



2023 WIBOSCOC Community Partner Survey

Thank you for participating in this survey. Your participation is vital to the mission of the Balance of State Continuum of Care (BOSCOC) to end homelessness in Wisconsin. Individual responses will only be identifiable by CoC region. Your comments and answers will not be attributable to you or your agency, unless you choose to share that information with us. The Gaps and Needs Committee will present the cumulative results of this survey and the Committee's recommendations to the BOSCOC membership in early 2024.

The deadline for survey responses is January 31, 2024. The survey should take no longer than 10 minutes to complete.

Thank you again for your time and for all you do to support individuals and families experiencing homelessness in your community.

* 1. In which local coalition and/or county do you work?

- | | |
|--|---|
| <input type="checkbox"/> Brown | <input type="checkbox"/> Florence, Marinette, Menominee, Oconto, or Shawano (Northeast) |
| <input type="checkbox"/> Waupaca, Waushara, Portage, Marquette (East Central) | <input type="checkbox"/> Ashland, Bayfield, Douglas, Iron, or Price (Northwest) |
| <input type="checkbox"/> Adams, Columbia, Dodge, Juneau, or Sauk (Central) | <input type="checkbox"/> Forest, Langlade, Oneida, or Vilas (NWISH) |
| <input type="checkbox"/> Crawford, La Crosse, Monroe, or Vernon (Coulee) | <input type="checkbox"/> Ozaukee |
| <input type="checkbox"/> Buffalo, Eau Claire, Jackson, or Trempealeau (Dairyland) | <input type="checkbox"/> Rock/Walworth |
| <input type="checkbox"/> Calumet & Outagamie (Fox Cities) | <input type="checkbox"/> Grant, Green, Iowa, Lafayette, or Richland (Southwest) |
| <input type="checkbox"/> Burnett, Clark, Rusk, Sawyer, Taylor, or Washburn (Rural North) | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Waukesha |
| <input type="checkbox"/> Kenosha | <input type="checkbox"/> Barron, Chippewa, Dunn, Pepin, Pierce, Polk, or St. Croix (West Central) |
| <input type="checkbox"/> Door, Kewaunee, Manitowoc, or Sheboygan (Lakeshore) | <input type="checkbox"/> Fond du Lac, Green Lake, or Winnebago (Winnebagoland) |
| <input type="checkbox"/> Lincoln, Marathon, or Wood (North Central) | |

* 2. What system or profession do you represent?

- Education
- Healthcare
- Private Business
- Media
- Appointed/Elected Official
- Legal Services
- Faith-based Organization
- Other (please specify)
- Human/Social Service
- Public Housing Authority
- Section 8 Housing/Subsidized housing unit manager
- Law Enforcement/Public Safety/First Responders
- Victim Services Agency
- I do not represent an agency



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* 3. What type of agency do you work for? (check all that apply)

- Continuum of Care (COC) funded
- EHH funded (ESG, HAP, HPP)
- Homeless Prevention
- Veteran Services
- Emergency Shelter
- Victim Service Agency
- Housing Authority/Housing Agency
- Local City/County Government Agency
- Education/School District/Head Start
- Hospital/Clinic/Healthcare
- Community based non-profit
- None of the above
- Other (please specify):

4. If you are willing, please share the name of the agency you work for.

* 5. My agency most often works with people who are in need of (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Emergency shelter (short term/temporary housing 0-3 months) | <input type="checkbox"/> Income-based housing |
| <input type="checkbox"/> Rapid Re-housing (for a limited term of 6-24 months) | <input type="checkbox"/> Eviction Prevention |
| <input type="checkbox"/> Transitional Living (long-term assistance 12-24 months) | <input type="checkbox"/> Diversion |
| <input type="checkbox"/> Permanent Supportive Housing (24 months - permanent housing) | <input type="checkbox"/> Case Management/Stabilization Services |
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> N/A - not affiliated with an agency/service provider |
| <input type="checkbox"/> Domestic abuse services or other victim advocacy | |
| <input type="checkbox"/> Other (please specify) | |

6. How would you rank the following list of housing-specific needs in your community, with 1 being the most significant need and 6 being the least.

- Emergency shelter (short term/temporary housing 0-3 months)
- Rapid Re-housing (medium term assistance 6-12 months)
- Transitional Living (long term assistance 12-24 months)
- Permanent Supportive Housing (24 months and beyond)
- Security deposit / first month rent
- Eviction prevention (1-3 months of rental assistance)

* 7. From your perspective, what (if any) non-housing resources do you see as lacking in your local housing coalition that may be contributing to homelessness and housing instability in the communities you serve? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Ongoing Case Management |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Education |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Financial literacy |
| <input type="checkbox"/> Food | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Mental Health Treatment |
| <input type="checkbox"/> Medication Payment Assistance | <input type="checkbox"/> Sexual Assault/Domestic Violence/Human Trafficking Victim Services |
| <input type="checkbox"/> Insurance Coverage | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Access to Social Security Benefits | |
| <input type="checkbox"/> Other (please specify) | |

* 8. What are the barriers for people accessing affordable housing in your area? (check all that apply)

- Landlords will not work with housing assistance/providers
- Landlords will not work with people without a rental history
- Client history (poor credit, criminal background, evictions)
- People with mental health challenges, have recently been incarcerated, etc.
- Not enough rental units under the fair market rate
- Lack of available units
- Unit does not pass HQS/habitability standards
- Other (please specify)

9. What is your level of involvement with your **local homeless coalition**? (check all that apply)

- Attend local homeless coalition meetings regularly
- Participate on a committee or workgroup
- Participate in strategic planning efforts
- Other (please specify)
- Attend case conferencing
- On the email distribution list
- None

10. What is your level of involvement with the **Wisconsin Balance of State COC**? (check all that apply)

- Participate on the Board of Directors
- Participate on a committee or workgroup
- Attend quarterly meetings
- Other (please specify)
- Attend trainings (virtually or in-person)
- On the email distribution list
- None



* 11. Do you know what “housing first” means?

- Yes
- No
- Unsure

If yes, has your agency adopted housing first into policy, procedures, and practice for people experiencing homelessness?

* 12. Does your housing coalition conduct street outreach to people experiencing homelessness?

- Yes
- No
- Unsure

* 13. Does your agency participate in the January and July Homeless Point in Time Count?

- Yes
- No
- Unsure



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* 14. Do the services offered within your local housing coalition meet the needs of those experiencing homelessness?

- Yes
- No
- Unsure

If no, please explain the services needed to meet the needs of those experiencing homelessness.

15. As a key partner or service provider in your local housing coalition, do you have any other feedback on how to improve services to end homelessness in your community and throughout Wisconsin?



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Thank you!

Your feedback is appreciated!