

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No	No
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	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	No
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
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
Faith Based (church) & non-faith based organizations providing prevention, outreach, intake/assessment, emergency shelters, & motel voucher program	Yes	Yes	Yes
HMIS lead organization	Yes	Yes	Yes
VA funded organizations (i.e. SSVF and GPD providers)	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The COC holds open mtgs 4/yr, rotating locations & advertised in email, website & social media. Policy priorities, strategies & training are provided. Committees are assigned key tasks & work is done by reps from agencies such as: legal, faith, shelter, gov't, outreach, housing, vets, youth, hospitals, & DV. Many are recruited because of specific knowledge, interest & expertise. As a FYSB & RHY grantee, Meika's experience in the field & working with youth provides direct impact on CE, SPM & PIT. On the Board, she identifies needs & gaps in services, outreach & access for youth. She evaluated the youth specific VISPDAT-TAY tool, measure the validity for people under 24 & advocated for its use in CE. Jesse is a rep from the HMIS lead, chairs the HMIS/PIT committee. Her knowledge of HMIS, research & analytic skills directly impacts evaluation of projects, est. benchmarks for SPM standards, use of data to support best practices & provides data driven solutions to community-based problems.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Family Services of Northeast Wisconsin	Yes	Yes	Yes
CAP Family Crisis Center	Yes	Yes	No
Kenosha Human Development Center	Yes	Yes	Yes
Youth & Family Project	Yes	Yes	No
Lakeshore CAP	No	Yes	No
Lutheran Social Services - RAYS (Eau Claire & La Crosse)	Yes	Yes	No
Positive Alternatives	Yes	Yes	No
Boys & Girls Clubs of Fox Valley	Yes	No	No
Human Development Center (Superior)	Yes	No	No
Green Bay School Homeless Liasion	No	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member

or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
CAP Services	Yes	No
Hope House of South Central Wisconsin	Yes	No
Friends of Abused Families	Yes	No
Bolton Refuge House	Yes	No
Women & Children's Horizons	Yes	No
Domestic Violence Shelter of Manitowoc County	Yes	No
AVAIL, Inc.	Yes	No
Advocates of Ozaukee	Yes	No
The Family Center	Yes	No
The Women's Center	Yes	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

New Project Applications & scoring rubric were posted on the BOS website, social media, sent by email multiple times to membership, & announced at mtgs. There is no req. to have previously received COC funding to apply. Proposals were submitted to COC Director. The BOS Board objectively reviewed & scored all submitted projects using the published rubric. Directors with a conflict did not participate. Criteria included agency experience with target pop, budget, match, quality of investment (cost & # clients proposed to serve), need (PIT & HMIS data), outreach, demo of org & fiscal capacity, local community support, involvement with BOS, commitment to housing first & CE. For RRH, a plan for CH/high barrier clients & LL relationships. For PSH, a demo plan for collaboration with medical providers & plan for moving up exit strategy. Each review form was submitted to the COC Director to compile & calculate scores. The projects were ranked by % of total score & awarded with available funds.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Quarterly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding 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
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	15
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	15
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The State con plan was developed in 2014. The COC was actively involved and collaborated with the State during that process described in the FY15 COC Coll. Application. No further work has been done on the State plan since that time. In the other 14 con plan areas, involvement varies. All but 1 requested PIT data and/or HMIS data from the local continua lead, COC Director, or HMIS lead. In some, this is monthly. In others, it is 2x/year. Since Nov. 2015, only 4 juris. worked on their con plan & solicited feedback from the COC. Local members attended 2-3 planning mtgs, 1 public hearing, exchanged multiple emails & many phone calls over a several month period. In one area, there was a community needs assessment involving 2-3 staff, 2-3 agencies, and took 4 hours. In another, there were planning sessions, 2-3 staff, 2-3 hours. In another, 4-5 agencies attended 3-4 meetings, one involving State staff. 3 staff attended a 2 hour meeting to discuss community needs & local priorities.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The State ESG GA directly participates in BOS Shelter & ESG committees, attends BOS mtgs & works directly with HMIS lead. COC Director collaborates with ESG GA on funding allocation, PIT, perf measures, certification process & monitoring. Input is solicited from Board regarding formula based funding allocation & resulted in SPM added to application & evaluation process. To apply for ESG, all agencies must be certified by BOS. This process ensures orgs are able to adhere to req. for performance, fiscal capacity & compliance. The policy retains local control over disbursement & provides BOS oversight on perf & outcome eval. The COC is working toward joint monitoring with State. The committee set benchmarks, identified criteria, & will conduct quarterly evaluation of ESG funded project performance. ESG sub-recipients provide project level HMIS data, COC Director provides PIT data for local, con plan, interagency council & coc wide; & HMIS lead provides other HMIS data as needed.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

In a trauma informed manner, all households are assessed for safety concerns,

shelter needs & support. If survivor presents at non-DV, an offer is made to connect w/DV provider. If presenting at DV, advocates work directly with clients. All info is confidential, locked/shredded & an ROI signed. Informed consent is present at every step, client provides specific instruction about what & how info is shared & limits. BOS CE provides survivors 2 options to access housing prioritization list: assessment by non-DV staff & data entered into HMIS pursuant to policies that protect personally identifiable info or assessment by DV provider & referral to anonymous list containing unique identifiers. Either way, a pre-screen form & VISPDAT are completed. Both lists prioritize clients based on COC approved order of priority by project type. COC & ESG must use CE. For projects not using CE, active involvement by all providers at the local continua mtgs is imperative for collaboration & referrals.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Brown County Housing Authority	9.88%	Yes-HCV
Green Bay Housing Authority	6.06%	Yes-Public Housing
City of Eau Claire Housing Authority	34.34%	Yes-Public Housing
Walworth County Housing Authority	24.40%	Yes-HCV
City of Sheboygan Housing Authority	13.48%	Yes-Public Housing

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

The WI Housing & Econ Dev Authority provides extra points in LIHTC applications for projects that target units for homeless persons such as Commonwealth w/3 units in FDL, 10 units for vets, & 5 for vets under construction. Non-profit unfunded TH programs for homeless people in the BOS include site & scatter-site transition in place programs include: 86 family units & 191 ind. units, 7 youth units, 62 veteran units, & 50 DV units. 2 PSH projects serving homeless include 1 rural with 11 family & 2 individual units & 1 urban with 45 individual units. The State funded TBRA program provides 8 scatter-site rent assistance projects in BOS rural areas. In this permanent housing project

the emphasis is on homeless clients w/disabilities. During the Jan. PIT, 315 people were served in these 8 projects. Collaborative projects include Fox Valley Vet Council with 1 unit, 3 beds for homeless veterans & 1 unit for 5 families in a house owned by the City of Wausau & shared CM with multiple agencies.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
Education, outreach, & advocacy to community at large - focusing on promoting social inclusion, eliminating stereotypes, & misperceptions	<input checked="" type="checkbox"/>
NAMI providing crisis intervention training (CIT) to law enforcement	<input checked="" type="checkbox"/>
NAMI providing community intervention partner program (CIP) to hospitals, shelters, group homes, firefighters, EMT, corrections, etc.	<input checked="" type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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"/>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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"/>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

The BOS Board Pres & COC Director are directly involved with the reestablished statewide policy, engagement, partnerships & identifying opportunities through the WI Interagency Council. Foster Care, Mental Health, & Corrections are actively involved at the state-wide level. While health care is not directly linked to the statewide efforts, on the local level they are engaged with community-wide partnerships, initiatives & education. Many local collaborations include regional HHS dept., public & private health care providers, local clinics, managed care organizations, rehabilitation facilities, free health clinics, & ADRC. The BOS discharge planning committee (open to all members) is tasked with ongoing evaluation, implementation, training & gaps assessment with each system of care on a COC-wide level. The chair of the committee is the director of a large urban emergency shelter that receives PATH & ESG funds, does diversion & street outreach. He also has law enforcement experience.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Due to size, the BOS CE is regional following COC approved policy to access housing & services. Outreach occurs in coordination with public & private agencies, SO/PATH, social services & community connect events. Ads include flyers, brochures, social media & website. Ads focus on people experiencing literal homelessness & eligibility. CE is No Wrong Door & required for all COC & ESG funded projects. I/F are assessed by VISPDAT to determine acuity & placed on the HMIS prioritization list. DV survivors & others wanting anon are entered into non-HMIS list w/unique identifiers. The HMIS by-name list & anon list prioritize all I/F by COC approved priority for PSH (CH + LOTH), TH (literal homeless, disability & VISPDAT) & RRH (VISPDAT). All COC funded projects are housing first, low barrier to entry & emphasize rehousing instead of termination. Projects contact highest prioritized I/F to offer assistance. I/F can decline a referral & remain on list, accept or ask to be removed from list.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of

the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At least one box must be checked for each row.

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	39
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	9
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	30
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
None:	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The BOS Board developed a scoring tool based on objective factors & data derived from APRs & HMIS to evaluate project applications. The BOS emphasizes adult disabilities, high VISPDAT scores, CH & category 1 or 4 homelessness. Some project capacity & compliance measures are included, but the majority of points come from a risk adj. score, reoccurrence score, specific population factors & performance measures (housing stability, increase income, mainstream benefits). The needs & vulnerabilities assessed include: % of adults with disabilities (stayers & leavers), % coming from street/shelter & participant eligibility for each project type. For PSH, projects are scored based on % of new CH entries. The risk adj. score combines 5 factors into one high barrier score: no income @ entry, entry from street, CH, documented mental health and/or substance use disability. HMIS data is used to generate a score & rank projects from high to low. More points are awarded to higher scoring projects.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The FY15 Scoring Tool was discussed at Feb. mtg, feedback requested (2/5/16 – 4/30/16). The document was discussed at the May mtg. more feedback requested. All membership comments were compiled, options & scoring were presented to the Board. A revised tool was created & approved by Board 6/28/16. Once NOFA & Coll app were released, the policy was posted on the BOS website on 8/9/16. The COC Director created a multi-tab excel document to track data, scoring & rank projects. At Aug. mtg, the policy & tool were presented & reviewed with membership. The completed excel doc was posted on the website with all renewal & new projects ranked on 8/29/16. Each time there was a posting to the website, an email was sent to the entire BOS

membership.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/08/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

Each recipient submits quarterly APRs from HMIS/DV database to HMIS/PIT committee. Members evaluate, give feedback & make recommendations to PEA committee on housing stability, increase income, mainstream benefits, data completeness, participant eligibility, length of stay & destination. Each project submits a copy of the FY APR to COC Director for performance review, unit utilization, use of federal funding, eligibility & timeliness. A eLOCCS report is requested from HUD FO. HMIS generates a CH entry report for PSH. These factors are used in the Board Scoring tool in the COC Competition, to measure compliance & org/fiscal capacity requirement for new projects. PEA committee provides desk & in person project monitoring based on Scoring Tool results, Board input & HUD FO schedule. BOS & State will join forces to do joint monitoring in 2017. This process focuses on fiscal, eligibility, client files & documentation. Each agency also submits a copy of their annual audit & issues to Board.

1G-2. Did the Collaborative Applicant include Yes
accurately completed and appropriately
signed form HUD-2991(s) for all project
applications submitted on the CoC Priority
Listing?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. COC GC 5-6; HMIS GC (MOA) 4-7

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software ServicePoint

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$438,190
ESG	\$32,783
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$470,973

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$8,211
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$91,739
Other Federal	\$0
Other Federal - Total Amount	\$99,950

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$13,940
State and Local - Total Amount	\$13,940

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$46,059
Private - Total Amount	\$46,059

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$124,800
Other - Total Amount	\$124,800

2B-2.6 Total Budget for Operating Year	\$755,722
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	2,274	805	1,145	77.94%
Safe Haven (SH) beds	7	0	7	100.00%
Transitional Housing (TH) beds	1,711	325	1,184	85.43%
Rapid Re-Housing (RRH) beds	436	0	436	100.00%
Permanent Supportive Housing (PSH) beds	566	0	338	59.72%
Other Permanent Housing (OPH) beds	87	0	42	48.28%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

Given the large geography, # of providers, projects & beds, the BOS has great HMIS participation across all project types. ES HMIS bed coverage is 77.94% because 3 projects (103 beds) dropped off HMIS due to staff, funding or internal policy changes. The COC Director & HMIS lead will continue to engage those 3 & the largest unfunded faith-based shelter (2 projects, 135 beds) to join HMIS. PSH HMIS bed coverage is 60% because of HUD-VASH. Without 228 VASH beds in calculation, PSH is 100% HMIS covered. Since the HDX, Tomah VA joined HMIS & entered their 116 VASH vouchers bringing coverage up to 80%. HMIS lead is working with Mpls. VA (22 beds) & 2 new VASH providers (10 beds) to join HMIS. This should be complete by Jan. 2017. However, MKE VA refuses. The COC Director & HMIS lead will continue to seek alt. providers to enter vouchers into HMIS. OPH HMIS bed coverage is 48% solely because 1 project (45 beds) is not in HMIS. The local continua continues to try & partner with this project.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	9%
3.3 Date of birth	1%	0%
3.4 Race	2%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	1%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	5%
3.15 Relationship to Head of Household	5%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	5%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
VA SSVF, RHY Export, PATH APR/QPR, HOPWA APR/CAPER	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

12

2D-4. How frequently does the CoC review data quality in the HMIS?

Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.

Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
HUD VASH (Tomah VA only)	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

The only Federal partner program listed in question 2D-6 that is not using HMIS system 100% is HUD-VASH. The Tomah VA is currently entering their HUD-VASH & WHEDA vouchers into HMIS. The BOS goal is to have the

Minneapolis VA HUD-VASH vouchers (22) entered into the HMIS system by a partner agency or the VA by 12/31/16. There are two additional housing providers recently awarded WHEDA HUD-VASH vouchers (5 vouchers each). It is the BOS goal to have these providers enter into the HMIS system as well by 12/31/16. The HMIS lead & COC Director will continue to seek a different option for entering the remaining HUD-VASH Vouchers into HMIS as the Milwaukee VA refuses to participate. All of the SSVF, GPD, RHY & PATH providers are using HMIS 100%.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/27/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 05/02/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Although large, the BOS successfully uses a complete census count on 1 night for the sheltered PIT. All shelters are required to enter data into HMIS or complete a survey & interview on the night of the PIT. The approach was

selected to avoid estimates, extrapolation & reduces risk of duplication. Each local continua assigns a PIT lead to be responsible for training, data collection oversight & adherence to PIT policies. All PIT leads must attend required training by COC Director. HMIS lead monitors timely entry of UDE set in HMIS policies & procedures. The UDEs provide core components of PIT reporting. For non-HMIS projects, a provider-level survey or interview is conducted & info recorded on Non-WISP form. The surveys are submitted to the PIT lead. The PIT lead collates, cleans & de-duplicates the HMIS PIT data, the Non-WISP PIT data & completes the de-duplication chart. The totals & characteristics required for the HIC & PIT are submitted to the COC Director for additional review.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

There have been no changes to the PIT sheltered methodology from 2015 to 2016. The methodology for the sheltered PIT count in the BOS has remained the same since 2014. The BOS continues to use a complete census count, HMIS & interviews in order to ascertain the number, demographics & subpopulation information required by HUD.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

There were 4 facility-based shelters & 2 voucher programs counted in 2015 but not in 2016. This change occurred because 4 small, unfunded shelters (47 beds) were removed from the HIC due to non-use. The voucher programs closed because of loss of funding & non-use. There were 7 facility-based shelters & 8 voucher programs counted in 2016 but not in 2015. This change occurred because 2 seasonal program (23 beds), 1 family shelter (12 beds) & 3 small mixed unfunded shelters (23 beds) opened in places with limited shelter services-3 in rural areas. The new voucher programs were created to fill community gaps, 2 in urban & 6 in rural areas. In 2016 PIT, the BOS also added 7 RHY Basic Center Shelters (7 beds) dedicated to youth per HUD guidance.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

There was no significant changes to the way the BOS implemented its sheltered PIT count from 2015 to 2016 that would impact data quality. PIT training is a process of ongoing improvement, including more volunteers, better data collection & increased community awareness. Overall, the process remained the same. HMIS, reports & non-HMIS client level data forms were updated to reflect HUD changes, specifically the new CH definition. While the COC Director provides oversight for the entire PIT reporting process, the HMIS lead works 1:1 with agencies that use HMIS related to specific data entry issues or reporting concerns. Training related to non-HMIS data collection was updated & enhanced. A specific training on PIT data collection for Non-WISP providers was added, outreach targeted & scaffolding developed to ensure understanding. 3 separate trainings are provided to PIT leads, recorded & posted that provide further instruction on each component of the PIT process.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/27/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

The BOS uses 2 methods for the unsheltered PIT count: the night of the count & post-night service based count. During the overnight, each PIT lead organizes a complete coverage, known location, or combination of their continua that must occur between 11pm-6am. Options allow for flexibility in the rural, urban & mixed geographic areas within the BOS while ensuring complete coverage & reduce risk of duplication. An approved survey is used to collect req. info. Blankets, food & personal products are offered. An observation only tool is used when persons are sleeping or unwilling to engage. For 3 days following, a service based count is conducted by local continua members. Surveys distributed to service providers, meal sites, drop-in & shelters. The main reason for this process is the ability to de-duplicate data within the 21 local continua as well as COC-wide (69 counties). Providers enter data into HMIS or a Non-WISP google form & deduplication chart developed by the COC Director.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

There were no significant changes in the unsheltered PIT methodology in 2016 from 2015. Given the variety of community size in the BOS, larger cities conduct a complete coverage count utilizing street outreach & rural areas conduct a known location count. The BOS continued to use a post count service based survey & deduplication chart that began in 2015. Because of geographic challenges, weather, lack of volunteers, &/or the inability to locate people, providers reach out for 3 days after the count. This option has provided more opportunities for outreach, engagement & expanding the territory covered during the know location count. Youth providers have an opportunity to engage youth during the day at frequented locations. Shelters engage people entering later about their sleeping situation on the night of the count. Providers enter all data into HMIS or the non-HMIS google form. Everyone uses the deduplication chart to ensure validity of data across the local continua & COC-wide.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

In the Spring, the BOS Board added a youth serving agency rep to specifically assist with identifying gaps, needs & areas of improvement in service, process, training & funding. The COC Director continues to reach out & work with the State RHY contact, offering to provide training & technical assistance, answer questions & ask for more involvement at the local & COC-wide level. The Coordinated Entry committee recently approved the TAY-VISPDAT to address the concerns that the VISPDAT was not identifying the barriers of youth under 24. This change will help identify & prioritized unaccompanied homeless youth for housing. In 2017, PIT leads will continue to request RHY provider involvement with the street count & engage with formerly homeless youth to determine known locations. The COC funded youth providers will be providing additional training to the membership on the unique & specific issues surrounding youth experiencing homelessness to increase awareness & enhance understanding.

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

The same 2015 data collection process continued with a blitz count, collection of unique identifiers, a universal survey to collect demographics & other subpopulation information, using limited observational data & providing specific HMIS & non-HMIS training to participating agencies. As done in 2015, additional training is required to ensure deduplication when the window to count is expanded, both on a local continua & COC-wide level. The ongoing re-branding of the PIT count as an outreach opportunity instead of just counting people, there was increased interest & volunteer recruitment process. PIT leads

continue to reach out to RHY & non-RHY youth providers to specifically assist with identifying locations & engagement. The service based count allows for different providers, such as meal sites, TANF, workforce, hospitals & drop in locations to be involved. All of these enhancements that began in 2015 & continued in 2016 result in a more strategic & well-executed unsheltered count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3,597	3,445	-152
Emergency Shelter Total	1,920	1,939	19
Safe Haven Total	7	7	0
Transitional Housing Total	1,463	1,367	-96
Total Sheltered Count	3,390	3,313	-77
Total Unsheltered Count	207	132	-75

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	12,550
Emergency Shelter Total	10,902
Safe Haven Total	18
Transitional Housing Total	2,100

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The initial CE assessment identifies common risk factors: loss of job, DV, recent illness, loss of reliable transportation, benefit wait time, addiction or mental health. Additional data gathered from HMIS, wait lists & anecdotal info. Prevention & diversion occur through local partnerships and pooling of resources, including rent assistance & TANF, referrals to job centers, mainstream benefits, legal services, LL negotiation & mediation, Catholic Charities & public housing. Within the BOS, shelters, prevention agencies & housing providers coordinate to use limited State prevention, WHEAP, EA, local funds & United Way dollars to try to keep people in housing. The BOS intends to incorporate prevention & diversion policies into CE. A diversion committee has been created to explore causes & needs, identify best practices & develop a strategy to fund these practices. Training, resources & data enhance the identification of barriers & guide the strategies to overcome those obstacles.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The BOS approved policies for PSH, TH & RRH to ensure those with longest homeless histories are identified & prioritized through CE & required for all ESG & COC projects. During last 3 years, 6 TH & 4 SSO projects reallocated to RRH & 1 new RRH was awarded, reducing time in shelter & moving to PH. All COC projects voluntarily adopted housing first model to ensure people will be transitioned into PH quickly & without barriers. Communities are investing more ESG funding into RRH & there has been an expansion of State TBRA funds in the rural communities for additional PH options. Remaining TH work to reduce time in project & transition in place. All data is tracked in HMIS or non-HMIS list for CE & required for COC & ESG projects. HMIS lead created reports to help track & monitor LOT data & provides training to all HMIS users. Board & COC Director provides training on overall impact & strategies to reduce LOT. Evaluation occurs on 5 levels: project, agency, community, COC & statewide.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	1,854
Of the persons in the Universe above, how many of those exited to permanent destinations?	1,475
% Successful Exits	79.56%

**3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	388
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	346
% Successful Retentions/Exits	89.18%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Based on attached SPM report, the % of returns to homelessness in 2 yrs is 21%, with the highest % from ES & SO. BOS strategies implemented to identify & minimize additional returns include: the Board & COC Director using HMIS lead reports to review patterns & trends, collaborate to identify potential solutions, understanding why the return occurs influences solutions; encouraging 30/60 day follow-up services & outreach; adoption of housing first embracing re-housing people rather than terminating from program. Because the foundation of the statewide HMIS system is shared visibility, the HMIS lead can create comprehensive reports for all project types (ES, housing, service only) covering the entire system, over any time period to analyze & evaluate reoccurrences. This includes exit to PH & non-PH destinations, where re-entry into the system occurs geographically, LOT between entries into system, type (enter from prevention vs. ES) & other demo factors associated with reoccurrence.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase

**program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)**

The BOS is developing TA & securing trainers to help projects increase income & non-cash, expand SOAR, develop policies & performance goals. Locally, COC projects engage in many strategies to increase income growth. ECIHN & WD were funded by United Way to hire an employment specialist & track outcomes in HMIS. ADVOCAP is the designated employment & training agency in their region with WIOA funding to assist clients with job readiness, skill dev. & follow-up. West CAP & Couleecap have SOAR trained staff to assist homeless adults with expedited SSI/SSDI applications & track outcomes in HMIS. The majority of COC funded projects assist clients directly with online ACCESS application for mainstream benefits. According to measure 4 of the SPM: 33% leavers increased earned income, 21% increased non-earned, 48% increased total income. The connection to mainstream resources is over 90%. While there is still room for improvement, the BOS supports the ongoing collaboration with local partners.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)**

Agencies in the BOS work with many different employment orgs such as: Workforce Resource, Workforce Connections, DVR, TANF, Goodwill Prosperity Center, LE Phillips CDC & Great Lakes Training Corp. Goal plans for employment developed with homeless participants are an essential CM component for both employment & COC projects The role of the employment orgs is to help with training or education, job readiness skills, resumes & applications, workshops, job supports & coaching, job search, placement & interview prep. The employment org. partners with COC CM to provide child care, transportation, clothing & other supports to improve outcomes. Employment & COC collaborate at the local level & are actively involved with local planning mtgs. There are 39 COC funded housing projects in the BOS (1 SH, 14 PSH, 14 TH, & 9 RRH). 95% have a clear & defined relationship with mainstream employment org in their community. 2 do not, a congregate TH dedicated to DV & a rural scatter-site PSH project.

**3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

There are 2 methods of unsheltered person identification done in the BOS. Urban areas use PATH street outreach teams, certified peer specialists, crisis centers & county funded mental health/AODA outreach teams. Street outreach providers are PIT leads, BOS members, active in their local continua & committees. Rural areas use a known location PIT count & rely on churches, schools, human services, food pantries, drop-in centers, campgrounds, formerly homeless, hospitals & past experience to help identify areas to include. All data is recorded in HMIS, the Non-WISP PIT google form & locations submitted to the COC Director for review. To access housing, all ESG & COC funded orgs

are required to assess & use CE to make housing prioritization list referrals. Other strategies include soft referral to shelter/voucher programs, motivational interviewing techniques, use of trauma informed approaches, progressive engagement & adoption of the housing first/low barrier to entry model of service.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? Yes

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

Every Jan & July, the BOS participates in a statewide unsheltered PIT count. Seasonal counts allow local, COC & State-wide data tracking & analysis of people & locations. The COC Director provides training, TA & evaluation of the PIT process. Because of the vast size, the HMIS/PIT committee created & Board approved an exclusion policy for unsheltered PIT counts in the BOS. Automatic exclusion include: swamps/lakes, private vacation resorts & property, reservations, dense forest & farmland. Request for additional exclusions can be based on: towns with no shelters, no 24hr establishments, no major roads & HMIS data demonstrates that no one has come from those locations in the last 2 years. If an area has been visited during the previous season PIT count & no one has been identified, additional info will be requested before allowing the exclusion. Multiple attempts to identify unsheltered persons in a particular location with no success is a reason to shift attention to other areas.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 07/23/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.

(limit 1500 characters)

This section not applicable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	238	187	-51
Sheltered Count of chronically homeless persons	218	164	-54
Unsheltered Count of chronically homeless persons	20	23	3

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
 (limit 1000 characters)**

In 2016, the total # of CH persons counted in the PIT (sheltered & unsheltered) decreased (-51) because the # of sheltered CH decreased (-54) & the # of unsheltered CH slightly increased (+3) between 2015 & 2016. In Jan. 2016, the weather was mild, few crisis shelters were open, less voucher beds used. There was a small increase in the # people in ES, a large decrease in # people in TH because of reallocation to RRH, so the overall total sheltered count was less (-77) than in 2015. The decrease in sheltered CH # coincides with the decrease of all sheltered persons & can be attributed to BOS system change-more dedicated CH beds, housing first, prioritization policy & CE. The total # of unsheltered persons was less (-75) than 2015. Yet there was a small increase of unsheltered CH attributed to milder weather, ongoing improvement to PIT training & focus on new CH definition, better data collection, increased community awareness & better engagement with persons encountered during the PIT.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	112	176	64

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The # of COC & non-COC funded PSH dedicated beds for the use by CH persons identified on the HIC increased from 112 beds in 2015 to 176 beds in 2016. This increase (+64 beds) is the result of new projects, current agency's dedicating more beds to meet CH needs, ongoing system change, PIT & other HMIS data showing increase of CH #s & coordinated entry. The COC Director & HMIS lead worked together to increase data quality, an increase in training around CH, including the new definition, recordkeeping requirements & PSH order of priority passed in accordance with HUD's notice. Since July 2015, all COC funded PSH beds are 100% dedicated or prioritized to CH. Each new opening is filled following the prioritization policy & order of priority focusing on longest length of homelessness, VISPDAT score & CH status. Each new project is required to dedicate all beds to CH & adhere to CE & order of priority. All COC projects must adhere to written standards & have adopted a housing first model.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice Yes

CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. Page 10 & 11

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

Strategies implemented by BOS to end CH include: training, increase effective use of resources, collaboration & awareness. The COC Director provides ongoing training & TA on prioritization policy, CH definition & doc. req. HMIS lead ensures accurate CH data collection, evaluate progress & report at project, community & COC level. CE committee & implementation team will identify gaps, needs & evaluate effectiveness of system. In FY15, 3 new PSH projects were awarded & added 55 dedicated CH beds to areas with the highest needs. In FY16, 3 new PSH project apps were submitted to increase (+23) dedicated CH beds. State of WI S+C project dedicated all 59 beds to CH in FY16 (where only 9 were in FY15). The COC Director will continue to reach out to HUD-VASH to ensure CH vets are prioritized. Marketing will continue for CE & community awareness on CH. The Board president & COC Director will continue to work with State Interagency Council’s 10 Year plan, supporting strategies to end CH in WI.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Category 1 homeless (ES) or Category 4 (DV or fleeing DV)	<input checked="" type="checkbox"/>
Length of homeless episode(s)	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	71	85	14

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
Required compliance as part of the COC certification process required by ESG grant administrator	<input checked="" type="checkbox"/>
Legal Service (Judicare) training & presentation at BOS quarterly (open) meeting, posted on website, & disseminated to membership	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	651	582	-69
Sheltered Count of homeless households with children:	621	578	-43
Unsheltered Count of homeless households with children:	30	4	-26

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in

**the 2016 PIT count compared to the 2015 PIT count.
 (limit 1000 characters)**

There was a decrease across the board for the BOS in regards to homeless households with children from the 2015 to 2016 PIT count. In 2016 PIT count, the total # of homeless HH with children decreased (-69) compared to 2015. The total # of sheltered HH with children (ES & TH) decreased (-43) & the total # of unsheltered HH with children decreased (-26). The BOS is proud of the fact that from 2015 to 2016, two TH & 4 SSO projects voluntarily reallocated to RRH. With increased RRH beds available, the written RRH standards, prioritization policy & CE, as well as housing first/low barrier entry, more people were served in RRH programs. As a result, homeless households with children have decreased in sheltered & unsheltered counts. For sheltered, homeless households decreased from 621 HH (2008 people) in 2015 to 578 HH (1885 people) in 2016. For unsheltered, homeless households decreased from 30 HH (94 people) in 2015 to 4 HH (13 people) in 2016.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Active collaboration with State entities through Interagency Council to identify training needs, gaps in service & policy planning	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
Disability - mental health & AODA	<input checked="" type="checkbox"/>
Impact & systems of care: aging out of foster care & lack of high school diploma/GED	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	259	518	259

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

This question is not applicable as the number of unaccompanied youth & children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY2015 (518 youth) is higher than in FY 2014 (259 youth).

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,902,648.00	\$2,006,085.00	\$103,437.00
CoC Program funding for youth homelessness dedicated projects:	\$306,085.00	\$306,085.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,596,563.00	\$1,700,000.00	\$103,437.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	35
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	80
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	30

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others? (limit 1000 characters)

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	246	236	-10
Sheltered count of homeless veterans:	243	228	-15
Unsheltered count of homeless veterans:	3	8	5

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

In 2016 PIT, the total # of vets counted (sheltered & unsheltered) decreased (-10) compared to 2015. The total # of sheltered vets (shelter, TH & SH) decreased (-15), which was a reduction of 11 people for ES & 6 people for TH. The continued use of SSVF RRH has shifted the focus from site-based GPD TH to scatter-site permanent housing. Vets are more quickly identified at shelter intake & placed on the BOS CE prioritization list. One gap is that the SSVF & VA providers are not required to use CE to fill openings, they take referrals from outside the process. While less vets remain in shelter or enroll at GPD TH, more vets would be housed if CE was used. The total # of unsheltered vets increased (+5). Note, there were only 3 unsheltered vets in 2014 & 2015. In 2016, there were 8. For a large geographic area, this remains a small #. Because of the partnership with SSVF, WI DVA, VORP & new collaboration

with Tomah & Mpls. VA, the possibility of reaching functional zero remains high.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	214	236	10.28%
Unsheltered Count of homeless veterans:	4	8	100.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	43
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	43
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	
------------------------	--

	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Identification and resolution of barriers to benefits and the use of those benefits	<input checked="" type="checkbox"/>
Helping clients connect with appropriate providers and navigate the process	<input checked="" type="checkbox"/>
Assist clients with application for medical bill forgiveness	<input checked="" type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	43
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	43
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	43
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	43
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Meet with clients in home to help explain, advocate, and answer questions 1:1	<input checked="" type="checkbox"/>
Use of social media (including but not limited to facebook, website, twitter)	<input checked="" type="checkbox"/>
Employ or have internet easily available and accessible	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	143	219	76

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)

This section is not applicable.

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

This section is not applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

This section is not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input checked="" type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

Submission Summary

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

Page	Last Updated
1A. Identification	08/26/2016
1B. CoC Engagement	09/07/2016
1C. Coordination	09/12/2016

1D. CoC Discharge Planning	09/01/2016
1E. Coordinated Assessment	Please Complete
1F. Project Review	09/11/2016
1G. Addressing Project Capacity	09/07/2016
2A. HMIS Implementation	09/08/2016
2B. HMIS Funding Sources	08/22/2016
2C. HMIS Beds	09/10/2016
2D. HMIS Data Quality	09/08/2016
2E. Sheltered PIT	09/08/2016
2F. Sheltered Data - Methods	09/08/2016
2G. Sheltered Data - Quality	09/07/2016
2H. Unsheltered PIT	09/08/2016
2I. Unsheltered Data - Methods	09/08/2016
2J. Unsheltered Data - Quality	09/08/2016
3A. System Performance	09/12/2016
3B. Objective 1	09/12/2016
3B. Objective 2	Please Complete
3B. Objective 3	Please Complete
4A. Benefits	Please Complete
4B. Additional Policies	09/01/2016
Submission Summary	No Input Required