Before Starting the CoC Application

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

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

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

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	No
4.	**CoC-Funded Victim Service Providers**	Yes	Yes	Yes
5.	**CoC-Funded Youth Homeless Organizations**	Yes	Yes	Yes
6.	**Disability Advocates**	Yes	Yes	Yes
7.	**Disability Service Organizations**	Yes	Yes	No
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	Yes	No
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	No
11.	**Hospital(s)**	No	No	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	No	No	No
13.	**Law Enforcement**	No	No	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	No	No	No
16.	**Local Government Staff/Officials**	Yes	Yes	No
17.	**Local Jail(s)**	No	No	No
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	No	No	No
23.	**Organizations led by and serving LGBT persons**	No	No	No
24.	**Organizations led by and serving people with disabilities**	No	No	No
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	No
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	No
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Vet Specific: SSVF, VHRP, VA, CVO, State DVA, VORP	Yes	Yes	Yes
34.	HMIS, United Way, Legal Action, Tech School, LL, Faith, library, Managed Care, Red Cross	Yes	Yes	No

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

The CoC uses an ongoing open invite policy to encourage participation in virtual quarterly mtgs & seek new members to join. Agenda & reg posted & advertised by email, website & social media. Materials are available electronically & modified on request before & after mtgs. Feedback sought via online survey. Most docs are posted in PDF format & available for translation or other accommodation. The Director does targeted outreach to statewide org & state gov't staff. CoC staff reviews coalition success w/engagement & strategies for recruitment of people w/lived or current experience & org serving culturally specific communities. Day 1 focuses on training, best practices & TA & day 2 on CoC business. Anyone can attend CoC mtgs, join committees & attend trainings. Led by Board members, committees use ongoing open invites & targeted recruitment at least annually. They focus on policy issues (ie discharge, CE, SPM, diversion, emergency shelter & youth), meet virtually, establish annual goals & priorities. Defined as 21 local coalitions, CoC membership includes DV, vets, youth, county staff, local gov't, school, police, shelters, faith-based, PHA, free clinic, hospitals, other special pop groups,

advocates, crisis staff & housing providers. Each coalition elects a delegate for CoC mtgs, a PIT & local CE lead; has open ongoing invite policy for public mtgs, an established membership process shared across community in multiple mediums-email, website & social media. At least annually, local coalitions solicit for new members, encourage broader participation by “bring a friend” approaches, create specific workgroups to address local issues, engage in targeted outreach to those w/lived or current exp, seek people w/specific knowledge & expertise including those serving culturally specific communities. CoC staff help formalize local structure, increase engagement at local & CoC level, approve local governing docs to ensure transparency, accountability & consistency.

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

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

The CoC solicits & considers opinions on policy, process, standards & governance from statewide org, local coalitions & anyone interested in our mission through electronic surveys, open feedback requests posted on the CoC website & sent by email. The CoC uses survey monkey, email & google drive to gather & review feedback. All requests for input & invites to CoC mtgs are emailed to statewide org, state gov’t staff & the 21 local homeless coalitions members. Anyone can be added to the email list. Locally, these coalitions include staff from county services (public health, DHS, sheriff), local gov’t, school, police, shelter, faith-based, PHA, hospitals, advocates, people w/lived or current exp & anyone interested in homelessness. The CoC hosts 4, 2-day mtgs for the full membership virtually w/invites emailed, posted on website & social media. All agendas & minutes are posted on the website along w/presentation materials, handouts & a post-mtg electronic survey. Survey & feedback results are discussed by Board & used in strategic planning, policy review & decision making. Specific input sought on proposed CE changes, moving on assessment, CoC diversity statement, scoring tool, Board attendance policy, & ESG prev standards. Req for feedback & input is shared across the CoC during public & open Board mtgs, committee mtgs, quarterly membership mtgs; in bi-weekly Director emails & posted on website & social media. The CoC Director hosts mtgs in which local coalition partners can discuss data, trends & talk about the impact policy is having w/in the coalition. Gathering information from a variety of sources & methods ensures all voices are heard when revising, reviewing & developing strategies for preventing & ending homelessness. The Board reviews comments & approves a final version which is disseminated across multiple platforms to local coalition members. This process is used to generate the most comprehensive set of policies & procedures reflective of our diverse CoC.

1B-4.	**Public Notification for Proposals from Organizations Not Previously Funded.**	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	**that your CoC's local competition was open and accepting project applications;**
2.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
3.	**about how project applicants must submit their project applications;**
4.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
5.	**how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.**

(limit 2,000 characters)

For FY21, the CoC notified the public of the competition timelines through social media, by email 8/18 & on website 9/7. Notice of the CoC's RFP, instructions, app, scoring rubric & deadlines for PH bonus-9/13 website & 9/10 email; DV bonus-9/7 website & 9/3 email. Instructions explain the open process for all eligible agencies, no req to be HUD funded. The CoC Director specifically reached out to orgs well positioned to leverage healthcare or other housing resources as bonus pts were available. RFP discussed during a virtual webinar w/closed captioning 9/20 & CoC mtg 8/13. All notices & materials were available electronically & format modified on request (lang, reading level or other disability). Email reminders sent out to CoC list, board asked to spread word across coalitions, Director recruited DV providers directly w/help of statewide DV coalition. A review team obj read & scored all apps using the previously published rubric. Only Board members w/out a conflict participated. Each review form was submitted to Director, results compiled & scores shared w/team. CoC rec'd 3 apps for PH Bonus & 8 apps for DV RRH Exp. The scoring criteria focused on agency exp w/target pop, budget, match, cost/# HH proposed, need (PIT, SPM, PPRN, CE), timeline, outreach, fiscal capacity, local coalition support & CoC involvement, Housing First & CE. For RRH, a plan for CH & high barrier clients must exist & plan to recruit LLs. For PSH, a plan for collaboration w/medical providers & identified moving up exit strategy. Data had to clearly support the need for the project & the agency demo good standing w/the State, HUD & CoC. Bonus proj were ranked by % of total narrative score & awarded w/available funding. The Board & CoC were notified by email 10/12 & results posted on website 10/11. All projects, new & renewal, must agree to committee participation, active involvement w/PIT 2x/yr & in their local coalition, attend quarterly CoC mtgs, resolve monitoring findings & adhere to CE.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	Yes
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	No
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	No
12.	**Organizations led by and serving LGBT persons**	No
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.	Legal Action, Human Services, local gov't, head start, tech college staff	Yes

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

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

(limit 2,000 characters)

The CoC tries to consult w/the State ESG recipient (DEHCR) in planning & allocating ESG & ESG-CV funds. Since early 2020, the 4 WI CoCs & DEHCR have met weekly to provide updates & discuss ESG/CV. The Director advocated for equity, best practices, prioritization & funding. CoC leaders met in early 2020 to review the allocation formula, perf outcomes & priorities. DEHCR used a similar formula for 2021 ESG & asked for CoC input on metrics. For CV, DEHCR split funding into 2 rounds w/out consultation. DEHCR asked CoC leaders to assess need & give funding proposal for rd 1, no discussion re rd 2. DEHCR placed spending level req on funding, waived all but HUD req rules, did not review perf for funds & did not incorporate CoC feedback. DEHCR hosts monthly ESG calls for coalition leads & CoC leaders to review reporting, request, program changes & answer questions. Since 2020, DEHCR has not collaborated on the evaluation or review of ESG perf. Therefore, the Director requested DEHCR provide perf & outcome reports, CAPER & other data to review perf our own review & eval. DEHCR declines our requests for addt'l partnership, does attend quarterly CoC mtgs to present updates or answer questions from membership. CoC staff work to support ESG subrecipients, provide TA & address non-compliance CE issues. The CoC conducts 2 PIT/yr (Jan & July), sharing results for PIT/HIC w/all 15 con plan jurisdictions. Data is also publicly posted on website, trends reviewed during quarterly CoC mtgs & available on request. Locally, agencies participate in focus groups, planning mtgs, surveys & 1:1 mtgs to ensure local homeless info is communicated & addressed in con plans. Local coalitions are encouraged by the CoC to invite city planning/local gov't staff to attend mtgs, help w/local initiatives, share info & insight. The CoC invites local gov't staff to attend CoC trainings & quarterly mtgs. Many attended Fair Housing/ADA training, motivational interviewing & trauma trainings hosted by CoC.

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

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

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	No
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	Yes
6.	**Other. (limit 150 characters)**	
	CoC established written policy against separation required for all funded agencies to follow	Yes

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

The CoC Director sits on the Interagency Council w/state gov't including DPI to address gaps, silos & id barriers. CoC supports a formal written data sharing MOU between HMIS lead & DPI to gather data, analyze results & determine next steps. DPI is invited to CoC mtgs & asked to provide annual training. Director joins DPI calls w/liaisons when invited, presented on YHDP & was asked to join review panel for ARPA funding. All liaisons are formally invited to attend CoC mtgs w/many attending CoC training on motivational interviewing & trauma. Because of CoC size, the CoC demo collaboration w/youth ed, SEA-LEA & school districts by establish formal & written education policy requiring all CoC/ESG funded agencies to demo collab w/schools including id, transportation & needs; formally invite all district liaisons to participate in coalition mtgs; address family ed needs when seeking PH; & designate staff to ensure all youth are enrolled in school & connected to services including early childhood. Compliance is reviewed during CoC monitoring. Locally, agencies work w/youth ed, SEA-LEA & district staff to form partnerships & sign MOUs to address early childhood screening, tutoring, referrals, local programs; gaps, impact of outreach & mediate truancy issues; & food insecurity & tech needs. School staff attend local mtgs, help w/PIT & outreach, share data & resources, lead workgroups & attend case conferencing mtgs. Coalitions invite tech schools, head start, learning centers, private & parochial schools to mtgs & ask for feedback. CM work w/families & schools to address equity, enrollment, transportation & truancy issues; apply for waivers, reduced fees & meals; & support parents at school & IEP mtgs. School staff are asked to use CE & provided marketing materials for students & families to increase awareness. Coalitions facilitate back to school drives for supplies; fundraise to offset field trip costs & extra fees; & share resource pkts to schools, libraries & youth org.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

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

(limit 2,000 characters)

The CoC approved written policies establishes req for CoC-funded agencies to inform people experiencing homeless of their eligibility for educational services. Projects must adopt the policy & procedures, then create internal process to align w/req. Compliance is reviewed during CoC monitoring. The CoC policy outlines youth rights, eligibility & types of MK-V ed services. It requires local coalitions to formally invite at least annually all district liaisons to attend mtg. Upon project enrollment, staff collect info-youth name, age, grade, school, transportation method, supplies, current enrollment status & any school-based services previously received. CM discuss ed needs & concerns. Info on MK-V rights are provided & explained. Once a release is signed, staff notify the homeless liaison at school of origin & school in district of family/youth's situation. Agencies must demo that there was consideration of youth ed needs when housing search begins to ensure access to (max extent) school of origin. There must be coordination w/school or early childhood program on enrollment & transportation to ensure minimal disruption for youth. Agencies must demo programs are consistent w/& do not restrict the exercise of rights provided by MK-V & identify ways to support youth in school & community activities. Agencies must demo that there is a designated staff person w/MOU in place to ensure that youth are enrolled in school & connected to services including early childhood programs. The policy req individualized case planning to include referrals for early childhood home visit evals, family access to literacy resources & mentoring programs & understanding of rights; follow-up to address student enrollment barriers, access to school supplies, youth receive free/red lunch & fees are waived, youth have access to extracurricular & transportation; & staff provide family support w/school & IEP mtgs, help the family engage advocates & become actively involved w/youth ed.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	No

5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	No
6.	**Head Start**	Yes	No
7.	**Healthy Start**	No	No
8.	**Public Pre-K**	Yes	No
9.	**Tribal Home Visiting Program**	No	Yes
	Other (limit 150 characters)		
10.			

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

The CoC coordinates with the Statewide DV coalition (EDA) to provide regular training for project staff & CE staff on best practices (TIC & Victim Centered) in working w/DV survivors, safety & planning protocols & unique barriers. As a DV advocate, EDA staff serves on the CoC Board & chairs the Gaps & Needs committee. The CoC & EDA signed an MOU to ensure adequate training & resources are available to VSP, CoC project staff, subgrantees of DV RRH & CE staff. EDA regularly hosts statewide training & webinars available to members. Annually, EDA & local DV staff provide training & resources to support client safety, choice & control at CoC quarterly mtgs. Addt'l monthly virtual trainings were provided by EDA on indigenous murdered & missing women in WI, housing first, LBGTQ, criminalization, gender violence & safety planning to CoC project staff. The CoC shares EDA training via website & email. The CoC hosted multiple virtual trainings on TIC & trauma & resiliency. CoC requires CE training for new users, including DV screening, conducting assessments in trauma informed manner & use of the non-HMIS referral process. All CE providers are required to create safe & confidential access to CE. EDA provides monthly virtual training to CE staff on topics such as DV 101, neurobiology of trauma, lethality assessment, safety planning, confidentiality & working together to prevent DV homicides. Victim service providers & local coalitions host trainings open & advertised to the community & project/CE staff virtually & in person on topics such as ACES, implicit bias, dynamics of DV, boundaries, SAFE, family violence, identifying/serving human trafficking survivors, mental health, self-care & healing, loss & uncertainty, crime victim rights, digital abuse & healthy relationships & conflict resolution. Many VSP are involved w/their local S/A Response team & coordinated community response teams. VSP are actively involved in their local coalitions, on CoC committees & w/CE.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

The CoC uses de-identified aggregate data from multiple sources to assess the special needs related to DV/SA including comparable databases reports, HMIS, CE & PIT. Local provider anecdotal info & state DV coalition data are used to help provide context. All 4 data sets are used to determine need, identify gaps & trends, advocate for more resources & evaluate compliance & outcomes. Annually, ESG allocations are determined using housing & shelter utilization data collected on the monthly HIC, including DV. During the CoC competition, new project review & selection includes DV-specific data from CE & PIT when calculating need. To evaluate compliance & review outcomes, ESG lead shares w/CoC HMIS reports & VSP run comparable database reports for CAPER. Monthly, CE leads review HMIS & Non-HMIS prioritization lists to look at need, length of time, identify issues & ensure compliance w/CE. The non-HMIS list, developed w/VSP, does not contain PII & referrals are made w/unique id & staff contact info. CE provides live time info on who is seeking housing & services w/in each coalition illustrating scope & quantify need. CE data includes those not seeking emergency services & those often missed during 2x/yr PIT count. PIT data uniquely combines non-DV & DV shelter & TH w/those unsheltered into 1 data set across entire CoC. DV providers use a non-HMIS template to collect the same info req in HMIS. Locally, all 4 sets are used w/community planning, identification of gaps, funding prioritizes & allocations, coordination & operation of services. Data shows who is & isn't being served. Trend & gap data, family composition, location, special needs provide a foundation for new resources, expanding public awareness & encourages community engagement. At the CoC level, all 4 sets are used to advocate at the state-level to influence funding decisions, support investment in best practices & inform decision makers, including elected officials of the specific needs related to DV/SA.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

The CoC approved no wrong door CE system policies & procedures incorporate TI & victim centered approaches while max client choice for housing & services that prioritize safety, ensure confidentiality & includes a CoC approved ETP as a part of written program standards & CE. By investing in a non-HMIS referral & prioritization list process, the CoC ensures survivors have same access to housing & services as those that use the traditional HMIS-based CE process.

Referrals can be made to an anonymous non-HMIS list which does not contain PII, is linked to an agency-created unique id w/staff contact info. Non-HMIS & HMIS referrals are prioritized based on the same elements. The list is maintained by 1 coalition approved person. At initial contact, all people are assessed & screened for safety concerns, DV shelter & supports. Those presenting at non-DV door are offered direct referral to DV services while those presenting at DV door engage directly w/advocates. Informed consent, trauma informed practice, victim centered services are present at each step w/safety & confidentiality protected. Staff are trained on WI DOJ Safe at Home program. Client must provide specific consent re what will be shared w/whom. The CE pre-screen form serves to gather info & a release to submit a CE referral for housing & services. If a person declines, other housing & services are explored. The CoC follows housing first, maximizes client choice including housing search that best meets their space, location & security needs. Adherence to policy & ETP are reviewed during CoC monitorings. The CoC written standards & CE include a CoC-wide prioritization & waiver process for survivors of DV through ETP. All info collected is locked, secured or shredded. Safety plans are created based on identified risks, patterns, natural supports & client driven goals. Projects collaborate to match needs w/appropriate housing & service interventions w/client choice & safety as overarching priorities.

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

1.	**Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?**	Yes
2.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?**	Yes
3.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?**	Yes

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Eau Claire County Housing Authority	65%	Yes-HCV	Yes
Brown County Housing Authority	23%	Yes-HCV	Yes

1C-7a.	**Written Policies on Homeless Admission Preferences with PHAs.**	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	**steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or**
2.	**state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.**

(limit 2,000 characters)

W/69 counties in the CoC, there are many PHAs & a statewide org (WHEDA). The majority don't have a homeless pref or work w/CoC. Local coalitions advocate, write letters to PHA boards, use community pressure to encourage PHA to adopt admin plan changes for pref, a move on plan & use CE. Some have been advocating for 10+ years. Most PHAs continue to use same process, closed wait list, 1st come/serve policy. PHA are invited to attend local coalition mtgs, discuss issues & address concerns. The CoC Director has presented freq at PHA mtgs & trainings, on collaboration, pref, move on, CE & invited PHA staff to CoC mtgs. Recently, several PHA applied for mainstream vouchers, partnered w/VASH & FYI. Some have limited move on set aside for certain programs-TBRA & TH. 2 strong partners are EC Cty HA & Brown Cty HA-each have FUP & were supported by the CoC. CoC staff participate in FUP quarterly mtgs, signed a MOU & provide CE TA support. Each maintain a homeless pref, use CE, remain engaged in their local coalitions & established a move on strategy & policy in partnership w/the PSH project in the community. EC Cty has 10 set aside & Brown Cty est a priority. This year, City of La Crosse HA adopted a homeless pref for HCV & agency owned units. Now the coalition is asking the County to do the same. CoC Director sits on state council w/WHEDA & often advocates for change in policy & need for partnership. WHEDA has HCV in 41 rural counties, subs to local nonprofits (who run CoC/ESG proj) & will not change their admin plan, service delivery, wait list practice despite data showing need & local coalition requests. EHV has changed things w/4 PHA-including WHEDA. Required to partner w/the CoC, they signed an MOU, modified their admin plans to relax eligibility criteria, doc req, adopted HUD waivers & used service fees for household supports. While CE is req, the 4 PHA allowed the CoC to establish the priorities & process; deferred to CoC for solutions & sought freq feedback.

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

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

1.	**Multifamily assisted housing owners**	No
2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	Yes

4.	**Local low-income housing programs**	No
	Other (limit 150 characters)	
5.		

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

No wrong door CE operates across entire CoC. Local coalitions encourage expansion of CE including PHA to increase access, make direct referrals to the HMIS or non-HMIS system & follow up. To fill open units or vouchers, CE can help prioritize based on need. EHV requires partnership between PHA & CoC & the use of CE. 3 PHA signed MOU w/CoC & partner w/local CE lead to fill vouchers. The Statewide PHA (WHEDA) signed MOU w/CoC & works directly w/CoC staff to receive referrals for EHV statewide-a 1st for our CoC. WHEDA has 343 vouchers to be filled w/CE. There has been a lot of communication, trust & collaboration developed. In a few communities, PHA use CE or participate in case conferencing. Walworth Cty HA admins a CoC-funded PSH project, refer & fill openings through CE. Waukesha Cty HA runs site-based PSH & fills openings from CE. In 2 communities (Eau Claire & Brown Cty), the PHA partners w/local CE lead & PCWA for FUP. There is a joint MOU for the project w/all referrals coming from CE & quarterly mtgs to evaluate & improve the process. Many PHA refer people to the local CE lead rather than do the referral themselves. While there is not a separate formalized MOU for CE, the CoC has approved CE Policy & Procedure manual outlining the roles & responsibilities for referring agencies & those using CE to fill openings. Adherence to the manual is a basic requirement. All participating agencies are required to complete established virtual CE trainings, sign agency & staff participation agreements, use CoC approved forms. As a CE referring agency, orgs agree to use pre-screen form to collect basic info & gain consent from client, do an assessment, make a referral & do follow up. As an org using CE to fill units & not required to by CoC/ESG, CoC staff work to determine whether a waiver is necessary for the current process or the org can work w/in the current prioritization approved for PSH, RRH & TH. The CoC would love to include more PHA units & vouchers in CE.

1C-7d.	**Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.**	

NOFO Section VII.B.1.g.

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

HUD mainstream vouchers: Multiple PHA successfully applied w/support of local coalition partners, including La Crosse, Eau Claire, Kenosha, Sauk, Winnebago & Chippewa. The CoC signed MOUs &/or letters of support for Eau Claire. Superior PHA unsuccessfully applied yet had a MOU signed w/the CoC. The CoC & people experiencing homelessness benefit from this coordination. Local coalition partners assist getting vouchers leased up, people can move on & up from supportive housing programs opening up space for new clients & create movement w/in the CE system. HUD FYI vouchers: Walworth Cty PHA applied w/an MOU signed by the CoC. Multiple other PHA have applied for these vouchers w/local support not the CoC specifically. This includes WHEDA (statewide org). HUD FUP vouchers: Eau Claire Cty & Brown Cty successfully applied w/signed MOU w/CoC & partnership w/PCWA. CoC staff attend quarterly mtgs to review process, procedures & CE. This time is used to review MOU, partnership roles & address concerns. Kenosha successfully applied w/support from local coalition partners. Winnebago Cty unsuccessfully applied yet had a MOU signed w/the CoC. These vouchers specifically support HH w/families & youth exiting foster care. Families benefit by increasing opportunities for reunification or avoid family separation. Youth benefit from the coordination as a safety net & prevent homelessness. The CoC benefits by expanding the network available for youth, enhancing partnership w/youth service providers. Adding vouchers is another tool in the homeless service system toolbox, allows more people to be served, reduce length of time people are homeless, help those involved w/mental health programs experiencing homelessness avoid inpatient hospitalization & jail & increase stabilization allowing people to live independently in the community.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	**Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.**	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Brown County Hous...
City of Kenosha H...
Sauk County Housi...
WI Housing and Ec...

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

Name of PHA: Brown County Housing Authority (BCHA)

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

Name of PHA: City of Kenosha Housing Authority (KHA)

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

Name of PHA: Sauk County Housing Authority (SCHA)

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

Name of PHA: WI Housing and Economic Development Authority (WHEDA)

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

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

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	40
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	40
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The CoC regularly evaluates projects to ensure those committing to Housing First are prioritizing rapid placement & stabilization in PH & not req service participation or preconditions. CoC staff conduct a monitoring of all direct HUD award recipients every 2 yrs & sub-recipients annually that includes a HF

assessment. Interviews are conducted w/staff and clients; written documents & program forms are reviewed; outcomes & data are analyzed. Where there are areas in need of improvement or compliance issues, there are findings & req for corrective action. CoC staff provide TA on HF fidelity upon request. Projects are evaluated & scored on 4 criteria. (1) Access to housing-project must have low barriers at entry & not deny HH access for unnecessary reasons, such as no income, criminal or eviction history. (2) Participant input-client must be educated on housing search & placement, tenant rights & responsibilities, services being offered, principles of HF & CM supported by HF. Agencies must create opportunities for client feedback & input on project & services provided. (3) Leasing/rental assistance-clients must have a choice in unit selection & be part of the process. Housing must be permanent w/clients signing lease/sublease & ensure understanding of tenant rights & how to avoid evictions. (4) Services-clients must have a choice in services including the type & intensity. Case plans must be client centered w/staff trained in strategies such as motivational interviewing & harm reduction. As part of the monitoring, projects receive a score card reflecting their adherence to HF. The CoC uses these pts in the project review & ranking process for the CoC competition. Projects are also scored using HMIS data on program exits to homelessness & reasons for exit. Program prioritization occurs through CE w/CoC established policy & procedures. CE policy compliance, prioritization & LOTH is reviewed by the local CE leads, during CoC quarterly CE reviews & CoC monitorings.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

The CoC conducts 2x/yr full PIT count, including unsheltered street outreach in Jan & July across 100% CoC geography. Addt'l outreach efforts occurs locally throughout the year & varies based on community size & funding. In urban areas, PATH funding supports ongoing daily boots on the ground. In rural areas, limited funding requires the need to partner w/existing resources-working w/law enf; creating teams w/vet, housing, crisis & medical CM & outreach staff; & joining faith-based & volunteer-led efforts to provide food, hygiene, sleeping bags, blankets, hand warmers, bug spray, & other basic need items. All outreach efforts seek to engage w/all unsheltered persons, build trust, develop

relationships & encourage acceptance of help. By being consistent & showing up, staff can quickly identify those unsheltered & tailor efforts. Outreach is focused on community events & resource fairs, known locations-public libraries, meal sites, transit centers, 24/7 parking lots, places w/public restrooms, parks & beaches. Connections made w/literacy groups, LGBTQ centers, org serving culturally specific pop including people w/disabilities. VA & DVA staff visit VFW, CVO & memorials. RHY staff visit parks, boys & girls clubs, youth centers, after school, rec programs & connect w/JDC. Local CE leads work to expand CE awareness for providers & unsheltered by distributing No Wrong Door signs & materials in multiple languages, posting on social media & websites. Addt'l outreach & visibility occurs through PSA's in paper & radio, expos, health & resource fairs, school & night out events. Coalitions host connect events marketing to those least likely to ask for help, providing COVID/flu shots, haircuts, food, access to mainstream referrals onsite. Some opened drop-in centers to provide safe space, access to internet, hygiene items/shower, mailing address, do laundry, meet w/CM & eat. Some have 24-hr crisis lines & toll free #s.

1C-11.	**Criminalization of Homelessness.**	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	Yes
5.	**Other:(limit 500 characters)**	
	CIT (crisis intervention training); CIP (community intervention partner program); education, outreach, advocacy for community at large	Yes

1C-12.	**Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).**	
	NOFO Section VII.B.1.l.	

	2020	**2021**
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	729	973

1C-13.	**Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.**	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.
	NOFO Section VII.B.1.m

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

The CoC provides info & training to COC projects by annually inviting state gov't partners to CoC virtual quarterly mtgs to present on programs, eligibility criteria, FAQ & answer questions on mainstream resources (food stamps, Medicaid, SSI, TANF) available to homeless. DCF, DOA & DHS routinely present updates on programs & funding. Mtgs are free, recorded, & link & materials posted on website. The CoC Director attends IAC quarterly mtgs to address barriers & silos; attends bi-monthly DHS COVID virtual planning mtgs; participates in monthly DHS virtual homeless forums w/fed partners; & attend bi-monthly calls w/other WI CoCs, DEHCR & Director of Council. Director advocates, asks questions & gathers info to share in monthly CoC Board mtgs; quarterly at CoC mtg; 2x month emails to full membership which include CoC, state & nat'l resources; & forwards all state-level changes to coalitions. Locally, coalitions invite mainstream program staff to attend monthly mtgs, provide updates, host forums; share updates & program changes via email. The CoC approved a health care policy that requires projects to collaborate w/health care org, assist clients w/health insurance enrollment & utilization of benefits. Compliance is reviewed during monitorings. Project staff are expected to: help complete eligibility paperwork & applications, including Medicaid; work w/clients to use & understand benefits, covered providers & services; encourage use of prevention services; assist w/apts & transportation; talk w/health care staff about issues or concerns; & help make referrals for specialty care, AODA & mental health services. The CoC encourages agencies to take SOAR training to better assist w/SSI apps. Coalition partnerships include disability & enroll specialists, public health, FQHC providers, free clinics, community health centers, HMOs, ADRC, HHS, community navigators to provide staff w/updates & do benefit enrollment, education, COVID testing & vaccine at shelters & meal sites.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

The CoC CE system covers 100% of CoC, all 69 counties. Divided into 20 local CE areas, each coalition picks a lead w/18 receiving SSO funding to support the position. Because of size, the CoC uses a no wrong door approach to housing & services w/all CE policies, order of priority & written standards approved by CoC Board & prioritize people most in need. CE is dynamic & ensures all people are referred to all available resources they are eligible for. All HH w/out kids are prioritized on 1 list for all project types & all HH w/kids in another. There is a separate prevention list & a non-HMIS tool designed to mimic the HMIS tool & allow DV providers & other systems of care to do direct referrals into CE. Priorities: PSH=CH w/LOTH & then non-CH w/highest LOTH & VISPDAT; TH=cat 1 & 4 w/disabilities; RRH=cat 1 & 4 w/highest VISPDAT score. Coalitions must comply w/process, marketing, outreach & use of after hour plan. Marketing must target unsheltered, not engaged, unaware of the process & least likely to access services w/out special outreach. CoC conducts 2x/yr full PIT w/emphasis on CE & outreach. Locally, programs engage in known location, in reach & outreach focusing on unsheltered & those resistant to services. Partners include VA, DVA, RHY, PATH, outreach staff trained in motivational interviewing & stocked with basic supplies to help build relationships. CE begins w/consent, an initial assessment of needs w/referral to list w/follow up to ensure help is provided timely. CoC monitors compliance through quarterly reviews, annual monitoring & discusses issues & challenges during CE Lead monthly mtgs. The CoC actively encourages non-funded & other systems of care (DHS, hospitals, PHA, schools) to participate in CE, working to address privacy & follow up concerns & creating trainings. CE data shows live time need, showing gaps at coalition & CoC level. High # of CH=need more PSH beds; high # of high barriers but not CH=more RRH w/intensive CM services available.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	**Racial Disparities Assessment Results.**	

	NOFO Section VII.B.1.o.

	Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	Yes
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	No
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	No
4.	**People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.**	No
5.	**There are no racial or ethnic disparities in the provision or outcome of homeless assistance.**	No
6.	**The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.**	No

1C-15b.	**Strategies to Address Racial Disparities.**	
	NOFO Section VII.B.1.o.	

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

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

1C-15c.	**Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.**	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC hosted a full day virtual diversity & inclusion training on: what role race plays in homelessness; concepts for creating a racial equity lens including systems of privilege, oppression, systemic racism & implicit bias; bldg a toolkit for cultural responsiveness; & making it personal-engaging self in social justice work including cultural competence, humility & responsiveness. Based on feedback, the CoC hosted a second full day training on: setting the stage for social justice work-challenging faulty assumptions around race; exploring white privilege & fragility; why antiracism; & what it mean to be an ally. The goal was to create a foundation for the CoC to grow in racial equity work. The CoC created a DEI committee & drafted a diversity statement. The Interagency Council created a DE workgroup to review & address equity issues w/in the state plan to end homelessness. Local coalitions have created committees; hosted symposiums & panel discussions inviting speakers & staff from orgs serving culturally specific populations. Homeless providers committed to DEI work have invested time & funding on attending virtual trainings on equity mindedness, bridging cultural & social lines, improving equity & inclusion in SOAR, NCAFC Virtual leadership class on DEI, 21-day racial equity challenge & implicit bias training. 1 large agency joined a nat'l cohort on "Achieving Equitable Outcomes for Families" learning community to learn how to facilitate racial healing circles as a tool for bridging across differences & activating client voice & power. In one city, the mayor & United Way created a DEI taskforce to improve access & services, to relook at engagement between local non-profits & law enf & promote community-wide awareness. The CoC staff have begun working on data analysis in PIT, CE & addt'l HMIS reports. The purpose is to review baseline data, disparities among outcomes & access & differences among program types. Systemic changes to occur as a result of review.

1C-16.	**Persons with Lived Experience–Active CoC Participation.**	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	**Included and provide input that is incorporated in the local planning process.**	82	78
2.	**Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.**	49	41
3.	**Participate on CoC committees, subcommittees, or workgroups.**	47	38
4.	**Included in the decisionmaking processes related to addressing homelessness.**	52	41
5.	**Included in the development or revision of your CoC's local competition rating factors.**	2	0

1C-17.	**Promoting Volunteerism and Community Service.**	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	No
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	No
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	No
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	
	Provider organizations are training staff on connecting program participants with education & job training opportunities; provider org train staff on facilitating information employment opp; provider org create volunteer opportunities for program participants	Yes

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

The CoC adhered to CDC & state guidance during the pandemic to address immediate safety needs for unsheltered, sheltered & people living in TH. At the start of COVID, congregate shelters closed to new clients, reduced capacity, limited volunteers & worked to keep those in the shelter safe. Many used motels to quarantine & serve as a transition from unsheltered to shelter. The CoC worked to ensure all agencies had sufficient cleaning supplies, thermometers, masks, shields, gloves for staff & clients. Policies created for entry, screening, quarantine/isolation; protocols for cleaning & disinfecting; structural changes-remove carpet, replace w/easy to clean surfaces & install plexi glass in common areas; provided prepackaged & prepared food; & limited contact among guests by creating rotating schedules for laundry, showering & eating; added a small frig & microwave to rooms; provided ipads & tablets, expanded internet access; used outdoor space when possible & implemented daily temp checks & provided access to testing & vaccines. Concern for unsheltered grew as drop-in centers, libraries, 24/7 locations, meal sites shut down. Increased funding for outreach services, ensuring access to PPE & basic need supplies were prioritized. Collaborative efforts between human services, shelters & public health resulted in creative solutions like an overnight shelter moving to an ice arena to allow for distance & 24/7 services; found solutions for restroom, laundry & shower access. Significant funding spent on motel vouchers; symptom screening & safe transport for care; creation of camping space & safe parking sites; mobile meals & supplies-bug spray/sunscreen, hand warmers & blankets; & offering access to testing & vaccines. In the CoC, there are limited site-based TH as most are scattered-site. Housing providers, often working remotely, worked to ensure basic needs, food, access to internet for school &

PPE were met; provided ed materials on COVID & continued CM through zoom.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The CoC improved the ability to respond to future public health emergencies by enhancing communication, developing relationships & increasing an understanding of the homeless service system among local gov't officials, public health, emergency mgt & DHS. At the start, it was clear that these systems were not aware of the CoC structure, services, policies, expectations, needs or process. The CoC Director spoke in state gov't mtgs & w/elected officials; met weekly w/EFS 6 team-DHS, FEMA & HUD weekly to address barriers; provided background & contact info on shelter system; joined weekly VOAD mtgs; advocated for access & ed around testing & vaccines; & secured pallets of supplies for those in need. Because use of masks; availability of PPE, testing & vaccines; enforcement of social distancing; & accurate guidance varies vastly across CoC, advocacy was needed to push for more funding, outreach & support especially to reach underserved rural communities. The CoC Director spoke at interagency council mtgs, DHS forums, community planning mtgs & submitted info in support of multiple state initiatives designed to enhance communication across systems of care. Ensuring that all levels of state gov't in key depts such as DHS, DCF & DOA understand the impact & consequences of their policy & funding decisions has been a huge barrier to overcome but necessary to improve the COVID response & any future emergency. Locally, coalitions worked to implement permanent inclusive emergency & safety procedures; cross-system collaborative task forces; lines of communication for future crises; increase overall awareness & responsiveness to/of the homeless response system. Agencies have stockpiled PPE & cleaning supplies; established remote guidelines for home visits, inspections & expectations for staff; purchased tablets, zoom/web ex, hot spots, laptops; created policies around remote work, app access-whatsapp/google meet & VPN; & made permanent structure changes to minimize contact.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The CoC attempted to coordinate w/the ESG-CV recipient (State) to distribute funds to address safety, housing, prevention & supplies. The State did not consult or coordinate w/the CoC on use of ESG-CV funds & allowed each local coalition to decide how to use funds. W/out guidance, most agencies choose to allocate funds to prevention. WI had a large backlog of unemployment filings, business closures & layoffs. Then the moratorium happened, eligibility rules were clarified & Treasury money for rental assistance was released outside of the CoC system. ESG CV money went unspent. It took time to redirect funds to non-congregate sheltering, CM & supplies. The State held monthly mtgs encouraging the use of round 1 funds, placed a requirement to spend a % of the money quickly or lose round 2 funds. W/little movement in the rental market, many agencies didn't use ESG CV for client's housing assistance & instead hired housing navigators to help speed up housing search, increase tenant education & work w/landlords. Local coalitions voted to use funds to make permanent shelter changes to enhance safety such as installing easy to clean surfaces, remove carpet & fabric furniture, auto doors & replace ventilation systems. Shelters that continued to operate paid for small frigs & microwaves, install plexiglass in common spaces & upgraded fixtures to be contactless. Because shelters were req to reduce to 50% capacity, addt'l funding was necessary for motel vouchers. This included operating costs, increased cleaning & supply needs, security & food costs. CM had to be increased to help people stay engaged & motivated, identify mental health needs & connect to resources. More staff were hired to fill gaps & provided hazard pay, as volunteers dwindled. When donations slowed down, agencies used ESG CV to purchase healthcare & sanitary supplies such as PPE-masks, gloves & face shields; invested in prevention kits for those unsheltered; & bought cleaning supplies, hand sanitizer & wipes.

1D-4.	**CoC Coordination with Mainstream Health.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	**decrease the spread of COVID-19; and**
2.	**ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).**

(limit 2,000 characters)

The CoC attempted to coordinate w/mainstream health & hospitals during pandemic to decrease the spread of COVID & ensure safety measures were implemented including social distancing, hand washing & masks. The CoC provided guidance & information, sending out emails, posting on social media & our website, sharing best practices from across the country. Because of politics, most safety measures had to be established & enforced at the local level. While there was a statewide stay at home order & mask order for awhile, those were overturned by our legislature. To decrease the spread of COVID, shelters relied on local guidance & support that varied significantly across the CoC. In some communities, partnerships included the free clinic, public health, community health center, hospitals, labs & clinics. They ensured coordination of benefits & services, helped develop policies & safety protocols, made sure testing was available onsite, provided support for staffing, conducted contact tracing, helped establish quarantine options, flyers & marketing material about the importance of social distancing, masks, handwashing & sanitizing. It was a team approach

to addressing false info about COVID & vaccinations which included virtual team mtgs, check ins & updates; & worked w/outreach teams had protective equipment, screening & testing resources. When numbers increased, coalitions worked w/Nat'l Guard to set up testing sites & healthcare clinics to expand vaccine clinics & mobile units to those least likely to be served. Unfortunately in some areas, public health & mainstream health did not respond to shelters or other requests for help to decrease the spread of COVID. The CoC Director supported local coalition efforts & encouraged relationship bldg. w/emergency management, public health, health centers & hospitals to secure masks, cleaning supplies, shields, hand sanitizer & provided education & guidance on social distancing, hand washing, the need for testing & vaccines.

1D-5.	**Communicating Information to Homeless Service Providers.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	**safety measures;**
2.	**changing local restrictions; and**
3.	**vaccine implementation.**

(limit 2,000 characters)

The CoC communicated information to providers during the pandemic on safety, changing guidance & restrictions, testing & vaccine implementation through meetings, posting on social media & website, emails & web-based forums. The CoC created an entire website page dedicated to COVID information, state & federal guidance, funding opportunities, best practices & approaches to ensure safety across the homeless service system, reduce the spread of COVID & improve system collaboration. The page was updated weekly. For several months when things were changing quickly, the CoC Director & Board met virtually each week to share updates, needs & address concerns. The CoC Director sent bi-monthly emails to the entire membership that included up-to-date guidance, policy changes, initiatives, trainings & webinars. The CoC Director asked each coalition for a point of contact-someone to act as a conduit of info to/from the CoC to ensure exchange of info, especially what was happening at the local level. Requests were made weekly of local leaders to ensure that advocacy efforts adequately conveyed to state leaders what was happening in communities, what they were struggling with, & what was needed. When major changes occurred in state rules or guidance, info was shared w/the CoC Board, COVID points of contact, coalition leaders, email & social media. Locally, providers relied on zoom/Teams, emails, newsletters, & social media to ensure accurate, current info about service delivery changes, agency needs & guidance was readily accessible to community partners & clients. To support the importance of masks, social distancing, hand washing, testing & confidence in the vaccine, providers got creative w/the use of social media-Facebook, Insta, Twitter & Tik Tok; targeted outreach to provide educational posters & flyers to different age groups, in multiple languages & reading abilities; staff getting the vaccine onsite at the same time as clients & talking about why it was impt to them.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

The CoC worked to ensure access to vaccines for those experiencing homelessness. The roll out of vaccines was not equal across the CoC. Consistent & accurate info was limited & overrun by anti-masking & anti-vaccine social media postings, politicized distrust & mixed messaging. Vaccines were supposed to be prioritized for shelters & politics pushed them out of line. Staff relied on relationships developed w/mainstream health partners & public health to find resources & schedule vaccines. The CoC Director advocated weekly w/staff from DHS, FEMA, WI Emergency Mgt, HUD & other stakeholders for resources & funding, explaining the inconsistencies across the state, inequitable distribution & access to clear messaging & vaccines. Some community foundations provided financial incentives to those willing to get the vaccine. Once local protocols were established for the vaccines, homeless service providers began working w/clients to ensure access for those willing to get the shots. Mobile vaccine units came directly to the shelter, housing staff arranged transportation to clinics or vaccine sites. Outreach staff continued to provide basic needs, offering motel vouchers, masks, & connection to vaccines for those unsheltered. Asking about vaccine status & interest in getting the vaccine has become a normal part of the intake & assessment process for shelters & CE staff. CM continue to discuss benefits of being vaccinated w/clients & work to remove any barriers or address any misinformation. During the summer PIT, agencies hosted pop up vaccine clinics, providing treat bags & gift cards for anyone over 12 that was vaccinated or got a shot. People were provided free transportation to the event, vouchers for haircuts & PPE-masks, hand sanitizer & cleaning products. Now the focus continues to be on the vaccine, but also the booster & flu shots. Similar incentives are used & identifying & addressing any potential barriers.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

The CoC worked w/the state DV coalition (EDA) & local victim service providers (VSP) to address possible increases in DV calls for assistance during the pandemic. It was critical that during the “stay at home order” people knew it was safe & allowed to flee to safety. VSP proactively took to the radio, newspapers, TV & social media to get their message out. Coordinated efforts to connect w/pharmacies, schools & grocery stores to share resource material & info on services. More intentional outreach was necessary to check in, develop safety plans, create options for zoom or WhatsApp mtgs, meet outdoors to drop of supplies & connect. While DV shelters reduced capacity, addt’l funding for motel

vouchers allowed them to provide emergency services to households they might not normally have been able to. Treasury money was used to pay for limited rental support to those w/minimal barriers & ability to secure housing. The CoC ensured that VSP had needed supplies, including PPE & hand sanitizer. VSP hired more staff to meet the increased need & fill gaps left by a drop in volunteers. They also stood up 24 crisis lines, staffed offices 24/7 & created community support teams w/a variety of partners including adult crisis, outreach, human services & law enforcement. Some VSP applied for ESG CV funds because of the decrease in donations & increase in need. Staff continued to provide individualized safety planning, w/COVID precautious. W/students at home, people laid off, large backlog of unemployment benefit claims, it was very important that VSP staff continued to be supported in their work. This includes providing virtual trainings on trauma, secondary trauma, self-care & healing, boundaries & ethics, & resiliency. The CoC also invested funds into CE specifically for those fleeing/attempting to flee, to support outreach & engagement, & targeted messaging for those in need of housing & support services.

1D-8.	**Adjusting Centralized or Coordinated Entry System.**	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The CoC adjusted the CE system policies & procedures to account for the rapid changes related to onset & continuation of the pandemic. As the largest CoC committee, CE & the workgroups that meet to address specific components of the system (i.e. marketing, youth, systems, DV) provide staff from all types of agencies to raise issues & concerns; ask questions & make suggestions; & change policy. Membership includes agency representation from legal action, non-profit housing providers, DV/SA staff, outreach, youth providers, & Vet-specific staff. This includes urban & rural. During the summer of 2020, discussion began about the need to look at CE adjustments to prevention prioritization. Feedback & input was sought from all providers w/ESG prevention funds to determine next steps. In the Fall of 2020, the CE committee approved Appendix T to the CoC approved CE policies & procedures manual. Appendix T modified the order of priority for homeless prevention from those w/the highest assessment score to those who are imminently (14 days or less) homeless & added the addt'l population of at-risk. The CE committee suspended the minimum prevention assessment score of 7 as a threshold to receiving prevention services. This change allowed the CoC to better serve those affected by COVID & those not protected by the eviction moratorium. Appendix T altered policy to accommodate COVID waivers & ESG CV funding eligibility. This included changing program eligibility for those staying in temporary institutions to 120 days or less instead of 90, accepting the HUD waivers for FMR & revised income limits for ESG-CV funding. The CE committee sought feedback, debated & voted not to suspend CE, conducting assessments, or prioritization. The large group also voted not to add addt'l elements to the

prioritization for housing services for those experiencing homelessness. Because of the size & breadth of the committee, we believe these choices best reflected the wishes of the CoC as a whole.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/07/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	10/11/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.**

(limit 2,000 characters)

The CoC revises the process for reviewing, scoring & selecting projects annually based on feedback & priorities. The scoring tool uses objective factors, SPM, APR data & HMIS reports in review & ranking. The scoring tool incentivizes projects to serve the hardest to serve by giving more points (up to 8 for each) to projects serving people entering w/out income, w/disabilities including AODA, chronic homeless & unsheltered. The ability to address the severity of needs & vulnerabilities of the population the project is designed to serve is a key component of the project review process. 40% of pts for obj criteria-unit utilization, funds spent, HF & CE. 32% of pts for SPM. 28% of pts for addt'l criteria-mainstream resources, population specific. Scoring criteria changes for each housing type (PSH, TH, RRH) given the specific needs of the target population. Projects serving those w/the highest barriers may have lower outcome data scores but will have higher scores related to the characteristics of the clients served. In CE, the assessment score includes criminal history & victimization w/a higher score equating to higher needs. Matching need & project type is critical & reflected in scoring tool under CE. CoC reviews, scores & selects applications for new PH projects through narrative scoring & data review, including consideration for projects in new parts of the CoC. For DV bonus, specific review of TIC & victim-centered service experience considered. All new projects are reviewed using objective metrics-experience & capacity, potential SPM impact, commitment to best practices, data determined need & established partnerships w/landlords explained in a publicly posted rubric. All new projects must commit to local coalition & CoC participation, including committees; HF & client centered decision making; PSH must be dedicated to CH & RRH serves the people w/highest barriers determined through CE.

1E-3.	**Promoting Racial Equity in the Local Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	**obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;**
2.	**included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;**
3.	**rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).**

(limit 2,000 characters)

The CoC obtained input & included persons of different races, particularly those overrepresented in the local homeless population, when determining the rating factors used to review & score project applications. The CoC scoring tool is sent to the entire membership-including people of different races, ethnicities &

genders across the statewide CoC-for comment before the CoC Competition begins. All feedback is encouraged & welcomed to ensure a strong tool is developed. Those criteria are used to review, score & rank all projects. The CoC included people of different races in the review, selection & ranking process of new project apps. The CoC Board includes people of different races. A volunteer group of Board members & staff reviewed each project application using the publicly posted rubric, scoring & ranking the projects for DV & PH bonus funds. The Board approved the scoring tool; the review, ranking & selection policies; & the final CoC app & priority listing which includes the ranking of all projects. The CoC rated & ranked projects based on the degree to which clients mirror the homeless population demographics. CE review of demographics including race done w/in the local coalition & at CoC-level on a quarterly basis. This specifically looks at the difference between the general population, homeless population, & those accessing CE to determine race, ethnic or gender disparities. CoC staff reviews data annually & present to local coalitions a snapshot of reoccurrence data & demographics-including whether one group is more or less likely to reoccur into homelessness. All of this data is included in the review & selection of new PH projects. CoC monitoring will include an eval as to whether a project has identified any barriers to participation faced by people of different races, particular those overrepresented, & have or will take steps to eliminate identified barriers. Upon approval by the Board, these results will be included in next year's scoring tool.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

The Board annually approves the CoC scoring tool & written policy for reallocation. All items are posted on the CoC website & sent by email to the CoC members, local coalition partners & project applicants. The CoC met w/applicants to cover new proj app process, overview of the CoC app & changes to scoring tool & threshold. The slides & link to the recording were posted to website & notice was sent by email to CoC. The CoC's reallocation process includes vol reallocation, relinq & invol reallocation. Projects could apply to transition a project into a PH. Apps are reviewed to ensure compliance w/policy priorities, goals & match community need established w/data. None applied. Projects can relinq their grant in writing to the CoC Director. 1 project did & the CoC Board voted to use those funds to expand CoC CE system. Notification of this process was sent via email to the CoC. Project funding can be invol reallocated because of unresolved CoC monitoring issues. None were. Invol. reallocation can also occur due to poor performance on scoring tool. Any

renewable project scoring 70% or higher is automatically eligible to submit a project app. If a project falls below threshold 3 consecutive grant years, the CoC may invol reallocate the entire grant. Any project falling below 70% must submit a decision form asking to relinq, reallocate, or request reconsideration. Also, if an agency spent less than 75% of their grant &/or unit utilization less than 80%, the agency must explain & submit a plan to address. After 2 years, the unspent amount or funding for unused units will be invol reallocated. The CoC identified 10 projects below 70% total score, 8 unit utilization & 2 funds spent threshold this year. All projects chose to request reconsideration outlining the plan to improve. Because of COVID & no 2020 competition, the CoC did not involuntarily reallocate any low performing projects. CoC staff will continue to monitor process on the identified issues & corrective action.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/30/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/30/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	Bit Focus

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/21/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

Many DV providers receive ESG funds. The CoC is unaware of steps taken by the State ESG recipient (DEHCR) to verify that the database used by DV providers is HMIS comparable & collects the same data elements required by the 2020 HUD HMIS Data standards. The CoC is not involved in the allocation or distribution of ESG funds & has no authority to require anything except CE. The CoC does not receive a copy of the CAPER or any other data submitted by DV providers to DEHCR. For 6 years there was a certification process & monitoring MOU between the CoC & DEHCR that required the CoC approve applicants, ensure compliance & help w/monitorings. DECHR ended the process abruptly in Feb. 2020 & no longer required it starting w/the 20-21 grant yr. Now, the CoC has no leverage to make decisions about databases except as it pertains to CoC-funded projects. Only 2 DV providers receive CoC funds as part of the CoC DV RRH grant. CoC staff worked w/DV staff & the comp database vendor to ensure everything that the CoC needed to run an APR was available in the database reports. DV providers directly work w/a nationally known vendor for the comp database & that firm monitors & makes adj as needed to ensure compliance. The CoC & HMIS lead have begun discussing ways to ensure DV providers have a comp database that collects the same data elements. Neither the CoC nor HMIS lead have access to the live sites so verification can only be given by the vendor; no authority over ESG funded grants so compliance can only be reviewed by DEHCR. The CoC & HMIS lead are not aware of any issues or concerns regarding data collected at this time. There has never been a requirement for de-identified aggregate SPM to be submitted to the HMIS lead or CoC. It has been a drawback to many communities w/strong DV participation to not be able to include their data in community planning & system evaluation. The CoC & HMIS lead will work to encourage DV providers to share SPM data locally & w/the CoC.

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

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,754	596	1,088	93.96%
2. Safe Haven (SH) beds	7	0	7	100.00%
3. Transitional Housing (TH) beds	676	241	265	60.92%
4. Rapid Re-Housing (RRH) beds	973	158	900	110.43%
5. Permanent Supportive Housing	852	0	747	87.68%
6. Other Permanent Housing (OPH)	117	0	49	41.88%

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

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

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

(limit 2,000 characters)

Given the large geography, # of providers, projects & beds, the CoC has great HMIS participation across all project types & funding streams. All project types except TH & OPH are at 85%+ for bed coverage rates. The OPH HMIS bed coverage (41.88%) is improved from 2019 (37.04%). There are only 2 OPH projects not using HMIS. 1 has 23 beds & the other 45. The CoC & HMIS lead staff work together to add new & current providers into HMIS. These 2 projects are not govt' funded & operate independent w/in their communities. The CoC is working to ensure all OPH are accurately reported on the HIC to increase the # of beds included during the PIT. The TH HMIS bed coverage (60.92%) is a decrease from previous yrs mainly because most TH has transitioned to PH. Those remaining are small, serve a special population & are unfunded. 1 project has 33 beds for DV, but the agency is not VSP. HMIS lead staff have been working to convince the other agencies to use HMIS. A 16 bed project has agreed to start using HMIS & another agency is transitioning their project to another non-profit org. The new non-profit has agreed to use HMIS. This will bring 74 more TH beds into HMIS. The addt'l 90 beds will ensure the bed coverage rate is over 85% next year. Over the next 12 months, the CoC will continue to work with the HMIS lead staff to increase & maintain bed coverage to at least 85% for all projects. The CoC Director presents to local coalitions on performance, gaps, trends, funding implications & opportunities while emphasizing the importance of data collection & value of HMIS. HMIS lead staff attend local coalition mtgs, answer questions & continue to encourage use of HMIS. CoC & HMIS lead staff meet regularly to identify & address HMIS & reporting related issues, concerns & needs. This includes provider recruitment, maintenance & engagement; mtg w/org that can use HMIS but do not to determine why; ensure all new projects are aware of HMIS & options available for data analysis & reporting.

2A-5b.	**Bed Coverage Rate in Comparable Databases.**	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.**	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

The bed coverage rate entered in question 2A-5b is over 84.99%.

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

The CoC decreased 1st time homeless w/measure 5.1 (-11%) & 5.2 (-9%). The CoC determines which risk factors are used to identify people becoming homeless for the 1st time through barrier & CE assessments, HMIS data analysis, annual gaps & needs survey results & anecdotal info gathered through follow-up. The impact & effectiveness of prevention & diversion is reviewed through CE & HMIS data. The risk factors include mental health, addiction, poverty, employment instability, DV & lack of aff housing, transp, education & support systems. The CoC works w/people at risk of becoming homeless by adopting strategies focused on resiliency, goal & skill development, helping people in crisis regain control & feel empowered to overcome barriers. Targeted early prevention focuses on those most difficult to rehouse providing CM & financial help to remain housed; identify needs & resources to ensure ongoing stability; & create a community-based support network. Diversion engages natural supports, provide limited financial help & connection to community resources as safe alt to shelter. Strategies often start w/addressing basic needs-medical, food, clothing. Then build a safety net, identify potential funding (TANF, EFSP, United Way, faith-based, gov't) & creative housing solutions. Providers make & support referrals to job centers & DVR; legal services; mainstream benefits; rent smart & budget cx; training & education; & mental health. Create safe & welcoming day centers to work 1:1 w/volunteers; develop tutoring, skill & training, education & basic living skills for at-risk youth adults; ongoing LL/tenant ed & mediation services; facilitate peer-led support groups, create positive relationships & supports to help maintain sobriety. Increase awareness of VSP supports. Ongoing advocacy efforts around more perm housing, options for transportation & reduction of system barriers. The CoC Board & Director are responsible for overseeing strategies to reduce the # of 1st

time homeless.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

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

(limit 2,000 characters)

The CoC strategies to reduce LOTH occur at CoC, coalition & project level. CoC scoring tool provides points to those projects that reduce LOTH. CoC works to expand permanent housing resources by adding DV RRH, advocating for more aff housing & tenant protections. No wrong door CoC approved CE policy ensures access & adherence to housing first so people are quickly housed w/out addt'l barriers. CoC shelter group proposed housing-focused ESG shelter standards, set goals to reduce stays, encourage self-resolve & develop a diversion-based problem-solving process to be implemented across CoC. CoC staff ensure CE outreach & marketing is widespread to increase access & expand referrals. The CoC adopted written standards & CE order of priority requires those w/longest LOTH to be housed first. Id occurs at coalition level by reviewing HMIS & non-HMIS PL that shows LOT since referral & LOTH. The CoC houses people w/LOTH at project level by setting priority criteria as LOTH plus another factor: PSH-CH status, RRH-highest service need, TH-disability. Case conferencing focuses on those w/LOTH, brings together community partners to support housing search & address potential issues. By working together, creative solutions identified for those w/most significant barriers. Compliance is reviewed during monitoring. To support housing placement, coalitions work to hire housing navigators to recruit, support & address landlord needs. CM provide client-centered support to obtain eligibility docs for all program types (disability, birth cert, SSN card), complete CH timeline & verify homelessness to speed up process. Many communities hired peer supports to work w/people 1:1 to help navigate the system & stabilize mental health; partner to provide financial literacy education, life skills & employment training program & links to mainstream resources to begin creating a safety net. The CoC Board & Director are responsible for overseeing strategies to reduce LOTH.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

The CoC works to increase rates that people in ES, SH, TH & RRH exit to PH destinations. From ES, the CoC promotes self-resolve, using local resources to provide short-term help, develop a safety net w/community providers & create goal plans. For those needing more support, shelter staff work to speed up the process by/gathering eligibility docs (disability, CH timeline, birth cert, SSN & verify homeless). The CoC supports coalition-level case conferencing to expedite housing search & placement. Coalitions hired housing navigators to increase landlord engagement, negotiate, expedite placement & ensure tenant rights. To increase PH exits from time limited housing proj, the CoC supports stability strategies & client-centered motivational interviewing techniques. Projects engage in exit & budget planning, after care & follow up; tenant & fair housing education; building on strengths & enhancing support networks; skill training & educational goals; id & address employment barriers. To increase PH retention for PSH, the CoC supports programs where client needs are prioritized, CM work at the client's pace & meet them where they are at. CM connect clients to DVR, rep payees & ADRC benefit specialists; help w/SSI apps & Medicaid; & make referrals for mental health care & AODA services. Coalitions work to create more streamline intake processes for human services, community mental health prog (CSP & CCS), & develop peer-led sobriety support groups. For all exits, the CoC ensures fidelity to housing first through monitorings to ensure evictions are avoided & rehousing occurs if needed. Developing a safety net & plan to access help early in a crisis are key to PH retention & self-sufficiency. Programs work to educate tenants on rights & resp; use LL incentives & risk-mitigation funds; & help clients increase earned, non-earned income & obtain benefits. CoC Director works w/coalitions to advocate for PHA homeless pref & move on vouchers for those w/limited income.

2C-4.	**Returns to Homelessness–CoC's Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	**how your CoC identifies individuals and families who return to homelessness;**
2.	**your CoC's strategy to reduce the rate of additional returns to homelessness; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.**

(limit 2,000 characters)

The CoC identifies people who return to homelessness by using our statewide open HMIS system w/ability to report on reoccurrence at the project, coalition, CoC & statewide level; our 69 county no wrong door CE entry system that includes HMIS & non-HMIS referrals; & anecdotal evidence at agency level. HMIS reports can be run to show those that exit to PH & return to homelessness in WI during a set date range. Drilling down on data, the CoC can analyze common factors, demographics & LOTH to determine patterns & trends to develop strategies to reduce the rate of returns. The CoC reviews SPM data annually & the CoC SPM committee quarterly. Daily review of CE data by local CE leads, monthly by CoC staff & quarterly by Director provides live time access to those waiting for assistance; how long people remain on the list or return to the list; & what happens when someone can't find housing. The CoC's strategy to reduce the rate of addt'l returns to homelessness center around sustainability & wraparound services. The CoC also adheres to housing first, avoiding evictions & rehousing when needed. Programs focus on exit

planning, creating safety net supports & follow up plan to reduce returns. The CoC continues to advocate for PHA homeless preference & move on strategies to ensure those w/fixed or very low income have ongoing rental support; this includes signing up for other subsidized housing as well. Program staff work to connect clients to community-based supports to address mental health, AODA & physical health issues; enroll clients in education, training & job center programs; refer to budgeting, money & rent smart programs; apply for all eligible benefits; & help create positive & safe social support system. Aftercare programs reinforce the need to reach out for help at the beginning of a crisis & help mitigate LL issues. The CoC Board & Director are responsible for overseeing strategies to reduce the rate of returns to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

The CoC's strategy to increase employment income is advocating for statewide initiatives, reducing barriers & enhancing opportunities. CoC director sits on State Council w/DWD & discusses partnership, change & inconsistent across the CoC. Coalitions create innovative partnerships to provide job & volunteer opp, training, skill development, peer support, mentorship & day resource centers for onsite recruiting & fairs. Programs include self-directed services, workshops, resume & interviewing skills, tutoring, training & internships. Some agencies run Fresh Start prog for at-risk youth & provide education, work on soft skills, paid work & service exp. Others operate job readiness training programs which provide tuition, books, transportation & childcare resources. Some agencies hire employment specialists to help navigate community resources & identify supportive employment options. CM use client-centered strategies to set goals, assess for individual & systemic barriers to employment. CM address barriers by providing access to tablets, phones, hot spot & internet; gas, taxi & bus passes. CM help connect clients to childcare help & funding; pay for work-related expenses & supplies (tools & clothing); connect to community program that teach employability skills, provide supported employment activities, help w/GED, tech school & tutoring support; work w/employers to mediate conflict & address concerns. The CoC works w/mainstream employment org to help people increase cash income by signing an MOU w/each Workforce Development Board for coordinated prioritized access for homeless to employment/high demand programs. Coalitions work to build relationships w/targeted local employers, address barriers & problem solve issues. Agencies work to create partnerships w/temp agencies employment org & local employers to enhance opportunities for client. The CoC Board & Director are responsible for overseeing strategies to increase income from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	

	NOFO Section VII.B.5.f.

	Describe in the field below how your CoC:
1.	**promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
2.	**is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.**

(limit 2,000 characters)

The CoC Director promotes partnerships & access to employment by directly working w/State DWD on how to address & overcome barriers. Coalitions develop partnerships w/private employers, temp agencies, job centers, DVR, tech school & WIOA staff to identify opportunities for clients & advocate for priority. This includes holding job fairs in accessible well-advertised locations, inviting temp agencies to shelter or meal sites to directly connect w/clients, facilitate homeless connect events in which employers accept applications & conduct interviews on site. Agencies work to remove childcare, transportation & technology barriers. Addt'l agreements have been developed w/senior employment training programs, ADRC & counties to address employment barriers. Agencies work to increase skills, job readiness, help pursing GED & enroll in tech school for generals or cert programs such as welding. Improved collaboration w/partners can increase volunteer & apprentice openings, resume building, mentorship, & invitations to participate in new programs. The CoC Director signed an MOU w/each Workforce Development Board in the CoC to prioritize access to employment and/or high demand industry training programs w/homeless providers agreeing to joint coordination & providing individually tailored comprehensive wraparound services. Coalitions develop partnerships w/tech schools to ensure homeless students are a priority; provide books, supplies, 1:1 help to navigate the system; & help w/financial aid. Several have new grant opportunities to connect people with disabilities, identify as LGBTQ & BIPOC, 1st gen college students to certain programs. Enrolled students receive support from a faculty mentor; on-the-job paid work internship related to their field of study; scholarships for tuition & fees; & a stipend to support living expenses. PSH projects work to create meaningful education, training & employment opp for clients including volunteering, internships, skill dev & job placement.

2C-5b.	**Increasing Non-employment Cash Income.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase non-employment cash income;**
2.	**your CoC's strategy to increase access to non-employment cash sources; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.**

(limit 2,000 characters)

The CoC's strategy to increase non-employment cash income is a commitment to project & coalition level strong partnerships w/community partners to ensure staff are up to date on all possible benefits available, eligibility criteria, application/renewal process & the provide a hands-on approach w/the client to

obtain & maintain income & other benefits. Agency policies must outline the process, including a screening for all clients to review eligibility & status for all mainstream benefits, child support, health insurance & food insecurity issues. Compliance is reviewed during monitorings. The CoC supports project-level partnership w/SOAR & ADRC to help secure social security benefits, work w/benefit specialists; enroll in rep payee services & HMO-specific services. The CoC encourages DVR, employment agencies & job coaches to participate in coalition & team mtgs. The CoC's strategy to increase access to non-employment cash sources is to establish expectations around project-level direct, hands-on support to clients, be involved & available to complete eligibility paperwork, initial apps & the renewal process for many non-employment cash income such as child support, TANF & food share. CM provide access to phone, tablet, transportation & help secure childcare. As an advocate & w/a release, CM can make calls & fax or email apps; respond to inquiries & follow up on status; advocate & help w/appeals; provide transport; get answers to questions & address concerns; & help navigate the system. Many CM are SOAR trained & can help clients apply for social security benefits or walk through the process w/ADRC staff, expediting their claims, connecting w/legal action or specific attorneys to handle appeals. Enrollment specialists & county staff are invited to coalition mtgs, provide updates, travel to shelters & meal sites to complete paperwork & answer questions directly. The CoC Board & Director are responsible for overseeing strategies to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	No
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	No
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	No
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	No

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

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

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

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

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

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

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

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	1,400
2.	**Enter the number of survivors your CoC is currently serving:**	327
3.	**Unmet Need:**	1,073

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

Describe in the field below:

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

(limit 2,000 characters)

The CoC has 3 ways to calculate DV need: CE, HIC & HMIS data. (1) The CoC has a CE HMIS & non-HMIS process for all 21 coalitions. CoC staff can run the lists for the entire CoC. On 11/9/21, the CE HMIS PL report was run & showed an unduplicated # of 129 HH w/kids & 141 HH w/out fleeing or attempting to flee DV identified & referred to CE in the CoC. On 11/9/21, the CE non-HMIS PL (google drive) list showed an addt'l 269 HH (157 HH w/kids + 112 HH w/out). To calculate CE need, add list # together (129+141+269) = 539 HH. (2) Each coalition completes a monthly housing inventory chart (HIC) indicating the number of people served in each project regardless of funding source or use of HMIS. Data is collected for the 4th Wed. of each month. According to the Sept. 2021 HIC, there were 275 DV HH served on 9/22/21 in non-HMIS programs (201 ES, 45 TH, 29 RRH). (3) According to an HMIS based report run by the HMIS lead on 11/11/21 for the month of Sept. 2021, there were 586 DV survivors (adults & kids) in 341 HH w/kids & 245 HH w/out fleeing/attempting to flee & served in non-DV specific HMIS using programs: 9 day shelter, 115 ES, 44 PSH, 204 RRH, 25 SO, 5 TH, 184 prevention. The CoC collects DV status as a UDE for entry/exit, services & outreach contacts. To calculate element #1, add those needed help: 539 CE + 275 HIC + 586 HMIS = 1400. To calculate element #2, add those DV currently being served: 74 HIC (RRH & TH) + 253 HMIS (PSH, RRH, TH) = 327. The CoC is unable to meet the needs of all survivors. There are few housing projects dedicated solely to DV other than shelters & a few TLP. The need far outweighs the available supportive housing options. Barriers include: lack of adequate funding for rent, CM & other support services; not enough affordable housing stock, LL willing to rent to low/no income HH or LL willing to accept a housing voucher; & limited agency capacity across the CoC to run a project-including staff, administrative & fiscal support, or resources.

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.**	
	NOFO Section II.B.11.	

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

Applicant Name
Wisconsin Balance...

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

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Wisconsin Balance of State Continuum of Care
2.	Rate of Housing Placement of DV Survivors–Percentage	76.47%
3.	Rate of Housing Retention of DV Survivors–Percentage	82.05%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

To calculate the rate of housing placement & retention, the project applicant used CoC DV RRH APR data submitted to HUD in SAGE for the 2019-2020 grant year. The grant includes 5 subs, 3 use HMIS & 2 are VSP & is dedicated to those fleeing & attempting to flee DV. Placement % was calculated by starting w/Q5a1 (total # of persons served)-there were 221 people (adults & kids); then Q22c (total persons moved into housing)-there were 169 people who w/a housing move in. Of the 221 people served, 169 were housed w/a move in date or 76.47%. Retention % was calculated by looking at Q5a8 # of stayers (150) & Q5a5 # of leavers (45); Q23c, # exit to permanent destination (10). The numerator is stayers (150) + PH exits (10) = 160. The denominator is stayers (150) + leavers (45) = 195. Of the 195 people who were served in the project (stayers & leavers), 160 either remained in the project or left for a permanent housing destination or 82.05%.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;

2.	**prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;**
3.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

The CoC ensured DV survivors were assisted to quickly move into safe aff housing by req subs to adhere to housing first, develop relationships w/LL, meet survivors where they are at, & use victim centered trauma informed approaches. By developing a positive LL network, agencies increase access to open units & streamline the process. During housing search, CM work w/clients to id needs & wants for neighborhood, size, cost, proximity to work/school, safety concerns & access to support networks. Housing nav provide LL/T education on rights & resp, help w/apps & site visits, negotiates leases & changes needed to address safety concerns; mediate issues & challenges to avoid evictions. DV survivors are prioritized for DV RRH w/in the CE system on the HMIS & non-HMIS prioritization list. There is a pre-screen question asking if client is fleeing/attempting. If yes, the referral is marked with an "F" which allows the system to prioritize w/in the list for DV RRH specific projects. There is a waiver process available for ETP situations. Once housed, CM help identify housing stability barriers such as income, legal or rental history w/a strengths-based assessment; develop safety plans, address basic needs & client-led personal goal plans; & connect clients to supportive services that are easily accessible & confidential. CM help clients enroll in job training, educational programs, childcare, legal advocacy & cx; secure transportation, ID docs & bank accounts; & access benefits. The CoC ensures DV survivors can maintain housing stability after the housing subsidy ends by focusing on advocacy, empowerment, increasing income, improving physical & mental health, assisting w/a community-based support network & building healthy relationships while survivors are re-establishing their lives free from physical, emotional & financial abuse. CM prioritize safety, privacy & well-being; provide follow up services; & focus on self-identified goals while increasing self-sufficiency.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

The CoC ensured safety of DV survivors in 6 ways. 1. Safety planning training is a core part of new & ongoing staff training for all sub-recipients. It is one of

the foundations of meaningful, survivor-centered advocacy. The staff onboarding process requires job shadowing; thorough review of policy & procedures which includes responses to disasters, fire, internal & external safety threats; and boundary & ethics training. Safety planning specific training includes written & verbal safety planning during an explosive incident, when planning to leave, after leaving & digital safety. The state DV coalition (EDA) provides a Foundation of Advocacy training which covers dynamics of interpersonal violence, trauma, crisis counseling, safety planning & confidentiality. Agencies participate in additional ongoing training & skill enhancement for both DV & non-DV advocates. These trainings include assessing danger & points of vulnerability; lethality assessment; crisis intervention in person & over the phone; empowerment & safety network development; & best approaches to address physical & emotional needs. Physical safety planning includes id safety networks (friends & family), transportation, security systems, workplace safety, children, child exchanges, court proceedings, restraining orders, new cell phones & bank accounts, obtain & file reports w/law enforcement. Emotional safety planning includes positive coping strategies, peer support groups, therapy & cx, setting & practicing boundaries, learning about healthy relationships, & seeking med help for any trauma. Agencies provide clients w/recycled phones that can only dial 911 & ring doorbell cameras. 2. All subs have adjusted intake space & the way they operate to ensure privacy, confidentiality & protect against COVID. To ensure private conversations, sub-recipients use private rooms w/doors, set aside from shared spaces, equipped w/a white noise sound machine to eliminate external noise. Offices are locked & secure. CM offer virtual options to communicate & meet. This can include email or text, social media messaging, & use web-based mtg apps-zoom, whatsapp, webex. CM offer to meet in public locations of the client's choice such as a library, park, or other community spaces. 3. As a DV RRH project, the abuser is not enrolled into the project w/the survivor. If both present for services, each person's involvement would be confidential from the other & assigned different CM. Assessments & meetings would happen at different times & locations to avoid either having contact w/the other. 4. Subs use an empowerment philosophy, encouraging clients to take control of their own life & make decisions. CM role is to offer info & options; help client achieve their own goals; & identify what is safe for them & what they need. During housing search, the CM works w/survivor to review options for building type, level of security, neighborhood, proximity to work/school/public transportation & unit size. CM provide a range of housing options so survivors can choose which one bests meets their unique housing & safety needs. 5. The CoC does not operate any programs w/congregate living space. 6. The CoC does not operate any programs w/congregate living space or dedicated units. However, all sub-recipients are aware of the WI DOJ Safe at Home statewide confidential address program that provides survivors of actual or threatened DV/SA, stalking & trafficking, or those who simply fear for their physical safety w/a legal substitute address to be used for both public & private purposes. Enrollment allows participants to use & receive mail at an assigned address in lieu of their actual address. Safe at Home then forwards mail from the assigned address to the participants' actual address free of charge. Several subs have completed the training through Office of Crime Victim Services to become Application Assistants with the Safe at Home program. Info about the program is shared w/all survivors. CE & project staff have been trained to adhere to the rules about having a confidential address & how that works w/client file mgt & correspondence.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

The project evaluated its ability to ensure the safety of DV survivors the project served by asking the survivor as part of ongoing evaluation & follow up surveys regarding services provided to them. Survivors are asked about whether they felt safe & supported during the enrollment, housing search, case management & follow up phases of the program. Some agencies use customer satisfaction surveys sent to clients at different times during & after the project through Survey Monkey. The feedback can be used for continuous improvement. Other agencies used confidential survey cards or access an electronic evaluation tool to track client satisfaction w/services offered. During the program, clients complete self-sufficiency assessments; Victim-Empowerment Related to Safety Scale & a move on assessment. By creating an environment in which clients feel supported & respected, CM can work on short & long-term strategies for housing stability. All the different survey data is designed to ensure survivors have strategies to enhance personal safety; have more knowledge of community resources; felt staff were respectful & supportive; & an increased sense of empowerment & self-sufficiency. Another way to evaluate survivor safety is to review data. Clients that feel safe & connected to their community tend to remain in their housing. Clients that feel safe can address other challenges like transportation, education & income, mental & physical health. The CoC looks at data on engagement to community-based resources, increasing income & non-cash benefits, connection to health insurance on a quarterly basis. Compliance w/housing first & client centered services is reviewed during CoC monitorings. CoC staff interview CM & clients on topics including client choice, implied consent, rapid placement w/out barriers, confidentiality, individualized goal planning & safety.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**

6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

The CoC & sub-recipient experience using trauma-informed, victim centered approaches to meet needs of DV survivors includes examples from 7 areas. 1.The CoC & subs prioritized client choice, rapid placement & stabilization in PH consistent w/participants' preference & follow housing first practices. Once enrolled, CM work w/clients to id housing needs during the search; choice & preference about the neighborhood & community; unit size & amenities; safety needs & security; proximity to work, school & public transp; & access to support networks. Housing navigators visit units w/clients; provide LL/T education on rights & resp; & negotiate lease terms to help speed up the process. CM serve as a resource for clients, help mediate issues & challenges to avoid evictions. CM work w/client to develop safety plans, client-led personal case & goal plans id available community resources. Once housed, CM help id barriers to stability such as income, legal or rental history; address client needs & obstacles; & provide support, referrals & advocacy. CM help connect clients to education, jobs & trainings, find childcare, apply for benefits & other resources to help the client be self-sufficient, increase sense of safety, independence & stability. All help is based on client preference & consistent w/their goals. 2. The CoC & subs established & maintained an environment of agency & mutual respect. No one uses punitive interventions. All agencies ensure staff interactions are based on equality & minimize power differentials. Subs provide staff w/annual trauma training, use the state DV coalition (EDA) foundation of trauma curriculum & include addt'l online webinars to enhance skill development. Agencies continuously evaluate their services to ensure they are easily accessible w/no preconditions or barriers, confidential & rooted in best practices. 1 sub transitioned their service delivery to a Whole Family Approach, creating an agency environment that puts HH dreams first & removes any power struggles between survivor & advocate. All CM are trained on family-centered coaching which focuses on the strength, motivation & support of the HH. 3. The CoC & subs provided clients access to info on trauma. A key part of advocacy includes client ed about cycles of abuse, dynamics of an abusive relationship, ACES, toxic stress & trauma bonding. Creating more understanding & awareness around the brain & body's response to trauma lessens shame or guilt. It helps to better explain why leaving an abusive relationship is so difficult. All sub staff have received trauma informed training; impact on the brain & stress response; organization assessment; working w/in a TI environment; trauma & support throughout the life cycle; how to care for kids in crisis in a TI manner; & some have completed the WI DCF-8 week foundations training covering trauma practice, effects of trauma, family-centered, strengths-based & safety planning. 4. The CoC & subs emphasized client's strengths by developing individualized client-centered case plans, using strength-based assessments, creating action steps based on client's goals & strength-based coaching. All subs have shifted to victim-centered practices, providing survivors w/a supportive environment for them to explore their needs & wants in a nonjudgmental environment. Staff believe that the survivor is the best person to make decisions for their family. CM use trauma-informed practices & strengths-based advocacy to help clients find the skills & tools needed to lead abuse-free lives. 5.The CoC provided trainings on DEI-cultural responsiveness, competence, white privilege & anti-racism; featured speakers on equal access, gender identity, LGBTQ inclusivity & pronouns. The CoC approved policies against invol separation, compliance

w/equal access & gender identity rule. One sub participated in a 21-wk equity challenge through United Way, deepening their understanding of how racism & discrimination permeates into all systems. Another completed Civil Rights Compliance training. All subs have started actively recruiting more diversity on their board, other decision-making bodies & in the hiring process. 6. The CoC & subs provided client connection through mentorship programs, peer-to-peer support groups & support for community development including spiritual growth. 7.The CoC & subs offered support for parenting by facilitating classes & groups to help repair & heal any damage to the bond between the protective parent & child; build resiliency & address trauma. Staff support clients w/school assessments, enrollment issues, meetings & making sure families are connected to all eligible school-based & early child services. Staff support parenting by working w/the family to create a family safety plan, teaching & meeting w/kids to discuss behaviors & how to manage overwhelming feelings. Staff also reach out to community-providers to provide additional mental health support for parents & children.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

During the funding year 19-20, the CoC's 5 subs provided supportive services to DV survivors experiencing homelessness while quickly moving them into PH & addressing their safety needs. Project staff provided the following supportive services:
•Food–Some subs provided food boxes & stipends to survivors to supplement food share; account for children being home during safe at home order & virtual school; help provide options for farmer market produce & other pantry staples not available at the food pantry because of diminishing donations.

•Transportation–All subs provide taxi vouchers or bus passes to survivors to meet transportation needs. This includes going to physical & mental health appts, meet w/community providers, get groceries, go to work or an interview. Subs also reimburse CM staff for mileage when they transport clients to/from appts, attend community mtgs, & meet w/survivors in the community or at their home. This funding helps CM provide the support needed for survivors to get where they need to go.

•Utility Deposits–Some subs provided utility deposits for survivors when they move into their units. Deposits are often required by small co-ops or when there has been issues w/past service, late payments or unpaid balances. This funding helps the survivors start over & ensure utilities are connected.

•Mental Health Services–1 sub covers the cost for a few survivors to meet with an onsite therapist. This service is voluntarily and free of charge to the client. Especially during a crisis, having direct access to an on-call therapist can

provide the needed support for survivors to remain stable.

•Outreach–All subs employed an outreach or engagement staff to work w/CE to ensure all eligible survivors in the community have been assessed & referred to the prioritization list. This funding was used to provide program info to community agencies; basic needs to those unsheltered; & prevention & awareness kids to people least likely to ask for help to ensure everyone knows how to access services & CE. Supplies were provided in multiple languages, reading levels & formats for people w/disabilities.

•Housing Search & Counseling–All subs employed a housing navigator to identify local landlords & apartments. Directly working w/LL to address concerns, educate about programming & the unique needs survivors have creates a better relationship between LL & tenant. Housing navigators provide LL/T education, negotiate leases, & complete HQS inspections. During the housing search, housing navigators work w/survivor to identify housing needs including neighborhood, unit size & features, proximity to work or school, access to public transportation, safety concerns, & access to support networks. They also walk-through potential units w/the survivor & with permission, speak on their behalf w/questions or concerns for the LL. Using a housing navigator resulted in a decrease in the amount of time it previously took survivors to locate units & to get leased up. They also enhance the relationship between the tenant & the LL, explain the terms of the lease & expectations & serve as a resource to mediate any issues or challenges that might arise, working to avoid evictions. Housing navigation directly impacts a survivor's long-term housing stability.

•Case Management-All subs employed case managers or advocates to directly work w/survivors. Often when survivors enroll in RRH, they had multiple barriers including poor rental, work & credit history; mental health & addiction; isolation from former support networks; & lack of income & benefits. 90% of those enrolling were at or below the poverty line or lacked savings. Many had no job or poor work history. CM created a safe space to help survivors express, relate, cope w/trauma in a supportive environment, address security concerns, create safety plans & increase their sense of self-reliance & sufficiency to remain independent. W/out support, DV survivors often struggle to remain on their own. CM work with survivors to id housing stability barriers & create individualized goal plans to address them. CM connect survivors' w/education opportunities-GED, tech school, literacy, financial aid & higher education; connect to physical, mental & AODA counseling services; assist w/securing ID docs; & apply for mainstream benefits. Increasing income is critical to maintaining housing after financial support ends. CM help address obstacles such as childcare, transportation, clothing & supplies. CM partner w/employment programs & workforce resource or job center staff to support the survivor's job search. CM focus on helping the survivor build a safety net, know their resources & identify their supports to ensure housing stability after the project ends. CM provide follow-up services.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

The CoC, through partnership w/5 new DV providers, this DV RRH project will utilize trauma informed & victim centered approaches to meet needs of DV survivors in 7 areas. The new sub's experience will come from running a DV shelter in their community. 1. Sub-recipients will prioritize client choice & rapid placement & stabilization in PH consistent w/participants' preference. The CoC requires adherence to housing first practices which focuses housing search & selection on client choice including the neighborhood & community; unit size & amenities; safety needs & security; proximity to work, school & public transp; & access to support networks. Many of the new subs work w/coalition housing navigators & will continue to build LL relationships. CM will serve as a resource for clients & provide support during the process. Once housed, CM will help client develop safety plans, client-led personal case & goal plans id available community resources. CM will help id barriers to stability such as income, legal or rental history; address client needs & obstacles; & provide support, referrals & advocacy. CM will help connect clients to education, jobs & trainings, find childcare, apply for benefits & other resources to help the client be self-sufficient, increase sense of safety, independence & stability. 2. Subs will establish & maintain an environment of agency & mutual respect; will not use punitive interventions; & work to ensure program staff interactions are based on equality & minimize power differentials. Being VSP specifically, their work is centered on teaching & practicing healthy & fair power & control dynamics. As a service provider, there is a power dynamic as staff have resource info, ability to make referrals & access point for services. Staff will work hard to ensure clients are empowered to make their own decisions & take the lead. The victim-centered approach means mtg survivors where they're currently at & not expecting them to be at a certain point, ready or even willing to engage in services. Staff model healthy boundaries & encourage w/out punitive or coercive methods to engage clients w/programming. 3.Sub-recipients will provide clients access to info on trauma through 1:1 advocacy & processing; peer support groups w/topics about health coping & stress; medical, legal & law enf support; journals & workbooks; info & education on the dynamics of DV & establishing health relationships; info an on trauma & co-occurring issues due to violence, such as AODA, self-harm, parenting challenges, impact on credit or employment history; skill development-coping & regulation activities; & referrals & support for mental health. Staff will receive TIC, secondary trauma & ACES training. 4. The CoC & subs will focus on client's strengths throughout the process, from housing search & placement to the id of barriers to housing stability to exit planning & follow up needs. Staff will use strength-based needs

assessments to identify the client's goals & aspirations, then use a case plan to create goals & action steps. Staff will use these plans to help support clients; make referrals & community-based connections; & cheer & celebrate successes. 5. Sub-recipients will provide CM w/training on diversity, equity & inclusion across race, gender, & LGBTQ identities. The CoC provides annual trainings on equal access, nondiscrimination, cultural responsiveness & competence. The CoC will continue to provide training on ADA & Fair housing, including service & emotional support animals. Subs will work with the State DV Coalition (EDA) to further staff skills on BIPOC issues, LGBTQ intimate partner violence, civil rights compliance training. 6. Sub-recipients will provide opportunities for client connection through mentorship programs, peer-to-peer support groups & community-based activities to develop a safety net. Connectedness is part of the trauma-informed care pillar of empowerment to ensure that survivors have the support, tools & resources needed to continue their journey independently. This can include faith-based groups or programs; parenting circles or clubs; recovery & mental health groups; & chances for youth to become involved in their community & develop relationships. 7. Sub-recipients will offer support for parents as they navigate childcare, the school system & community programs. Childcare is a challenge to find & to pay for. It is limited to typical 9-5 workday, reducing client's options for employment. Staff will work w/survivor's natural support system to help find options for childcare. Staff will support clients w/school-related enrollment, services, assessments & meetings by offering to attend or review paperwork. Staff will make referrals for parenting classes, counseling or therapy for children and/or the family. Staff will help find family fun activities w/in the community. These can include mom or play group; library or park & rec activities; & theater, children museum or other creative outlets.

Submission Summary

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

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1A. CoC Identification	10/13/2021
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1D. Addressing COVID-19	11/10/2021
1E. Project Review/Ranking	11/10/2021
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4A. DV Bonus Application	11/11/2021
Submission Summary	No Input Required