsequent systemic response to strategically allocate resources. It led to the CoC’s conclusion: there is a need for intensive, longer-term shelter services & case mgmt to provide long-term & continuous support for survivors as they work on housing & safety plans. DV/victimization resource recommendations in annual funding allocation plans for CDBG & ESG funds are based on analysis of CAPER results. Lead reviews agency performance and advocates for sustained resources because DV shelters & prevention services are classified as essential services. CoC has worked to reduce the length of time homeless, prevent DV, and increase housing stability/safety by taking advantage of funding opportunities, including the FY21 DV bonus, to increase inventory of units & supportive services available for victimized populations. The DV Bonus is implemented and work is ongoing towards creating a prioritization of survivors in need of housing assistance.

** **

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
3.	the process your CoC uses to respond to individuals’ and families’ emergency transfer requests.	

(limit 2,500 characters)

1. All PH and shelter policies include an emergency transfer plan, stating that clients fleeing violence are able to immediately transfer within or between like programs in order to meet their safety needs. These plans can be initiated at any time, and service providers may consult with Sojourner Family Peace Center if needed to best decide on next steps. No service provider may deny services to a client because of active or historical DV. Sojourner is the go-to agency for safety planning that provides an array of support to nearly 8,000 clients each year aimed at helping families affected by domestic violence achieve safety, justice and well-being.
2. Individuals and families request a transfer by either: 1) contacting their service provider or 2) contacting Coordinated Entry (CE). If contacting a service provider, the service provider will contact CE to find available programming immediately.
3. CE brings together potential transfer programs the same day the request is made. Once the new program is identified, the client is offered all potential options and then works with previous and new program staff to facilitate a move. If temporary or emergency shelter is needed, that is facilitated in partnership with shelter providers. Going to shelter does not disqualify them from executing the transfer plan.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
	1. ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
	2. proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1. People in Category 4 have access to all of the services in our geographic area. They are able to contact 2-1-1, come to an inreach site, or email the Coordinated Entry (CE) team. Additionally, people at the 5 partner agencies who serve Category 4 people are trained in the CE assessment and complete and turn in assessments to the CE team. Assessments are completed with the level of anonymity that the person requires, but allows for their information to be prioritized on the by name list. Furthermore, with 2 DV bonus projects implemented this year, they have additional access to housing services through those grants. No housing or shelter service may decline service to someone because they are fleeing DV.

2. CoC works with providers to identify systemic barriers within the CoC homeless response system and ensure all CoC housing/services are trauma-informed (TI), can meet the needs of all survivors, safely house them and provide services. Part of this is offering required annual training related to people in Category 4 in the all-CoC member meeting & educating members on how to serve survivors using TI approach. CE uses TI, victim-centered approaches to assess caller safety & identify victims/survivors of DV, dating violence, sexual assault & stalking. CoC works with all providers to implement a TI emergency transfer plan. Relevant callers are warm-transferred to a DV provider for assessment, safety planning, TI/victim-centered services & shelter placement at two DV shelters. Callers fleeing DV are placed on the By-Name List for housing/shelter. Those in imminent danger due to DV, dating violence, sexual assault & stalking when no beds assigned to Category 4 are available per CoC CE policy. Survivors in housing programs who are fleeing their situations are given an immediate option to move within the program, transfer programs, utilize emergency housing options, or combination of all three to prioritize safety. To further meet the needs of all survivors, CoC recently expanded supportive housing capacity for DV survivors.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1. CoC engaged in listening sessions with survivors hosted by trusted local VSPs. Monthly Category 4 policy meetings include people with lived expertise.
 2. Category 4 workgroup met weekly to create policies and procedures specific to DV population and to revise existing policies to account for DV. Changes that have been made in 2023: implementation of 2 joint component project, including increase of two TH projects (identified by survivors as the largest gap in the system), expansion of definition of Category 4 to match VAWA, regular policy and case conferencing sessions specific to Category 4, specific Coordinated Entry (CE) process for identification, assessment, prioritization, and referral that best accounts for needs of survivors. We have continued DV training including TIC training, identification, and resources available.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Training.	
NOFO Section V.B.1.f.		

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your 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 your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
NOFO Section V.B.1.f.		

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1.CoC works with LGBTQ+ and other orgs to solicit feedback to its CoC-wide anti-discrimination policy annually. It is an agenda item in the Sept. meeting of the CoC full body to review and update the policy based on stakeholder feedback. The policy was shared in the CoC e-newsletter with a request for comments and feedback regarding updates. In addition to completing the self-assessment tools on the HUD Exchange, CoC has completed all of the HUD Exchange webinars which have offered valuable insight into this policy/topic.

2.CoC encourages providers to develop and maintain project-level anti-discrimination policies that are consistent with the CoC’s policy. CoC members can adopt the CoC policy as a template for agency policy use. The policy otherwise ensures that LGBTQ+ individuals and families receive supportive services, shelter and housing from CoC providers free from discrimination. The policies are housed within the Coordinated Entry (CE) manual, and the CoC works closely with CE on issues related to this policy. The CoC has offered providers trainings relevant to this policy/topic, and we have made them aware of relevant resources on the HUD Exchange for additional guidance.

3.CoC’s process for evaluating compliance with the CoC’s anti-discrimination policies will be formalized in 2023. At this stage, the process focuses on making providers aware of the policy and the need for compliance, with direct follow-up if the CoC becomes aware of any noncompliance or a client complaint, and offering tech assistance and guidance to support return to compliance.

4.CE’s grievance policy states that any client feeling they have been discriminated against or mistreated can make a complaint. The complaint would first be addressed w/ the agency leadership, then with CE Director. If a potential complaint were still unresolved at that point, it would be addressed with CE Leadership and then w/ CoC Leadership. Final step would be a resolution from CoC Board. The CoC’s process for addressing noncompliance with the policy will be formalized in 2023, detailing a chain of reporting non-compliance involving both the board of the CoC and the City of Milwaukee as lead agency. We are in touch with a consulting firm with relevant expertise and will seek their advice on best practices in this area. Our current approach starts with nonpunitive measures such as reminding the provider of the policy, and meeting and communicating to work through issues and ensure compliance.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Milwaukee County Housing Authority	100%	Yes-Both	Yes
Housing Authority City of Milwaukee	26%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	
	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1.Steps to adopt a homeless admission preference included planning meetings with HUD, CoC lead and peers at Milwaukee County PHA as well as an executed formal agreement in an MOU. In 2023, the Housing Authority of the City of Milwaukee (HACM) maintained a homeless preference adopted in 2021, dedicating 200 vouchers with preference for single adults and families who are Cat. 1 / Cat. 4 homeless in project-based properties. With the adoption of HACM’s homeless preference, the CoC gained a homeless admission preference in its geographic region’s largest CoC. The CoC has working relationships with 3 total PHAs in the CoC’s geographic area, with 2 being the largest PHAs in CoC’s geographic area: Milwaukee County PHA and Housing Authority City of Milwaukee (HACM). The City of West Allis and the Milwaukee County PHA continue to have homeless admission preference. In 2022, HACM agreed to administer 121 emergency housing vouchers for those who are Category 1 or Category 4 homeless. HACM’s adoption of homeless preference follows years of persistent advocacy work from CoC leadership and strategic planning calls to action for adoption of homeless preference. In 2022, Milwaukee County PHA supported Milwaukee CoC by dedicating 63 emergency housing vouchers to those experiencing homelessness. Milwaukee County PHA has included a move-on preference in its admin plan for Housing Choice Vouchers for the last 3 years. This has allowed the CoC to transition permanent housing clients with resolved service needs to maintain the subsidy they need to afford their housing after exiting CoC PSH. This opens up capacity for those currently homeless to be admitted into CoC Permanent Supportive Housing. PHAs are also coordinating with CoC’s Coordinated Entry for admission to vouchers with homeless preference - EHV’s are used as a “move on” strategy to increase capacity in RRH/PSH programs. Two Milwaukee County PHA representatives and one HACM representative hold seats on the CoC board, offering continued oversight of the successful use of homeless preference. According to the 2023 HIC submission, HACM provided 110 EHV beds (74 vouchers) while MKE County provided 119 beds (59 vouchers).

2.Not applicable

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA	
Milwaukee County ...	
Housing Authority...	

1C-7e.1. List of PHAs with MOUs

Name of PHA: Milwaukee County Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority City of Milwaukee

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	22
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	22
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. The CoC project commitment to Housing First is the CoC application acceptance threshold requirement to receive funding. The Milwaukee CoC Collaborative Applicant (CA) evaluates every recipient to determine if they are using a Housing First approach through the inclusion of a Pathways Housing First Fidelity Assessment in the local competition's intent-to-apply for CoC funds. The assessment is conducted during the CoC application window to ensure recency compliance.

2. The evaluation examines the extent to which projects prioritize the factors of rapid placement and stabilization in permanent housing by examining the performance indicators of exit destination and recurrence data from HMIS as well as unit utilization data from CoC project APRs. The HMIS allows for the ability to examine more granular reporting on client pathways through homeless services system. CoC is using the new reports to evaluate a project's ability to support the goal of lowering length of time homeless.

3. The Milwaukee CoC CA regularly evaluates agencies and projects outside of the competition to ensure that they are using a Housing First approach through a number of means. In 2020, the Milwaukee CoC Collaborative Applicant instructed, with guidance, each funded agency to develop a Housing First policy. Each year since then, Milwaukee CoC agencies continue to execute and adhere to their individual agency-level Housing First policies, which are shared and evaluated by the CA. Additionally, each project is required to conduct an annual Housing First Assessment using the Pathways tool. Project staff at each agency, especially new hires, are asked to participate to increase their understanding and implementation of Housing First. These evaluation measures are used to confirm that projects are committed to the Housing First approach and do not require service participation for ongoing program service, with no preconditions for project participants. Any grievance about a possible termination/denial from a program is brought to monthly CoC administration meetings where the CoC CA responds with an investigation into the grievance, including appropriate corrective action to reaffirm that Housing First is being implemented. Additionally, a CoC workgroup reviews Housing First fidelity of projects completing the assessment to provide context to CoC leadership on any gaps in Housing First, which would need additional support.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1.CoC has robust Street Outreach (SO) coordinated among funded/volunteer teams, law enforcement, Coordinated Entry (CE), HMIS lead, local government, homeless services, and faith-based groups. This includes teams serving youth, sex workers, trafficking victims, veterans, and chronically homeless. Methods include covering the geographic area efficiently by tracking/case conferencing client status on a shared spreadsheet used for a single By-Name List in CE.Outreach occurs in encampment locations, parks, bus shelters, and via in-reach at congregate sites (meal sites, resource centers, and day centers). To engage unsheltered individuals, CoC Street Outreach works with three County Behavioral Health Division clinical outreach teams serving youth and adults with mental illness, and uses a housing-focused approach to engage clients at first contact. New locations where homeless are identified are updated with feedback from county-wide law enforcement, crisis services, business districts, local government, referral in CE, and community Street Outreach message line. Any community member can call the message line to request help or outreach for an unsheltered person in need.

2.CoC’s Street Outreach covers 100% of CoC’s geographic area (all areas of Milwaukee County).

3.Street Outreach occurs all year, 7 days a week. SO shifts are scheduled so outreach is active Countywide 24 hours per day. CoC Lead maintained this coverage by prioritizing awards of SO funding in ESG-CV to agencies committed to 24-hour SO staff coverage.

4.Those residing in places not meant for habitation the longest are identified by CoC as least likely to request assistance. Street Outreach (SO) includes licensed staff to engage, document disability, or refer to services. SO is trained in motivational interviewing, trauma-informed care, housing first approach, and harm-reduction to best serve and engage clients. SO provides translation skills for those with limited English language proficiency, and there is also an option to refer to a County-wide translation service for those staying on the street who are least likely to request assistance or seek care in a clinical setting. SO also partners with institutions for in-reach opportunities to prevent discharges to the street.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC’s geographic area:

	Your CoC’s Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

There is a collab b/w the MKE CTY Outreach Team and the DT BID to ensure homelessness is not criminalized by addressing nuisances through a service lens. An outreach coord has an office in MKE PD's Dist.1 office. Coord works with OFFR to address homelessness issues and mitigate issuance of citations. There is similar collab between MCHD and CTY Parks. Outreach has worked with the SE DOT office to change their operating procedures to connect clients with services instead of citing and evicting.	Yes	Yes
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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.		520	491

You must enter a value for both years in question 1D-5.

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

- systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
- works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and

3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.
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(limit 2,500 characters)

1. CoC hosts reps from mainstream resources to provide updates in the CoC Committee for all programs in the geographic area including policy changes to a state Medicaid reform waiver, MKE health insurance enrollment, SOAR, childcare subsidy, & aging assistance programs. Mainstream resources updates are shared in the CoC-wide e-newsletter & on the website: on WI benefits, accessing child tax credits, unemployment benefits, emergency Foodshare replacement, economic impact payments.

2. CoC works with CoC members such as Outreach Community Health Centers (OCHC) to enroll program participants in health insurance. OCHC provides healthcare to the uninsured & partners w/CoC agencies for insurance enrollment. 4 OCHC Certified Application Counselors (CACs) help in enrollment for healthcare via market exchange, enrollment in state health insurance, Medicare & Medicaid. IMPACT 211/CE links to enrollment assistance agencies, has 4 CAC staff & uses Coordinated Entry to refer to a substance abuse treatment. CoC member Community Advocates provides day treatment for SUD. CoC, 5 hospitals & 13 community clinics, & all county Children's Hospital clinics participate in Milwaukee Health Care Partnership. Patients are screened for housing instability and homelessness by hospital staff. If indicated during assessment, patients are navigated to mental health services and/or substance abuse treatment as part of their housing navigation and case mgmt plan w/ collaboration on patient updates and coordinated care. All CoC providers utilize Medicaid by referring to a Medicaid funded CCS program for ancillary supportive services including treatment for SUD and MI. There are 40 CCS providers such as OCHC for adults, or Pathfinders & LaCausa for children.

3. CoC communicates availability of mainstream resources, including eligibility and access changes to projects, in the convening of an ad hoc committee attended by agency front line staff, management and executives. SOAR trainings for SSI are offered to CoC. A CoC member from OCHC was recently trained as a local SOAR lead and is excited to reinvigorate local training. CoC has supported SOAR initiative through experienced SOAR trainers that are also experienced CoC agency program managers leading trainings, creating peer-to-peer support in training, follow up SOAR requirements and preparation of SSI/SSDI case application packets. This follow up support from training leads is instrumental for staff certification completion.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

CoC recognizes the need for increasing capacity to provide non-congregate sheltering. The non-congregate option fills a gap for high acuity clients who struggle in congregate shelter settings. CoC adopted earmarking some funds for this purpose. The City of Milwaukee was awarded \$20,000,000 in HOME/ARP funding and \$6,000,000 of this award is earmarked for the acquisition of a permanent non-congregate shelter facility in 2023. CoC has been touring properties in the hopes of having a property ready in 2024. Milwaukee County acquired a shelter from Pathways and will be remodeling the third floor to add respite shelter beds in response to a system-wide needs as indicated by a CoC survey conducted with hospital partners and existing respite resources. CoC work during the COVID pandemic is also informing our future strategy in recognizing the effectiveness and need for non-congregate sheltering.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. CoC collaborates closely with state and local public health agencies including Mkee Health Dept. (MHD), Mkee County Housing, Nat'l Guard, WI Emergency Support Function 6 (ESF) group, and local hospitals. In many ways, the Milwaukee CoC's unprecedented collaborative response to COVID has permanently raised our capacity to develop/maintain infectious disease policies/procedures. For instance, CoC continues to support the uniform COVID response protocols developed by the Milw. Shelter & Trans. Housing Task Force (STTF), a group of reps. of nearly all local homeless providers. CoC worked with the Health Dept, County Housing Div, and STTF to develop new protocols for congregate shelters (including distanced beds; shifting to sleep head-to-toe with ventilation; staggered mealtimes; assigned shower stalls; temp. checks; screening questions; posting infectious disease safety information; distributing PPE; and new sanitizing protocols). For an infectious disease outbreak, protocols may differ but we retain the capacity for using these disease response methods. The bi-weekly ESF group coordinates supplies and funding, functioning as state's infectious disease emergency response group for homelessness. It includes FEMA, all Wisconsin CoCs, state HMIS director, and Director of WI Interagency Council on Homelessness.

2. Constant strategic coordination w/ health agencies works to decrease infectious disease outbreaks by linking shelters with onsite testing/vaccination, PPE, isolation facility or hotel, and hospital. In the height of the pandemic, if a shelter client tested positive, CoC members could directly call assigned Health Dept rep who would immediately transfer the individual to an isolation facility or hospital. New protocols entailed shelters asking at intake if they were interested in vaccination. If so, Health Dept would be called to link them with vax. Nat'l Guard was key in setting up Clare Hall isolation facility in Mke (now closed). CoC coordinates with a hospital systems rep. tasked with discharge planning for people experiencing homelessness. Coordination with health agencies ensured safety measures were implemented by using funding to attain/distribute PPE, sanitizing supplies, rented handwashing stations to shelters & strategies to decompress shelters to allow for distancing/isolation of positive cases. MHD did a walk-through of each shelter to advise on safety. CoC was able to quickly act on statewide strategies for safety measure implementation.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1. Sharing public health-related information with providers has been key to preventing /limiting infectious disease outbreaks. CoC communicates about safety measures through monthly CoC Leadership Cmte meetings, emails, social media, and the listserve e-newsletter. The Milw. Health Dept. (MHD) is regularly invited to give safety measure updates during CoC Leadership Committee meetings, answering questions. CoC conveys what was learned in the WI Emerg. Support Function 6 (ESF) group from other CoCs as well as state and FEMA representatives. CoC also shares information regarding deploying MHD to offer on-site COVID testing at CoC member facilities. CoC shared information on any changing local restrictions through monthly CoC Leadership Committee meetings, emails, social media, e-newsletter, and phone calls.

2. CoC has facilitated direct communication and linkage between public health agencies and homeless service providers, to the point where providers currently have direct access to an individual they know well. Milwaukee Health Department (MHD) assigned CoC a direct contact who attends CoC meetings and has been completely available to CoC members. MHD has been a constant partner in strategizing how CoC members could best respond to changing local restrictions to ensure safety and effective implementation to prevent or limit infectious disease outbreaks. As each change came about, CoC leaders would send out communication to all CoC members. MHD prioritized homeless populations to receive the vaccine first, providing direct links to the scheduling website or coming personally onsite to the shelter. CoC assigned MHD rep regularly administered vaccines on-site at CoC provider facilities. Before all adults qualified for vaccines, we asked CoC members to compile lists of eligible individuals as part of the communication with MHD around providing on-site vaccinations. Entities worked together to link providers (including street outreach) with onsite testing/vaccination, PPE, isolation facility or hotel, and sanitizing protocols, as well as strategies to decompress shelters. MHD did a walk-through each shelter to advise on safety. MHD still provides homelessness providers with unlimited free tests.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1.Coordinated Entry (CE) covers 100% of CoC area, all of Milwaukee (MKE) County. Street outreach (SO) goes out 7 days a week to connect people to CE. 211 helpline connects to CE & covers the entire CoC geographic area. CE deploys CE staff/SO to any County location. CE has partners in all areas of MKE County, creating countywide awareness of how to access CoC services.

2.CE assessment process includes objective & subjective criteria. Every client entering the system has a VI-SPDAT completed. Furthermore, we gather survey information that was decided on by stakeholders within each sub-population to assess for vulnerability beyond the VI-SPDAT score. All data is collected in HMIS, which populates a report that sorts by priority. CE has a staffing process for each housing/sub-population type that allows for discussing subjective criteria of the person. Assessment data that is gathered as follows: PSH- chronic, length of time homeless (LOTH), disability, VI score; Singles RRH- recurring homelessness, VI score, LOTH, fleeing violence, disability; Families RRH- outside, fleeing violence, family size, young kids, disability, VI score; Youth RRH- LGBTQ-identified, fleeing violence, outside, LOTH, disabilities, VI score.

3.CE has a CE Leadership Committee (CELC) comprised of representatives from housing programs for regular feedback and decision-making on policies and procedures. In 2022, CELC began a meeting series hosting representatives from projects affected to update different established prioritization policies for consensus-building to meet current provider and CoC needs including: Safe Haven, RRH, street outreach, family & youth initiatives, housing first & prevention policies. In 2022-23, CELC committed to the process of soliciting updates to CE procedures on an annual basis: this procedural review change was formally approved by the CoC board in 2022. CE also takes and incorporates feedback from the Peer Collective and CoC board, which bring consumer voice forward.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
	1. reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
	2. prioritizes people most in need of assistance;	
	3. ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
	4. takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1. CE has partners that are in contact with people experiencing homelessness (schools, hospitals, street outreach teams, faith-based groups, community neighborhood watch teams) who are able to complete CE assessments. Local SO teams pride themselves on successfully seeking out/serving people least likely to apply for homeless services daily. SO & CE staff dispatched 24/7 if someone calls 211 & reports sleeping outside/needng shelter. SO maps areas for engagement & shares client contact log with CE. CE provides paper assessments, outreach, & suggests services to groups without HMIS access. CE outreach media is inclusive of different languages, disabilities & County location.

2. CE prioritizes those most in need of assistance on single By-Name list (BNL) which includes demographic info, length of time homeless (LOTH) & standard VI assessment tools. CoC policies dictate prioritization for each project type on a BNL based on LOTH, VI score, chronicity & criteria by population: youth/Vets/families/DV.

3. CoC ensures those most in need receive timely help by requiring shelters/SO to complete CE assessments within 7 days of identification. Assessments are completed by appointment or by phone w/211; SO, shelter staff to limit delay, or by paper application. Weekly attempts to engage hesitant clients are made & adjustments/support are provided. CE hosts a weekly housing action staffing to support housing navigators & case managers' housing search. Housing 1st approach is reinforced in CE policy committed to making referrals to projects that best match clients' expressed needs & desires. CE policy sets standard that housing program admission should not take more than 2 weeks from receipt of referral.

4. In '22 CE added navigator staff to support clients in their housing search efforts prior to program assignment. Navigator support mitigates clients' burden in preparing to meet housing admission requirements. CE also added data specialist staff to proactively update HPL info so that clients do not have to. Community partners can complete CE assessments so referred clients have an assessment completed by someone they know. CE accepts incomplete assessments, so those participating can decline to answer any questions they are uncomfortable with. CE mobile screeners provide supportive services in SO & in-reach capacity, to identify & assess participants for housing.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
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NOFO Section V.B.1.p.

Describe in the field below how your CoC through its centralized or coordinated entry:

1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1.CoC has a website with information, flyers, and does presentations to community groups in order to market the CoC services. By end of 2023, will have a widget to embed in partner websites to direct people to CoC website and allow for interactive chat feature for Coordinated Entry (CE) housing assessment and recommendations.

2.Each participant is given a copy of the grievance procedure, which including their rights, and how to file grievance if their rights have been violated.

3.Fair housing choice is very important for CoC. CE has a grievance policy which includes that any participant feeling they have been discriminated against or impeded regarding their fair housing choice can make a complaint. The complaint would first be addressed w/ the agency leadership, then with CE Director. If a potential complaint were still unresolved at that point, it would be addressed with CE Leadership and then w/ CoC Leadership. Final step would be a resolution from CoC Board. Our current approach starts with non-punitive measures such as reminding the provider of the importance of fair housing choice and meeting and communicating to work through issues and ensure compliance. Additionally, participants are able to access the HUD Director's Action Line.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/12/2022

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1.CoC uses racial equity reports put together by ICA, which evaluates number of people coming into homelessness, length of time to housing, and housing retention by race. These numbers are compared with census data. CoC also engages participants of CoC services to give qualitative data on the process. In addition, CoC chartered a Diversity, Equity and Inclusion (DEI) workgroup in 2023. The CoC workgroup is surveying members to get a broad sense of experiences, and is charged broadly with exploring, evaluating, and recommending changes to improve equity in homeless assistance. The CoC's process includes: CoC workgroup periodically discussing racial disparities, reports from ICA are presented to CoC leadership to inform strategy, presentations/discussions in these meetings result in offering CoC-wide trainings on racial equity.

2.Black/African American population is over-represented in our homeless system. In 2022, Milwaukee County only 27.1% of population was African American while 67% of CoC system participants are African American. Black/African American residents in Milwaukee County were also 5x more likely to experience homelessness than white residents. However, we saw in 2022, Black/African-American homeless population was more likely to obtain permanent housing then homeless identifying as white in Milwaukee.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	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.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

CoC recognizes the importance of representation of the population served and the training of staff regarding disparities. CoC and its homeless providers have taken important steps and measures to address disparities in homeless assistance outcomes. CoC established a workgroup to monitor outcomes for changes over time & implement strategies for improvement. CoC plans trainings for understanding implicit bias & unlearning racism. The CoC Lead & 3 CoC providers participate in an ongoing cross-sector collective affordable housing strategic plan, with a goal to advance racial equity by providing a quality affordable home for every Milwaukeean. The plan is facilitated by the Community Development Alliance (CDA) and utilizes the Government Alliance on Race & Equity (GARE) Racial Equity Toolkit in applying a racial equity lens to affordable housing policies & programs. To meet market demand for families making \$7.25-15/hr. & achieve racial equity for homeownership, the CDA plan proposes programs & policies supporting housing opportunities for 18,000 households & preservation of 35,000 currently occupied homes in next 10 years. CDA plan housing resource recommendations were formulated to complement CoC's existing housing capacity for the homeless, preventing homelessness & improving CoC participant access to affordable rentals. CoC agencies hire staff that are representative of the population most likely to experience homelessness, responding to a cause of bias in homeless service agencies identified by Supportive Partners for Antiracist Communities in its 2018 Phase 1 Study Findings Report. According to a biennial survey conducted in September 2021 responses, CoC-funded agencies employ an average of 72% staff that identify as Black, Indigenous, or Person of Color (BIPOC), comparable to the demographics of all clients served by programs entering data into HMIS: in FY22 72% of all served were identified as BIPOC and an additional 9% identify as Latino(a)(x). CoC provider Milwaukee County has an Executive level commitment to advancing racial equity in Milwaukee County: leadership & policy workgroups are tasked with eradicating structural racism in all County services, security deposit incentives funded by County are available for residents to move to suburban communities, & active zip code distribution analysis of all housing selection of residents shows a wide distribution of rent assistance across the County.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below:

- | | |
|----|--|
| 1. | the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and |
| 2. | the tools your CoC uses. |

(limit 2,500 characters)

1. CoC monitors data regarding race and: length of time homeless, length of time in Coordinated Entry (CE), housing retention. These are examined by CE Leadership Committee and working group with providers and people with lived expertise. CoC is currently developing a survey for broad feedback on CES process to pair with quantitative data for system improvement.
2. CoC uses HMIS data, census data, and a customized report to monitor CoC trends based on racial and other demographics compared with the general population in the CoC.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC has engaged individuals with lived experience to offer feedback and recommendations for the Milwaukee HOME ARP Plan that will be submitted later this year. Milwaukee was awarded \$20 million in HOME-ARP funds. The plan is to use part of the funds to increase non-congregate sheltering. The CoC has representation of individuals with lived experience on the Board of Directors, including members of Youth Action Board (YAB), and CoC Board has benefited from the valuable lens that lived experience offers. CoC also works with the Resident Advisory Council (RAC) established in 2016 by formerly chronically homeless residents and participants in Milwaukee County’s Supportive Housing programs. RAC provides voice to those with lived experience of homelessness in system evaluation, planning, and strategy, to inform Milwaukee County Housing Services and the CoC leadership. CoC engaged RAC and YAB to create a system-wide survey on people’s experience going through the Coordinated Entry (CE) system that will be used to help improve CE processes. CoC has just distributed a youth needs survey that was created by and distributed by the Youth Action Board and sent out on social media networks. CoC was just awarded HUD funds for Youth Homeless Demonstration Project and will work with participation of YAB on development and implementation of a coordinated community approach to preventing and ending youth homelessness. In 2022, the Milwaukee CoC dedicated a staff lead to coordinate CoC wide efforts to engage individuals with lived experience and, more specifically, to involve them in leadership roles and decision-making processes. The goal of the CoC lead staff person is to work closely with all homeless service providers to better coordinate our efforts. CoC will work to compensate individuals with lived experience for time and effort. We will determine the most effective outreach methods (social media, e-newsletter, direct recruitment, etc.) and will work to overcome potential technology and transportation barriers related to meeting participation. We have invited anyone interested in membership and influencing CoC decision-making to become members by inviting membership and full body attendance on CoC social media. Many of our CoC member agencies recruit and invite individuals with lived experience to their CoC agency Boards, provide feedback on program delivery, co-facilitate presentations at local trainings and conferences, and assist with outreach efforts.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	12	12
2.	Participate on CoC committees, subcommittees, or workgroups.	13	7
3.	Included in the development or revision of your CoC's local competition rating factors.	3	3
4.	Included in the development or revision of your CoC's coordinated entry process.	11	7

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

CoC provides professional development & employment opportunities for individuals with lived experience of homelessness by collaborating with employment agencies, workforce development boards & Milwaukee Area Technical College (MATC). CoC works with local & State-workforce development boards to plan employment resource outreach in the CoC's Employment Awareness Week that connects the homeless to skill-based training & other supportive employment services. CoC board includes a representative of the local workforce development board who collaborates with the CoC in outreach to those experiencing homelessness regarding skill-based training programs: opportunities for apprenticeship, certification in trades, on-the-job training. MATC representative provides info to CoC about scholarships, college services & financial aid for those who are low-income or homeless. CoC full membership meetings include review of how families can access state employment services Wisconsin Works (W-2). CoC connections to professional development & employment opportunities are made through direct service, referrals through 211 & interagency referral from CoC agency to employment assistance partners. CoC member org Maximus, the operator for the Foodshare Employment Training (FSET), offers support in accessing skill-based training & the housing resources necessary to maintain employment, such as security deposit and first month's rent. Maximus and the CoC's Rental Housing Resource Center are in the same location, allowing easy access to FSET for those seeking support with housing stability. CoC partnered with Goodwill to offer on-site supportive employment service support for shelter guests & housing program clients. Another community partner, an organization Grand Avenue Club offers employment services (training, job club, etc.) for people experiencing mental health issues. CoC org Milwaukee County enrolls clients experiencing homelessness in the Individual Placement & Support (IPS), an employment-first, evidenced based supportive employment program operated by County Behavioral Health Services for individuals with mental health & substance use disorder. CoC Lead & 3 CoC members influence structure of service delivery in IPS to meet needs of homeless by participating in statewide steering committee & advisory groups that will expand services & IPS providers in CoC region.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below:	
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1. At least 1 seat on the CoC board must be for someone with lived expertise & for Youth Action Board (YAB) members. In '23 CoC held a survey review retreat for people experiencing homelessness. CoC solicits & receives information from homeless youth via youth needs surveys & YAB minutes. CoC worked with YAB on dissemination of Milwaukee's Youth & Young Adult Needs Assessment in May'23 to youth leaders, community based organizations, other partners & networks serving youth. YAB members meet regularly to discuss issues related to homelessness, make recommendations & bring them to CoC Leadership. CoC attends YAB meetings to get feedback from YAB members, decisions are made with YAB participation. Safe and Stable Homes Program interviews participants about experiences & incorporates feedback into policies and programs.

2. CoC recognizes challenges of matching appropriate housing for survivors of DV & human trafficking. Per CoC member Benedict Center's surveys of women in the street-based sex trade, safe housing is their greatest need. In response to participants & agency advocates, CoC invited new projects to apply for DV bonus funds for housing leading to awards for 2 new projects for joint temporary housing-rapid rehousing for survivors of DV & human trafficking. CoC Lead is an ESG recipient & will coordinate complementary program standards & reforms between CoC & ESG based on input from participants. CoC & ESG policy requires all clients to have an opportunity to file grievances about their experience in receiving assistance. CoC project Mercy Housing tenants/participant concerns led to enhanced security features on-site. Based on feedback from clients about service access for unsheltered, CoC outreach workers approached agency leaders for support in remediating barriers to their ESG- or CoC-funded projects.

3. CoC got feedback that non-congregate shelter was preferable to congregate shelter so put into the HOME ARP plan funding to create a year-round non-congregate temporary housing for a joint component project. People with lived experience identify immediate, barrier-free access to housing as needed to end homelessness. Having a small, non-time-limited emergency option to access an apartment is needed. CoC listened to needs of participants to have increased DV resources & increased housing for Category 4 in 2023. Using United Way funds, CoC has increased RRH availability to give more access to housing. CoC applied for & got '23 YHDP award of \$3M.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. CoC lead staff & local housing developers participated in a statewide affordable housing taskforce network & Wisconsin rental housing production workgroup, meeting bimonthly to address reforms to zoning & land use policies to permit more housing development, among other affordable housing development barriers. WI Housing & Economic Development Authority (WHEDA) and WI's Housing Finance Authority who is sole administering agency in

WI for the federal low-income housing tax credit (LIHTC) program, also participated & engaged in discussions with participating stakeholders pertaining to their policies, and solicited input for improvements to better develop more affordable rental housing.

2. CoC Lead & group members continue to research & coordinate advocacy priorities for improved rental housing development with support from legislators & local elected officials. These priorities include: the expansion of LIHTC (federal & state), educating on what State of WI can do to fill financial gaps impeding rental housing production, and improving feasibility of housing development through policy & zoning favorable to land banking.

2. CoC established a strategic planning task team with participation of the City & County govt. staff, meeting weekly to coordinate efforts to accomplish CoC goals related to matching capacity for safe, low-barrier entry and affordable housing with measured need, including planning to incorporate the recommendations & community affordable housing needs studies from the Milwaukee Collective Affordable Housing Strategic Plan published in August 2021

by the Community Development Alliance (CDA).

2. The CDA strategic plan was implemented specifically to complement the work of CoC in matching housing capacity to the need for those experiencing homelessness/housing instability. Committee leadership sponsoring the plan and its implementation included WHEDA, the CoC Lead Agency, the 2 largest public housing authorities in the CoC geographic area, Milwaukee County Housing Division, and other philanthropic & CoC member service partners. Established recommendations included system changes to increase affordability of housing for families making \$7.25-\$15/hour and contained proposed changes in the Qualified Allocation Plan used by WHEDA to allocate LIHTC, that favor the production of rental homes for families making \$15+/hour, a change in WHEDA policy so the creation of rental homes at \$400 - \$650/month is more feasible.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/10/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	08/18/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	92
2.	How many renewal projects did your CoC submit?	22
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1.CoC collected & analyzed HMIS data regarding each project’s rate of successful housing placement & reoccurrence of homelessness after exit for all permanent housing & Safe Haven projects. All CoC project applicants applying competitively in ‘23 enter data in HMIS, and projects’ performance data were pulled from HMIS system performance measure (SPM) reports.

2.CoC reviews all SPMs in a CoC workgroup. CoC determined length of time homeless (LOTH) measure will be excluded from CoC project rating in considering housing outcomes as it is often affected by factors outside housing providers’ control (eg, a housing provider cannot promptly admit a client unless the referring case manager completes an application). CoC Lead includes LOTH in project rating for ESG. A CoC staff person is dedicated to ongoing monitoring of all SPMs to support analysis. A new HMIS report was created in ‘22 for any agency use to track how long it takes their projects to house people.

3.Projects were awarded more points & higher ranking for serving the most people with greatest degree of vulnerability per HMIS project entry data. CoC found in review of HMIS reports that single adults, families and youth had different degrees of vulnerability affecting project entry data by subpopulation served, for the following vulnerability criteria: (1) total # coming from the street/safe haven/place not meant for habitation, (2) total # with no income at project entry, and (3) total # reporting disabilities at entry. The identified vulnerability criteria are known by CoC to be the greatest challenges to permanent, timely exits to housing without assistance. New projects for CoC bonus scored higher by committing to addressing 3+ vulnerability criteria.

4.CoC gives a special consideration to projects serving those who are known to have lower total income increases & higher returns to homelessness as well as unpredictable unit utilization. CoC consensus is that CoC’s Safe Haven, while scoring lower in some categories, is needed to support the most vulnerable of unsheltered homeless that do not cope well in other projects. CoC supports continued funding & ranking of Safe Haven to meet local needs as well as priorities of CoC as a whole, especially regarding bed capacity.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

Describe in the field below:

1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(limit 2,500 characters)

1.CoC received input from its board in determining rating factors used to review project applications & CoC acceptance of project applications. 19% of the CoC board members are BIPOC, an over-represented group in Milwaukee County’s homeless population, including 2 members who have personally experienced homelessness. CoC’s current strategic planning work is designed to enhance the diversity of perspectives involved in determining homeless-serving project rating factors.

2.The CoC board was invited to provide input into the rating factors used to review project applications by the CoC’s governing body with the ability to approve determination of project performance rating factors. In interest of expanding diversity in people/perspectives influencing the rating factors, CoC worked with a group of people with lived experience in the homelessness system to review and provide feedback on the scoring and ranking system. CoC received input from its diverse board into project review, selection, ranking process. CoC board supports strategic plan implementation, guiding future project selection/ranking. CoC board is 19% BIPOC, an over-represented group in Milwaukee County’s homeless population, including 2 members who personally experienced homelessness.

3.In FY 22-23 CoC reviewed new & renewal project applicants' complete application questions that provided information about how proposed projects and practices work against systemic racism & other structures of oppression, and how projects proposed will be culturally responsive to the needs of those who participate, and total % of BIPOC staff. In FY’23, CoC awarded bonus points to applicants with advisory boards of persons with lived experience of homelessness knowing that such influence can help reform barriers to participation among marginalized groups. CoC continues to rate renewal and new projects based on the degree of vulnerability of the people they serve. CoC continues to rate renewal projects based on their capacity to eliminate barriers experienced at entry.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
	1. your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC’s local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1. The standard written process for reallocation calls for a CoC committee to determine which projects are candidates for reallocation based on changing funding priorities, the option for projects to voluntarily reallocate CoC funds to create new projects, and the CoC board’s determinations of potential reallocations based on poor performance over multiple years. It also directs the CoC to refer to gaps analysis within the newest version of the CoC strategic plan for aligning CoC funding with meeting community needs. The CoC discussed the approach to reallocation and timeline to reallocate in a CoC committee addressing system improvement with project applicants.

2. The CoC did not identify projects for reallocation through the process. Similar to last year, the CoC recognized that the temporary, extreme circumstances the CoC projects and their partners were operating under during the COVID-19 pandemic warranted excusing projects from reallocation review.

3. The CoC did not reallocate projects because none of the projects were determined to be low performing or less needed.

4. As the CoC policy requires looking at the most recent years’ performance and community need for projects, in addition to long-term performance, reallocation based on last year’s performance was not justifiable, fair or appropriate for the CoC and providers in this year’s competition. The CoC did not reallocate low performing/less needed projects this year because the continuing pandemic created an extended series of challenging circumstances for providers beyond their control, such as slow hiring or turnover of key staff, client unemployment, and relatively limited rental housing options. Many providers saw decreases in outcomes from prior years due to these challenges. The CoC continued work on a long term strategic plan in 2022-23 and revamped the structure of its gaps analysis in 2023 due to recent years’ significant changes in local homeless service project offerings, which will influence future CoC/HOME ARPA funding priorities and future updates to the CoC’s reallocation policy.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No

	<p>4. If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.</p>	
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1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	<p>Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.</p>	09/12/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	<p>Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.</p>	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	<p>Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.</p>	09/25/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/25/2023
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Institute for Community Alliances
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/25/2023
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
	1. describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
	2. state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1. CoC and its victim service providers use Osnium, a database comparable to HMIS which follows HUD-published 2022 HMIS data standards. CoC Lead is also a Participating Jurisdiction and collects CAPER reports exported from Osnium from two ESG-funded victim service providers (VSPs) that follow current HMIS data standards. An agreement to use an HMIS-comparable database is reinforced in contracts between CoC Lead as a Participating Jurisdiction and VSP DV shelters. CoC Lead ensures current HMIS data standards are met in preparing for the annual CAPER submission. HMIS Lead's provider trainings include VSPs covering data elements required by current HMIS data standards.
2. The CoC DV housing and service providers are using a HUD-compliant comparable database compliant with the FY 2022 HMIS data standards.
3. Milwaukee CoC is compliant with the 2022 HMIS Data Standards.

2A-5. Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.
 NOFO Section V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	764	764	686	0.00%
2. Safe Haven (SH) beds	47	47	47	0.00%
3. Transitional Housing (TH) beds	156	156	156	0.00%
4. Rapid Re-Housing (RRH) beds	491	491	491	0.00%
5. Permanent Supportive Housing (PSH) beds	1,636	1,636	1,636	0.00%
6. Other Permanent Housing (OPH) beds	71	71	71	0.00%

2A-5a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.
 NOFO Section V.B.3.c.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. N/A
2. N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes	

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/25/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1. Pathfinders Drop-In Center offers space to host the Youth Point-in-Time Count, given 300+ unaccompanied youth will access the space in a 12-month time frame. Youth Action Board (YAB) works with Pathfinders staff and other youth participants, to identify a plan and implementation of providing a safe space at the Drop-In Center to engage youth 24 and under to be counted. YAB will use their meeting time to plan positive onsite activities, give feedback about food, and basic need services youth will need to access (i.e. hygiene, rest, etc.). YAB works with the Drop-In Center Program Manager to solidify promotional materials, the plan for the night, scheduling of staff and volunteers, and the intentional process for outreach to youth and youth serving organizations who need to be involved in identifying the young people who best fit for the PIT counting process. Pathfinders SVP represents YAB and Drop-In Center in formal city-wide Youth Count meetings to educate and advocate for services, outreach locations, and other resources that engage youth safely.

2. It is common for Pathfinders, as one of two Runaway and Homeless Youth specific agencies to request and gather feedback from Milwaukee's youth about the best locations where homeless youth are most likely to be identified in our recent PIT count planning process. Youth give voice regularly to the best outreach locations for Milwaukee's only youth street outreach team to service the community (such as Moody Park, Fon du Lac, Atkinson, group homes, some schools, etc.). During PIT Planning youth let us know about 24-hour locations, bus routes, and abandoned areas, or bridges where youth can be reached to be engaged and counted.

3. During our January 2023 PIT Count, youth's role was to engage their peers in positive activities, basic and immediate services (hygiene, food, rest, etc.), and connect them to the survey and other resources that would benefit their needs as they navigate their day to day. With funding available to compensate young people, we would be able to also gain their support as counters during PIT counts, as people with lived expertise deserve to be paid for their support, expertise, and time put into challenging and often crisis-based situations that are also traumatizing and triggering for them.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

1. The counts become more accurate throughout the years as Milwaukee CoC continues to perfect our methodology in not only verifying all individuals experiencing unsheltered homelessness but also becoming more intentional with service provision, and ensuring participants are connected to additional housing options/resources after the completion of the PIT count. For the 2023 PIT, the CoC relied on the Street Outreach providers to conduct interviews and complete surveys for those experiencing unsheltered homelessness. To provide an additional element of accuracy, this year SO used CLS (Current Living Situation) records in HMIS to provide a homeless verification, enrollment into a SO program for continuation of services as well as connections to Coordinated Entry.

2. Not Applicable: unsheltered PIT count methodology and data quality did not change between 2022 and 2023 as indicated in the 2023 PIT report.

3. N/A

4. N/A

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies 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 your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1.CoC process developed to ID 1st time homelessness risk factors includes analysis of CE caller data: 97% of callers at-risk of homelessness. CE caller survey ID'd risk factors including violence, unsafe housing, Cat. 2 situations w/ no time for intervention, income loss, trauma, lack of local employment & unmet service/mental health needs. CE prevention provider workgroup defined prioritization factors for longer term prevention projects given provider experience. Prevention prioritization includes: history of homelessness in last 2 years, >1 eviction on record, open criminal record, larger family size, disability, unemployment, lack of transportation, prevention assessment score. From shelter or street outreach, prioritization includes disabling condition and length of time homeless for RRH resources.

2.CoC's partners identify people at risk of homelessness: Mkee Public Schools, health systems, behavioral healthcare, long-term case mgmt services via Family Care, criminal justice system. Once identified, people at risk of homelessness are assessed. CoC observes a prevention/diversion policy for best serving those at risk of becoming homeless & emphasizes prevention w/ progressive engagement to track resolution of needs & serve as many as possible. Mkee Rental Housing Resource Center offers legal aid, mediation, homeless prevention svcs/financial assistance & CE in central location. All CoC prevention svcs are on site with accessibility & convenience to meet all housing needs for those in crisis. CoC supported a free right to counsel initiative with outreach by EvictionFreeMKE (EFM) from 2021. EFM staff give support when facing eviction in legal appearances, legal documents interpretation & resolution agreements. CoC Lead is an ESG recipient w/ ESG & ESG-CV homeless prevention projects served. Mkee County tax levy is used for prevention svcs. United Way invests in Family Flex Fund for long-term prevention case mgmt and funding for families at most risk of homelessness. Health systems have invested in prevention funds for those referred from hospitals & community clinics. CoC CE advisory committee updated a prevention policy for new interventions for those at risk of 1st time homelessness & adopted a new prevention needs assessment: matching referrals to local services based on matrix of needs acuity, responding to the need with support in accessing mainstream resources, affordable housing referrals & diversion to prevent shelter entry.

3. City of MKE.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1.CoC increases exits to PH from ES/SH/TH/RRH by increasing housing search assistance & improving subsidized housing access. 2 largest PHAs in the CoC area kept the homeless preference in '22, dedicating 400+ vouchers to Cat.1/4 homeless, all CoC shelters assisting clients with applications & vouchers were in CE. In '22 2 CoC landlord navigators helped find RRH rentals. CoC used software to organize PH landlord communication, leasing/required documents for RRH/PSH as incentive for landlords to work with CoC. CoC Lead plans up to \$250K for landlord risk mitigation to address landlord rental damage concerns. CoC advocates for WI Medicaid waiver reimbursement for CoC needs: paying for moving & housing search assistance for homeless families/pregnant women to improve exits from shelter to housing. In '22, CE adopted USICH's rapid exit strategy to identify clients able to exit shelter to PH <10 days after entry, working with shelter case mgmt to coordinate. In '23 2 new CoC DV bonus joint component projects started, the only supportive housing projects 100% dedicated to serving survivors. CoC expects new survivor-dedicated RRH to increase exits from DV emergency shelters to PH. In '23 CoC applied for and got YHDP award to respond to unmet needs for youth.

2.The CoC strategy for exit to PSH from PSH includes Move On requiring HMIS assessment that identifies clients able to move to subsidized housing from PSH & guides case plan for housing stability. Mkee County PHA offers a Move On preference for HCVs supporting exits to subsidized housing from PSH. CoC Lead evaluated HMIS reports for RRH & PSH projects to monitor the rate of client exit or stay in PH. CoC Lead, CoC members & WI Dept. of Health Svcs expanded wraparound supportive svcs in PSH through Medicaid. CoC PSH providers work with community partners to give care for highly vulnerable clients who need extra support to retain housing including help from community hoarding task force, in-home care support for aging clients (Dept. on Aging), payee services from community agencies/CoC members, assistance with long-term care mgmt & community-based crisis intervention for those with mental illness/substance use (County Behavioral Health). Client staffing meeting in CE help with collaborative problem solving, needs assessment and relocation to programs best suited for long term housing stability.

3.City of Milwaukee

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your 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 your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1. CoC identifies those who return to homelessness by providers' regular review of HMIS reports, leading provider/CE outreach to engage clients in a housing stability plan. The CoC By-Name list identifies & prioritizes those returning to homelessness in CE for further housing assistance. CoC providers identify clients struggling in housing in CE/agency staffing meetings for proactive planning, problem-solving & possible program transfer for best housing outcome. CoC leadership continued to use prevention assessment in HMIS, improving diversion of clients from shelter entry after project exit.

2. Community services such as wraparound case mgmt via Mkee County Behavioral Health Division or CCS through Medicaid & payees help in reducing returns among clients with higher acuity of need. The CoC strategy includes prioritizing CoC/ESG funding for programs that have low recidivism rates & high housing placement. Transfers between housing programs are facilitated by CE after all interventions attempted to prevent returns. Flex Fund (tax levy and ESG funding) contains flexible funding to fill system gaps to prevent homelessness: paying rental arrears, utility payments, damages. 2 CE staff are assigned to prevention/diversion work in CoC. System coordination to prevent returns is reinforced by CoC policy. CoC requires agency Housing 1st policy in CoC programs and continues to assess fidelity to Housing 1st. The CoC strategy to reduce returns to homelessness proved effective in FY22 SPMs: there were decreases in % of returns from FY22 in each increment of length of time after exit specifically in exits from ES and PH project types. The CoC strategy includes convening workgroups to address outcomes & needs by project/population type. In '22 CoC established strategic planning teams measuring need for flexible housing options & expanded services, to improve matching clients with diverse needs to housing with appropriate supports. CoC initiatives ensure clients are assessed for best housing option, all applicable mainstream resources & community services are engaged for housing stability & providers have peer support in approaches such as harm reduction or motivational interviewing needed for positive, client-centered supportive housing outcomes. Strategies have led to new service delivery approaches, i.e. CoC PSH providers' consensus to use moving on assessment for ongoing tracking of progress on case plan goals to maintain or improve housing stability.

3. City of MKE

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

In the field below:	
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1.CoC funded agencies partner with local investment board Employ Milwaukee for Workforce Innovation and Opportunity Act (WIOA) program and other employment services, and Seek Careers staffing agency to provide hiring fairs and employment workshops for clients on-site at their permanent supportive housing location, and for referrals.

2.CoC refers clients to mainstream employment organizations such as Employ Milwaukee (workforce investment board-WIB for the City of Milwaukee), Foodshare Employment Training, Goodwill & orgs. contracted to operate Wisconsin Works W-2 (TANF) programs, to help clients increase cash income. CoC partners with these employment organizations to host on-site hiring fairs & employment workshops. Hiring events & programming information offered by mainstream employment organizations are shared regularly by lead with CoC members. CoC & Dept. of Workforce Development (DWD) collaborate with other state leaders & legislators for improving employment outcomes for homeless on statewide Interagency Council on Homelessness. All CoC members refer clients to Medicaid-funded CCS program for case management team support that includes Employment Specialist. CoC coordinates a job fair with WIB & DWD in annual homeless awareness week (HAW). At the HAW event, those experiencing homelessness who are unemployed have the opportunity to access professional clothing bank, interview with hiring employers, receive supportive employment program information & enrollment, get help with obtaining vital documents & receive legal aid for expungement. Clients requesting follow-up are contacted by CoC providers after event for further support & referral. CoC member Maximus offers Foodshare Employment Training services inside CoC eviction prevention agency.

3.City of Milwaukee

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1. CoC strategy to access non-employment cash income focuses on sharing information with CoC and CoC partners to ensure awareness of new non-cash income benefits and has included information related to accessing Economic Impact Payments, Child Tax Credits & unemployment benefits. An HMIS report flags benefit recipients needing Cost of Living adjustments for income data accuracy. CoC employs licensed clinical social workers who are able to provide disability documentation, including outreach workers seeing those who are unsheltered with various barriers to treatment. CoC assists clients in applying for benefits or refers to agencies that specialize in benefits assistance, for people with disabilities, families, veterans, youth, and seniors. Outreach workers are trained in SOAR to ensure the unsheltered homeless have expedited disability benefits applications.

Ensuring access to payee services is a priority for funding in CoC strategic planning and the City of Milwaukee Consolidated Plan. The CoC Lead shares TANF benefits eligibility handbooks through the CoC e-newsletter/website. CoC workgro

up participants are engaged in planning to increase resources for non-employment cash income, including local TANF agencies and benefits access counselors. All CoC agencies have SOAR-trained staff and use SOAR to expedite disability benefit applications. The CoC SOAR Collaborative has organized recurring CoC trainings in SOAR for ongoing success in applying for disability benefits. After training completion, the Collaborative leaders mentor trainees to ensure retention of knowledge and support to staff.

CoC Coordinated Entry refers those assessed for services/211 callers in need of income to local benefits assistance. CoC member Community Advocates (CA) operates the IDAP program, providing interim benefits for those with pending applications submitted to SSA. CoC members Salvation Army & CA offer payee services that increases access to and maintenance of disability benefits. CoC members Guest House and Pathfinders employ specialists funded by Medicaid to assist with disability benefits for anyone eligible in CoC.

2. City of Milwaukee

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	
2.	Enter the number of survivors your CoC is currently serving:	
3.	Unmet Need:	0

You must enter a value for elements 1 and 2 in question 4A-3.

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Milwaukee County

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Milwaukee County
2.	Project Name	
3.	Project Rank on the Priority Listing	
4.	Unique Entity Identifier (UEI)	
5.	Amount Requested	
6.	Rate of Housing Placement of DV Survivors–Percentage	
7.	Rate of Housing Retention of DV Survivors–Percentage	

You must enter a response for elements 1 through 7 in question 4A-3b.

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. The calculation of rate of housing placement for the project applicant was made by dividing:

Overall total number of clients reporting DV history that moved into a Milwaukee County Housing PSH/RRH program according to HMIS (from 9/1/21 – 8/31/22)

By:

The overall total number of clients entering Milwaukee County’s PSH & RRH project that report domestic violence history according to HMIS record (from 9/1/21 – 8/31/22)

The calculation of the rate of housing retention for the project applicant was made by dividing:

The overall total number of clients with DV history moving out of a County program to a positive housing destination (from 9/1/21 – 8/31/22)

By: The total number of clients with DV history that moved out of County programs (from 9/1/21 – 8/31/22)

2.

3. The data source is HMIS for non-dv projects operated by Lead Applicant (Milwaukee County), reflecting aggregate data from CoC Annual Performance Reports for 5 PSH projects & 1 RRH project.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. Project lead, Milwaukee County, has 6 CoC PH programs serving homeless & DV survivors & a roster of landlord partners ensuring rapid housing. County adds safe affordable housing options with staff who recruit new landlords, manage landlord needs & support housing plans. County active in Coordinated Entry (CE) staffings alongside DV shelter staff, collaborating to expedite program eligibility & housing.
2. All County project admissions are from CE per CoC process: Cat. 4 homeless have priority for all CoC PSH/RRH. County accepts & requests transfers of clients facing immediate threats to safety in emergency transfer plan per CoC VAWA-compliant policy. Anyone disclosing fleeing/attempting to flee these dangerous situations has immediate access to transfers for safety, either to another unit within the County program or outside of the program via CE.
3. County housing staff refer survivors to supportive services offered by Victim Service Provider/case management advocacy partner Sojourner Family Peace Center (SFPC). In victim-centered approach to case management, SFPC staff re-assess safety plans & need for services to keep victims & their families safe/thriving. Advocates address: access to medical care/counseling, health/well-being, adequate food, childcare, transportation, shelter/housing, basic needs & legal aid. County Housing has collaborated with County Community Access to Recovery Services (CARS) for ongoing services for those experiencing SUD/MI/PTSD with recovery focus. Survivors will be connected to all eligible CARS support services available.
4. County is a Housing Authority & regularly connects clients in CoC housing to non-CoC subsidized housing, using assessment to ID clients able to “move on”, either Section 8 allowing them to stay in their unit, or new subsidized unit of their choice. County refers to long term care providers supporting clients after housing project exit. County places clients in affordable housing & assesses income to ensure clients can afford their housing at project exit.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

- 1.Applicant, subrecipients & CoC CE practice directs members of a couple to be assessed & met with separately to best meet the needs of each individual & allow opportunity for private, confidential conversations. Conducting interviews of each member of a couple separately is also expected to support the housing stability and well-being of families, as each household member’s support needs are given equal consideration and response. All partners in the application are oriented to offer services in non-judgmental manner, focusing on offering support to keep survivors & their families safe and thriving.
- 2.Applicant & subrecipients all embrace the CoC’s Housing First approach and see survivors as the experts in what is their safest housing option. All those served by the applicant & its subrecipients that are currently rental assistance providers are given the ability to choose the location of their unit to alleviate safety concerns. Partners frequently guide clients in making informed decisions for housing planning. Subrecipients have flexible funding available to support survivor’s relocating to other locales where they feel safer. County and subrecipient CA have project-based permanent supportive housing with front desk staff, locked lobbies, & security cameras that are frequently identified as an attractive option for clients with safety concerns like those fleeing DV. All partners are familiar with an CoC emergency transfer process that may be implemented when safety concerns necessitate transfer to a different unit in a CoC program.
- 3.Subrecipients that operate DV emergency shelters & units available for women in the street-based sex trade/human trafficking survivors in a safe haven project keep locations confidential by not including signage & prohibiting disclosure of addresses/general location of facilities online & in media communications. All CoC & CE agency staff are trained to protect the confidentiality of these locations in professional and personal communication as well.
- 4.Sojourner Family Peace Center regularly trains their case management advocacy staff on safety planning & offers this through case management in their DV shelter & on their 24/7 crisis phone lines made available for those fleeing Cat. 4 situations. SFPC cross train advocates to ensure that each has a basic understanding of the restraining order, criminal legal, & family court processes, as well as agency & community resources. Lead project applicant & partners receive

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Applicant partner BC case manages women in the street-based sex trade by operating the Sisters Program to provide accessible, harm reduction-oriented services (via street outreach & 2 day center locations). BC found from evaluating program participant input that safe housing is critical to improve overall safety for women leaving sexually violent situations, leading to partnerships with CoC members County Housing Division & IMPACT (CoC CE administrator) to improve housing access. Since partnering, BC housed 80 women, improving safety & well-being as requested by program participants.

Applicant partner CA regularly evaluates their safety outcomes for their DV emergency shelter. In a 2019-20 report to the Department of Children & Family (DCF) services, 90 participants that received CA shelter, support services, advocacy, counseling & support groups (100% of DCF survey participants) reported “yes” responses to safety outcome question “I know more ways to plan for my safety”

BC described services delivered to improve safety & critical health needs in a 2019-21 State of WI VOCA report documenting the levels of victimization status of 142 women at intake. In the report, BC noted the Sisters Program modified their service model during the pandemic to respond to the safety needs of women served: providing smartphones for ongoing contact, care packages with COVID-19 safety precaution info., staged re-opening of drop in centers with capacity limits, enforcing mask wearing & social distancing.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Lead Project Applicant Milwaukee County (MC) offers tenant/project-based PSH, RRH, homeless prevention, interim housing, Safe Haven, & Section 8 that provide choices to homeless DV survivors. 100% of MC's housing programs have a housing 1st approach. MC has prioritized dedicating resources to hire staff to recruit new landlords & manage landlord relationships. This experience positions MC well in safety planning, as they are familiar with supported decision making, lock change, & eviction prevention which are instrumental for survivors' housing stability

All collaborators in this project are familiar with victim-centered approaches to care & respect the participants' knowledge as the expert in their own needs. VSP collaborators in this project regularly assess the safety of the community, home, & participant which will support housing stability of survivors in RRH. VSP collaborators are able to provide services intended to improve survivor safety & well-being that will affect housing stability, eg a VSP can assist a survivor with successfully getting a restraining order & this service mitigates the risk of homelessness due to abuse for that survivor.

2) All collaborators in this project use harm reduction philosophy & trauma-informed care, meeting survivors where they are in their current life situations, working with survivors to identify strategies to reduce their risk of victimization. Knowing the people they serve often come to them with mistrust of formal systems, all agencies recognize themselves as partner advocates. All collaborators in the project prioritize staff time for trauma-informed care training that prepares staff for responding appropriately to challenging interactions with program participants.

Subrecipient Exploit No More (ENM) currently follows the Sanctuary Model framework, which offers a non-judgmental environment. This framework rejects punitive authoritative measures & welcomes a collaborative community working towards shared goals & values.

The Sanctuary Model emphasizes shared knowledge, practice, & language surrounding the community among staff & clients. ENM also provides training to staff on trauma awareness, how to provide opportunities for residents to regain control, & strengths-based approaches to ensure interactions between staff & program participants are based on equality & trauma-informed approach.

3) All services provided by applicant & subrecipients are trauma-informed & person-centered approach to give client agency & options in their decision making, housing, & engagement with services. All VSPs involved in the project currently offer 1:1 counseling & support groups that can provide program participants with information on trauma.

4. All partners use assessment info. to work with clients on strengths-based, person-centered individualized case plans addressing plans for working towards goals.

Subrecipient BC created a new assessment tool in partnership with CoC CE that supports planning for strengths-based service delivery for women involved in the street based sex trade. BC also issues questionnaire surveys to clients to ensure effectiveness of their trauma-informed care & strengths-based approach.

Subrecipient Sojourner Family Peace Center (SFPC) is designing a Central Data System which will allow them to implement best screening tools available to accomplish goal of helping victims find pathways to justice & healing.

5) Partners offer culturally sensitive case management & access County-wide translation services. Partners have staff that speak Spanish & Hmong. Subrecipients Community Advocates (CA) & SFPC publish multilingual outreach materials to mitigate language barriers. Partners participate in CoC trainings covering equal access, cultural competence & nondiscrimination.

Partners receiving HUD funds follow CoC nondiscrimination policy.
 6)CA’s support group for survivors provides a forum for peer-sharing on power & control issues, & available legal options. CA provides transportation assistance to its support group for accessibility. ENM offers support groups for residents in temporary housing. SFPC provides support groups to survivors at various times throughout the week virtually & provides 1:1 virtual support. SFPC offers child care to better support parents’ access to support groups. Topics covered in SFPC group include: defining abuse, power & control tactics, explanation of systems, safety planning, practical tools to assess a batterer’s change, effects of witnessing family violence on children, self-care, healing, assertiveness, & gender roles. SFPC has a goal to add a staff position due to high demand for support groups for survivors.
 7)SFPC offers child care to better support parents’ access to support groups. BC services include parenting classes. CA facilitates parenting support group providing parenting education. MC routinely refers families it serves to parenting classes, free/affordable childcare, support groups for families & crisis

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

1) Project applicant Milwaukee County Housing Division is collaborating with Sojourner Family Peace Center, Community Advocates, Benedict Center, and Exploit No More on the proposed project. Together, the providers are experienced in quickly moving survivors into safe, permanent housing while also providing supportive services. While the target populations differ, with Benedict Center focusing on participants who have experienced sex trafficking and other providers focused on domestic violence (DV), providers are experienced in offering supportive services including safety planning, case management, and creation of individualized service plans. Survivors receive support in accessing mental and substance abuse treatment, housing search, employment, and benefits (SSI/SSDI). Support has also been provided related to support groups, transportation needs, assistance with moving costs/utility deposits, and counseling. The SHARE project’s providers are united in their commitment to a person-centered, trauma-informed care approach. The SHARE project’s providers have decades of experience offering supportive services to domestic violence survivors. The Benedict Center is a key local provider of supportive services to participants who have experienced sex trafficking. Sojourner Family Peace Center and Community Advocates’ Milwaukee Women’s Center are the two largest local DV shelters, interweaving their shelter services with extensive supportive services for DV survivors and both offering 24-hour crisis lines. Providers use individualized service plans which are tailored to the unique needs of each survivor and evolve as living documents through the case management process, integrating health, social services, and employment supports. While the County has extensive experience with the nuts and bolts of getting people housed, they rely on supportive services partners to maintain regular contact with participants and landlords, visiting participants in their units regularly. This regular, supportive contact has enabled them to immediately address any safety or tenancy issues.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) This program will follow the Housing 1st model giving participants choice & agency over where they live in MKE County. Participants will be able to choose between 2 temporary housing options or work with Milwaukee County (MC) housing navigator staff to find an RRH unit maintained by any landlord County recruits/has an existing relationship with. Due to the program dedicating MC staff positions to complete administrative tasks related to HQS inspection of units, tenant rent calculations, & payments to landlords, as well as assistance with locating housing, negotiating with landlords, & maintaining stable tenancies, participants will be rapidly placed in housing. County will follow CoC transfers process - should a program participant determine they need a different unit due to safety concerns, MC staff will work with landlord partners on relocation to new units, mutual lease terminations & eviction prevention. Victim service provider (VSP) co-applicants will also provide support with safety planning, case management & advocacy & supported decision making to ensure ongoing housing stability of clients.

2) The proposed project will be staffed by agencies with trauma-informed care (TIC) trained staff. Clients will have agency in their housing & engagement with services. The project will be by Housing 1st & clients will not be terminated from the program for circumstances like income loss, breaking the lease & not participating in services. All partners are aware of the affect their approach has on clients' ability to regain control after experiencing victimizing situations. Partners have committed to establishing & maintaining environments of agency & mutual respect in how they provide services, for example, co-applicant ENM's operation of their TH facility will follow the Sanctuary Model. The Sanctuary Model rejects more punitive authoritative measures & welcomes a collaborative community working towards shared goals & values. All new ENM residential staff will be trained on the Sanctuary Model. The sanctuary approach will be beneficial to mitigate potential crisis by offering a peaceful environment. The Sanctuary Model offers solutions to these that can include a flattened hierarchy, inclusion of multiple perspectives; & establishment of norms, values, & expectations among entire community.

3) Program participants will have access to voluntary support groups or 1;1 counseling offered by BC, SFPC, CA & ENM. Staff will inform program participants of the impact on trauma & support program participants' holistic healing & recovery by providing TIC. Partners ensure regular TIC staff training.

4) Partners will regularly identify program participants' strengths in assessments & use strengths-based approach to guide case planning & case management service delivery. Partners will follow current best practices & evidence-based research to design new assessment & trafficking screening tools, as survivor needs may not be identified through standard homelessness assessment. BC is currently working with the CoC's Coordinated Entry team to create & implement effective screening & assessment tools for individuals fleeing or attempting to flee domestic violence & human trafficking. Partners use program participant questionnaires to assess satisfaction with services; & perception of safety & resource knowledge improvements.

5) Partners have hired staff that speak Spanish & Hmong to limit language barriers. Subrecipients CA & SFPC will provide multilingual written outreach material & crisis support. All partners will take advantage of County-wide translation services. Partners will participate in CoC trainings on equal access, cultural competence & nondiscrimination. Partners will assess their agency's fidelity to best practices on equal access by using agency self-assessment resources made available by HUD. Partners will follow CoC nondiscrimination policy.

6) Program participants may get involved in peer-led leadership of programs,

input into policy & CoC initiatives through CoC-wide Peer Collaborative committee. Program participants will have access to voluntary support groups offered by all 4 subrecipients. CA’s support group provides a forum for peer-sharing on power & control issues, & available legal options with an emphasis on restraining orders. CA provides transportation assistance to its support group for accessibility. SFPC will provide support groups & 1:1 support to survivors at various times throughout the week. SFPC offers child care to better support parents’ access to support groups. Topics covered in SFPC group include: defining abuse, power & control tactics, explanation of systems, safety planning, practical tools to assess a batterer’s change, effects of witnessing family violence on children, self-care, healing, assertiveness, & gender roles.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project’s operation.	

(limit 2,500 characters)

- 1) This project will engage in listening sessions with CoC and other VSPs as well as monthly Category 4 policy meetings, which include people with lived expertise; and
- 2) the project will continue to engage survivors in monthly Category 4 workgroup meetings, which have been used to create policies and procedures specific to DV population and to revise existing policies. Project will involve survivors to identify gaps and trainings needed within project and the broader CoC.

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2023 Priority Listing for New Projects:	

1.	Applicant Name	
2.	Project Name	
3.	Project Rank on the Priority Listing	

4.	Unique Entity Identifier (UEI)	
5.	Amount Requested	
6.	Rate of Housing Placement of DV Survivors–Percentage	
7.	Rate of Housing Retention of DV Survivors–Percentage	

You must enter a response for elements 1 through 7 in question 4A-3b.

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. Sojourner is a subrecipient of a DV Bonus project through Milwaukee County Housing Division. As such, it has assisted in implementing procedures and processes to effectively use this award, including using Coordinated Entry for safe and efficient housing placement prioritization. Staff is well trained to identify and provide these services (case management, housing services, rental assistance) to survivors of domestic violence, dating violence, sexual assault, stalking and human trafficking who qualify for receiving services as defined by DV Bonus project guidance.
2. Sojourner project admissions will come from CE per CoC process: Cat. 4 homeless have priority for all CoC PSH/RRH. Sojourner will accept & request transfers of clients facing immediate threats to safety in emergency transfer plan per CoC VAWA-compliant policy. Anyone disclosing fleeing/attempting to flee these dangerous situations will have immediate access to transfers for safety, either to another unit within the County program or outside of the program via CE.
3. Sojourner staff refer survivors to supportive services offered by Victim Service Provider/case management advocacy partners, End Domestic Abuse Wisconsin/The ASHA Project. In victim-centered approach to case management, Sojourner staff participate with other VSPs to re-assess safety plans & need for services to keep victims & their families safe/thriving.
4. Advocates address: access to medical care/counseling, health/well-being, adequate food, childcare, transportation, shelter/housing, basic needs & legal aid. County Housing has collaborated with County Community Access to Recovery Services (CARS) for ongoing services for those experiencing SUD/MI/PTSD with recovery focus. Survivors will be connected to all eligible CARS support services available.
5. Sojourner conducts “move-on” assessments through the CE system to support clients in need of ongoing supportive housing or permanent subsidy through the section 8 homeless preference for clients who require support after subsidy ends. Sojourner refers to long term care providers supporting clients after housing project exit. Sojourner places clients in affordable housing & assesses income to ensure clients can afford their housing at project exit.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. Sojourner & CoC CE policy directs members of a couple to be assessed & met separately to best meet the needs of each individual & allow opportunity for private, confidential conversations. Conducting interviews of each member of a couple separately is also expected to support the housing stability and well-being of families, as each household member's support needs are given equal consideration and response. All partners in the application are oriented to offer services in a non-judgmental manner, focusing on offering support to keep survivors & their families safe and thriving.

2. Sojourner follows the CoC's Housing First approach and sees survivors as the experts in what is their safest housing option. All those served by Sojourner are given the ability to choose the location of their unit to alleviate safety concerns. Partners frequently guide clients in making informed decisions for housing planning. Case management includes education about abuse, risk assessments, ongoing safety planning while providing support in housing selection and placement. Sojourner has flexible funding available to support survivor's relocating to other locales where they feel safer. All staff are familiar with CoC emergency transfer process that may be implemented when safety concerns necessitate transfer to a different unit in a CoC program.

3. All recipients that operate DV emergency shelters & units available for women in the street-based sex trade/human trafficking survivors in a safe haven project keep locations confidential by not including signage & prohibiting disclosure of addresses/general location of facilities online & in media communications. All CoC & CE agency staff are trained to protect the confidentiality of these locations in professional and personal communication as well.

4. Sojourner Family Peace Center regularly trains their case management advocacy staff on safety planning & offers this through case management in their DV shelter & on their 24/7 crisis phone lines made available for those fleeing Cat. 4 situations. SFPC cross train advocates to ensure that each has a basic understanding of the restraining order, criminal legal, & family court processes, as well as agency & community resources. Lead project applicant & partners receive regular domestic violence training that advises them of local resources available for addressing safety concerns including safety planning available at Sojourner.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Sojourner ensures public safety on site including double locked doors, cameras, and works on safety planning with individual survivors. If there is a client with high risk for lethality the agency also provides additional physical safety measures for their apartments. The United Way survey is used to identify issues and clients are asked during case management what we can do better. Project has budgeted for Emergency Transfer Facilitation and Confidentiality requirements per VAWA guidelines. Case managers support residents in ongoing safety planning, exploring options, creating goals and a service plan, and continuous housing planning and case management, including gathering documentation, applying for housing programs and mainstream benefits, and making connections with services to ensure safety and support related to the abuse.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Sojourner will leverage existing CoC relationships with CE/MKE Cty to offer tenant/project-based PSH, RRH, homeless prevention, interim housing, Safe Haven, & Section 8 that provide choices to homeless DV survivors. 100% of CoC housing programs have a housing 1st approach. Sojourner program supports include safety planning, supported decision making, lock change, & eviction prevention which are instrumental for survivors' housing stability. Sojourner uses a victim-centered approach, respecting the participants' knowledge as the expert in their own needs. Sojourner will regularly assess the safety of the community, home, & participant which will support housing stability of survivors in RRH. Sojourner provides services intended to improve survivor safety & well-being that will affect housing stability, eg Sojourner can assist a survivor with successfully getting a restraining order & this service mitigates the risk of homelessness due to abuse for that survivor.
- 2) Sojourner uses a harm reduction philosophy & trauma-informed care, meeting survivors where they are in their current life situations, working with survivors to identify strategies to reduce their risk of victimization. Knowing the people they serve often come to them with mistrust of formal systems, Sojourner recognizes themselves as a partner advocate. Sojourner prioritizes staff time for trauma-informed care training that prepares staff for responding appropriately to challenging interactions with program participants.
- 3) Sojourner staff's trauma-informed & person-centered approach to give client agency & options in their decision making, housing, & engagement with services. Sojourner currently offers 1:1 counseling & support groups that can provide program participants with information on trauma. Sojourner also provides therapy services to children to specifically address their trauma experiences within the DV situation.
4. Sojourner uses CoC assessment info. to work with clients on strengths-based, person-centered individualized case plans addressing plans for working towards goals. Sojourner has designed a Central Data System which will allow them to implement the best screening tools available to accomplish the goal of helping victims find pathways to justice & healing.
- 5) Sojourner offers culturally sensitive case management & access County-wide translation services. Sojourner has staff that speak Spanish & Hmong. Sojourner publishes multilingual outreach materials to mitigate language barriers. Partners participate in CoC trainings covering equal access, cultural competence & nondiscrimination. Partners receiving HUD funds follow CoC nondiscrimination policy.
- 6) Sojourner offers support groups for residents in temporary housing. Sojourner provides support groups to survivors at various times throughout the week virtually & provides 1:1 virtual support. Sojourner offers child care to better support parents' access to support groups. Topics covered in Sojourner groups include: defining abuse, power & control tactics, explanation of systems, safety planning, practical tools to assess a batterer's change, effects of witnessing family violence on children, self-care, healing, assertiveness, & gender roles. SFPC has a goal to add a staff position due to high demand for support groups for survivors.
- 7) Sojourner offers child care to better support parents' access to support groups. Their services include parenting classes and parenting support group offering parenting education.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Sojourner is experienced in quickly moving survivors into safe, permanent housing while also providing supportive services. Supportive services include safety planning, case management, and creation of individualized service plans. Survivors receive support in accessing mental and substance abuse treatment, housing search, employment, and benefits (SSI/SSDI). Support has also been provided related to support groups, transportation needs, assistance with moving costs/utility deposits, and counseling. Sojourner is committed to a person-centered, trauma-informed care approach with decades of experience in offering supportive services to domestic violence survivors. Sojourner Family Peace Center is one of the two largest local DV shelters, interweaving shelter services with extensive supportive services for DV survivors and offering 24-hour crisis lines. Sojourner uses individualized service plans which are tailored to the unique needs of each survivor and evolve as living documents through the case management process, integrating health, social services, and employment supports. It maintains regular contact with participants and landlords, visiting participants in their units regularly. This regular, supportive contact has enabled them to immediately address any safety or tenancy issues.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

Describe in the field below examples of how the new project(s) will:

1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) This program will follow the Housing 1st model giving participants choice & agency over where they live in MKE County. New positions will complete administrative tasks related to HQS inspection of units, tenant rent calculations, & payments to landlords, as well as assistance with locating housing, negotiating with landlords, & maintaining stable tenancies, participants will be rapidly placed in housing. Sojourner will follow CoC transfers process - should a program participant determine they need a different unit due to safety concerns, Sojourner staff will work with landlord partners on relocation to new units, mutual lease terminations & eviction prevention. Sojourner will also provide safety planning, case management & advocacy & supported decision making to ensure ongoing housing stability of clients.
- 2) The proposed project will be staffed by with trauma-informed care (TIC) trained staff. Clients will have agency in their housing & engagement with services. The project will be Housing 1st & clients will not be terminated from the program for circumstances like income loss, breaking the lease & not participating in services. All partners are aware of the effect their approach has on clients' ability to regain control after experiencing victimizing situations. Sojourner has an established environment of agency & mutual respect in how they provide services.
- 3) Program participants will have access to voluntary support groups or 1:1 counseling offered by Sojourner. Staff will inform program participants of the impact on trauma & support program participants' holistic healing & recovery by providing TIC. Partners ensure regular TIC staff training.
- 4) Sojourner will regularly identify program participants' strengths in assessments & use strengths-based approach to guide case planning & case management service delivery. Sojourner will follow current best practices & evidence-based research to design new assessment & trafficking screening tools, as survivor needs may not be identified through standard homelessness assessment. Sojourner uses program participant questionnaires to assess satisfaction with services; & perception of safety & resource knowledge improvements.
- 5) Sojourner has hired staff that speak Spanish & Hmong to limit language barriers. Sojourner will provide multilingual written outreach material & crisis support. Sojourner will take advantage of County-wide translation services. Sojourner will participate in CoC trainings on equal access, cultural competence & nondiscrimination. Sojourner will assess their agency's fidelity to best practices on equal access by using agency self-assessment resources made available by HUD. Sojourner will follow CoC nondiscrimination policy.
- 6) Program participants may get involved in peer-led leadership of programs, input into policy & CoC initiatives through CoC-wide Peer Collaborative committee. Sojourner participants will have access to voluntary support groups offered by the agency. Sojourner will provide support groups & 1:1 support to survivors at various times throughout the week. Sojourner offers child care to better support parents' access to support groups. Topics covered in Sojourner group include: defining abuse, power & control tactics, explanation of systems, safety planning, practical tools to assess a batterer's change, effects of witnessing family violence on children, self-care, healing, assertiveness, & gender roles.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

- 1) This project will engage in listening sessions with CoC and other VSPs as well as monthly Category 4 policy meetings, which include people with lived expertise; and
- 2) the project will continue to engage survivors in monthly Category 4 workgroup meetings, which have been used to create policies and procedures specific to DV population and to revise existing policies. Project will involve survivors to identify gaps and training needed within the project and the broader CoC. Project participants also provide feedback through partnership with the United Way Family Initiative.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	COUNTY/HACM HOMEL...	09/25/2023
1C-7. PHA Moving On Preference	No	MOVE ON PREFERENCE	09/25/2023
1D-11a. Letter Signed by Working Group	Yes	Lived Experience ...	09/25/2023
1D-2a. Housing First Evaluation	Yes	Housing First eva...	09/25/2023
1E-1. Web Posting of Local Competition Deadline	Yes		
1E-2. Local Competition Scoring Tool	Yes	Scoring Tool	09/25/2023
1E-2a. Scored Forms for One Project	Yes	Example Scored Pr...	09/25/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Rejected/Reduced ...	09/25/2023
1E-5a. Notification of Projects Accepted	Yes	Accepted Applicat...	09/26/2023
1E-5b. Local Competition Selection Results	Yes		
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD HDX Report	09/25/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare formal...	09/25/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: COUNTY/HACM HOMELESS PREFERENCE

Attachment Details

Document Description: MOVE ON PREFERENCE

Attachment Details

Document Description: Lived Experience letter

Attachment Details

Document Description: Housing First evaluation

Attachment Details

Document Description:

Attachment Details

Document Description: Scoring Tool

Attachment Details

Document Description: Example Scored Project

Attachment Details

Document Description: Rejected/Reduced Projects

Attachment Details

Document Description: Accepted Applications email

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HUD HDX Report

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare formal commitment

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/06/2023
1B. Inclusive Structure	09/26/2023
1C. Coordination and Engagement	09/26/2023
1D. Coordination and Engagement Cont'd	Please Complete
1E. Project Review/Ranking	09/26/2023
2A. HMIS Implementation	09/26/2023
2B. Point-in-Time (PIT) Count	09/26/2023
2C. System Performance	Please Complete
3A. Coordination with Housing and Healthcare	09/26/2023
3B. Rehabilitation/New Construction Costs	09/26/2023
3C. Serving Homeless Under Other Federal Statutes	09/26/2023

4A. DV Bonus Project Applicants	Please Complete
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Notes:

4A. DV Bonus Project Applicants list contains 2 incomplete items.

Attachment 1C-7

PHA Homeless Preference

- **Milwaukee County Housing Authority (MCHA) Homeless Preference from Administration Plan**
- **Housing Authority of the City of Milwaukee (HACM) Homeless Preference – Other PHA-Developed Documents with the Written Policies**

Attachment 1C-7

PHA Homeless Preference

- **Milwaukee County Housing Authority (MCHA) Homeless Preference from Administration Plan**

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).

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)].

MCHA Policy

The MCHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families either according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. When selecting families from the waiting list PHAs are required to use targeted funding to assist only those families who meet the specified criteria, and PHAs are not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

MCHA Policy

Preferences

MCHA will aggregate preferences. That is, the more preferences a family holds, the higher they will be on the waiting list. Within each aggregate group, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the MCHA.

Example:

Family A qualifies for the veteran's preference, the residency preference, and the working preference.

Family B qualifies for the working preference and the residency preference.

Family C qualifies for the veteran's preference and the residency preference.

Family A will be selected before family B and family C, regardless of date and time of applications.

Earliest date and time of application will determine whether family B or family C will be selected first.

Targeted Funding

Families will be selected from the waiting list based on the targeted funding for which they qualify. Within each targeted funding category, families will be selected on a first-come, first-served basis according to the date and time their complete application or qualified referral is received by the MCHA.

Documentation will be maintained by the MCHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the MCHA does not have to ask higher placed families each time targeted selections are made.

Attachment 1C-7

PHA Homeless Preference

- **Housing Authority of the City of Milwaukee (HACM)
Homeless Preference ACOP & SECTION 8 ADMIN PLAN**

9.3 *FAMILIES NEARING THE TOP OF THE WAITING LIST*

When a family appears to be within three (3) months of being offered a unit, the family will be invited to an interview and the verification process will begin

The family will complete a full application, present Social Security number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

9.4 *PURGING THE WAITING LIST*

HACM will update and purge its waiting list on a regular basis to ensure that the pool of applicants reasonably represents the interested families for whom HACM has current information, i.e. applicant's address, family composition, income category, and preferences. It will be applicant's responsibility to notify HACM of any changes in address.

9.5 *REMOVAL OF APPLICANTS FROM THE WAITING LIST*

HACM will remove an applicant's name from the waiting list if:

- A. The applicant requests that the name be removed;
- B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program; or
- C. The applicant does not meet the eligibility criteria for the program.

9.6 *MISSED APPOINTMENTS*

All applicants who fail to keep a scheduled appointment with HACM will be withdrawn from the program.

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 *PREFERENCES*

HACM will select families based on the following preferences within each bedroom size category:

- A. Most in need (Also referred to as 'Catastrophic Life')
- B. Homeless Preference
- C. Designated Housing
- D. Broad Range of Income
- E. Placement from HACM-owned nonsubsidized housing

- F. Special programs
- G. All others

Based on the above preferences, all families in preference A will be offered housing before any families in preference B, preference B families will be offered housing before any families in preference C, and preference C families will be offered housing before any families in preference D.

The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

Catastrophic Life (Also referred to as ‘Most in Need’): The Housing Authority will accept referrals from third party agencies (i.e. social service, law enforcement, medical professionals) to consider those individuals who are currently experiencing extenuating circumstances that may warrant immediate housing consideration. In evaluating these requests, the Housing Authority will take into consideration, on a case-by-case basis, the severity of the extenuating circumstances and if, based on those circumstances, the referred individual warrants immediate housing consideration over all other applicants on the waiting list. Persons whose situations do not meet these criteria are not entitled to any type of appeal of this decision (as described in Section 7.5 Informal Review) but are allowed to submit an application for housing if the waiting list is open. Individuals whose situations do warrant special consideration under this policy must meet the Housing Authority’s screening and eligibility criteria.

Homeless Preference: HACM will apply a preference for an individual or family that is homeless, and it is limited to those that are directly referred to HACM from the Milwaukee Continuum of Care partnership or CoC Coordinated Entry System. Individuals cannot apply on their own to HACM.

At the time(s) that the waiting list is opened for this limited preference (as needed), HACM will provide notice to the Continuum of Care or Coordinated Entry of the total number of slots available at the time for this preference (which will be limited to a maximum number), any additional criteria for the preference (such as senior or disabled individuals, specific bedroom sizes for families, etc.), and the deadline for referrals.

Those that are eligible for the preference include individuals and families that meet the definition of homeless as defined in Category 1 or Category 4 homelessness, as defined in HUD’s PIH Notice 2013-15 (HA). HACM will rely on the Continuum of Care partner to verify that the individual or family qualifies for the preference. These definitions are below:

Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 4: Any individual or family who:

- a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
- b. Has no other residence; and
- c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing

The Continuum of Care partnership will continue to provide case management, if available, for homeless individuals housed under this program to help ensure stability of housing.

Designated Housing:

- A. **Developments with Units Designated for the Elderly and Disabled:** The following buildings have units that have been approved by HUD as being designated for a mixed population of elderly and disabled only: Arlington Court, College Court, Hillside Terrace, Lincoln Court, Locust Court, Mitchell Court and Riverview. In filling vacancies in these developments, equal preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families.
- B. **Developments with Units Designated as Elderly Only Housing:** The following buildings have units that have been approved by HUD as being designated for elderly only: Arlington Court, College Court, and Mitchell Court. In filling vacancies in these designated units, first priority will be given to elderly families. If there are no elderly families on the list, next priority will be given to the near elderly. Using these priorities, families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features who reside in the development that has the vacancy. If there are no families residing in that development needing the accessible unit, it shall then be offered to families residing in other developments who may benefit from the accessible unit. If there are no families residing in the other developments needing the accessible unit, it shall then be offered to applicants on the waiting list who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at HACM's expense) if, at a future time, a family requiring an accessible feature applies or a family requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30-day notice.

Special Programs: Occasionally, HACM may collaborate with a community-based organization to administer a special set-aside housing program to accommodate the needs of applicants with special circumstances that make it difficult for them to be admitted into or maintain occupancy in public housing. At the present time, HACM is proposing one program for such special program housing:

1. **MATC Partnership:** Milwaukee Area Technical College (MATC) is experiencing a number of students in their programs, including their Adult Promise Program, who are homeless and/or need housing stability to be able to complete their education. HACM will administer a separate waiting list for applicants referred by MATC for this special program. HACM will set aside a maximum of 20 units at our Hillside Terrace development for individuals or families in this situation. Selection of individuals for this housing will follow HACM's standard eligibility and suitability criteria, and will be based on availability of apartments in the appropriate bedroom size. MATC will provide counseling, case management, and financial assistance when necessary while HACM will provide services through our Jobs Plus program during the term of the Jobs Plus grant. Applicants who qualify for this program and meet eligibility and suitability guidelines will be given preference for available units to the extent necessary to meet the set-aside requirements. The public housing for each student is limited to a maximum of two years or for the term of their degree program if longer (i.e., until the next re-examination date after their graduation). After this, they will be required to move out of Hillside Terrace on their own to other housing so that other homeless students can be housed in the 20 slots.

10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family's unit size without overcrowding or over-housing:

9.3 *FAMILIES NEARING THE TOP OF THE WAITING LIST*

When a family appears to be within three (3) months of being offered a unit, the family will be invited to an interview and the verification process will begin

The family will complete a full application, present Social Security number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

9.4 *PURGING THE WAITING LIST*

HACM will update and purge its waiting list on a regular basis to ensure that the pool of applicants reasonably represents the interested families for whom HACM has current information, i.e. applicant's address, family composition, income category, and preferences. It will be applicant's responsibility to notify HACM of any changes in address.

9.5 *REMOVAL OF APPLICANTS FROM THE WAITING LIST*

HACM will remove an applicant's name from the waiting list if:

- A. The applicant requests that the name be removed;
- B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program; or
- C. The applicant does not meet the eligibility criteria for the program.

9.6 *MISSED APPOINTMENTS*

All applicants who fail to keep a scheduled appointment with HACM will be withdrawn from the program.

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 *PREFERENCES*

HACM will select families based on the following preferences within each bedroom size category:

- A. Most in need (Also referred to as 'Catastrophic Life')
- B. Homeless Preference
- C. Designated Housing
- D. Broad Range of Income
- E. Placement from HACM-owned nonsubsidized housing

- F. Special programs
- G. All others

Based on the above preferences, all families in preference A will be offered housing before any families in preference B, preference B families will be offered housing before any families in preference C, and preference C families will be offered housing before any families in preference D.

The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

Catastrophic Life (Also referred to as ‘Most in Need’): The Housing Authority will accept referrals from third party agencies (i.e. social service, law enforcement, medical professionals) to consider those individuals who are currently experiencing extenuating circumstances that may warrant immediate housing consideration. In evaluating these requests, the Housing Authority will take into consideration, on a case-by-case basis, the severity of the extenuating circumstances and if, based on those circumstances, the referred individual warrants immediate housing consideration over all other applicants on the waiting list. Persons whose situations do not meet these criteria are not entitled to any type of appeal of this decision (as described in Section 7.5 Informal Review) but are allowed to submit an application for housing if the waiting list is open. Individuals whose situations do warrant special consideration under this policy must meet the Housing Authority’s screening and eligibility criteria.

Homeless Preference: HACM will apply a preference for an individual or family that is homeless, and it is limited to those that are directly referred to HACM from the Milwaukee Continuum of Care partnership or CoC Coordinated Entry System. Individuals cannot apply on their own to HACM.

At the time(s) that the waiting list is opened for this limited preference (as needed), HACM will provide notice to the Continuum of Care or Coordinated Entry of the total number of slots available at the time for this preference (which will be limited to a maximum number), any additional criteria for the preference (such as senior or disabled individuals, specific bedroom sizes for families, etc.), and the deadline for referrals.

Those that are eligible for the preference include individuals and families that meet the definition of homeless as defined in Category 1 or Category 4 homelessness, as defined in HUD’s PIH Notice 2013-15 (HA). HACM will rely on the Continuum of Care partner to verify that the individual or family qualifies for the preference. These definitions are below:

Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

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- a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
- b. Has no other residence; and
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The Continuum of Care partnership will continue to provide case management, if available, for homeless individuals housed under this program to help ensure stability of housing.

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- B. **Developments with Units Designated as Elderly Only Housing:** The following buildings have units that have been approved by HUD as being designated for elderly only: Arlington Court, College Court, and Mitchell Court. In filling vacancies in these designated units, first priority will be given to elderly families. If there are no elderly families on the list, next priority will be given to the near elderly. Using these priorities, families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features who reside in the development that has the vacancy. If there are no families residing in that development needing the accessible unit, it shall then be offered to families residing in other developments who may benefit from the accessible unit. If there are no families residing in the other developments needing the accessible unit, it shall then be offered to applicants on the waiting list who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at HACM's expense) if, at a future time, a family requiring an accessible feature applies or a family requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30-day notice.

Special Programs: Occasionally, HACM may collaborate with a community-based organization to administer a special set-aside housing program to accommodate the needs of applicants with special circumstances that make it difficult for them to be admitted into or maintain occupancy in public housing. At the present time, HACM is proposing one program for such special program housing:

1. **MATC Partnership:** Milwaukee Area Technical College (MATC) is experiencing a number of students in their programs, including their Adult Promise Program, who are homeless and/or need housing stability to be able to complete their education. HACM will administer a separate waiting list for applicants referred by MATC for this special program. HACM will set aside a maximum of 20 units at our Hillside Terrace development for individuals or families in this situation. Selection of individuals for this housing will follow HACM's standard eligibility and suitability criteria, and will be based on availability of apartments in the appropriate bedroom size. MATC will provide counseling, case management, and financial assistance when necessary while HACM will provide services through our Jobs Plus program during the term of the Jobs Plus grant. Applicants who qualify for this program and meet eligibility and suitability guidelines will be given preference for available units to the extent necessary to meet the set-aside requirements. The public housing for each student is limited to a maximum of two years or for the term of their degree program if longer (i.e., until the next re-examination date after their graduation). After this, they will be required to move out of Hillside Terrace on their own to other housing so that other homeless students can be housed in the 20 slots.

10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Attachment 1C-7

PHA Moving On Preference

- **Milwaukee County Housing Authority (MCHA) Moving On Preference from Administration Plan**

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. *→ moving on* ★

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).

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)].

MCHA Policy

The MCHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families either according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. When selecting families from the waiting list PHAs are required to use targeted funding to assist only those families who meet the specified criteria, and PHAs are not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

MCHA Policy

Preferences

MCHA will aggregate preferences. That is, the more preferences a family holds, the higher they will be on the waiting list. Within each aggregate group, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the MCHA.

Example:

Family A qualifies for the veteran's preference, the residency preference, and the working preference.

Family B qualifies for the working preference and the residency preference.

Family C qualifies for the veteran's preference and the residency preference.

Family A will be selected before family B and family C, regardless of date and time of applications.

Earliest date and time of application will determine whether family B or family C will be selected first.

Targeted Funding

Families will be selected from the waiting list based on the targeted funding for which they qualify. Within each targeted funding category, families will be selected on a first-come, first-served basis according to the date and time their complete application or qualified referral is received by the MCHA.

Documentation will be maintained by the MCHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the MCHA does not have to ask higher placed families each time targeted selections are made.



City of Milwaukee Continuum of Care – WI-501
Healthcare Clinic Serving the Milwaukee CoC Geographic Area
Letter of Commitment

October 11, 2022

To whom it may concern:

The mission of Outreach Community Health Centers (OCHC) is to provide high-quality primary, family and behavioral health services to people throughout the Greater Milwaukee area while maintaining its founding mission to serve the homeless, people experiencing extreme poverty and the uninsured. Over the last 39 years, our programs have grown to provide a strong continuum of services that respond to the whole life needs of our patients and clients, and deliver those services at five locations in Milwaukee.

OCHC has an extensive homeless outreach team with ten staff at any given time. OCHC is committed at providing medical services to the Milwaukee CoC to assist in reducing the street homeless count.

OCHC has a new Medical Mobile Unit staffed by a physician that goes to shelters and encampments to provide medical services including health screenings, blood pressure checks, and other medical services. OCHC is fortunate to provide behavioral health treatment in an outpatient setting as well as comprehensive clinical case management to support the whole person. These services are offered to the street homeless population.

We are fully committed in partnering with the Milwaukee Continuum of Care with the goal of reducing the population that are street homeless.

Sincerely,

A handwritten signature in black ink that reads "Angela C. Sanders". The signature is written in a cursive style.

Angela C. Sanders, Psy.D.
Interim CEO