

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No	No
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	No	No	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Faith Based organization	Yes	Yes	Yes
HMIS Lead organization	Yes	Yes	Yes
Emergency Shelter providers	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The COC holds open mtgs advertised in email, website, and social media. Policy priorities and strategies are discussed. Committees are assigned major tasks and work is done by reps from agencies such as legal, faith, shelter, gov't, outreach, employment, housing, vets, youth, & DV. Many are recruited based on specific knowledge, interest & expertise. Tony is a rep from the statewide DV coalition and co-chairs the Coordinated Entry committee. His knowledge of specific issues, concerns and challenges faced by DV survivors and relationship with providers directly informed the CE development and process. Through his involvement, DV providers were able to influence creation of an alternative entry into the CE system. Jesse is a rep from the HMIS lead and chairs the HMIS/PIT committee. Her knowledge of HMIS, research & analytic skills directly impact evaluation of projects, establishment of system performance measures, and providing data driven solutions to community-based problems.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Family Services of NE WI	Yes	Yes	No
CAP Family Crisis Center	Yes	Yes	No
Kenosha Human Development Center	Yes	Yes	Yes
Youth & Family Project	Yes	Yes	No
Positive Alternatives	Yes	No	No
Lakeshore CAP	No	Yes	No
Lutheran Social Services - RAYS	Yes	Yes	No
Project 16:49	No	No	No
Boys & Girls Clubs of Fox Valley	Yes	No	No
Human Development Center	Yes	No	No

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

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
CAP Services	Yes	No
New Horizons Shelter & Outreach Centers	Yes	No
Friends of Abused Families	Yes	No
Bolton Refuge House	Yes	No
Women & Children's Horizons	Yes	No
Domestic Violence Shelter of Manitowoc County	Yes	No
Safe Harbor of Sheboygan	Yes	No
AVAIL, Inc.	Yes	No
Advocates of Ozaukee	Yes	No
The Women's Center	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
 (limit 1000 characters)**

Ending homelessness requires local, COC and state gov't attention and resource allocation. With their knowledge and expertise, the Board Pres & COC Coord are working directly with the statewide interagency workgroup to revitalize the WI 10 year plan. In the BOS, groups have been assigned the following tasks: 10 YR Plan-local strategies; Gaps & Needs-gaps in service; HMIS/PIT-trends, population, performance; CE-assess and prioritize; PEA-evaluate & TA. Each group is chaired by a Board member and chosen based on personal interest and commitment. Each group actively meets, sets goals & action steps. The Board evaluates progress, identifies areas of concern, and works with the COC Coord to target resources and training. The Board & PEA ensure new projects fill existing gaps and fit within the BOS plan to end homelessness. The COC Coord provides TA, works with ESG grant admin & local continua, and hosts special meetings and projects to target resources on vets, chronic, family, and youth.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The New Project RFP and scoring rubric was posted on the BOS website and social media, sent by email multiple times to membership, and announced at meetings. There was no requirement to have previously received COC funding in order to apply for a new project. Proposals were submitted to the COC coordinator and routed to the Project Eval & Assist. (PEA) committee. 5 committee members volunteered to objectively review and rank the proposals based on these criteria: agency experience in addressing homeless needs and working with the target population, project description, accessibility to supportive services, proposed outcomes, budget, and match/leverage commitments. The PEA committee provided the average score for each to the Board. The Board objectively evaluated the proposals based on the following criteria: quality of investment (cost and number of clients), need in the community (PIT data), commitment to HUD policy priorities, involvement with BOS, and local community support.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?

Quarterly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	15	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	14	93.33%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	14	93.33%
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00%
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00%

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

The process for WI 15-19 con plan occurred in 2014. DOH conducted an online public survey to gauge needs & priorities. BOS emailed the membership & encouraged participation. DOH spoke at several BOS mtgs, 15-30 min each. People commented electronically, one hour/person. DOH hosted 2 workshops soliciting input, many members in attendance. DOH hosted 5 two hour in person public input sessions & an online webinar. DOH received PIT data from the BOS & HMIS lead directly. Many did phone or in person interviews, 60-90 min each. Multiple emails soliciting feedback from state associations & other specific orgs. In the other 14 con plan jurs, involvement varies. All but one requested PIT data and/or HMIS data from the local continua lead, COC Coord, or HMIS lead. Members in each area attended planning mtgs, focus groups, listening sessions, exchanged emails, phone calls, some helped write parts of the plan. Most work happened monthly for 2-4 months. Time commitment varied from 1-20 hours.

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

The State ESG grant admin participates on BOS Shelter & HMIS/PIT committees, attends BOS mtgs, & works directly with HMIS lead. COC Coord collaborates with ESG grant admin on funding allocation, PIT, performance measures, & certification process. Input is solicited from Board regarding formula based funding allocation. The HMIS/PIT committee is working with ESG grant admin to adopt system perf measures & create an evaluation process for projects. Agencies applying for ESG funds must be certified by the BOS. This process ensures orgs are able to adhere to requirements for evaluation, performance, fiscal capacity, & compliance. The policy retains local control over disbursement; provides BOS oversight on performance & outcome evaluation; & provides the ESG grant admin info necessary to allocate funds. ESG sub-recipients provide project level HMIS data; COC Coord provides PIT data for local, con plan, and COC wide; & HMIS lead provides other HMIS data as needed to ESG grant admin.

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

The following is the same for COC & non-COC funded programs and is designed to ensure safety & security for all clients. In a trauma informed & professional manner, a household is first assessed for safety concerns & planning, shelter, & support. If presenting at non-DV, an offer is made to connect with a DV provider. If presenting at DV, advocates work 1:1 with clients. All info is confidential, locked/shredded, & release of info signed. Informed consent is present at every step in the process; the client provides specific instruction what & how info can be shared as well as limits. In the BOS coordinated entry policy, survivors are given 2 options: assessment by non-DV staff & data entered in HMIS pursuant to policies that protect personally identifiable info or the DV provider staff conducts the assessment & maintains an anonymous list containing required information and VI-SPDAT score. All clients are prioritized based on need & connected to services that meet those needs.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Brown County Housing Authority	21.09%	Yes-HCV
Green Bay Housing Authority	5.56%	Yes-Public Housing
City of Eau Claire Housing Authority	33.33%	Yes-Public Housing
Walworth County Housing Authority	5.71%	Yes-HCV
City of Sheboygan Housing Authority	64.29%	Yes-Public Housing

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

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

The Wisconsin Housing and Economic Development Authority has instituted additional points in Low Income Housing Tax Credit applications for projects that target units for persons experiencing homelessness. Other projects not funded by COC or ESG but target homeless in BOS include: a new rural PSH project for families (11 units, 42 beds); urban transitional program (54 single beds, 2 units families, 11 youth beds); transitional project for veterans (3 beds); 3 tax credit properties that include 3 units for homeless & 15 for veterans; & FYSB funded 14 units for youth. The State funded TBRA program provides 8 scatter-site rent assistance projects throughout BOS. In this permanent housing project the emphasis is on homeless clients with disabilities. During the Jan. PIT, 238 people were served in these 8 sites. More projects are in development and communities are working directly with affordable housing agencies to encourage homeless targets especially for veterans, families, & youth.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Education, outreach, and advocacy to the community at large – focusing on promoting social inclusion, eliminating stereotypes and misperceptions.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

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

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness. (limit 1000 characters)

The BOS Pres & COC Coord are involved with redeveloping a statewide policy, reestablishing partnerships, & providing training to the WI interagency workgroup. Foster Care, Mental Health, & Corrections are represented on the workgroup. Health care is not directly represented on the workgroup, yet the BOS continues to work on establishing a systematic discharge policy for that institution. The BOS Discharge Planning committee, which is open to all members, is tasked with the development, implementation, training, & evaluation of policies pertaining to each system of care on a COC wide level. At the local level, communities have been tasked with establishing local discharge plans & policies with the various systems of care. Many local collaborations include regional departments of Health and Human Services, public and private health care providers, local clinics, managed care organizations, rehabilitation facilities, free health clinics, & Aging and Disability Resource Centers.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

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

Due to the size of the BOS, each local continua participates in a regional CE system; the regions cover the entire COC. All systems follow the same policies & procedures, no wrong door approach, & use VISPDAT as the standardized assessment tool. DV providers can use the VISPDAT & provide score & anon id to the non-HMIS list or refer the client to a HMIS provider. The BOS has program standards & prioritization policies that are incorporated into the CE system. Systems include street outreach, private & public agencies, social service orgs, & others for referrals. The CE advertising outreaches to public & private agencies, 211, VA, social service org, state/local gov’t agencies, & other funders. Info is given to 24hr est., restaurants, hospitals, meal sites, food pantries, schools, churches, check cashing locales, & other places frequented by those not seeking services directly. Outreach also occurs through social media, flyers, news ads, radio, & websites. Ads focus on contact info.

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

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

Legal Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Shelters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HMIS lead organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	37
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	6
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	31
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
% increase other income, % data completeness, % adults with disabilities, % chronic homeless persons, % reoccurrence rate, High Risk Pool Score (risk adjustment), % Literally Homeless, % mainstream benefits, % Unit Utilization, Cost per successful outcome, % use of federal funds	<input checked="" type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input type="checkbox"/>
Utilization rates	<input type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input type="checkbox"/>
timely submission APR to HUD, timely submission of quarterly APR reports to BOS, PIT involvement (Jan & July), PIT data submission (Jan & July), timely submission of project application, timely submission of information for collaborative application	<input checked="" type="checkbox"/>

Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The BOS Board developed a scoring tool based on objective factors & data derived from APRs & HMIS in order to evaluate project applications. Some project capacity & compliance measures are included, but the majority of points come from specific population factors, performance, & a risk adjustment score. Needs & vulnerabilities specifically scored include: % of adults with disabilities (stayers & leavers), % of people coming from the street or shelter, & for PSH – the % of chronic homeless served. The HMIS lead generates an HMIS-based report that incorporates multiple factors into a high risk score. These factors include no income at entry, coming from the street, meeting the chronic homeless definition, & having a documented mental health and/or substance use disability. This data is calculated to create a score & used as a risk adjustment for all projects. The purpose was to offset potentially lower performance as a result of taking on clients with higher needs and more barriers.

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

The FY14 Board Scoring Tool was discussed at Feb. membership mtg, feedback requested from the membership & Board. A revised tool was proposed, voted on, & approved by the Board on 8/11/15. The document was presented & reviewed with the membership at Aug. mtg. The policy was posted on the website on 8/15/15. The COC Coord created a multi-tab excel document to track data, scoring, & rank the projects. The excel doc was posted on the website with all renewal project ranking on 10/16/15. New projects were added & re-posted on website on 11/13/15. The completed scoring tool & ranking was presented with the final results & discussed at the Nov. mtg. Each time there was a posting to the website, an email was sent to the entire BOS membership.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

11/18/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

No

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

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

The BOS monitoring policy is comprised of 4 parts. Each recipient submits a quarterly APR from HMIS or DV database to the HMIS/PIT committee. Members evaluate, provide feedback & make recommendations to the PEA committee on housing stability, increasing income, mainstream benefits, data completeness, length of stay, & destination. Each project must submit a copy of the FYAPR to the COC Coord for review of performance, unit utilization, use of federal funding, & timeliness. These factors are used in the Board Scoring tool in the COC competition. COC Coord & HMIS lead work together to identify additional areas of concern. Members of the PEA committee provide desk & in person monitoring for several projects per year based on the Scoring Tool results & feedback from the Board. This process focuses on financial processes, required documentation & eligibility, & client files. Each agency is also required to submit a copy of their annual audit & issues to the Treasurer for review.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

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

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

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

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

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$438,190
ESG	\$32,820
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$471,010

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$12,363
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$102,650
Other Federal	\$0
Other Federal - Total Amount	\$115,013

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$13,694
State and Local - Total Amount	\$13,694

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$52,515
Private - Total Amount	\$52,515

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$777,032
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/09/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	2,306	823	1,257	84.76%
Safe Haven (SH) beds	7	0	7	100.00%
Transitional Housing (TH) beds	1,754	347	1,287	91.47%
Rapid Re-Housing (RRH) beds	318	0	318	100.00%
Permanent Supportive Housing (PSH) beds	485	0	333	68.66%
Other Permanent Housing (OPH) beds	87	0	42	48.28%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Historically, the BOS has excelled at HMIS participation across all project types. ES HMIS bed coverage rounded up is 85%, but two key efforts should increase this %. The COC Coord & HMIS Lead will work together to engage the largest unfunded faith-based shelter (2 projects, 135 beds) that is not using HMIS. A second unfunded faith-based shelter changed their project type after the HDX submission from ES (2 projects, 54 beds) to TH. PSH HMIS bed coverage is 69%. The sole reason for this is the requirement to include HUD-VASH voucher beds in the calculation. Without VASH (2 projects, 152 beds), PSH is 100% represented in HMIS. While the COC Coord & HMIS will try to engage these providers, they are federally funded & should be required through their grants to participate. OPH HMIS bed coverage is 48% solely because of one project (45 beds) not in HMIS. The local continua where the project exists & HMIS lead are working on a plan to bring them onto HMIS by the next HDX submission.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	8%
3.3 Date of birth	1%	0%
3.4 Race	1%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	1%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	7%	2%
3.15 Relationship to Head of Household	7%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	6%	0%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

VA SSVF, RHY Export, PATH APR/QPR	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

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

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

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

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

Not Applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/09/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

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

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

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

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

Despite its size, the BOS uses a complete census count on one night for the sheltered PIT. This approach was selected to avoid estimation & extrapolation & reduce risk of duplication. Each local continua in the BOS assigns a PIT lead responsible for training, data collection oversight, & adherence to PIT policies. For projects using HMIS, HMIS policies & procedures establish requirements for timely entry of universal data elements. These are the core components of PIT data & can then be extracted directly from HMIS. The PIT lead & HMIS work together to ensure accuracy. For non-HMIS using projects, a provider-level survey or interview is conducted in all sheltered projects in the BOS. The surveys are collected & submitted to the PIT leads. The HMIS data is collated, cleaned, and de-duplicated by the PIT lead & HMIS lead. The non-HMIS data is similarly handled by the PIT lead. The totals and characteristics required for the HIC & PIT are submitted to the COC Coord for additional review.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

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

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

There were 5 facility-based shelters & 5 voucher programs counted in the 2014 PIT but not in the 2015. This change occurred because a warming shelter, an agency shelter, a temporary shelter, & 2 small unfunded shelters closed. The voucher programs closed & were removed from the HIC because of non-use. There were 7 facility-based new shelters & 20 new voucher programs counted in the 2015 PIT but not in the 2014. This change occurred because 2 single shelters, 4 family shelters, and 1 seasonal shelter opened in places previously without shelter services (6 in rural areas). The new voucher programs were created to fill gaps in communities including 2 for youth and 7 by emergency shelters offering vouchers when facility is at capacity.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

There were no significant changes to the way the BOS implemented the sheltered PIT count that impacts data quality. The data collection process remained the same, although both HMIS req. & reports & non-HMIS client level data forms were updated to reflect HUD changes. Trainings were offered to providers and follow-up, HMIS, & non-HMIS de-duplication. Training was enhanced & targeted by the HMIS/PIT committee & HMIS lead. Moving forward the COC Coord will play a critical role in the oversight of the PIT process. The HMIS lead will work 1:1 with agencies related to specific questions or concerns. Training related to non-HMIS data collection was enhanced to assist those providers meet req., especially for unfunded orgs. This included the number of trainings, the outreach to providers, & scaffolding of the process to ensure understanding.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/28/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/09/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

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

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

The BOS uses 2 methods for the unsheltered PIT count: the night of the count & the post-night service-based count. During the night of the count, each PIT lead organizes a complete coverage, known location, or combination in their continua. Options allow for flexibility in the rural, urban, and mixed geographic areas within the BOS. An approved survey tool is used to collect req. info. Blankets, food & personal products are offered to those encountered. An observation only tool is used when persons are sleeping or unwilling to engage. During the post-night count, local continua members conduct surveys at service providers, meal sites, drop-in locations, & those presenting at shelter after the night of the count who disclose they were homeless on the night of the count. A key element is the ability to de-duplicate data within local continua as well as COC-wide. Many providers enter the data directly into HMIS, others use a non-HMIS form & deduplication chart developed by COC Coord.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

Due to the large geographic territory, the BOS allows larger communities to conduct a complete coverage count & the rural areas to conduct a known location count. In 2015, the BOS added to the unsheltered count process a post-night service-based count & use of a deduplication chart. Because of geographic challenges, weather, lack of volunteers, and/or the inability to locate people on the night of the count, the BOS opened up the possibility to count people who report they were homeless on the PIT night but interviewed afterwards. Throughout the BOS, this option has provided more opportunities for outreach, engagement, & expanding the territory previously covered during the known location count. In allowing for the post-night service-based count, a new process of deduplication was required. Some enter data into HMIS, otherwise use the non-HMIS chart. Everyone uses the deduplication chart to ensure that people are not counted more than once within a local continua or COC-wide.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The general data collection process remained the same including a blitz count, collecting unique identifiers, demographics, & other subpopulation information through the use of a survey; using observational data on a limited basis; & providing training to HMIS & non-HMIS orgs participating in the unsheltered count. However by allowing more time to engage people who were homeless on the night of the count, additional training was required to ensure deduplication occurred at a local and COC-wide level. Then, by re-branding the PIT count as an outreach opportunity rather than just counting people results in better engagement & recruitment in the process. PIT leads were encouraged to reach out to youth providers (RHY & non-RHY) to specifically assist with identifying locations and setting up the count. Doing a service-based count allowed for other types of providers to be involved in a different way. All of these enhancements result in a more strategic and well executed unsheltered count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3,569	3,597	28
Emergency Shelter Total	1,924	1,920	-4
Safe Haven Total	7	7	0
Transitional Housing Total	1,515	1,463	-52
Total Sheltered Count	3,446	3,390	-56
Total Unsheltered Count	123	207	84

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

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	13,099
Emergency Shelter Total	11,242
Safe Haven Total	23
Transitional Housing Total	2,305

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

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

The CE process often begins at shelter. Assessment for service & precipitating factors result in a common theme for 1st time homeless persons. Factors include loss of job, DV, recent illness, loss of reliable transportation, or mental health. To divert & prevent homelessness, the BOS coordinates with shelters, prevention agencies, & others providing access points to CE to collect data. Training, resources, & data enhance the identification of barriers to stability & guide the strategies to overcome those obstacles. In BOS, communities coordinate efforts & pool resources for prevention including rental assistance, referrals to job centers, mainstream benefits, legal services, landlord negotiation/mediation, & overall use of available community resources to maximum extent possible. The Board & COC Coord will develop training & community awareness, the CE committee is developing diversion process for CE, & HMIS lead to assist with data collection related to 1st time homeless issues.

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

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

HMIS lead created reports that help track & record LOT homeless data. Evaluation occurs on 5 levels: project, agency, community, COC, & statewide. The data elements are required for all projects using HMIS, including COC & ESG funded. HMIS lead provides training to all HMIS users, Board & COC Coord provide training on overall impact & strategies. The BOS approved policies for PSH, TH, & RRH to ensure those with longest homeless histories were identified & prioritized. Over the last 2 years, 2 TH programs & 3 SSO projects reallocated into RRH, reducing those with homeless status & moving them into permanent housing. The remaining TH projects are scatter site & do not require length of stay. All COC projects voluntarily chose to adopt the housing first model ensuring that people will be transitioned into permanent housing quickly & without barriers. Finally, the CE policy & training provides a streamlined process for housing options & services to minimize each length of time.

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

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

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

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	1,679
Of the persons in the Universe above, how many of those exited to permanent destinations?	1,329
% Successful Exits	79.15%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	372
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	336
% Successful Retentions/Exits	90.32%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Because the foundation of the statewide HMIS system is shared visibility, the HMIS lead was able to create comprehensive reports for all project types (ES, housing, service only) covering the entire HMIS system & over any time period to analyze & evaluate reoccurrences of homelessness. This includes exits to PH & non-PH destinations, where re-entry into the system occurs geographically, length of time between entry into system, type (enter system through prevention vs. ES), & other demographic factors associated with those reoccurring. Strategies to identify & minimize additional returns to homelessness include: (1) the Board & COC Coord receive reports from HMIS lead, review patterns & trends, & collaborate to identify potential solutions. Understanding why the return occurs influences solutions; (2) encourage 30/60 day follow-up services & outreach for those exiting programs; (3) adoption of housing first model that embraces re-housing people rather than terminating from the program.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

In BOS, multiple COC-funded agencies have engaged in different strategies to increase the rate of income growth. ECIHN & Western Dairyland were funded by the local United Way agency to hire an Employment Specialist to work with homeless adults & assist with employment & education with the goal of increasing income. The grant was fully funded for 3 years, used for match & outcomes are tracked in HMIS. ADVOCAP is the designated employment & training agency in their region with funding from WIOA & the Workforce Development Board. Homeless adults served by ADVOCAP are assisted with job readiness skills, skill development & follow-up to ensure retention. Couleecap & West CAP have SOAR trained staff to assist homeless adults with expedited SSI/SSDI applications to increase non-employment income. These positions are funded through a variety of other sources & used as match & outcomes are tracked in HMIS. CWCAC assists clients with the online ACCESS application for mainstream benefits.

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

There are 40 COC-funded housing projects in the BOS including 1 SH, 15 PSH, 18 TH, & 6 RRH projects. 95% have a clear & defined relationship with mainstream employment organizations in their community. 2 do not, a congregate TH dedicated to DV & a rural scatter-site PSH project. Employment organizations include: Workforce Resource, Workforce Connections, Dept. of Voc. Rehab, Forward Service Corp, Goodwill Prosperity Center, L.E. Phillips Career Dev. Center, & Great Lakes Training Corp. Goal plans for employment developed with homeless participants are an essential case management component for both employment & homeless services organizations. Employment organizations provide assistance with training or education, job readiness skills, resumes, applications, job supports, job search and placement, and interview prep. The employment organizations partner with homeless services case managers to provide child care, transportation, clothing & other supports to increase outcomes.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

Due to size the BOS has 2 methods to identify unsheltered; all tracking occurs in HMIS. Urban communities identify unsheltered through PATH outreach programs, certified peer specialists, crisis centers & county funded mental health/AODA outreach teams. Rural communities rely on churches, schools, human services, food pantries & meal sites, drop-in centers, campgrounds, hospitals, shelters, & police to identify unsheltered persons. In all areas, the CE system is the main strategy to move unsheltered persons into sheltered or permanent housing. In a trauma informed & person-centered manner, staff quickly identify immediate needs & then determine available housing & service options. The Board, CE committee, & COC Coord provide ongoing training & assistance for CE access point staff & education to community members & funders to ensure buy-in, resolve issues/concerns, & enhance collaboration among providers. Social media & website use provides integral role in advertising the system.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? Yes

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

Due to the huge rural territory covered by BOS, the HMIS/PIT committee established & Board approved an exclusion policy for unsheltered PIT counts. The BOS participates in a statewide unsheltered count in Jan. & July. Seasonal counts allow the COC to track data, trends & info. The COC Coord provides training, TA & evaluation of the PIT process. Automatic exclusions include: swamps/lakes, private property/vacation resorts, reservations, dense forest, & farmland. Request for additional exclusions can be based on the following: towns in which there are no shelters, no 24hr establishments, no major roads, & data demonstrates that no one has come from those locations in the last 2 yrs. If an area has been visited during the previous seasonal PIT count & no one has been identified, additional information will be requested before allowing the exclusion. Multiple attempts to identify unsheltered persons in a particular location with no success is a reason to shift attention to other areas.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	246	238	-8
Sheltered Count of chronically homeless persons	239	218	-21
Unsheltered Count of chronically homeless persons	7	20	13

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

In 2015, the total # of CH persons counted in the PIT (sheltered & unsheltered) decreased (-8). The reason for the net decrease in CH occurred because the # of sheltered CH decreased (-21) & the # of unsheltered CH increased (+13) between 2014 & 2015. In 2014, a massive snow storm & frigid temps forced more families to double up, less people outside & those that were became even more difficult to find. Only 123 unsheltered persons were identified. In 2015, the mild WI winter resulted in less people seeking shelter, more outreach activities & direct engagement planned, & unsheltered persons easier to locate. 207 unsheltered persons were identified. This increase is reflected in the increase of CH # as well. Because more people were counted, statistically, more of them were also CH. The decrease in sheltered CH # can be attributed to BOS system change including more beds dedicated to CH, the BOS prioritization policy for programs, & more training related to housing first & CH.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The BOSCO board has instituted policy requiring that all new projects be PSH that are dedicated to chronically homeless utilizing a Housing First model. Two new PSH projects were submitted as a result of reallocation in this year's competition. The total beds dedicated to chronic homeless in these projects is 40. The bonus project from FY12 is yet included in the above numbers but will be included in FY14 totaling 15 beds dedicated to chronic homeless. The BOSCO board has also strongly encouraged that current permanent supportive housing projects either dedicate beds to chronic homeless or non-dedicated and prioritize beds for chronic homeless. In the current competition all 233 PSH beds will be either dedicated or non-dedicated and prioritized for chronic homeless. See the FY13 Chronic Prioritization attachment. These strategies are incorporated in the strategic plan and progress will be monitored by the HMIS/PIT committee.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

In 13/14, new PSH projects were required to dedicate all beds to CH & use housing first. Western Dairyland reallocated SSO funds to PSH, adopted housing first, & dedicated 28 beds to CH. The project began Dec. 2014. In June 2014, Youth & Family PSH under housing first model started enrolling clients with 15 dedicated CH beds. In Jan. 2015, ADVOCAP PSH began serving clients under housing first with 7 dedicated to CH beds. In 13/14, the Board encouraged current PSH to dedicate or prioritize beds. All 233 PSH beds were prioritized or dedicated in the grant application. In FY2015, 222 of the 312 COC-funded PSH beds are dedicated to CH. Of the other 90 beds, 31 will be available through turnover & prioritized. BOS added a strategy for ending CH by approving PSH written standards & adopting prioritization for dedicated & non-dedicated beds. These went into effect July 2015. All PSH projects use the VI-SPDAT for assessment, belong to the CE system, & prioritize length of time homeless.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	47	112	65

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

On the HIC, 47 PSH beds in 2014 were dedicated to CH & 112 PSH beds in 2015 were dedicated to CH. The increase (+65) resulted from projects electing to increase the # of dedicated CH beds during the COC Competition as well as improved data quality. The COC Coord & HMIS lead worked together to ensure data quality & accurate recording of HIC required elements. In 2015, each project listed on the HIC was analyzed to determine which had CH persons currently in the dedicated beds, which had dedicated beds but were serving non-CH clients, & ensured that the number listed on the HIC was correct. There has been an overall increase in training around CH, including the definition, documentation, & PSH prioritization policies passed by the BOS. As of July 2015, all COC-funded PSH beds were dedicated or prioritized for CH. Each new opening was required to be filled through coordinated entry & the written standards, prioritization policy focusing on CH, length of homelessness, & VI-SPDAT score.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. 9-12

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	90
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	31
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	31
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

Strategies implemented by BOS to end CH include: training, increase & effective use of resources, collaboration & awareness. The COC Coord will provide training & TA on the prioritization policy, CH definition & documentation reqs. HMIS lead will train to ensure accurate CH data collection, evaluate progress & report at project, community & COC level. CE committee will continue to provide training & evaluate the system. 2 new PSH project apps were submitted in this competition, 1 of which is for the area in the BOS where 25% of CH are counted. The Board & COC Coord will reach out to HUD-VASH providers to ensure that CH vets are prioritized & served in their programs. The Public Awareness committee & COC Coord will continue to actively promote community awareness on the issue of CH. The Board Pres & COC Coord will continue to work towards a statewide interagency council approved 10 year plan to end homelessness (including CH) supporting strategies outlined by the BOS & other HUD COCs.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

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

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

The BOS adopted RRH written standards & prioritization policies in 2014. These standards require programs to be active in CE & have minimal entry requirements to ensure the most vulnerable families are being served. Programs can't disqualify a family due to poor rental history, criminal history, or credit history. Families are prioritized for RRH based on VISPDAT score & the number & severity of barriers to obtaining & maintaining housing. Providers have worked hard to enhance relationships with landlords, develop networks of housing search & placement assistance, & efficiently negotiate lease terms including rent/utilities. The BOS holds roundtables at quarterly meetings so RRH staff can share best practices for rapid housing placement, brainstorm ideas, sharing creative techniques, & how to communicate effectively with private landlords. The ESG grant admin sets a minimum each recipient must allocate to RRH. ESG RRH is used for families that need flexible housing solutions.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	41	71	30

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

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
Required as part of the COC Certification process for ESG funded agencies	<input checked="" type="checkbox"/>
HUD staff provided training on fair housing & other related policies at membership mtg.	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	694	651	-43
Sheltered Count of homeless households with children:	669	621	-48
Unsheltered Count of homeless households with children:	25	30	5

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

In the 2015 PIT count, the total # of homeless HH with children decreased (-43) as compared to 2014. The total # of sheltered HH with children (shelter & transitional) decreased (-48), but the total # of unsheltered HH with children increased (but only by 5). As previously stated, the # of unsheltered persons counted in the PIT increased from 2014 to 2015. The increase was small, only 5 HH with children. The larger decrease in the # of sheltered HH with children is directly related to the increase in RRH beds available in the BOS (ESG & COC funded) & BOS written standards & prioritization policies for RRH. In FY14, 2 TH projects reallocated funds to RRH and 4 SSO projects reallocated into 3 RRH projects. The ESG grant admin continues to emphasize RRH funding as a priority. The BOS collaborated with the ESG grant admin on program standards & prioritization. The COC Coord provides ongoing technical assistance and training to ensure & enhance the quality of ESG RRH programming.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

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

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
Disability	<input checked="" type="checkbox"/>
Aging out of Foster Care	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	286	303	17

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Not applicable as the number of unaccompanied youth & children and youth-headed households with children served in programs that use HMIS who were in an unsheltered situation prior to entry in FY14 is higher than in FY2013.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,654,463.00	\$1,814,463.00	\$160,000.00
CoC Program funding for youth homelessness dedicated projects:	\$234,463.00	\$314,463.00	\$80,000.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,420,000.00	\$1,500,000.00	\$80,000.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	0
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	62
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	4

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

The WI interagency workgroup includes a DPI rep to address issues & barriers experienced by homeless students & their families on a statewide level and help revitalize the new 10 year plan to end homelessness in WI. This partnership provides an opportunity for the same message to be shared with schools as homeless service providers regarding eligibility, gaps, & services available in the BOS. The BOS encourages DPI staff to attend BOS mtgs, encourages SEA/LEA to be involved in local &/or BOS level, provides resource & referrals. Locally, school liaison involvement varies. In some, they actively participate in the strategic planning, PIT count, & homeless community awareness events. In others, school liaisons have difficulty attending meetings due to limited budget for this type of travel, & the dual roles many play within their schools. COC & ESG funded agencies have referral processes in place with local school districts to ensure those identified can access the CE system.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

BOS policies require that all families & unaccompanied youth are informed of their educational rights & work with local school liaisons to ensure that students' educational needs are met in the most efficient & effective manner possible. To do this, schools can be included in the CE system to identify homeless youth & their families & make certain that they are referred to programs for housing. COC & ESG funded agencies provide information on programs for homeless students & their families through brochures, website, & social media. Agencies also attend school meetings to educate school personnel about the services available in the community & the CE system. Educational partners & other youth service providers are invited to BOS meetings, included in trainings, & sent information regarding BOS policies & strategies to serve homeless students. The BOS provides ongoing training to ensure that COC & ESG funded agencies understand the policies & requirements necessary to comply with the COC & ESG Interim Rule & provide the supports needed for successful student outcomes. COC & ESG funded agencies work directly with school liaisons to reduce student discrimination, transitions, & truancy due to a number of factors. Case managers & school staff coordinate to provide transportation, school supplies, meals, testing fees & other student needs. ESG funded agencies must be certified to receive funding from the ESG grant admin. A certification will not be granted unless the agency agrees to comply with all policies related to education & enrollment in school or early childhood education programs (as appropriate). The BOS Board & COC Coord is working on policies pertaining to the collaboration & partnership with local school district liaison(s), informational materials for families & unaccompanied youth and their educational rights, and training for providers across the geographic region.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	259	246	-13
Sheltered count of homeless veterans:	256	243	-13
Unsheltered count of homeless veterans:	3	3	0

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total # of vets counted in the 2015 PIT (sheltered & unsheltered) decreased (-13) compared to 2014. The total # of sheltered vets (shelter & TH & SH) decreased (-13). The largest decrease in sheltered vets is in the TH numbers alone (-20). In 2014, there were 179 vets but in 2015 there were 159. The use of SSVF RRH shifted the focus from site based GPD TH to scatter-site permanent housing. Vets are more quickly identified at shelter intake & routed to the service provider in that area for services. As a result, less vets are served in COC-funded projects or GPD TH because they are able to secure permanent housing. The total # of unsheltered vets remained the same. NOTE, there were only 3 unsheltered vets in 2014 & in 2015. For a large geographic area, this is a minimal #. With the use of CE, partnership with SSVF & WIDVA staff and VORP program funded SAMHSA, the possibility of reaching functional zero remains high.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

Due to size, the BOS relies on CE to quickly identify & assess homeless people. However, VA funded programs are not participating directly in CE. Instead the initial id falls on the COC & ESG funded agencies. Changing the approach to asking about military service instead of “are you a vet?” has helped and use of the SQUARES Tool. PATH outreach occurs in limited urban areas, but are trained to assess & inquire about vet status & use HMIS. Veteran Outreach and Recovery Program (VORP) assists homeless & CH vets receive housing & support for behavioral health treatment services. This outreach is provided in the northern rural counties. VORP also uses HMIS. Upon id, vets seeking housing services are immediately referred to SSVF, GPD program staff, and/or HUD-VASH case manager. Eligibility determination for VA services are done by VAMC staff, SSVF staff & State DVA. However, COC & ESG funded agencies are often asked to provide the documentation for the determination.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

If a vet is determined ineligible for VA services, they are referred back to COC & ESG funded programs through coordinated entry. The vet's VI-SPDAT score, logged into HMIS, will indicate the level of service needed (TH, RRH, or PSH). All housing & service options are communicated to the individual. All 13 COC-funded PSH projects have dedicated (222) or prioritized (90) beds for all CH persons. CH Vets are a subpopulation with additional priority status. All PSH have adopted the housing first model & follow BOS written standards. Two new PSH projects specifically for CH have been included in this application. 1 of them would provide 45 beds in Brown County where 25% of all BOS CH are counted, many of which are vets as well. Both ESG & COC funded RRH is available for all eligible persons, including those deemed ineligible for VA services. The BOS Board & COC Coord have strongly encouraged housing providers to focus on the unmet needs of vets in their communities.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	214	246	14.95%
Unsheltered count of homeless veterans:	4	3	-25.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

Collaboration with vet specific agencies has varied. Some areas have great partnerships between vet, COC & ESG agencies. In others, they do not exist. Within the last year, the BOS has seen increased participation by SSVF & WI DVA program staff. The HUD-VASH programs & VAMC have not. VASH vouchers are not accessible in many areas & when they are, the providers have not advertised its existence or explained how to access the program. 1 VASH provider requested the BOS sign off on an exemption from serving CH vets. That request was denied. In Sept, the HUD Milwaukee Field Office came on board with BOS efforts to engage VAMC staff in Mpls. & helped coordinate a western WI provider meeting to talk about services available in the community. Unfortunately, no significant agreements were reached. We recognize that the BOS will not meet the goal of ending veteran homelessness by the end of 2015 because many important players have come to the table late in the game.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	40
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	40
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

WI is not a Medicaid expansion State. Local continua members collaborate with many different healthcare orgs to facilitate health insurance enrollment for clients. Outcomes resulting from these partnership include: New Community Health & Dental Clinic provides dental care to homeless; Marshfield Clinics in Sawyer/Taylor County & Watertown Cares Clinic help clients secure insurance in rural communities; KHDS has 2 trained onsite navigators to help with ins/benefit enrollment; Northlakes & Lake Superior Community Health Center are federal qualified centers that provide dental & mental health services and help clients access insurance options; Janesville & Beloit Area Community Health increase the number of clients able to enroll in medical insurance& access available services; River Falls Free Clinic & Polk County Public Health offer direct health insurance enrollment assistance; & engagement with ADRC offices help clients streamline the process of enrolling into managed care orgs.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Identification & resolution of barriers to benefits & the use of those benefits;	<input checked="" type="checkbox"/>
Helping clients connect with approved providers & navigating the process	<input checked="" type="checkbox"/>
Assisting clients with the application(s) for medical bill forgiveness	<input checked="" type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	39
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	39
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	39
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	39
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

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

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Meet with clients in home to help explain, advocate, and answer questions 1:1	<input checked="" type="checkbox"/>
Use of social media	<input checked="" type="checkbox"/>
Employ or have interpreters easily accessible	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	89	139	50

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

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

Not Applicable

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

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not Applicable

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

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

Not Applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input checked="" type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

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

Attachment Details

Document Description: COC Rejection Policy

Attachment Details

Document Description: COC Consolidated Application - Public Posting Evidence

Attachment Details

Document Description: COC Board Scoring Tool Explanation

Attachment Details

Document Description: COC Rating & Review Procedure - Public Posting Evidence

Attachment Details

Document Description: COC Process for Reallocating

Attachment Details

Document Description: CoC Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administrative Plans

Attachment Details

Document Description: CoC-HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: COC Rating & Review Procedure - BOS
Membership Mtg Minutes

Attachment Details

Document Description: COC Process for Reallocating-Public Evidence

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/17/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/19/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/19/2015
1G. Addressing Project Capacity	11/18/2015
2A. HMIS Implementation	11/15/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/19/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/19/2015
2F. Sheltered Data - Methods	11/19/2015
2G. Sheltered Data - Quality	11/18/2015
2H. Unsheltered PIT	11/19/2015
2I. Unsheltered Data - Methods	11/19/2015
2J. Unsheltered Data - Quality	11/19/2015
3A. System Performance	11/19/2015
3B. Objective 1	11/19/2015
3B. Objective 2	11/19/2015
3B. Objective 3	11/19/2015
4A. Benefits	11/19/2015
4B. Additional Policies	11/18/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required