

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

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The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

1A-1. CoC Name and Number: WI-500 - Wisconsin Balance of State CoC

1A-2. Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

- 1. participated in CoC meetings;**
- 2. voted, including selecting CoC Board members; and**
- 3. participated in the CoC’s coordinated entry system.**

| Organization/Person | Participates in CoC Meetings | Votes, including selecting CoC Board Members | Participates in Coordinated Entry System |
|---|------------------------------|--|--|
| Local Government Staff/Officials | Yes | Yes | Yes |
| CDBG/HOME/ESG Entitlement Jurisdiction | Yes | Yes | No |
| Law Enforcement | No | Yes | Yes |
| Local Jail(s) | No | Yes | No |
| Hospital(s) | No | Yes | Yes |
| EMS/Crisis Response Team(s) | Yes | Yes | Yes |
| Mental Health Service Organizations | Yes | Yes | Yes |
| Substance Abuse Service Organizations | Yes | Yes | Yes |
| Affordable Housing Developer(s) | Yes | Yes | Yes |
| Disability Service Organizations | Yes | Yes | No |
| Disability Advocates | Yes | Yes | Yes |
| Public Housing Authorities | Yes | Yes | Yes |
| CoC Funded Youth Homeless Organizations | Yes | Yes | Yes |
| Non-CoC Funded Youth Homeless Organizations | Yes | Yes | Yes |

| | | | |
|--|-----|-----|-----|
| Youth Advocates | Yes | Yes | Yes |
| School Administrators/Homeless Liaisons | No | Yes | Yes |
| CoC Funded Victim Service Providers | Yes | Yes | Yes |
| Non-CoC Funded Victim Service Providers | Yes | Yes | Yes |
| Domestic Violence Advocates | Yes | Yes | Yes |
| Street Outreach Team(s) | Yes | Yes | Yes |
| Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates | Yes | Yes | Yes |
| LGBT Service Organizations | No | Yes | No |
| Agencies that serve survivors of human trafficking | Yes | Yes | Yes |
| Other homeless subpopulation advocates | Yes | Yes | Yes |
| Homeless or Formerly Homeless Persons | Yes | Yes | Yes |
| Mental Illness Advocates | Yes | Yes | Yes |
| Substance Abuse Advocates | Yes | Yes | Yes |
| Other:(limit 50 characters) | | | |
| Vet Specific: SSVF, VHRP, VA, CVO, State DVA, VORP | Yes | Yes | Yes |
| HMIS, United Way, Legal Action, College/tech, LL | Yes | Yes | No |
| Library, meal site, faith, city dept, workforce res | No | Yes | Yes |

1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
- 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
- 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
- 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)**

The CoC solicits opinions on policy, process, standards & governance through electronic surveys, open feedback requests via website & sent out by email & in person discussions. The Board Chair maintains a “parking lot” for ideas & further areas of discussion virtually & at quarterly mtgs. People can write or email the Chair directly. Requests for input are emailed to CoC & ESG funded org & the 21 local homeless coalition members that comprise the BOS. Anyone can be added to the BOS email list. Locally, these coalitions are comprised of agencies including special pop, county services (public health, DHS, sheriff), local gov’t, school, police, shelter, faith-based, PHA, hospitals, advocates, people w/lived experience & anyone else interested in homelessness. Each coalition appoints a lead & that person serves as a conduit to/from the CoC. The BOS hosts 4, 2-day mtgs for the full membership, rotating locations & inviting anyone to attend at accessible locations. Invites are emailed, posted on website & social media. All mtg. minutes are posted on the website along

w/presentation materials & handouts & an electronic survey seeking feedback is emailed to attendees. Most doc are posted in PDF format & available for translation or other accommodation. Survey & parking lot results are discussed by the Board & used in strategic planning & decision making. Criminalization, health care & written standards were posted for comment, reminded by email & sent out electronically in the newsletter. Board reviewed comments, discussed & approved final version. All policies are posted PDF on website & emailed to local coalition leads. Our process involves open ended requests from the most people possible across the entire BOS to generate the most comprehensive set of polices & procedures reflective of our diverse CoC. Gathering information from a variety of sources & methods ensures all voices are heard when revising & developing our strategies for preventing & ending homelessness.

1B-2. Open Invitation for New Members.

Applicants must describe:

- 1. the invitation process;**
 - 2. how the CoC communicates the invitation process to solicit new members;**
 - 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
 - 4. how often the CoC solicits new members; and**
 - 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

W/an ongoing open invite policy, the CoC hosts 4 mtgs/year open to anyone w/rotating locations to enhance attendance. The agenda & reg are posted & advertised by email, website & social media. Materials are available electronically & modified upon request. The CoC Director does targeted outreach to statewide groups-County, PHA, DCF, DHHS, DPI & other state agencies to encourage involvement. Day 1 focuses on training, best practices & TA. Presentations & materials are posted on the website & sent out electronically. Org bylaws define the BOS 501c3 membership as 21 distinct local coalitions that cover the entire CoC. Each coalition elects a delegate for CoC mtgs, a PIT & local CE lead. Each coalition has an ongoing invite policy or solicitation for new members including "bring a friend," create consumer advisory councils & engage in targeted outreach to former or current clients. The process must be open to the public, conducted at least annually & communicated through multiple mediums—email, website, social media. Agency rep include DV, vets, youth, county staff, local gov't, school, police, shelters, faith-based, PHA, free clinic, hospitals, other special pop specific groups, advocates, crisis staff & housing providers. Shelters & housing providers are asked to share info & invite clients to attend. Community members are recruited for specific knowledge & expertise. Anyone can attend CoC mtgs, join committees, attend in person & online trainings. Committees are led by Board members w/open invites & targeted recruitment at least annually. Committees focus on policy issues such as discharge, CE, SPM, diversion, emergency shelter & youth. They meet virtually & during CoC mtgs. The youth advisory board rotates locations to increase attendance, minimize barriers, gather local input & engagement. CoC staff help formalize local structure, increase consumer engagement at local & CoC level & approve local gov docs to ensure

transparency, accountability & consistency.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
 - 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
 - 3. the date(s) the CoC publicly announced it was open to proposal;**
 - 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
 - 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**
- (limit 2,000 characters)**

For FY19, the CoC notified the public of the competition & timelines by email 7/12 & on website 7/15. RFP materials & deadlines for bonus, including the scoring rubric are posted on website & by email 7/21 & DV bonus 8/6. All notices are sent to the entire CoC & local coalition members. The app instructions describe the open process & submission req. It specifically states that applicants are not req to be CoC or EH funded. RFP was discussed in person at the CoC mtg 8/9. There were 3 diff new proj app options: Transition, Bonus-Reall & DV-Bonus RRH expansion. All materials were available electronically & format modified upon request. All proposals & supporting doc were submitted electronically to the CoC Director by the deadline. The Board review team objectively read & scored all apps using the previously published rubric. Only Directors w/out a conflict participated. Each review form was submitted to the CoC Director to compile & calculate scores. No one applied to transition or DV bonus. The Bonus criteria included agency experience w/target pop, budget, match, quality of investment (cost & # clients housed), need (PIT, HMIS, System Perf, PPRN, CE priority list), timeline, outreach, fiscal capacity, local coalition support, BOS involvement, commitment to Housing First & CE. For RRH, a plan for CH & higher barrier clients must exist & current landlord relationships. For PSH, a plan for collaboration w/medical providers & plan for a moving up exit strategy must be identified. It was critical that data clearly supported the need for the project & the agency is in good standing with the State, HUD & CoC. Bonus projects were ranked by % of total narrative score & awarded w/available funding. The Board & CoC were notified by email 9/5 & results posted on website 9/3. All projects, new & renewal, must agree to committee participation, active involvement with PIT twice/year & in their local coalition, attend quarterly BOS mtgs, resolve monitoring findings & adhere to CE.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

| Entities or Organizations the CoC coordinates planning and operation of projects | Coordinates with Planning and Operation of Projects |
|---|---|
| Housing Opportunities for Persons with AIDS (HOPWA) | Yes |
| Temporary Assistance for Needy Families (TANF) | Yes |
| Runaway and Homeless Youth (RHY) | Yes |
| Head Start Program | Yes |
| Funding Collaboratives | Yes |
| Private Foundations | Yes |
| Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs | Yes |
| Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs | Yes |
| Housing and service programs funded through other Federal resources | Yes |
| Housing and services programs funded through State Government | Yes |
| Housing and services programs funded through Local Government | Yes |
| Housing and service programs funded through private entities, including foundations | Yes |
| Other:(limit 50 characters) | |
| Legal Action, fair housing & reg planning comm | Yes |

| | |
|---|-----|
| Consumer Credit & workforce development board | Yes |
|---|-----|

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

The CoC Director consults & collaborates directly with the State of WI-ESG recipient on planning, prioritizing, funding allocation, PIT req, SPM, cert process, policy & monitoring. There are also in person mtgs, emails, phone calls & group mtgs w/the other WI CoC leaders & HMIS lead. Consensus re: special allocations & state funds was carried over from 18-19. For 20-21, we will meet to review the allocation formula, perf outcomes & priorities. With current state legis support, more state funding is possible & provides an opp to relook at the way state funding is disbursed & integrated w/ESG funds. Locally, to apply for ESG, all agencies must be certified by BOS through an application process. This ensures orgs can meet req. for perf, CoC participation, fiscal capacity & compliance. Agencies retain local control over disbursement but the cert allows BOS oversight on perf, outcome eval & monitoring. Applicants agree to attend CoC mtgs, comply CE, PIT & CoC policies, submit data & participate on a committee. The CoC & State have a MOU providing for direct open dialogue on issues of monitoring, evaluation, findings & action plans. At CoC mtgs, the Director reviews SPM, PIT & CE data, hosts round tables to generate discussion & debate. The State ESG staff frequently attends, provides key insight & feedback to members, engaging in conversation & is invited to join committees & conduct joint trainings. The SPM committee & BOS staff are resp for ESG project eval & reporting. HMIS data is reviewed quarterly & w/the State staff to identify areas of concern, recommendations for monitoring or TA. The CoC Director & HMIS lead ensure PIT & SPM data is available for local coalition planning, Con Plan updates & Board review. BOS staff work to enhance the rel & provided data to the 15 Con plan juris at a CoC level. Locally, agencies participate in focus groups, planning mtgs, surveys & 1:1 consultations to ensure local homeless info is communicated & address in Con Plans.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Yes

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:

- 1. the CoC’s protocols, including protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)**

All CoC & ESG proj are req to use CE, which has a specific victim centered process for survivors prioritizing safety, maximizes client choice & ensures confidentiality. With full membership approval, this process is part of the CoC CE policies. Referrals can be made to an anonymous non-HMIS PL. The list cannot contain personally identifiable info, links to an agency-created unique id & the agency’s contact info. The list is maintained by 1 coalition approved person. The BOS system is no wrong door w/all people assessed & screened for safety concerns, DV shelter & supports. If survivors present at non-DV door, an offer is made to connect w/DV services. If presenting at a DV door, advocates engage directly w/client. Informed consent, trauma informed practice, victim centered services are present in each step w/safety & confidentiality concerns addressed. Client must provide specific consent regarding what will be shared w/whom. The CE pre-screen form specifically serves to gather basic info & as a release to submit a referral to the PL for housing & services. Staff are trained on WI DOJ Safe at Home program. If a person declines the referral, other housing & services are explored including DOJ & HHS. All CoC & ESG proj follow housing first w/client selected housing that best meets their space, location & security needs. All CoC & ESG projects are required to have an emergency transfer plan & this is reviewed during monitoring. All info collected is locked, secured or shredded. Staff provide access to basic needs (food, meds, clothing), 24 hr crisis lines, advocacy, transportation, counseling & support groups. Safety plans are created based on identified risks, patterns, natural supports & client driven goals. W/in each coalition, there are a variety of programming available including CoC, ESG, DOJ & HHS as well as local funds. Projects collaborate to match needs w/the appropriate housing & service interventions w/client choice & safety as the overarching priorities.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:

- 1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in**

2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence. (limit 2,000 characters)

The CoC coordinates w/victim service providers & the Statewide DV Coalition (End Abuse WI) to provide annual training at quarterly BOS mtgs to the full membership, including CoC project & CE staff, on best practices in working w/DV survivors, safety & planning protocols & the unique circumstances. The mtg agenda & registration are emailed to all members, local coalitions & posted on the website w/the 1st day geared toward CE & direct service staff. In May 2019, WI DOJ did an in person training on Safe @ Home-confidential address program. In July 2019, End Abuse WI staff conducted an online training on DV 101 & safety planning principles & in Sept. a training on DV & immigrants. State experts are invited to present on addtl topics including trauma informed care, housing first & motiv interviewing. BOS requires CoC-wide CE training for new users, including DV screening, conducting the assessment in a trauma informed manner & referrals to the anonymous Non-HMIS PL. All providers must create safe & conf access to CE. Victim service providers & local coalitions host trainings open & advertised in the community on topics such as Trauma informed CM, Serving Survivors of Trafficking, Intruder Training, ACES, Crime Victim Comp, Mental Health & Survivors, Effects on Children, DV & Older Survivors, Serving LGBT, Strengthening Families Protective Factors, Digital Abuse, Health Relationships & Conflict Resolution, legal advocacy & immigration issues & safety planning. Many victim service providers are also involved w/their local S/A Response Team & Coordinated Community Response Team. Victim service providers are actively involved in their local coalitions & on CoC committees including ES/diversion & CE. As a DV advocate, an End Abuse WI staff serves on the CoC Board & chairs the Gaps & Needs committee. The BOS & End Abuse WI signed an MOU to ensure adequate training & resources are available to DV providers, CoC project staff, sub-grantees of the DV RRH bonus funds & CE staff.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC uses data from multiple sources (ESG reports, HIC, Non-HMIS PL & PIT) to assess the scope of community needs related to DV/SA. ESG recipients are req to provide quarterly de-identified aggregate data from a comparable database. All shelters & housing programs are required to provide a count & inventory on the 4th Wed. each month. Located on google drive, the HIC is shared w/the ESG grant admin to ascertain utilization rates as a factor in the ESG allocation formula. Monthly, CE leads review HMIS & non-HMIS PL data to determine needs, length of time, identify errors & ensure compliance w/CE participation req. The non-HMIS PL does not contain personally identifiable info & referrals are connected to an agency-created unique id & agency’s contact info. For the 1st time, CE data provides live time info on who is seeking housing & services in the 21 local coalitions that comprise the CoC illustrating scope & quantifies the need. CE data includes those not seeking emergency services &

often otherwise missed during the PIT count process. The BOS conducts a PIT 2/year (Jan & July). The PIT provides a unique opportunity to include non-DV & DV shelter & TH w/those sleeping in places not meant for human habitation info into 1 data set. DV providers use a non-HMIS template to collect the same info required of those using HMIS. There is also a chart used to de-duplicate the data set for the entire BOS. All 4 de-identified aggregate data sources provide a more comprehensive look at the coalition-level & CoC-wide housing & service needs for DV survivors. It helps w/local planning, identification of gaps, funding priorities & allocation, coordination & operation of services. Data shows who is & is not being served in the CoC. Trend & gap data, family composition, location, special needs provide a foundation for new resources, expanding public awareness & encouraging community engagement. The CoC can use the data to enhance local programming & advocate at the state level.

***1C-4. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC’s geographic area.

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry | PHA has General or Limited Homeless Preference | PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On |
|-------------------------------------|--|--|--|
| Eau Claire County Housing Authority | 42.11% | Yes-Both | Yes-Both |
| Brown County Housing Authority | 21.24% | Yes-HCV | Yes-HCV |

1C-4a. PHAs’ Written Policies on Homeless Admission Preferences.

Applicants must:

1. provide the steps the CoC has taken, with the two largest PHAs within the CoC’s geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or

2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

The BOS covers 69 counties in WI w/many PHA. The majority do not have a homeless preference. Locally, providers & coalitions try to work w/ PHA to discuss prioritization, wait lists, CE, referrals & admin plan changes. Some have been advocating for 10+ years for change. Most PHAs wish to continue the closed wait list, 1st come/serve policy. PHA are invited to attend local coalition meetings, discuss concerns & address issues. PHA are invited to attend the CoC quarterly mtgs. The CoC Director has presented multiple times at PHA annual mtgs & trainings, specifically discussing the importance of collaboration & need for partnership. The CoC is working on more guidance for PHAs interested in knowing how other PHAs adopted preferences & clarify the process. The WI Housing & Economic Development Authority (WHEDA) administers Section 8 HCV in 41 rural counties & refuses to alter their admin

plan or allow for local flexibility. WHEDA sub-contracts to local non-profits or agents (often running CoC/ESG PH projects) & will not allow those agencies to change service delivery, preferences, or wait list practices for the Section 8 HCV despite data to demonstrate the local need or respond to local coalition requests. The CoC Director continues to try, has addressed it with the new leadership & the interagency council. 2 examples of success are: EC Cty HA & Brown Cty HA, located on opposite sides of WI & great partners w/the BOS. In 2018, each were interested in applying for FUP vouchers. As a condition of support, the CoC required each to maintain a homeless preference, use CE if awarded FUP, remain engaged in their local coalitions & establish a move up strategy & policy in partnership with the PSH project in the community. Each agreed. EC Cty HA has 10 set aside & Brown Cty has a priority. The BOS staff continue to work w/each PHA on issues, attend mtgs & provides TA, especially on CE. Locally, the PHAs continue to be actively involved in the effort to end homelessness.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

In 41 counties, WHEDA (State run agency) administers HCV & refuses to allow prioritization, change the admin plan or create a move on strategy. Although the Gov. approved CH priority, it has not happened. Many PHA held mtgs to vote against adopting a homeless pref. To sign a FUP app MOU, the BOS req all PHA to have a homeless preference & move on strategy. Brown & Eau Claire Cty agreed, drafted a resolution & amended their admin plans. EC Cty PHA has 10 HCV for moving on & Brown Cty has a priority. Appleton PHA has a HCV pref to move on from VASH or HOME-TBRA & 10 units set aside for homeless families at a tax credit property. Walworth County HA has a HCV pref to move on from their site based singles PSH proj. In La Crosse, there are 2 LIHTC dev that each have set aside units for homeless or those ready to move on from CoC/ESG PH projects: 1 w/6 set aside units & 1 w/15 project-based HCV vouchers for homeless vets. PHA of the City & County of Waukesha has HCV pref to move on from TH.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)

All CoC/ESG agencies are req to comply w/equal access/gender identity rules &

their own agency's policies against discrimination. To be in good standing, all agencies must adhere to the CoC anti-discrimination policy-incorporated in the CE manual, client rights & resp form, org bylaws & gov charter. Compliance is reviewed during the monitoring process, including CE. Annually, the CoC provides training to full membership at quarterly mtgs on fair housing, addressing discrimination under the Fair Housing Act & the Equal Access/Gender Identity rule. May 2019-HUD TA did Equal Access/Gender Identity training, open to the public & targeted to CoC/ESG direct service & CE staff. The focus was on effective implementation, common mistakes, questions & compliance. The State ESG Grant Admin was also in attendance. Nov. 2018-Expert facilitated a ½ day conversation on understating WI's racial disparities, implications & addressing fair housing discrimination. CoC staff watch online nat'l trainings & share w/membership through our electronic monthly newsletter. Anyone can sign up. Locally, coalitions share resources, partnering to provide trainings & facilitate discussions. Coalitions target outreach to the LGBT community working w/centers & support groups to advertising services & CE; invite stakeholders to mtgs; req input as to gaps in the community & support inclusion & awareness of unique needs. Trainings on culturally aware workplaces, implicit bias & mapping racial disparities. Coalitions have conducted fair housing study, review results & plan for action. Agencies incorporate fair housing & best practices into new hire trainings, engage in advocacy & become designated safe spaces. Collaboration includes DV & LGBT orgs providing services to those at risk or experiencing violence; school districts providing training on school safety to create a safe haven for all youth, including LGBT; educating private landlords & associations of the req, terminology & legal protections.

***1C-5a. Anti-Discrimination Policy and Training.**

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

| | |
|---|-----|
| 1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source? | Yes |
| 2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act? | Yes |
| 3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing? | Yes |

***1C-6. Criminalization of Homelessness.**

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

| | |
|---|-------------------------------------|
| 1. Engaged/educated local policymakers: | <input checked="" type="checkbox"/> |
| 2. Engaged/educated law enforcement: | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| 3. Engaged/educated local business leaders: | <input checked="" type="checkbox"/> |
| 4. Implemented communitywide plans: | <input checked="" type="checkbox"/> |
| 5. No strategies have been implemented: | <input type="checkbox"/> |
| 6. Other:(limit 50 characters) | |
| CIT: crisis intervention training | <input checked="" type="checkbox"/> |
| CIP-community intervention partner prog | <input checked="" type="checkbox"/> |
| edu, outreach, advocacy-community @ large | <input checked="" type="checkbox"/> |

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:

- 1. demonstrate the coordinated entry system covers the entire CoC geographic area;**
- 2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and**
- 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)**

The BOS CE system covers 100% of CoC, all 69 counties. Divided into 20 local CE areas, each coalition picks a lead w/18 of 20 receiving SSO funding. The last 2 are compliant w/CE but small w/limited partners & resources. Because of size, the CoC uses a no wrong door approach to housing & services w/all CE policies, order of priority & written standards approved by the membership & prioritize people most in need. CoC system is dynamic & ensures all people are referred to all available resources for which they're prioritized & eligible. All HH w/out kids are prioritized on 1 PL for all project types & all HH w/kids in another. Priorities: PSH = CH w/LOTH & then non-CH w/highest LOTH & VISPDAT; TH = cat 1 & 4 w/disabilities; RRH = cat 1 w/highest VISPDAT score. Coalitions must comply w/process, marketing, outreach & use the after hour plan. Marketing must target those not engaged, unaware of the process & least likely to access services w/o special outreach. Accommodations must be made for fair/equal access. Urban-PATH does out & in reach; rural-DVA has a program to do outreach for vets & agencies must address the limited funding & size of their coalitions to ensure people have access to the system. Entire CoC does outreach 2/yr across BOS for PIT. After client consents, CE requires all CoC/ESG agencies to conduct an initial comprehensive assessment of housing & service needs w/referral to HMIS/non-HMIS PL w/follow up to ensure help is provided timely. The CoC actively encourages non-funded or other systems of care (DHS, hospitals, PHA, schools) to participate in CE. The non-HMIS PL referral process is available all, i.e DV staff, school districts, youth-serving org & hospital/jail discharge. In 2020, CoC staff will specifically target systems of care to address privacy & follow up concerns, create templates & trainings. CE data shows live time need, showing gaps at community & CoC level: High # of

CH=more PSH beds; high # of high barrier not CH=more RRH w/intense CM.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1D-1. Discharge Planning Coordination.

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

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

1E. Local CoC Competition

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

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***1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.**

Applicants must indicate whether the CoC:

| | |
|--|-----|
| 1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition; | Yes |
| 2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline; | Yes |
| 3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and | Yes |
| 4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline. | Yes |

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

| | |
|--|-----|
| 1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served); | Yes |
| 2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and | Yes |
| 3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served. | Yes |

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

| | | |
|------------------------|---------|------------|
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|------------------------|---------|------------|

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

Annually, the CoC revises the scoring tool based on feedback & priorities. The tool uses objective factors, SPM, APR data & HMIS reports to review & rank renewal projects. Specific severe needs & vulnerabilities included are history of victimization, criminal histories, CH & no income at entry. This is the 2nd year the CoC incorporated pop-specific criteria (29.5% of total score) w/same elements for all project types but different metrics based on the needs met by the project. The 5 criteria are CH status, stayers/leavers w/1+ disability (including mental health & substance abuse), entry from street, no income at entry & VISPDAT score. In CE policies, scoring range equate higher scores w/higher needs & vulnerabilities, including assessment of criminal history & victimization. Appropriate matching of need & project type results in higher points in the scoring process. Proj serving those w/highest needs are prioritized by CoC. Up to 8 bonus pts awarded to RRH projects providing housing & services to the hardest to serve pop-those w/highest barriers & needs. 8 pts for 75%+ CH entries (PSH), 50%+ (TH) & 25%+ (RRH). 8 pts for 50%+ clients w/no entry income (PSH) & 25%+ (TH & RRH). 8 pts for 75%+ entries w/range VISPDAT score for proj type. 8 pts for 50%+ adults w/1+ disabilities (PSH) & 25% (TH & RRH). 8 pts for 50%+ entries from the street (PSH) & 25% (TH & RRH). Pts range from 8-6-4-2-0. No pts are given to projects that do not serve 10%+ clients w/severe needs & vulnerabilities as described above. Add'l scoring criteria includes proj operations (22%), perf (29.5%)—exits to PH, increase income, access MB & HI, improve SPM (19%)-reoccurrence & LOTH. New projects are reviewed, scored & ranked based on capacity, community need demo through CE data, potential positive SPM impact & goal of ending homelessness. The specific severity of needs & vulnerabilities are analyzed locally & at CoC level to determine adequacy of projects & need for right sizing the system.

1E-4. Public Postings—CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.

| Public Posting of Objective Review and Ranking Process | | Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings | |
|--|-------------------------------------|---|-------------------------------------|
| 1. Email | <input checked="" type="checkbox"/> | 1. Email | <input checked="" type="checkbox"/> |
| 2. Mail | <input type="checkbox"/> | 2. Mail | <input type="checkbox"/> |
| 3. Advertising in Local Newspaper(s) | <input type="checkbox"/> | 3. Advertising in Local Newspaper(s) | <input type="checkbox"/> |
| 4. Advertising on Radio or Television | <input type="checkbox"/> | 4. Advertising on Radio or Television | <input type="checkbox"/> |
| 5. Social Media (Twitter, Facebook, etc.) | <input checked="" type="checkbox"/> | 5. Social Media (Twitter, Facebook, etc.) | <input checked="" type="checkbox"/> |
| 6. Did Not Publicly Post Review and Ranking Process | <input type="checkbox"/> | 6. Did Not Publicly Post CoC Consolidated Application | <input type="checkbox"/> |

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 46%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:

- 1. describe the CoC written process for reallocation;**
 - 2. indicate whether the CoC approved the reallocation process;**
 - 3. describe how the CoC communicated to all applicants the reallocation process;**
 - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
 - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

The Board annually approves the written CoC Reallocation Policy for vol & invol reall, CoC Project Scoring Tool & scoring threshold for reviewing & ranking project apps. All are posted on the CoC website. In spring, CoC Director conducts an online webinar open to all explaining the scoring tool, points, changes, threshold, policy & process. It is recorded & posted on website & included in the monthly CoC newsletter. During the Aug qtlly mtg, there is dedicated CoC Competition time to discuss & answer questions. The CoC encourages all agencies to evaluate need, project type, perf & effectiveness. Agencies may vol reall renewal grants to diff PH project through right of 1st refusal or reduce when need no longer justifies the funding level. A RFP is completed, apps are reviewed to ensure compliance w/policy priorities, goals & match community need est w/data. CoC staff monitor all CoC projects &

provides TA to those scoring at the bottom, struggling w/CE & unable to meet min perf standards. Following a process of training & TA, if proj is unable to meet min perf & compliance req, the Board may take action to invol reall funds & use funds for new projects. CE, HMIS & PIT data are used to determine need at a CoC & local coalition level, ensuring that proj type & scope match. Annually, the Board sets a threshold for all renewal proj apps. Any renewal scoring 70%+ & in good standing w/HUD & CoC are auto eligible to apply. Those 69.9% or less and/or not in good standing aren't auto eligible. Those agencies must complete an action plan to vol relinquish, reall, or ask for reconsideration. The recon app provides the agency an opp to explain why they scored low, what has changed & why Board should approve their request to apply. Board team & CoC Director review & decide outcome of recon apps & plan of action based on CoC & local community impact/need, doc change, past perf, monitoring issues, capacity & project risk. If denied, funds will be invol reall & used for new projects.

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

| | |
|--------------------------|-------------------------------------|
| 1. PH-RRH | <input type="checkbox"/> |
| 2. Joint TH/RRH | <input type="checkbox"/> |
| 3. SSO Coordinated Entry | <input checked="" type="checkbox"/> |

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

Applicants must report the number of DV survivors in the CoC's geographic area that:

| | |
|------------------------------|----------|
| Need Housing or Services | 2,989.00 |
| the CoC is Currently Serving | 1,278.00 |

1F-2a. Local Need for DV Projects.

Applicants must describe:

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
 - 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**
- (limit 500 characters)**

Using coordinated entry, the CoC is able to show in live time the # of people/HH seeking housing & services by coalition & CoC-wide. On 9/5/19, the CE HMIS PL report was run & shows an unduplicated # of 698 HH w/kids & 2,074 HH w/out kids fleeing or attempting to flee DV identified & referred to CE in the BOS. On 9/5/19, the Non-HMIS PL (google drive) list shows another 217 HH. The # of DV survivors in need of housing or services is calculated by adding the numbers together equalling 2,989 HH.

1F-3. : SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.

| | |
|----------------|----------------------------------|
| DUNS Number | 967328399 |
| Applicant Name | WI Balance of State CoC Planning |

1F-3a. Addressing Coordinated Entry Inadequacy.

Applicants must describe how:

- 1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and**
 - 2. the proposed project addresses inadequacies identified in 1. above.**
- (limit 2,000 characters)**

People seeking housing & services are offered CE: prescreen & consent, assessment, referral & follow up. Referrals are made to HMIS PL or a google drive Non-HMIS PL. Each local coalition selects 1 person to manage the Non-HMIS PL list used primarily by victim service providers. Both PL lists are dynamic, everyone is referred & prioritized for all projects. Each project type has diff priorities: PSH-CH & LOTH, RRH-VISPDAT score. Since 2016, CE use has expanded, adding more agencies including other systems of care & funding source priorities such as FUP & SSVF. With growth, there are more referrals than expected to the Non-HMIS PL, need for reporting & data clean up. In HMIS, updates are easy but Non-HMIS PL requires reprogramming each time there is a change & fields are not editable. LOTH auto calculates in HMIS, but cannot in Non-HMIS. This creates a false PL for those referred to the Non-HMIS PL & potential disadvantage for DV survivors. The new grant would support the DV-specific referral process including training, evaluation, reporting & maintenance by funding a new SQL based referral & PL for DV providers, mimic the data coll, criteria, allow updates w/auto changes & adhere to same ranking process used in HMIS. With a more robust referral system, the new grant would fund more marketing & direct outreach to both survivors & agencies. With more people & agencies using CE, there is a need for more training especially in regard to TIC, victim centered services, confidentiality & safety planning. The

new grant would provide funds to the State DV coalition to create a training curriculum to enhance the quality of CE services. Current SSO grantees will receive specific training designed to increase both knowledge & skills. The current CE is inadequate to address the needs of DV because of the database, limited outreach & skills to work specifically w/this population. The new grant would increase access & ensure CE system consistence for all people homeless in BOS.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

| Applicant Name | DUNS Number |
|-----------------------------|-------------|
| This list contains no items | |

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

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2A-1. HMIS Vendor Identification. Wellsky ServicePoint

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

| Project Type | Total Number of Beds in 2019 HIC | Total Beds Dedicated for DV in 2019 HIC | Total Number of 2019 HIC Beds in HMIS | HMIS Bed Coverage Rate |
|---|----------------------------------|---|---------------------------------------|------------------------|
| Emergency Shelter (ES) beds | 1,905 | 657 | 1,145 | 91.75% |
| Safe Haven (SH) beds | 7 | 0 | 7 | 100.00% |
| Transitional Housing (TH) beds | 909 | 270 | 549 | 85.92% |
| Rapid Re-Housing (RRH) beds | 719 | 0 | 719 | 100.00% |
| Permanent Supportive Housing (PSH) beds | 825 | 0 | 710 | 86.06% |
| Other Permanent Housing (OPH) beds | 108 | 0 | 40 | 37.04% |

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

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

**1. steps the 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 the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)**

Given the large geography, # of providers, projects & beds, the CoC has great HMIS participation across all project types & funding streams. All project types except OPH are at 85%+ for bed coverage rates. The OPH HMIS bed coverage (37.04%) & less than last year's (56.73%) because 2 OPH projects that used HMIS closed or changed project types & 1 OPH was added that does not use HMIS. Last year, there were 4 projects w/only 1 not using HMIS (45 beds). There are now 3 OPH projects & 2 do not use HMIS (68 beds). Both are non-funded, independent projects in 2 communities. BOS staff & HMIS lead agency staff work together to add providers to HMIS, both those currently in existence & new. The BOS CE System Specialist works directly with the 18 SSO sub-grantee positions across the CoC to ensure all required agencies are participating in CE, using HMIS & compliant. This includes encouraging recruitment of new projects & those not required to use CE reach out to the HMIS system admin for that area to talk about possibilities & address concerns. The BOS staff & HMIS lead meet every other month to identify & address issues related to HMIS, including recruitment, maintenance & engagement in HMIS by current & new providers. While some unfunded projects have expressed interest in HMIS because of CE, the recent announcement about data collection has steered them away. The BOS staff will continue to work w/the HMIS lead to specifically review the inventory of providers using HMIS but not required to ensure they remain committed; providers not using HMIS but could to gauge interest or address concerns; & ensure all possible new projects not yet online are aware of the options & benefits in using HMIS for data collection & reporting. We will continue this collaboration over the next 12 months. It is important for us to keep our participation & engagement high as HMIS provides the best method for data analysis, reporting & deduplication across the BOS's 69 county territory.

***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

***2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)** 04/30/2019

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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2B-1. PIT Count Date. 01/23/2019

Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/30/2019

Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:

1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and

2. how the changes affected the CoC’s sheltered PIT count results; or
3. state “Not Applicable” if there were no changes.

(limit 2,000 characters)

Since 2014, the sheltered PIT count implementation, including methodology has remained unchanged w/use of a complete census count, HMIS & surveys to avoid estimates, extrapolation or duplication. However, the number of available shelter (ES & TH) beds have changed. There was a net increase (+10) in total #ES beds from 2434 (2018) to 2444 (2019) w/majority of increase in year round ES beds (+36) & decrease for non-use of seasonal (-14) & overflow/mv (-12). There was a decrease (-184) in total #TH beds from 1093 (2018) to 909 (2019) because of projects ending or transitioning. There was an increase (+226) in total #PH beds from 1318 (2018) to 1544 (2019) w/an increase in RRH (+81) &

PSH (+145). For the PIT, there was a decrease (-24) in the #sheltered ES from 1990 (2018) to 1966 (2019) & decrease #people in TH (-214) from 1023 (2018) to 809 (2019). The increase in ES beds did not coincide w/an increase of sheltered people during PIT. The decrease in TH beds did coincide w/a decrease of TH people during PIT. A combo of projects reallocating from TH to RRH or PSH, new RRH & PSH starting in 2018, the use of housing navigators to expedite housing search & placement & overall impact of CE helped create an overall decrease of 239 sheltered people (including the decrease of 1 person in safe have from 2018 to 2019) in the PIT. The ongoing shift to housing first & PH destinations should continue to move people from homelessness to PH rather than remain in shelter or enter TH projects. PIT training is a process of ongoing improvement w/more volunteers, better data coll & increased community awareness. The process remains the same w/HMIS, non-HMIS client data forms & a deduplication chart. Forms & reports are updated annually w/the CoC Director overseeing the entire BOS PIT process. Specific training for Non-HMIS providers is offered & focused on improved data collection & targeted outreach. The BOS process continues to include broad & comprehensive coverage of the CoC.

***2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

Applicants must select whether the CoC added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count. No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
 - 2. how the changes affected the CoC’s unsheltered PIT count results; or**
 - 3. state “Not Applicable” if there were no changes.**
- (limit 2,000 characters)**

Not Applicable

***2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count. Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

- 1. plan the 2019 PIT count;**
 - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
 - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

Across the CoC, there are 21 local coalitions w/an elected PIT lead. All 4 CoC in WI conduct a PIT count at the end of Jan & end of July to demonstrate need during the season mid-pts. The PIT lead is responsible for the PIT count, covering the coalition’s geographic area & ensuring all people experiencing homelessness are identified. Targeted outreach is done for special populations, including youth. Local coalitions & PIT leads are required to invite stakeholders serving homeless youth (wkforce dev board-youth specialists, church youth groups, boys/girl clubs, youth drop in centers, school district staff, RHY staff) & youth w/lived exp to attend PIT planning & coalition meetings, help identify locations, participate in the PIT overnight count, the post-PIT count & outreach events. During pre-count planning, locations are annually reviewed, new insight sought & encouraged. During the PIT count, communities utilize the CE after hour plan & can complete the assessment specific for youth (TAY-VI-SPDAT) to refer to the PL. The CoC Director collaborates w/DCF & DWD to encourage direct line staff to participate w/local coalitions. CoC-funded dedicated youth projects provide guidance, identify gaps & needs, provide addtl training on unique & specific issues of youth homelessness. The Board Vice Chair is resp for the youth advisory board. The group meets 4 times/year & rotates around the state. Youth w/lived exp provide input on the CoC PIT planning process, policies, engagement strategies & identification of hangouts & other locations youth tend to gather from a youth-specific lens. Locally PIT leads conduct targeted recruitment of 18-24 year old youth & those under 18 w/lived exp to volunteer for the PIT process (planning & the actual count). This is done through social media, flyers & those in shelter or housing. By engaging w/agencies w/expertise & youth, the BOS was better able to plan, implement & locate youth during or after the count.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:

- 1. individuals and families experiencing chronic homelessness;**
 - 2. families with children experiencing homelessness; and**
 - 3. Veterans experiencing homelessness.**
- (limit 2,000 characters)**

All 4 CoC in WI conduct a PIT count 2x/year-July & Jan. Each year, the BOS reviews the process, training, guidance & planning to improve the overall counts. Input is sought from those working specifically with &/or are experiencing homelessness. This includes better counting of CH, HH w/kids & veterans. For all 3 groups, local PIT lead strategy is to recruit those w/lived experience to participate in planning, enhance engagement strategies &

conduct the count. Specific action for CH: training on definition, counting episodes, timeline dev & asking about disabilities in a trauma informed way. Case conf occurs bi-weekly to identify CH on the list & update locations. Prior to PIT, outreach teams pre-scout routes & visit known locations to help build rel, engage & offer options for shelter. Post-PIT activities are targeted at food pantries, meal sites, drop in centers & libraries. Advertising & engaging w/hospital staff, law enforcement & crisis centers to help plan & know what to look for, questions to ask & who to contact. Leads collaborate w/free clinics, 24 hr est, mental health clinics & AODA org. Specific action for families: training on youth def-parenting youth, unacc youth & young adult. Outreach to youth hangouts, drop centers & family-specific events. Pre-scouting at state & local parks, talking to law enf about locations & ask current shelter families. Post-PIT activities are targeted at schools, libraries, YMCA, boys/girls club & after school/park & rec activities. Advertising & engaging w/faith based, child/youth org & clubs to help plan & know what to look for, questions to ask & who to contact. Leads collaborate w/RHY, youth advocates, DHS, juv intake & public health. Specific action for veterans: training on definition, outreach to VFW & other vet-specific social venues, conduct post-PIT activities w/VA, VASH SSVF & CVSO staff, advertise & engage w/local VA clinics & Vet targeted events, & recruit help from veterans & the WI DVA outreach team.

3A. Continuum of Care (CoC) System Performance

Instructions

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

***3A-1. First Time Homeless as Reported in HDX.**

Applicants must:

| | |
|--|-------|
| Report the Number of First Time Homeless as Reported in HDX. | 8,082 |
|--|-------|

3A-1a. First Time Homeless Risk Factors.

Applicants must:

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

The CoC decreased 1st time homeless w/measure 5.1 (-65) & measure 5.2 (-128). Risk factors for 1st time homeless are determined through barrier & CE assessments, HMIS data analysis, annual gaps & needs survey results & anecdotal info gathered through follow-up. The impact of prevention services through CE will be reviewed. The risk factors include mental health, addiction, poverty, employment instability, DV & the lack of aff housing, transp, education & support systems. Strategies focus on resiliency, skill development & early intervention, helping people in crisis regain a sense of control & feel empowered to overcome obstacles. Targeted early prevention focuses on those most difficult to rehouse providing CM & financial help to remain housed & identify

needs/resources to ensure ongoing stability. Diversion engages natural supports, providing limited financial help & connecting to community resources to ensure a safe alt to shelter. Start w/addressing basic needs-medical, food, clothing. Develop community-based coll approaches, pooling resources (TANF, FEMA, United Way, faith-based) & gov't funds to create a safety net. Increase awareness & referrals to job centers, legal services, mainstream benefits, Rent Smart, budget cx & mental health clinics. Create safe & welcoming day resource centers that provide an opportunity to work 1:1 w/volunteers; develop programs that provide educ, employment & basic livings skills for at-risk young adults; ongoing educ of LL & tenants, offering mediation services; facilitate peer-led support groups, creating positive rel & supports to help maintain sobriety. Increase awareness of victim service provider supports available. Ongoing advocacy efforts around more affordable housing, transportation help & reduce barriers to job/skill training. The CoC is focused on strategies that address the risks by providing solutions & supports. BOS Board & CoC Director are responsible for overseeing strategies to reduce the # of 1st time homeless.

***3A-2. Length of Time Homeless as Reported in HDX.**

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.

82

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:

- 1. describe the CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;**
 - 2. describe how the 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 the CoC’s strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

LOTH average is 82 days, a decrease from FY18 (87). Strategies to reduce LOTH must occur at CoC-level & community/project level. The CoC adopted written standards & order of priority to target LOTH for PSH & TH; CE no wrong door policy to ensure access; & housing first to quickly house & keep housed clients in all projects. CoC shelter group proposed housing-focused ESG shelter standards, set goals to reduce stays & are working on a diversion-based problem solving process to be implemented at all shelters. BOS staff ensure CE outreach/marketing occurs & improve after hour access. In FY19, CoC ranking tool added more pts for proj reducing LOTH. CoC rec’d DV RRH proj, adding another tool. CoC-wide state advocacy for more low/no income housing options & incentives for LL willing to work w/proj. Locally, more community-wide LL liaisons & housing navigator have been hired to educate & recruit LL, negotiate & mediate, enhance housing search/placement services. On PL, CM provide support to help people obtain req CoC/ESG docs (disability, CH timeline, homeless) or Section 8 (SS card, ID) to reduce time once a spot opens; connect w/outreach staff to help engage & use case conf to problem solve options as a

community for those w/LOTH. Several agencies received add'l/new HOME-TBRA funding to target those not eligible for CoC funding. Other initiatives: hire peer supports to work w/people 1:1 in shelter, stabilize mental health crisis & locate safe stable housing; increase financial literacy education, life skills & employment-training prog & links w/mainstream resources. Identifying & housing those w/LOTH occurs through CE. BOS & SSO staff review PL & ensure resources are targeted to those w/LOTH. HMIS & non-HMIS PL auto cal & prioritizes LOTH for PSH/TH & is 2nd criteria for all RRH. Add'l eval of SPM occurs at project, coalition & CoC-wide level. CoC Director presents info quarterly. BOS Board & CoC Director are responsible for overseeing strategies to reduce LOTH.

***3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

Applicants must:

| | Percentage |
|--|------------|
| 1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX. | 50% |
| 2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX. | 94% |

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:

1. describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

CoC exits to PH is 50% (7b1) w/349 less people enrolled & retention is 94% (7b2) w/37 less. In FY18, 5 TH changed to PH & 4 new PH added-2 PSH, 2 RRH. To increase PH exits from shelter, CM promote self-resolution, pool together local resources for targeted help & the development of a goal plan to address barriers. Outreach staff work directly w/clients to secure housing. Those needing more support are assisted w/getting document ready (disability,

CH timeline & homeless) to reduce delay in enrollment. Agencies case conf to expedite housing search process. Increasing earned income, connecting to mainstream benefits, help w/SSI & accessing help early in a crisis are key components to stabilization for all. Locally, agencies have hired housing nav to increase LL engagement, negotiate, expedite placement & ensure tenant rights. To increase PH exits from housing proj, the CoC supports stability strategies such as exit & budget planning, after care & follow up; tenant & fair housing education; building on strengths & enhancing support networks; skill training & development; addressing id & employment barriers; connecting to DVR, rep payee services & ADRC benefit specialists. Through relation bldg, referrals for mental health & AODA services can be recommended. Coalitions collaborate w/human services to streamline their intake process & ease access to long term mental health services & connect to community mental health prog (CSP & CCS) & developing peer-led sobriety support groups. To increase retention in PH, fidelity to housing 1st by all project types is a CoC priority & req proj to rehouse if eviction occurs & cannot be avoided. This includes CoC training, monitoring & scoring for ranking purposes. CoC Director works directly w/PHA to advocate for homeless pref & move on vouchers, increasing options for those in need of ongoing rental subsidies. BOS Board & CoC Director are responsible for overseeing strategies to increase exits/retention to PH for all proj types.

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

Applicants must:

| | Percentage |
|--|------------|
| 1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX. | 13% |
| 2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX. | 18% |

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:

- 1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;**
- 2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
- 3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness. (limit 2,000 characters)**

To identify HH who return to homelessness, the CoC implemented strategies that rely on WI statewide open HMIS system, barrier & CE assessment data & results from annual gaps & needs survey. Agencies drill down on raw data. At the project, coalition & CoC level, data is used to analyze common factors, previous homeless episodes & LOTH to determine patterns & trends. The CoC & coalitions review SPM data quarterly. Returns occur due to DV, employment instability, HH changes & lack of a support network & resources to help stabilize a crisis before it results in homelessness. To reduce returns, more services &

supports must be provided while people are in ES or housing projects. The ES committee developed written standards to create a housing-focused ESG shelter system, less barriers to entry & more housing-related CM. The group is working on diversion strategies to help people w/their natural supports, provide limited or shallow subsidies & engage community resources to maintain & avoid homeless. The CoC supports targeted prevention programs that prioritizes those hard to rehouse. CoC requires housing first in all proj types. To ensure fidelity, the CoC increased monitoring, compliance & training for proj. Rehousing those evicted w/out termination & mediating those issues that can be resolved. The key to returns is to keep people housed & create ongoing support networks. Continued effort to push PHA to adopt homeless pref & a move on strategy, creating an adequate safety net in place for those w/fixed or inflexible income. The CoC supports skill training, individualized interventions, employment/training programs & follow-up, aftercare & support services. Coalitions work w/DV to ensure there is support & legal help; identify opportunities for peer-led support & positive interactions; develop tenant ed & create flexible funding prog to provide aftercare temp assistance. BOS Board & CoC Director are responsible for overseeing strategies to reduce the rate of reoccurrence.

***3A-5. Cash Income Changes as Reported in HDX.**

Applicants must:

| | Percentage |
|---|------------|
| 1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX. | 29% |
| 2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX. | 21% |

3A-5a. Increasing Employment Income.

Applicants must:

1. describe the CoC's strategy to increase employment income;
 2. describe the CoC's strategy to increase access to employment;
 3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
 4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.
- (limit 2,000 characters)**

The CoC's strategy to increase employment income includes working w/WIOA Title 1 proj at job centers by increasing awareness, cross-referrals & joint CM. Programs include self-directed services, workshops, resume & interviewing skills, special job cx, tutoring, training & internships. Agencies run Fresh Start prog for at-risk youth & provide education, skills, pd work & service exp; skill enhancement prog-teach skills needed for living wage jobs, provide tuition, books & training related transp & child care; hire empl specialists to help CM &

navigate community resources; & assist w/transp, working clothing, supplies & other supports. Coalitions create innovative partnerships to provide job & vol opp, training, skill dev, peer support, mentorship & day resource centers for onsite recruiting & fairs. CM focuses on client drive goals for income stability. The CoC's strategy to increase access focuses on proj-level assessment of individual & systemic barriers to employment including the lack of reliable transp, child care, skills & training, educ & career readiness. Proj help increase access to computers, internet, gas, bus passes, volunteer drivers & phones; help w/child care & finding providers; pay for work-related expenses & supplies (tools & clothing); connect to community prog that teach employability skills, provide supported employ activities, help w/GED or addt'l education & work 1:1 w/employers to mediate conflict & address concerns. Coalitions work to build relationships w/targeted local employers, address barriers & problem solve issues. CoC has MOU with each Workforce Development Board for coordinated prioritized access for homeless persons to employment/high demand training programs. Agencies work to create partnerships w/temp agencies, employment org & local employers to enhance opp for clients, work together to address barriers & concerns. BOS Board & CoC Director are responsible for overseeing strategies to increase jobs & income from employment.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:

- 1. describe the CoC's strategy to increase non-employment cash income;**
- 2. describe the CoC's strategy to increase access to non-employment cash sources;**
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.**

The CoC's strategy to increase non-employment income includes an emphasis on project & coalition level support to ensure all clients are aware of possible benefits, eligibility criteria & provide a hands-on approach to the application process & maintenance of benefits. This must include an evaluation & help pursuing all eligible & desired options. Program policies must outline the process, to include screening for child support & VA eligibility; connect w/TANF, WIC & FSET org to help w/app & retention of benefits; help w/application process for food share & child care assistance. The CoC supports project-level partnership w/SOAR & ADRC to help secure SSI/SSDI benefits for eligible clients, connect to benefit specialists, rep payee services & enroll in healthcare. Many staff are SOAR trained to help clients apply for SSI/SSDI directly & expediting their claims, connecting w/legal action or specific attorneys to handle appeals. Ongoing partnership w/DVR & employment agencies for those w/disabilities to help find or keep a job. Coalitions partner to address barriers to access & engagement. CM help w/child support eligibility & connection to county staff to provide guidance & address concerns. CM work directly w/workforce resource & TANF provider to ensure client has access to all available options. The CoC's strategy to increase access focuses on project level help w/eligibility paperwork, initial application & renewal process online w/clients. CM provide access to phone, computer, transportation, child care services & help navigating the system. W/a release, CM can make calls & fax or email apps, answer questions, advocate, transport to appts & communicate directly w/agency on app status & address issues. Enroll specialists & county

staff are invited to local mtgs, provide updates & travel to shelters & meal sites to complete paperwork & answer questions. BOS Board & CoC Director are responsible for overseeing strategies to increase non-employment cash income.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:

1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and

2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.

(limit 2,000 characters)

At CoC-level, the CoC Director is working directly w/State DWD on collaboration, communication & partnership. Locally, coalitions work to develop partnerships w/employers, temp agencies, job centers, DVR, tech school & workforce dev boards to increase access & priority for clients. This includes holding job fairs in accessible well-advertised locations, inviting temp agency to shelter or agency to connect directly w/clients, facilitate homeless connect events in which employers accept applications & conduct interviews on site & removing child care & transportation barriers. Addt'l agreements have been developed w/senior employment training programs, ADRC & county to remove barriers to those seeking employment. Agencies work to increase skills, job readiness, funding for GED & enrollment to tech schools for generals or cert track, such as welding. Improved collaboration w/partners can increase volunteer & apprentice opportunities, resume building, mentorship, awareness of new training programs & certs. CoC signed MOU w/Workforce Development Boards to prioritize access to employment and/or high demand industry training programs w/homeless providers agreeing to joint coordination & providing individually tailored comprehensive wrap around services. Several agencies signed MOU w/local tech colleges to ensure that homeless students are a priority, provided appropriate resources (including books & supplies) & 1:1 assistance as needed to navigate the system w/homeless providers agreeing to continue to provide support. Coalitions w/PSH work to establish meaningful education, training & employment opp for clients. This includes volunteering, internships, skill dev & job placement. CM must advocate w/DVR & employment agencies to ensure access to programs, help w/interviews & applications, job coaching, work clothing or supplies & transportation vouchers. Referrals to ADRC & benefit specialists to understand impact & address concerns around employment income on benefits.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

| | | |
|------------------------|---------|------------|
| | | = |
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| | |
|---|--------------------------|
| 1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities. | <input type="checkbox"/> |
| 2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery). | <input type="checkbox"/> |
| 3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities. | <input type="checkbox"/> |
| 4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness. | <input type="checkbox"/> |
| 5. The CoC works with organizations to create volunteer opportunities for program participants. | <input type="checkbox"/> |
| 6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials). | <input type="checkbox"/> |
| 7. Provider organizations within the CoC have incentives for employment. | <input type="checkbox"/> |
| 8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing. | <input type="checkbox"/> |

3A-6. System Performance Measures 05/29/2019
Data-HDX Submission Date

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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

Instructions

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

| | |
|---|-------------------------------------|
| 1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| 2. Number of previous homeless episodes | <input checked="" type="checkbox"/> |
| 3. Unsheltered homelessness | <input checked="" type="checkbox"/> |
| 4. Criminal History | <input checked="" type="checkbox"/> |
| 5. Bad credit or rental history | <input type="checkbox"/> |
| 6. Head of Household with Mental/Physical Disability | <input checked="" type="checkbox"/> |

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:

1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;

2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of them becoming homeless. (limit 2,000 characters)

To rehouse HH, the CoC CE uses VISPDAT & LOTH to prioritize the most vulnerable. Case conf occurs to review PL, ID housing barriers & solutions, work to secure flexible funding options. Immediate assessment of need, strengths & obstacles to housing stability. ID housing & service needs. Focus on diversion & self-resolution, connecting to natural & community supports when possible. The CoC supports capacity bldg at local level, investing in housing navigators & LL liaisons to expedite housing search/placement; recruit & educate LL; negotiate & mediate issues; address inspection concerns & serve as a resource before & during proj. TBRA funds used to fill gaps & provide alt options. Average range for rehousing is 45-90 days due to limited housing stock, people w/higher needs & limited project openings. The CoC added criteria to ranking tool, awarding pts w/50%+ housed w/in 90 days of entry for PH to incentivize rapid placement. To ensure HH maintains housing after assistance ends, the CoC supports project-level aftercare & f/u services. Retention CM focuses on helping people know where to go to get help & developing support systems. During housing search, focus on long-term housing needs, including affordability after prog end, distance from services, school, apt size & neighborhood. Increasing tenant knowledge of rights/resp, prevention tools & options for legal advice. CM support client drive goals including parenting, child care, mental health, addiction & income stability. Coalitions provide comprehensive & integrated network of services beyond housing to enhance skills, provide education & develop safety net. The CoC supports more ongoing subsidy options, move on vouchers, connection w/community-based CM, county resources & peer led support networks. Coalitions develop flexible funding & pool gov’t funding to create limited financial assistance to avoid evictions. BOS Board & CoC Director are responsible for overseeing strategies to RRH families w/in 30 days.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

| | |
|--|-------------------------------------|
| 1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics. | <input type="checkbox"/> |
| 2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics. | <input checked="" type="checkbox"/> |
| 3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients. | <input checked="" type="checkbox"/> |

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

| | |
|--|-----|
| 1. Unsheltered homelessness | Yes |
| 2. Human trafficking and other forms of exploitation | Yes |
| 3. LGBT youth homelessness | Yes |
| 4. Exits from foster care into homelessness | Yes |
| 5. Family reunification and community engagement | Yes |
| 6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs | Yes |

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

| | |
|--|-------------------------------------|
| 1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| 2. Number of Previous Homeless Episodes | <input checked="" type="checkbox"/> |
| 3. Unsheltered Homelessness | <input checked="" type="checkbox"/> |
| 4. Criminal History | <input checked="" type="checkbox"/> |
| 5. Bad Credit or Rental History | <input type="checkbox"/> |

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
- (limit 3,000 characters)**

The CoC's main strategy to increase housing & services for all homeless youth (un/sheltered) is to target new or modify current resources where there is a demonstrated need & ensure housing, service & youth specific best practices are implemented. 2019 PIT data shows 7 unsheltered youth across 69 counties in 3 cities. Currently for shelters, there is 1 parenting youth shelter, a youth crisis center & 8 RHY basic centers w/mobile outreach & crisis support. For housing, there are 2 youth-specific CoC RRH, 2 TH proj for youth & 2 rural HOME-TBRA proj targeting youth exiting foster care or still in school. 2 PHA rec'd FUP vouchers in 2019, use CE & partner w/the local coalition & CoC. 1 PHA rec'd FUP vouchers prior to CE req but are going to. Several agencies rec'd funding to hire youth specific housing nav to focus on housing, services, education & employment. The CoC supports more youth PHA vouchers, collaboration w/independent living coordinators & county DHS. Coalitions create programs to meet specific community needs, including: an unaccompanied youth task force to identify gaps/needs & problem solve solutions; contracts w/WIOA for a youth resource specialist to work w/youth aging out of foster care, helping w/housing, training & education needs; specific groups for LGBT youth & youth survivors of violence & trauma; partnering to provide educ, employment, basic living skills, addressing mental & physical health for youth; prog for at risk youth in JDC or probation to focus on healthy rel & peer support; work w/school district staff, homeless liaisons & at risk prog. Youth providers & school liaisons are invited to local & CoC mtgs w/trainings on motivational interviewing, TIC, housing first & participate in PIT & help identify locations. While providers are interested in host home proj to provide youth w/short term, safe supportive places to stay, youth prefer plans that include people they know (family friends, extended family, pastors, teachers) according to survey results. Coalitions work to provide more safety planning & family mediation; connect to mainstream res; goal setting & budget counseling; mental health & AODA services; & use targeted trained outreach staff to create positive relationships w/unsheltered youth declining services. The CoC Director sits on the Interagency Council w/Gov & state gov't staff w/a goal to break down silos & ID solutions. Partnership w/local & state gov't are req. to make progress, including more funding for proven strategies to house youth & provide services based on need. Targeting this funding to areas w/data demonstrated need w/agencies that have capacity & commitment. The CoC created a youth advisory board to provide guidance & insight on policy dev, process & programming. Taken as a whole, these metrics provide a picture of the CoC, where addt'l housing & services are needed, what is working & were challenges continue to exist.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:

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

The CoC uses several ways to measure the effectiveness of the strategies used

to increase availability of housing & services for youth experiencing homelessness. This includes PIT data, CE PL review, SPM & results from CoC wide annual gaps & needs assessment. For young adult HH, PIT data from Jan 2019 = 120 young adult HH (87 shelter, 7 unshelter, 26 TH); Jan 2018 = 126 young adult HH (89 shelter, 5 unsheltered, 32 in TH). For parenting youth HH, PIT data from Jan 2019 = 41 py HH (28 shelter, 0 unshelter, 13 TH); Jan 2018 = 71 py HH (28 shelter, 2 unsheltered, 41 in TH). Both young adult & py HH show overall reduction. Less # in TH results from CoC funded projects transitioning to PH. The PIT data combines the shelter & unshelter count conducted across the entire BOS w/deduplication measures to ensure accuracy. The CoC uses HMIS & non-HMIS surveys to collect data. The PIT effectively demo who is homeless on a given night, it is a snapshot & definitely an undercount of the homeless population. In WI, we also conduct a summer PIT count & can compare seasonal diff. This is an appropriate measure because it is the only metric that combines those in shelter w/those not in shelter, HMIS & non-HMIS data, those not seeking services & DV data across the entire state on 1 night. Current CoC-wide CE PL data = 177 homeless youth on the list, shows live-time homelessness across entire CoC. Drilling down, the CoC analyzes the communities w/highest # to help match needed resources; how many self-resolve; & LOT on list. This info helps demo effectiveness & gaps in the system. SPM data at CoC & coalition level through a youth-centric lens shows outcomes of those programs dedicated to youth vs. those serving youth including LOTH, exits to PH, reoccurrence & increase income. These measures support the need for youth-specific programming, training & approaches at coalition-level. The caveat is that the SPM is missing DV provider data & outcomes from those org not in HMIS. ESG funded DV can provide limited outcome data upon request from comparable database, but it cannot be deduplicated across the system. Youth-serving proj use % of safe exits, % youth employed at exit, % of youth furthering education, % of youth est perm connections w/caring adults & % who learned skills and # groups attended to ascertain goals of safety, stability & self-sufficiency. These individualized results demo impact of specific program models & tools. Reviewing results from the CoC-wide annual gaps & needs assessment as it pertains to youth responses is an important insight & feedback from those w/lived exp on service delivery & impact. Similarly, input from the youth advisory board provides similar anecdotal info, creative problem solving & suggestions for improvement. Overall increases in collaboration can be measured through attendance at mtgs, execution of data sharing agreements w/DCF & DPI & the analysis of those results, addtl funding & creative partnerships at the local level.

3B-1e. Collaboration–Education Services.

Applicants must describe:

- 1. the formal partnerships with:**
 - a. youth education providers;**
 - b. McKinney-Vento LEA or SEA; and**
 - c. school districts; and**

- 2. how the CoC collaborates with:**
 - a. youth education providers;**
 - b. McKinney-Vento Local LEA or SEA; and**
 - c. school districts.**

(limit 2,000 characters)

The CoC Director sits on Council w/Gov & state gov't incl. DPI. The purpose is to address gaps, breakdown silos & ID barriers. The CoC is working on a data sharing agreement w/DPI & HMIS lead & MOU to set expectations, best practices & referrals. DPI staff & homeless liaisons are invited to CoC mtgs & asked to provide annual training for members. Locally, proj work directly w/youth ed prov, LEA/SEA & school dist to est formal partnerships for tutoring, referrals & programming. RHY staff present in schools on prevention resources. School staff attend local mtgs, help w/PIT planning & overnight count, share data & resources, lead workgroups & attend case conf mtgs. Coalitions invite tech schools, head start, learning centers, private & parochial schools to participate. CM work directly w/youth ed prov, LEA/SEA, & school district staff to reduce discrimination; address enrollment, transp, transition & truancy issues; apply for waivers, reduced fees & reduced/free meals; & support parents at school & IEP mtgs. Agencies must designate a staff to ensure info, access & other ed services (mentoring & after school programs) are provided & use an auto referral process. Brochures, posters, website & social media promote awareness. Community resource pkts w/edu rights & mainstream benefit info are provided to schools, shelters, libraries & youth org. Coalitions facilitate back to school drives for supplies, fundraise to offset field trip costs & extra fees. For CE, the CoC non-HMIS process allows school staff to refer directly to the PL. Some coalitions have an add'l taskforce or advisory group comprised of a sub-set of members-human services, homeless providers, homeless liaison, RHY, head start, mental health providers, local gov't, law enf & youth org/clubs. The group meets to focus specifically on families & youth; review school program & activities; weekend meal program data & impact; outreach efforts & mediating truancy issues; & identify gaps in service delivery.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.

(limit 2,000 characters)

The CoC Board has not yet approved an official policy for informing households of their eligibility for education services but will be completed by end of 2019. To be in good standing, the CoC does require all current & new CoC/ESG projects to appoint a staff person to act as the point of contact & coordinate education services. The role includes connecting w/school district staff upon student enrollment, referring children to early head start & 4K programs, encouraging home visit evaluation for younger kids, ensuring families have access to literacy resources & mentoring programs, ensuring families are aware of their education rights & opportunities available to them. Designated staff ensure that an MOU is in place to formalize the partnership between the agency & school district. CM follow-up to make sure student enrollment issues are addressed, family has access to school supplies, youth receives free/reduced lunch & fees are waived. CM help ensure access to extracurricular activities & transportation. CM provide family support w/school & IEP mtgs, help the family engage advocates & become actively involved in their child(ren)'s education. Through the monitoring process, these policies & procedures are reviewed. All new project applicants are required to explain the process & policies they have in place for ensuring

students receive info & have access to education services. Larger school districts have a full-time staff dedicated to homeless youth, whereas most rural & smaller schools have a liaison that has a different full-time job & responsibilities. Often the coalition is educating the school district regarding resources in the community & encouraging participation in strategic planning, coalition mtgs & the need for collaboration. Schools often create brochures or other marketing materials that highlight available services, student & family rights & other district opportunities. These are disseminated & available in multiple languages.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

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

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC. Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness. Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each No

veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
 1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or
 2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

| | |
|--|-------------------------------------|
| 1. People of different races or ethnicities are more likely to receive homeless assistance. | <input checked="" type="checkbox"/> |
| 2. People of different races or ethnicities are less likely to receive homeless assistance. | <input checked="" type="checkbox"/> |
| 3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance. | <input checked="" type="checkbox"/> |
| 4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance. | <input checked="" type="checkbox"/> |
| 5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance. | <input type="checkbox"/> |
| 6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance. | <input type="checkbox"/> |
| 7. The CoC did not conduct a racial disparity assessment. | <input type="checkbox"/> |

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:

| | |
|--|-------------------------------------|
| 1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC. | <input type="checkbox"/> |
| 2. The CoC has identified the cause(s) of racial disparities in their homeless system. | <input type="checkbox"/> |
| 3. The CoC has identified strategies to reduce disparities in their homeless system. | <input checked="" type="checkbox"/> |
| 4. The CoC has implemented strategies to reduce disparities in their homeless system. | <input type="checkbox"/> |
| 5. The CoC has identified resources available to reduce disparities in their homeless system. | <input type="checkbox"/> |
| 6: The CoC did not conduct a racial disparity assessment. | <input type="checkbox"/> |

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

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

4A-1a. Mainstream Benefits.

Applicants must:

- 1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;**
- 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;**
- 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in**

- health insurance;**
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.
(limit 2,000 characters)

The CoC systematically keeps program staff updated on mainstream resources for homeless by annually hosting state gov’t partners at quarterly CoC mtgs, presenting to all members. In 2018-19, Social Security, TANF, Food Stamp, DVA, DOJ, DCF & DHHS staff shared program changes, eligibility criteria, common mistakes & answered questions. The CoC Director sits on the Int. agency council led by the Gov., provides monthly updates to the Board, quarterly updates to the membership & forwards state-level changes to the Coalition leads for dissemination. Locally, coalitions invite mainstream prog staff to attend mtgs, provide updates, host forums; share updates & program changes via mass email; while agency staff attend county & taskforce mtgs varying from monthly to quarterly. The CoC staff disseminates mainstream resource & other assistance info monthly via electronic newsletter to projects, coalitions & stakeholders. The CoC approved a health care policy that requires projects to collaborate w/healthcare org, assist clients w/health ins enrollment & utilization of benefits. All projects help complete eligibility paperwork, help client understand benefits, covered providers & services, encourage utilization of health care for prevention & intervention. CM can make calls & fax/email apps, answer questions, advocate, help make appts & transport, talk w/mainstream/HMO staff to address issues or concerns. Enroll specialists & HMOS are invited to local mtgs, provide updates & travel to shelters & meal sites to enroll & educate. Some health centers have health ins nav or benefit coordinators to help determine eligibility for & secure mainstream, marketplace, local & state resources. They advocate & make referrals to address spectrum of health needs including specialty care, AODA & mental health. Addtl partners include public health, econ support, human services & free med/dental clinics. BOS Board & CoC Director are responsible for overseeing strategies for mainstream benefits.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

| | |
|--|------|
| 1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition. | 39 |
| 2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing. | 39 |
| Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing. | 100% |

4A-3. Street Outreach.

Applicants must:

- 1. describe the CoC’s street outreach efforts, including the methods it**

uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

The CoC requires an annual unsheltered PIT & street outreach in Jan & July across 100% of geography. Locally, addtl outreach varies based on geography, population & funding. In urban areas, PATH funding supports ongoing daily community-wide street outreach & engagement allowing for quick id & engagement w/all unsheltered persons. Partnership w/law enf, creating teams w/vet, housing, outreach, crisis & medical CM. Outreach is tailored to people least likely to request assistance by targeting known locations-public libraries, meal sites, transit centers, laundromats, 24 hr est, parks & beaches. In rural areas, outreach is done at community events, advertising & target specific known locations. Coalitions rely on help from motel staff, campgrounds & state parks, hospitals, cty mental health, drop in/day shelter staff, meal sites & the county jail to reach people least likely to ask for help. VA & DVA staff visit VFW, CVO & memorials. RHY staff visit parks, after school prog, cty/city rec & JDC staff. CE materials including no wrong door signs & materials in multiple languages. Assessments can be done over the phone or in person w/accommodations as needed. CE policies require marketing & access to all known & common locations to ensure everyone knows how to get help. Most faith-based & volunteer-led efforts provide food, blankets, basic need items, resource & referral. Increased communication & visibility occurs through social media, PSA’s in paper & radio, expos, community gatherings, health & resource fairs, school & night out events. Some coalitions created drop-in centers where people can get hygiene items & their mail, shower, do laundry, meet w/CM & eat. Some have 24-hour crisis lines & toll free #s. Ways to overcome barriers include having ASL/bilingual/bicultural staff; provide written materials in diff languages; MOU w/translation services & disability advocates; access to computers, internet & Safe Link phones; outreach to literacy groups & cultural centers.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

| | 2018 | 2019 | Difference |
|--|------|------|------------|
| RRH beds available to serve all populations in the HIC | 753 | 719 | -34 |

4A-5. Rehabilitation/Construction Costs–New No Projects.

Applicants must indicate whether any new project application the CoC ranked and

submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes. No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

Submission Summary

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

| Page | Last Updated |
|--|-------------------|
| 1A. Identification | 09/13/2019 |
| 1B. Engagement | 09/18/2019 |
| 1C. Coordination | 09/27/2019 |
| 1D. Discharge Planning | No Input Required |
| 1E. Local CoC Competition | 09/27/2019 |
| 1F. DV Bonus | 09/18/2019 |
| 2A. HMIS Implementation | 09/18/2019 |
| 2B. PIT Count | 09/27/2019 |
| 3A. System Performance | 09/27/2019 |
| 3B. Performance and Strategic Planning | 09/18/2019 |
| 4A. Mainstream Benefits and Additional Policies | 09/18/2019 |
| Submission Summary | No Input Required |