

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	No	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	No	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Vet specific: SSVF, VHRP, VA, CVO, State DVA	Yes	Yes
Faith & non-faith: prev/div, outreach, shelter	Yes	Yes
HMIS, United Way, county dept, legal & state gov	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

The CoC solicits opinions on policy, process, standards & governance through surveys, open requests for feedback & public quarterly mtg discussions. The Board President also maintains a “parking lot” for ideas & further areas of discussion. The parking lot is posted as each quarterly mtg. All invites for input go to CoC & ESG funded org & the 21 local homeless coalition members that comprise the BOS. Anyone can be added to the BOS email list. Locally, these coalitions are comprised of agencies including special populations, county services (public health, DHS, sheriff), local gov’t, school, police, shelter, faith-based, PHA, hospitals, people w/lived experience & anyone else interested in homelessness. Each coalition appoints a lead & that person serves as a conduit to/from the CoC. The BOS hosts quarterly mtgs for the full membership, rotating locations & inviting anyone to attend. Reg goes out by email list, posted to BOS website & on Facebook. After, mtg. minutes are posted on the website, there is a dedicated space for materials from the previous mtg & a survey is sent out asking for feedback. Survey & parking lot results are discussed by the Board & used when planning. The CE manual went out for feedback for months, comments compiled, Board discussion, presentation to members, addt’l comment period, final product sent out & final vote by the full CoC. This year, monitoring & CE grievance policies were sent out & posted asking for comment for a 3 wk period. The Board reviewed the comments & took them into consideration, approved a final version of each policy. The final version was sent to the local coalition, the mtg. agenda (sent out & posted on the website) indicated a vote would occur on these policies & the vote was taken at the Aug. quarterly mtg by the full membership. Our process involves open ended requests from the most people possible across the entire BOS to generate the most comprehensive set of polices & procedures reflective of our diverse CoC.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

W/an ongoing open invite policy, the CoC hosts 4 open mtgs/year w/rotating locations to enhance attendance. The agenda & reg are posted & advertised by email, website & social media. Anyone can attend. The CoC Director does

targeted outreach to statewide associations-County, PHA, DCF, DHHS, DPI, & other state agencies to encourage involvement. Day 1 focuses on training, best practices & TA. Impt. info, presentations & materials are posted on the website after & advertised to the membership. Org bylaws define the BOS 501c3 membership as 21 distinct non-overlapping local coalitions that cover the entire BOS geography. Each coalition must select a local lead to rep them at CoC mtgs, a PIT & local CE lead. Each coalition must have an ongoing invite policy or solicitation for new members that includes targeted outreach to people w/lived exp or formerly homeless. The process must be open to the public, conducted at least annually & communicated through multiple mediums—email, website, social media. Agency rep often includes DV, vets, youth, county staff, local gov't, school, police, shelters, faith-based, PHA, free clinic, hospitals, other special pop specific groups, advocates, crisis staff & housing providers. Shelters & housing providers are asked to share info & invite clients to attend. Community members are recruited for specific knowledge & expertise. All local coalition & those interested are welcome to attend CoC mtgs, join committees & attend trainings. Committees are led by Board members w/open invitation to join & targeted recruitment at least annually. Committees focus on policy issues such as discharge, CE, fiscal, diversion & emergency shelter & youth. The youth advisory board also rotates locations across the BOS to increase attendance & gather local input & engagement. In 2019, CoC staff will continue to help formalize the local coalition structure & increase opportunities for people w/lived experience to be involved at the local coalition & CoC level.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

The CoC notifies the public of the competition process & deadline for all project app proposals from anyone, even if they have not previously received CoC funding by posting the application & rubric on our website, social media & email on 7/17/18 to the entire BOS & local coalition member list. The app instructions describe the open process & submission req. There are no req about previously receiving CoC or ESG funding to apply. There were 3 different new project app options: Transition, Bonus-Reall & DV-Bonus. All proposals & supporting doc were submitted by email to the CoC Director by the deadline. The Board objectively reviewed & scored all apps using the previously published rubric. Only Directors w/out a conflict participated. Each review form was submitted to the CoC Director to compile & calculate scores. The Transition grants were awarded based on capacity & need. The Bonus-Reall & DV-Bonus criteria included agency experience w/target pop, budget, match, quality of investment (cost & # clients housed), need (PIT, HMIS, System Perf, PPRN, CE priority list), timeline, outreach, fiscal capacity, local coalition support, BOS involvement, commitment to Housing First & CE. For RRH, a plan for CH & higher barrier clients must exist & current landlord relationships. For PSH, a plan for collaboration w/medical providers & plan for a moving up exit strategy must be identified. It was critical that data clearly supported the need for the project & the agency is in good standing with the State, HUD &/or CoC. Bonus & DV Bonus projects were separately ranked by % of total score, awarded

w/available funding & allowed to apply. The results for each were shared w/Board on 8/28/18, posted on the website 8/28/18, Facebook 9/3/18 & announced via email 8/27-8/28/18. All projects, new & renewal, must agree to committee participation, active involvement with PIT twice/year & in their local coalition, attend quarterly BOS mtgs, resolved monitoring findings & adherence to CE.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

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

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

The CoC Director consults & collaborates directly with the State of WI-ESG recipient on funding allocation, PIT req, performance measures, certification process, policy & monitoring. Turnover at state created challenges & a 4 month gap in the position created a delay. A new person was hired & off to a positive

interactive start. There are 1:1 conversations, emails, phone calls & group mtgs w/the leaders from the other WI CoCs & HMIS lead regarding planning & allocation decisions. Consensus regarding special allocations & state funds was reached for 18-19 grant yr. For 19-20, we will meet to review the allocation formula, performance outcomes & priorities. W/state law changes, there is an opportunity to relook at the way state funding is disbursed & integrated w/ESG funds. Locally, to apply for ESG, all agencies must be certified by BOS through an application process. This ensures orgs can meet req. for performance, CoC participation, fiscal capacity & compliance. Agencies retain local control over disbursement but the cert allows BOS oversight on performance, outcome evaluation & monitoring. Applicants must agree to attend CoC mtg, be active in local coalition, comply with CE, PIT req & CoC policies, submit data & participate on a committee. The CoC & State have a joint monitoring MOU. The Monitoring & Compliance Coordinator works 1:1 w/state staff on monitoring, evaluation, findings & action plans. Results can be communicated directly. At quarterly BOS mtgs, the CoC Director reviews system performance data, hosts round tables on specific areas in need of improvement & facilitates discussion. This includes CoC & ESG recipients. The State ESG staff is invited to participate on committees, attend mtgs & conduct joint trainings. ESG project evaluation & reporting is a key area the System Perf committee w/help from BOS staff is tasked w/overseeing. HMIS data is reviewed quarterly & w/the State staff to identify areas of concern, recommendations for monitoring or TA.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

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

(1) the CoC’s protocols, including the existence of the CoC’s emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)

All CoC & ESG proj are required to use CE, which has a specific victim-centered process for survivors that prioritizes safety, maximizes client choice & ensures confidentiality. This process, approved by the full membership, is part of the CoC CE policies. Referrals can be made to an anonymous non-HMIS priority list. The list has cannot contain personally identifiable info & links referral

info to an agency-created unique id & the referring agency's contact info. The list is maintained by 1 coalition approved person. Because the BOS CE system is no wrong door, all people are assessed & screened for safety concerns, DV shelter & supports. If survivors present at non-DV door, an offer is made to connect w/DV services. If presenting at a DV door, advocates engage directly w/client. Informed consent is present at every step of the process w/safety & confidentiality concerns addressed. Client must provide specific consent regarding what will be shared w/whom. The CE pre-screen form specifically serves to gather basic info & as a release to submit a referral to the priority list for housing & services. If a person declines the referral, other housing & supportive services are explored including DOJ & HHS programming. All CoC projects follow the housing first philosophy, allowing for client choice & providing trauma informed services. All CoC & ESG projects are required to have an emergency transfer plan & this is reviewed during monitoring. All info collected is locked, secured or shredded. Staff provide access to basic needs (food, meds, clothing), 24 hr crisis lines, advocacy, transportation, counseling & support groups. Safety plans are created based on identified risks, patterns, natural supports & client driven goals. W/in each coalition, there are a variety of programming available including CoC, ESG, DOJ & HHS. Projects collaborate to match needs w/the appropriate housing & service interventions w/client choice & safety as the overarching priorities.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC coordinates w/victim service providers & the Statewide DV Coalition (End Abuse WI) to provide annual training at quarterly BOS mtgs to the full membership on best practices when working w/survivors of DV & the unique circumstances surround their situation & homelessness. In May 2018, End Abuse WI staff conducted a ½ day training on best practices, safety & planning. In Feb 2018, non-profit staff from an Anti-Trafficking org presented on human trafficking in WI, awareness & resources. State experts are invited to present on addt'l topics including trauma informed care, housing first & mot interviewing. The agenda & reg for the mtgs are sent to the entire membership w/the 1st day geared toward CE & direct service staff. BOS requires CoC-wide CE training for new users that include referrals to the anonymous Non-HMIS PL, screening for DV & conducting the assessment in a trauma informed manner. All providers must create safe & conf access to CE. Victim service providers & local coalitions host trainings open & advertised in the community on topics such as legal advocacy & immigration issues; safety planning; DV protection & LLT law; Strengthening Families Protective Factors; improving police & prosecution response to DV; DV & Older Survivors; Effects on Children Witnessing DV; DV & LGBT community; Serving Survivors of Trafficking; Working w/Victims of Crime w/Disabilities; Supporting Families who Experienced Trauma; Outreach to Survivors not Seeking Shelter. Many victim service providers are also involved w/their local S/A Response Team (SART) & Coordinated Community Response Team (CCRT). Victim service providers are actively involved in their local coalitions. An End Abuse WI staff serves on the CoC Board of Directors & chairs the Gaps & Needs Committee, providing an addt'l perspective on areas of CoC improvement from the lens of DV. The CoC & End Abuse WI signed an

MOU to ensure adequate training & resources are available to victim service providers in the BOS.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The CoC uses data from multiple sources (ESG reports, HIC, Non-HMIS Priority List & PIT) to assess the scope of community needs related to DV/SA. ESG recipients are req to provide monthly de-identified aggregate data from a comparable database. All shelters & housing programs are required to provide a count & inventory for the last Wed. of the month on a google drive HIC. HIC data is shared with the ESG grant admin to ascertain utilization rates as a factor in the ESG allocation formula. Monthly, CE leads review HMIS & non-HMIS priority list data to determine needs, length of time, identify errors & ensure compliance w/CE participation req. The non-HMIS priority list does not contain personally identifiable info. Referrals are connected to an agency-created unique id & the referring agency’s contact info. For the 1st time, CE data provides live time info about who is waiting for housing & services in the 21 local coalitions that comprise the BOS. CE data includes those not seeking emergency services & often otherwise missed during the PIT count process. The BOS conducts a PIT twice/year (Jan & July). The PIT provides a unique opportunity to include non-DV & DV shelter & TH w/those sleeping in places not meant for human habitation info into 1 data set. DV providers use a non-HMIS template to collect the same info required of those using HMIS. There is also a chart used to de-duplicate the data set for the entire BOS. Taken as a whole, these 4 data sources provide a more comprehensive look at the coalition-level need & CoC-wide need for housing & services for survivors of DV. The data helps with local planning, coordination & operation of services. By reviewing those served, additional trend & gap data can be generated regarding the specific family composition & needs (mental health, AODA, affordable housing) of the households. Data provides the foundation for seeking additional resources, funding, expanding public awareness & encouraging community engagement.

1C-4. DV Bonus Projects. Is your CoC Yes applying for DV Bonus Projects?

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**
 - (2) the data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

The CoC is currently serving DV survivors in a variety of programs across the geography. There are 2 main ways to report on the # served: HMIS & PIT. According to an HMIS ART report run by HMIS lead on 9/15/18 for the month of July 2018, there were 2169 total (adult + kids) DV survivors served in non-DV specific programs: 1005 in HH w/out kids & 1164 in HH w/kids; 1462 24+ y.o. 208 between 18-24 y.o. & 499 under age 18. DV survivors were in day shelters (139), emerg shelter (687), prev (276), PSH (125), RRH (498), safe haven (6), service only (64), street outreach (77) & TH (297). The data source was HMIS. The CoC collects DV status as a UDE for entry/exit, services & outreach contacts. Using a diff data set, the CoC conducts a July PIT across the entire BOS. The 0628 PIT report out of HMIS showed 94 adult DV served in PH (14 PSH, 80 RRH) during July PIT. According to the HMIS PIT report (0630), 108 adult DV survivors were served on the 4th Wed overnight in July 2018 by ES (48) & TH (60). According to the Non-HMIS PIT report, 331 adult DV survivors were served by non-HMIS programs - ES (265) & TH (66). This data source is the non-HMIS PIT form. Each coalition is resp for conducting a total count on the night of the PIT, including non-HMIS agencies & community partners. The results of the surveys are recorded on a google drive document. PIT leads report on families, individuals & youth in the same manner collected in HMIS. The CoC Director collates all PIT data from the 21 coalitions (HMIS & Non-HMIS) to determine totals across the BOS. For July 2018, there were 313 total adult DV survivors in ES & 126 total in TH on the night of the PIT. In summary, looking at the entire month of July 2018 for all providers using HMIS, the total adult DV served in a project was 1,670. On the night of the PIT, the total adult DV served in a project was 533. While not included here, addtl data can be generated from ESG CAPER reports collected monthly from victim service providers.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
 - (2) data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

The CoC has 3 ways to determine DV survivor housing or service need in the BOS: PIT unsheltered data (HMIS & non-HMIS), CE non-HMIS prioritization list, & HMIS report for all people served. On the 4th Wed overnight in July 2018, 48 DV adults were served in HMIS-reporting ES & 265 DV adults served in non-HMIS-reporting ES; for a total of 313 DV adults in shelter w/out housing. Addtl 14 DV adults were unsheltered (1 recorded in HMIS, 13 on Non-HMIS PIT form). The total need on the night of the PIT is 327 DV adults (313 ES + 14 unsheltered). The data sources for this calculation includes the HMIS PIT specific report (0630) & the non-HMIS PIT form completed by each of the 21 coalition leads, based on surveys collected from all shelter providers & the overnight street count process. The CoC Director collates the entire BOS data. The 2nd data source is the live CE non-HMIS PL for each coalition. In reviewing the lists on 9/15/18, there are 210 DV households (78 HH w/out kids, 132 HH

w/kids) in need of housing or services. Each person included in this data point originated w/a referral from a victim service provider. The 3rd data source is an HMIS report run by the HMIS lead for the month of July 2018 of DV survivors (adult + kids) served in HMIS reporting projects. The report was run on 9/15/18 & uses the DV question from entry/exit, services & outreach contacts to generate the data. There were 687 in shelter & 77 reached through street outreach for a total of 764 DV survivors (adult + kids) in need of housing or services in the month of July. While not included here, add'l data can be generated from ESG CAPER reports collected monthly from victim service providers.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

The unmet need for DV survivors is the lack of affordable, financially supported housing options w/CM services tailored to address their unique safety & security needs. The CM must be connected to best practices including housing 1st, trauma informed & strength-based. The CoC's current housing need for DV survivors is calculated by reviewing 3 CoC-specific data points: DV reported by non-DV projects (HMIS report), DV reported during July PIT (HMIS + Non-HMIS) & DV reported on the non-HMIS CE Priority list. Data point #1: The DV reported by non-DV projects for July 2018 shows 764 DV (adults + kids) in need of housing & services. There were 687 people in ES & 77 connected w/street outreach. The source of this data is a HMIS lead created HMIS report run 9/15/18 for the date range 7/1/18-8/1/18. Data point #2: As of 7/25/18, there were 327 DV adults in need of housing (313 shelter & 14 unsheltered). The data source is HMIS PIT report & the non-HMIS PIT form maintained by the PIT lead in each coalition & collated by the CoC Director. Data point #3: The HMIS CE priority list does not currently track DV status, but will be added soon. CoC & ESG funded projects run at capacity. As such, those waiting for housing & services on the CE priority list represented unmet needs in the community. As of 9/15/18, 210 DV households are waiting (78 in HH w/out kids, 132 in HH w/kids). The data source is the non-HMIS priority list managed through google drive by each coalition. Looking beyond CoC-specific data, according to the National Network to End DV-DV Violence Counts WI summary report, there were 1,842 survivors served on 1 day: 913 adult & child served in ES or TH, 929 adult & child received non-residential assistance & services such as counseling, legal advocacy & children's support groups. 770 hotline calls were answered during the 24-survey period, averaging 32 call/hour. There were 212 unmet requests for services on 1 day, of which 87% (184) were for housing. These requests were unmet because programs lack the resources needed to meet those needs. Despite the current CoC funded projects (TH, PSH, RRH), ESG (RRH), HOME-TBRA & those that self-resolve, the CE non-HMIS CE PL remains relatively unchanged for DV survivors. DV is not a priority sub-population for the current CoC-funded projects. While many projects serve DV

survivors, there were only 2 CoC TH projects dedicated to DV. Both projects have vol relinq their grants in FY18 comp. As such, the CoC will have no dedicated DV housing projects w/out the DV RRH bonus project.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The BOS app for DV RRH would provide 60 units of DV-dedicated RRH for families (40) & HH w/out kids (20) across 19 counties in 6 coalitions. The scattered-site units are regionally divided w/east (26), south (14) & north (20). As the lead, the BOS will sub contract to 5 diff agencies to provide rental assistance & CM. These 5 diff agencies include 2 victim service & 3 housing providers. As of 9/15/18, 210 DV HH are waiting (78 in HH w/out kids, 132 in HH w/kids) on the Non-HMIS CE PL across the entire CoC. In the 5 specific coalitions covered in this grant, there were 90 DV HH waiting (34 HH w/out kids, 56 in HH w/kids). Looking at Non-HMIS PIT form for 7/25/18, there were 327 DV adults in need of housing (313 in shelter & 14 unsheltered) across the entire CoC. In the 5 specific coalitions, there were 104 DV adults in need of housing (96 in shelter & 8 unsheltered). The DV Bonus RRH being applied for will address the unmet needs of DV survivors in these 5 specific coalitions by provided targeted CM & housing by agencies dedicated to the sub-population. These agencies have demo a commitment to housing first, trauma informed care & victim centered service; have financial capacity to manage the CoC grant & ability to generate match required to support the project. Brown: there will be 16 units of RRH w/49 HH waiting on CE list (14 HH w/out kids, 35 HH w/kids) & 13 HH (ES) during PIT (4 HH w/out kids, 9 HH w/kids). Winnebagoland: there will be 10 units of RRH w/29 HH waiting on CE list (14 HH w/out kids, 15 HH w/kids) & 34 HH (ES) + 2 unsheltered during PIT (19 HH w/out kids, 17 HH w/kids). Kenosha: there will be 14 units w/12 HH waiting on CE list (6 HH w/out kids, 6 HH w/kids) & 13 HH (ES) + 2 unsheltered during PIT (11 HH w/out kids, 5 HH w/kids). NW: there will be 10 units of RRH & 12 HH (ES) during PIT (7 HH w/out kids, 5 HH w/kids). NE-NWISH: there will be 10 units of RRH & 23 HH (ES) + 4 unsheltered during PIT (8 HH w/out kids, 19 HH w/kids).

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
- (2) rate of housing retention of DV survivors;**
- (3) improvements in safety of DV survivors; and**
- (4) how the project applicant addresses multiple barriers faced by DV survivors.**

(limit 4,000 characters)

Each of the 5 subs have demo the ability to house & provide service to DV survivors. The rate of housing placement of DV survivors based on Non-HMIS CE priority list data shows 80%. Data challenges prevent the ability to review reoccurrence among DV survivors across the CoC. The SPM cumulative reoccurrence rate for the entire CoC is 5% at 6-12 months (PH is 4%) & 23% at 2 years (PH 14%). One sub has 3 CoC RRH projects, 38/71 were DV (54%). Of

31 leavers, 27 exited to PH (87%). None returned. Another sub calculated exits to PH at 40% of those that leave DV shelter go to PH; 30% exit to safe family or friends; & 30% tend to have the highest barriers including criminal history or large HH size struggle w/housing options – often returning to their abuser. Using the MOVERS assessment, 86% of clients showed sign improved ability to plan for safety & empowered to stay safe. Using the Safe Home Model, 151 HH rec'd financial assistance. 96% still stably housed, 4% reoccurrence. Another sub currently has a DV-dedicated TH project. In the last project year, there were 21 HH w/11 leavers. Of those exiting, 92% (9) went into PH. None have returned. Each of the 5 coalitions have an est collaborative network including school staff, faith-based, human services, public health, PHA, mental health & addiction programs, free clinic staff, ADRC, meal site programs, law enf, local gov't, youth-serving org & victim service providers. 4/5 agencies currently have CoC &/or ESG RRH projects, familiar with grant admin req of HQS, match, rent calc, FMR/RR & data collection. 2/5 have CoC TH projects. 1/5 is primarily a DV shelter. All 5 are committed to housing first, received training in trauma informed care, motivational interviewing & victim centered service delivery prioritizing client strengths, choice & safety. The sub-recipients will address multiple barriers faced by DV survivors by relying on their training & partnership w/community providers & the statewide DV coalition (End Abuse WI). Barriers include poor rental, work & credit history; mental health & addiction; isolation from former support networks; & lack of income & benefits. 90% of those entering shelter are at or below the poverty line & lack savings. Many have no job or poor work history. Staff must create a safe space to help survivors express, relate, cope w/trauma in a supportive environment, address security concerns, create safety plans & increase their sense of self-reliance & sufficiency to remain independent. W/out viable options, survivors of DV struggle to remain on their own. Each sub will connect survivors w/education opportunities for the adults &/or children; provide employability skill training; connect to child care, transp, legal advocacy & counseling; assist w/securing ID docs; & access mainstream benefits. CM will focus on advocacy, empowerment, assist w/support network & building healthy relationships while re-establishing their lives. CM will prioritize safety, privacy & well-being; focusing on self-identified goals & increasing self-sufficiency. All subs have received trauma informed training, including trauma bonding & dysfunctional attachments; organizational assessment; working w/in a TI environment; trauma & support throughout the life cycle; how to care for kids in crisis in a TI manner & some staff have completed the DCF 8-week foundations training covering trauma practice, effects of trauma, family-centered, strengths-based & safety planning. Some subs provide TI training to community partners on topics such as: impact on the brain, lifelong impact, stress response, ACEs & resiliency. All subs have shifted to victim-centered practices, providing survivors w/a supportive environment for them to explore their needs & wants in a nonjudgmental environment, able to make informed decisions & meet their own goals. Services will be easily accessible w/out precondition, confidential, find a path to lives free from physical, emotional & financial abuse.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

(1) Identify the percentage of new admissions to the Public Housing or

Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Brown County Housing Authority	15.00%	Yes-HCV	Yes
Green Bay Housing Authority	59.00%	Yes-Public Housing	Yes
Eau Claire County Housing Authority	14.00%	Yes-Both	Yes
Housing Authority of the City of Sheboygan	29.00%	Yes-Public Housing	No
City of Kenosha Housing Authority	6.00%	Yes-HCV	No

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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

The BOS covers 69 counties in WI w/many PHA. The majority do not have a homeless preference. Locally, providers & coalitions attempt to meet w/ PHA staff to discuss prioritization, wait lists, referrals & their admin plan for preferences. Some have been advocating for 10+ years for change. Most PHAs wish to continue 1st come/1st serve policy. PHA staff are invited to attend local coalition meetings, discuss concerns & address issues. PHA staff are also invited to attend the CoC's quarterly mtgs. The CoC Director has presented multiple times at PHA annual mtgs & trainings, specifically discussing the importance of collaboration & need for partnership. The CoC is working on additional guidance for PHAs interested in knowing how other PHAs adopted preferences, options & alleviate some of the concerns in advance. The WI Housing & Economic Development Authority (WHEDA) administers Section 8 HCV in 41 rural counties & refuses to alter their admin plan or allow for local flexibility. WHEDA sub-contracts to local non-profits or agents (often running PSH &/or RRH projects) & will not allow those agencies to change service delivery, preferences, or wait list practices for the Section 8 HCV despite data to demonstrate the local need or respond to local coalition requests. The current WI Interagency Council, Council Director & Lt. Governor are working on a plan to address this issue.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local Yes

low-income housing programs)?

**Move On strategy description.
(limit 2,000 characters)**

In the 69 counties that create the CoC, there are many PHA w/public housing &/or HCV. In 41 counties, WHEDA (State run agency) administers the HCV & refuses to allow for prioritization, alter their admin plan & create a move on strategy. The Gov. approved a plan for this agency to prioritize CH & that has not yet happened. Many PHA specifically held meetings to vote against adopting a homeless preference. The CoC required all PHA seeking partnership w/the FUP voucher application to approve a homeless preference & move on strategy. Brown Cty, Eau Claire Cty & Osh/Winn had agreed. Brown Cty PHA (HCV) & Green Bay PHA (PH) are seeking board approval to adopt a move on strategy & amend their admin plan to prioritize those exiting CoC-PSH w/5 vouchers/yr. Eau Claire Cty PHA (HCV) approved a move-on plan this summer, dedicating 10 HCV to those prepared to move on from the CoC-PSH project & no longer require intensive services. They are looking to add a preference for their PH units as well. The Appleton PHA (HCV) has operated w/a move on strategy w/a preference to those exiting the HOME-TBRA project & has a tax credit property where 10 units are set aside for homeless families. The Beloit PHA & City of Janesville PHA (HCV) both prioritize those exiting TH programs. In La Crosse, there are 3 LIHTC developments w/set aside units for homeless or exiting TH/PSH projects. 1 w/6 set aside units for those exiting TH & PSH. 1 w/15 project-based HCV vouchers for homeless vets. 1 w/10-12 set aside units for those homeless or formerly homeless. Moving forward, the CoC plans to do targeted training & outreach to PHAs regarding homeless preferences, prioritization & especially in communities w/CoC-funded PSH, a move on strategy that would allow people an opportunity to exit the intensive CM project, receive a rental subsidy & open a unit for someone else in need of the services & supports. The only thing the CoC can do is continue to engage, education & advocate.

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)**

Each CoC & ESG funded agencies are required to comply w/the equal access & gender identity rules & their own agency's policies against discrimination. In addition, the full CoC membership approved a revised CE manual adding specific protections & an anti-discrimination policy & the client rights & resp form includes similar language. All policies & practice are reviewed during the monitoring process, including adherence to CE. The BOS membership approved an anti-discrimination statement addition to our org bylaws. HUD staff agreed to conduct our annual training on Fair Housing, Equal Access & Gender Identity in person during our quarterly CoC mtg in Nov. The training will be open to all members w/targeted invitations to those direct service staff working w/ESG & CoC funds, CE staff & program staff. The focus will be on effective implementation, common mistakes, answering questions & compliance. In Feb. 2019, a LGBT advocacy org agreed to present at our quarterly CoC mtg on best

practices & needs of the LGBT homeless population. All online HUD & NAEH training opportunities have been watched by the CoC Director & shared w/local coalition leads, CoC & ESG grantees. Locally, coalitions have shared resources w/partner org & hosted fair housing trainings by city staff or Fair Housing of NE WI. Coalitions have targeted outreach to the LGBT community working w/centers & support groups to advertising services & CE; invited stakeholders to mtgs; req input as to gaps in the community & supported inclusion & awareness of unique needs. Agencies have incorporated fair housing & best practices into new hire trainings, engaged in advocacy & become designated safe spaces. Collaboration has included DV & LGBT orgs providing services to those at risk or experiencing violence; school districts providing training on school safety to create a safe haven for all youth, including LGBT; educating private landlords & associations of the req, terminology & legal protections.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
CIT-crisis intervention training	<input checked="" type="checkbox"/>
CIP-community intervention partner prog	<input checked="" type="checkbox"/>
Education, outreach, adv-community at large	<input checked="" type="checkbox"/>

- 1C-8. Centralized or Coordinated Assessment System. Applicants must:**
- (1) demonstrate the coordinated entry system covers the entire CoC geographic area;**
 - (2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;**
 - (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and**
 - (4) attach CoC's standard assessment tool.**
- (limit 2,000 characters)**

The BOS CE system covers all 69 counties in the CoC. Divided into 20 local CE areas, each coalition picks a lead. 11/20 LCE areas receive SSO funding & the CoC seeks to expand adding 7 more coalitions. The last 2 are compliant w/CE but small w/limited partners. The full membership approved the CE P & P w/written standards for PSH, TH & RRH & the orders of priority programmed into the HMIS & non-HMIS PL. W/in the dynamic lists, there are multiple tabs for tracking by program type. All HH w/out kids are prioritized on 1 PL for all project types. All HH w/kids are prioritized on a diff PL list for all project types. For PSH, there are 2 tabs-1 is CH w/LOTH & 2, non-CH but longest LOTH & VI-SPDAT score. TH prioritizes cat 1 & 4 w/dis. RRH prioritizes cat 1 w/highest VISPDAT score. Each LCE is req to comply w/the process, marketing, outreach & use the after hour plan. Marketing must be targeted to those that are not currently engaged in the system, unaware of the process & least likely to access w/special outreach. Urban-PATH does out & in reach; rural-DVA has a program to do outreach for vets & agencies must address the limited funding & size of their coalitions to ensure people have access to the system. Compliance is reviewed by BOS staff w/HMIS lead. CE requires all CoC & ESG recipients to pre-screen, assess, refer & follow-up w/all homeless persons. The CoC actively encourages non-funded or other systems of care (DHS, hospitals, PHA, schools) to participate in CE. The non-HMIS list referral process is open to anyone, such as DV providers, school district staff, youth-serving org & discharge staff. In 2019, CoC Staff will be specifically targeting systems of care to address privacy & follow up concerns, create templates & trainings. Implementation of CE has provided valuate data to identify localized need for homeless services. High # of CH=more PSH beds; high # of high barrier not CH=more RRH w/intense CM. It provides real time data to help right size systems.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

The CoC annually updates a scoring tool based on competition results, feedback & priorities. The tool uses objective factors & data from APR & HMIS to review, rate & rank renewal projects. The specific severe needs & vulnerabilities taken into account in the tool are history of victimization, criminal histories, CH & no income at entry. New to the tool is population specific criteria (32% of total score) where the elements are the same for all project types but the metrics vary based on the needs met by the project. The 5 criteria are: CH, stayers & leavers w/1+ disability (including mental health & substance abuse), entry from street, no income at entry & enroll w/in req VISPDAT scoring range. The scores are established by the CE polices w/higher scores meaning higher needs. The assessment includes criminal history & victimization. Appropriate matching of need & project type results in higher points in the scoring process. Projects serving those w/highest needs are prioritized above those that do not. EX: 8 pts for 75%+ new entries are CH (PSH), 50%+ (TH), & 25%+ (RRH). 8 pts for 50%+ clients have no income at entry (PSH) & 25%+ (TH & RRH). 8 pts for 75%+ new entries have appropriate score for project type. 8 pts for 50%+ clients w/1 or more disabilities (PSH) & 25% (TH & RRH). 8 pts for 50%+ new

entries from the street (PSH) & 25% (TH & RRH). Pts range from 8-6-4-2-0. No pts are given to projects that do not serve 10%+ clients w/severe needs & vulnerabilities as described above. Addtl scoring criteria includes: proj perf (32%)—exits to PH, increase income, access MB & HI & SPM (12%)—reoccurrence & LOTH. New projects are reviewed, scored & ranked based on capacity, community need demonstrated through data & potential positive impact on SPM & goal of ending homelessness. The specific severity of needs & vulnerabilities are analyzed at a coalition & CoC level to determine adequacy of projects & need for right sizing the system.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
- (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
- (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:

- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**
- (2) rejected or reduced project application(s)—attachment required; and**

(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: COC GC 6, HMIS GC (MOA) 4-7
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Mediware ServicePoint

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,882	685	1,106	92.40%
Safe Haven (SH) beds	7	0	7	100.00%
Transitional Housing (TH) beds	1,120	306	735	90.29%
Rapid Re-Housing (RRH) beds	753	0	753	100.00%
Permanent Supportive Housing (PSH) beds	750	0	635	84.67%
Other Permanent Housing (OPH) beds	104	0	59	56.73%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

Given the large geography, # of providers, projects & beds, the CoC has great HMIS participation across all project types & funding streams. The PSH HMIS bed coverage (84.67%) is only 0.32% below the target of 84.99%. There are 26 PSH projects & only 2 projects not using HMIS (115 beds). These 2 projects are VASH-Appleton (63 beds) & VASH-Oneida (52 beds). For other VASH projects, the CoC has PHA, non-profits & VA staff all entering into HMIS. We continue to be optimistic about the remaining 2 providers by illustrating the benefits experienced by those currently participating, the ability for coalition-level collaboration & enhanced performance towards ending homelessness. Local coalition, CoC & HMIS staff will continue to target these projects in the next 12 months. The OPH HMIS bed coverage (56.73%) is significantly better than last year (33.8%). There are 4 OPH projects & only 1 project does not enter into HMIS (45 beds). It is a non-funded, independent project in 1 community. For OPH, the only option is to continue to encourage the 1 provider's involvement in HMIS. In addition to trying to add providers to HMIS, the CoC & HMIS lead staff will jointly reinforce the importance of remaining in HMIS for those currently participating. Retaining current participating agencies & engaging any new projects to use HMIS will be our goal over the next 12 months as well.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/28/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/24/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/28/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.
(limit 2,000 characters)**

Since 2014, the sheltered PIT count implementation, including methodology has remained unchanged w/use of a complete census count, HMIS & surveys to avoid estimates, extrapolation or duplication. The number of available shelter & TH beds have changed. In 2018, there were 236 emergency shelter beds removed & 13 targeted beds added. Of which, 40 motel voucher programs were removed for non-use; 2 regular & 3 seasonal shelters (65 beds) due to loss of funding; & 2 DV projects (17 beds) closed. The rest of the bed reduction was not about projects closing but projects restructuring & reducing the # of available beds because of limited funding or reduced need. This includes a reduction of 105 dedicated DV beds. Overall, there were less ES beds available during the sheltered PIT count but higher utilization. Despite the significant reduction & net loss of 223 beds, the ES PIT count was only down by 33 people. In 2018, there were 347 transitional housing beds removed because 6 projects transitioned into PH (169 beds), 8 proj (93 beds) & 2 DV TH projects (39 beds) closed due to lack of funding. The rest of the bed reduction was not about projects closing but projects restructuring & reducing the # of available beds because of a reduced need or shift in priorities. There were 27 targeted transitional housing beds added because 2 new DV projects opened. Overall, the decrease in TH beds correlated w/the decrease in the TH PIT number (decrease of 158 people). PIT training is a process of ongoing improvement w/more volunteers, better data collection & increased community awareness. The process remains the same w/HMIS, non-HMIS client data forms & ad deduplication chart. Forms & reports are updated annually w/the CoC Director overseeing the entire BOS PIT process. Specific training for Non-HMIS providers focused on improved data coll & targeted outreach. Current process results in continued broad & comprehensive coverage.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	40
Beds Removed:	623
Total:	-583

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count? No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

Across the CoC, there are 21 local coalitions w/a designated PIT lead. Along w/the other 3 WI CoC's, the BOS conducts a PIT count at the end of January & end of July to demonstrate need during the season mid-points. The PIT lead is responsible for the PIT count, covering the coalition's geographic area & ensuring all people experiencing homelessness are identified. Targeted

outreach is done for special populations, including youth. Local coalitions are required to include stakeholders serving homeless youth in the planning process, assist in the identification of locations & participate in the actual overnight PIT count. Local coalition & PIT leads invite stakeholders & youth w/lived experience to attend planning & coalition meetings, to participate in the PIT overnight count, the post-PIT count & outreach events. During the planning process, locations are annually reviewed, new insight sought & encouraged. During the PIT count, communities utilize the CE after hour plan & can complete the assessment specific for youth (TAY-VI-SPDAT) to refer to the prioritization list. The CoC Director collaborates with DCF to encourage RHY providers to participate. CoC-funded dedicated youth projects provide guidance, identify gaps & needs, provide add'l training on unique & specific issues of youth homelessness. The VP of the Board chairs the youth advisory board. The group meets 4 times/year & rotates around the state. Youth w/lived experience provide input on the CoC's PIT planning process, policies & identification of hangouts & other locations youth tend to gather. Locally PIT leads conduct targeted recruitment of 18-24 year old youth & those under 18 w/lived experience to volunteer for the PIT count process. This is done through social media, flyers & those in shelter or housing. By engaging w/agencies w/expertise & youth, the BOS was better able to plan, implement & locate youth during or after the count.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

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

(limit 2,000 characters)

The BOS conducts a PIT count 2x/year-July & Jan w/the other 3 WI CoCs. Each year, the BOS reviews the process, training, guidance & planning to improve the overall counts. Input is sought throughout the review from those working specifically with &/or are experiencing homelessness. This includes better counting of CH, HH w/kids & veterans. For all 3 populations, local PIT leads specifically recruit those w/lived experience to participate in the planning & conducting of the count. For CH, the emphasis is on understanding the definition & counting episodes; how to assist a person develop a timeline; & inquire about disability status in a trauma informed manner. Many coalitions conduct outreach in advance of the PIT to known locations to establish a relationship & engage. Post-PIT activities are targeted at food pantries, meal sites, drop in centers & libraries. Advertising & engaging w/hospital staff, law enforcement & crisis centers to help plan & know what to look for, questions to ask & who to contact on the night of the count. Leads collaborate w/free clinics, 24 hr est, mental health clinics & AODA org. For HH w/kids, the emphasis is on understanding the youth definition-what is a parenting youth, unaccompanied youth & young adult; outreach at youth hangouts & family-specific events. Post-PIT activities are targeted at schools, YMCA, boys & girls club & after school/park & rec activities. Advertising & engaging w/faith based, child/youth org & clubs to help plan & know what to look for, questions to ask & who to contact on the night of the count. Leads collaborate w/RHY, youth advocates, human services, juvenile intake & public health. For veterans, the emphasis is on the definition; outreach to VFW & other vet-specific social venues & conducting post-PIT activities in conjunction w/VA, SSVF & CVSO staff.

Advertising & engaging w/local VA clinics & Vet targeted events. Leads specifically recruit help from veterans & the WI DVA outreach team.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	8,210
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3A-1a. Applicants must:

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

The CoC decreased 1st time homelessness w/measure 5.1 (-473) & measure 5.2 (-471). Risk factors for 1st time homeless are determined through barrier & CE assessments, HMIS data analysis, annual gaps & needs survey results & anecdotal info gathered through follow-up. The impact of prevention services through CE will be reviewed. The risk factors include mental health, addiction, poverty, employment instability, DV & the lack of aff housing, transp, education & a support system. Strategies focus on resiliency, skill development & early intervention, helping people in crisis regain a sense of control & empowered to overcome obstacles. Targeted early prevention prog focus on those most difficult to rehouse w/advocacy & wrapping CM & financial assistance to ensure stability. Diversion engages natural supports, providing limited financial help & connecting to community resources. Start w/addressing basic needs-medical, food, clothing. Develop community-based collaborative approaches, pooling resources (TANF, FEMA, United Way, faith-based) & gov’t funds to create a safety net. Increase awareness & referrals to job centers, legal services, mainstream benefits, Rent Smart, budget counseling & mental health clinics. Create safe & welcoming day resource centers that provide an opportunity to work 1:1 w/volunteers; develop programs that provide education, employment & basic livings skills for at-risk young adults; ongoing education of LL & tenants, offering mediation services; Facilitate peer-led support groups, creating positive rel & supports to help maintain sobriety. Increase awareness of victim service provider supports available. Ongoing advocacy efforts around more affordable housing, transportation assistance & reduce barriers to skill training. The CoC is focused on strategies that address the risks by providing solutions & supports. BOS Board & CoC Director are responsible for overseeing strategies to reduce the # of 1st time homeless.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
 (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
 (2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
 (3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
 (4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
 (limit 2,000 characters)

FY17 HDX shows the LOTH for a1.1 was 48 nights, a1.2 was 87 nights, b1.1 was 145 nights & b1.2 was 185 nights. The CoC LOTH remained relatively the same from FY16. The 1st step is to review the data entry to ensure that w/3.917 added the info is accurate. Working w/the HMIS lead, the CoC looks at the data by coalition to review trends & potential errors. While the CoC approved written standards, order of priority, adopted no wrong door CE that prioritizes highest barriers & LOTH & req housing first, more training must be provided to ensure fidelity. In FY18, all but 1 TH proj changed to PH & CoC scoring tool included LOTH criteria w/more pts to those projects w/less than 50% staying in TH >1 yr & 50%+ housed w/in 90 days for RHH. In FY17, a PSH & youth RRH were added. More community-wide LL liaisons & housing navigator have been hired to educate & recruit LL, negotiate & mediate, enhance housing search/placement services. ES committee is developing housing-focused standards for ESG & setting a 90 stay goal. Communities are req to expand outreach to those not seeking services & expand CE awareness & access. Other initiatives: hire peer supports to work w/people 1:1 in shelter, stabilize mental health crisis & locate safe stable housing; develop diversion prog to link natural supports & community resources; increase financial literacy education, life skills & employment-training prog & links w/mainstream resources. Identifying those w/LOTH occurs through regular eval of SPM at proj, agency, community, CoC & statewide level. Monthly review of PL by staff. CE PL in HMIS & non-HMIS auto prioritize longest LOTH for all PSH & TH projects. CoC staff monitor compliance. While on the list, CM should be providing support to help people obtain req CoC & ESG verifications (disability, CH timeline, homeless) or Section 8 (SS card, ID) to reduce enrollment process upon opening. BOS Board & CoC Director are responsible for overseeing strategies to reduce LOTH.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
 (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
 (2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	51%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%
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3A-3a. Applicants must:

- (1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
- (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

CoC increased by 2% overall w/measure 7a.1(-4%), 2(+3%), 3(+3%). There were 344 less people engaged in SO, the decrease exits to PH correlate. There were 73 more people in PH (non RRH) proj & yet still increased 3%. In FY17, 1 PSH & 1 RRH were awarded & a large urban PSH w/45 beds started. In FY18, all but 1 TH changed to PH. To increase exits to PH, the CoC supports stability strategies such as exit & budget planning, after care & follow up; tenant education; building on strengths & enhancing support networks; skill training & development; addressing id & employment barriers; connecting to DVR, rep payee services & ADRC benefit specialists. Coalitions collaborate w/human services to streamline their intake process & ease access to long term mental health services & connection to community mental health prog (CSP & CCS) & developing peer-led sobriety support groups. From shelter, CM promote self-resolution, pool together local resources for limited help & the development of a goal plan to address barriers. Those needing more support are assisted w/getting document ready-securing necessary verifications (disability, CH timeline & homeless) to reduce delay in enrollment. Increasing income, connecting to mainstream benefits & accessing help early in a crisis are key components to stabilization. Serving clients w/higher barriers in RRH requires more funding for intensive CM. To increase retention in PH, fidelity to housing 1st by all project types is a key focus for the CoC. This includes training, monitoring & scoring for ranking purposes. The CoC has begun targeting PHAs w/homeless preference to add a move on strategy & those w/out to add one. Collaboration w/PHA is imperative to create openings in PSH. Ongoing LL education, negotiation & mediation ensures tenant rights protected. It is expected that agency’s will rehouse clients when evictions occur & cannot be avoided. BOS Board & CoC Director are responsible for overseeing strategies to increase exits to PH.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	11%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**

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

Returns to homelessness 6-12 months after exit is 5%. After 2 years, the largest rate is ES (29%) & SO (19%). To identify common factors, the CoC uses our statewide open HMIS system, barrier & CE assessment data & results from annual gaps & needs survey to analyze factors, previous homeless episodes, LOTH & other demographics to determine patterns & trends. The CoC & coalitions review SPM data quarterly. Returns occur often because of DV, employment instability, HH changes & lack of a support network & resources to help stabilize a crisis before it results in homelessness. To reduce returns, more services must be provided while people are in ES or housing projects. The ES committee is working on written standards to develop a housing-focused shelter system, less barriers to entry & more housing-related CM. The group is also working on consistent diversion program that connects people w/their natural supports, provide limited or shallow subsidies & engage community resources to maintain & avoid homeless. The CoC supports targeted prevention programs that prioritizes those hard to rehouse to support. In housing proj, the CoC requires Housing 1st & w/increased monitoring & compliance req, fidelity can be reached. Rehousing those evicted w/out termination & mediating those issues that can be resolved. Advocates must continue to push PHA to adopt homeless preferences & a move on strategy to ensure adequate safety net in place for those w/fixed or inflexible income. The CoC supports skill development, employment & training programs & follow-up, aftercare & support services. Coalitions collaborate w/victim service providers to ensure there is support & legal help; identify opportunities for peer-led support & positive interactions; Rent Smart tenant education; access to day resource centers; & create flexible funding prog to provide aftercare temporary assistance. BOS Board & CoC Director are responsible for overseeing strategies to reduce the rate of reoccurrence.

3A-5. Job and Income Growth. Applicants must:

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

The CoC supports project-level assessment of ind & systemic barriers to employment including the lack of reliable transp, child care, skills & training, educ & career readiness. Proj help increase access to computers, internet, gas, bus passes, volunteer drivers & phones; help w/child care assist app & finding providers; pay for work-related expenses (tools & clothing); connect to community prog that teach employability skills, provide supported employ activities, help w/GED or occup ed; & work 1:1 w/employers to mediate conflict & address concerns. Creative partnerships w/literacy prog, businesses, non-

profit & community colleges to develop training opp; volunteer peer led support; & job retention plans. The CoC supports project-level partnership w/SOAR & ADRC to help secure SSI/SSDI benefits for eligible clients, connect to benefit specialists, rep payee services & enroll in healthcare; screen for child support eligibility; & w/FSET & TANF org to help w/app & retention of benefits. Connection w/legal action to help w/SSI appeals. Coalitions work w/WIA Title 1 proj at WI job centers by increasing awareness, cross-referrals & joint CM. Job center prog include self-directed services, workshops, resume & interviewing skills; special job counseling, tutoring & training; & internship & app opp. Vets are referred to DVOP-providing intensive services to overcome employ barriers. Ongoing partnership w/DVR services for those w/disabilities to help find or keep a job. Opp for job search/placement, on-the-job support, coaching, transp & work clothing. CoC & ESG funded agencies admin Fresh Start prog for at-risk youth & provide education, skills, pd work & service exp; skill enhancement prog-teach skills needed for living wage jobs, provide tuition, books & training related transp & child care; & hire empl specialists to help CM & navigate/support community resources. BOS Board & CoC Director are responsible for overseeing strategies to increase job & income growth.

3A-6. System Performance Measures Data 05/30/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	453
Total	453

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

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

3B-2.2. Applicants must:

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

BOS CE & order of priority req all CoC & ESG RRH to enroll based on VISPDAT & LOTH, prioritizing the most vulnerable. Coalitions invest in LL liaisons & housing nav to expedite housing search/placement; recruit & education LL; negotiate & mediate issues; address inspection concerns & serve as a resource before/after housing. ES & CM help clients get doc-ready (disability & homeless ver & CH timeline). Case conf occurs to review PL, id housing solutions beyond CoC or ESG & work to secure flexible funding options. The CoC supports capacity bldg, match w/expertise-DV & youth, provide best practice training & resources. Average range is 45-90 days due to limited housing resources & people w/higher needs. Success varies on HH size, criminal & rental background, funding & resource availability. HH w/less barriers are diverted & connected to other community resources. The BOS added criteria to the CoC proj scoring tool, pts awarded to proj w/50%+ housed in 90 days. Coalitions provide comp & integrated network of services beyond housing to enhance skills, resources & awareness. Proj provide aftercare & f/u services. Retention CM focuses on people acting early in a crisis, reaching out to supports & using available resources. The CoC advocates for more ongoing subsidy options, connection w/community-based CM prog & peer led support networks. CM assistance in locating housing that meets long-term needs, including distance from services & schools, apt. size & neighborhood. Increasing tenant knowledge of rights & resp, where to go for help & legal advocacy when needed. The key to maintenance is CM that ensures long-term supports & client driven goals are achieved including parenting, child care, mental health, addiction, income stability & create a safety net. Coalitions develop flexible funding & pool gov’t funding to create limited financial assistance to advert a small crisis. BOS Board & CoC Director are responsible for overseeing strategies to RRH families w/in 30 days.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT 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

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

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

**3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
 (limit 3,000 characters)**

The CoC's strategy to increase housing & services for homeless youth is to target resources where there is a need & ensure best practices-housing, services & youth specific are implemented. In the BOS, there are 2 urban FYSB TLP, 1 parenting youth shelter, 2 youth-specific CoC RRH, 1 CoC TH & 1 rural HOME-TBRA proj. 1 urban city received FUP vouchers before the req. for CE, but vouchers are dedicated to youth. In FY18, a new CoC RRH youth project was submitted & the CoC worked w/ILY, cty DHS & PHA to apply for FUP vouchers in 3 communities. PIT data shows less than 10 unsheltered youth across 69 counties in 3 cities. Urban areas have youth specific crisis & drop in centers for teens. Rural areas rely on RHY & other youth-specific org to provide services & access to limited funding from United Way, DPI, DCF & local fundraising. Youth providers & school liaisons are invited to local & CoC mtgs

w/trainings on mot interviewing, trauma informed care & housing first; participate in PIT, help to identify locations, engage w/schools, juvenile det/intake, hangouts; focus on skill dev & strengthening support networks. Youth-centered programming focuses on promotion of safe & stable living; basic life skills; educational opportunities; job attainment & retention; & mental–physical health care. Some coalitions hired housing navigators w/a youth-focus to ensure connection to benefits, employment & housing. Several CoC funded agencies run Fresh Start programs for at-risk youth, but are not linked directly to housing. Bridging the gap between the homeless services system & the youth crisis response system is an ongoing task. The CoC Director sits on the WI Interagency Council w/DCF, DHS, DOC, DPI, DWD & Lt.gov. The goal is to breakdown silos & identify solutions. Homeless youth, lack of funding, need for data sharing to better understand the issue in WI & options for those under 18 are an area of focus. Partnership w/local & state gov't are req. to make progress. This includes addt'l funding for proven strategies to house youth & provide services based on need. Targeting this funding to areas w/data demonstrated need w/agencies that have capacity & commitment. The CoC created a youth advisory board to provide guidance & insight on policy dev, process & programming. CE req use of the TAY-VISPDAT to accurately assess youth to PL, recognizing the unique barriers & needs. Through youth-led assessment & surveys, while there is an interest in host home projects that connect at risk youth w/short-term, safe supportive places to stay by community members, youth prefer plans that include people they know (family friends, extended family, pastors, teachers). Coalitions work to provide more safety planning & family mediation; education & employment; basic living skills training, goal setting & budget counseling; mental health & addiction services; & use targeted trained outreach staff to create long-term positive relationships w/unsheltered youth declining services.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
 - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

The CoC uses several measures to determine the impact of youth-specific strategies, including PIT data, CE PL, SPM, & results from a CoC-wide annual gaps & needs assessment. For young adult HH, PIT data from Jan 2018 showed 126 young adult HH (89 shelter, 5 unsheltered, 32 in TH); Jan 2017 showed 141 young adult HH (94 shelter, 5 unsheltered, 42 in TH). This shows a slight reduction in # sheltered. For parenting youth HH, PIT data from Jan 2018 showed 71 py HH (28 shelter, 2 unsheltered, 41 in TH); Jan 2017 showed 85 py HH (43 shelter, 1 unsheltered, 41 in TH). This shows a reduction in the # sheltered w/youth concentrated in a few key communities w/in CoC. The PIT data combines the shelter & unsheltered count conducted across the entire BOS w/deduplication measures to ensure accuracy. The CoC uses HMIS & non-HMIS surveys to collect data. The PIT effectively demonstrates who is homeless on a given night, it is a snapshot & definitely an undercount of the homeless population. In WI, we also conduct a summer PIT count & can

compare seasonal diff. This is an appropriate measure because it is the only metric that combines those in shelter w/those not in shelter, HMIS & non-HMIS data, across the entire state on 1 night. Current CoC-wide CE PL data shows 204 homeless youth on the list, representing live-time homelessness across entire BOS. Drilling down further, the CoC can analyze the communities w/highest # to help match needed resources; how many self-resolve; & LOT on list. This info helps demonstrate effectiveness & gaps in the system. SPM data at a CoC & coalition level through a youth-centric lens shows outcomes of those programs dedicated to youth vs. those serving youth including LOTH, exits to PH, reoccurrence & increase income. These measures can support the need for youth-specific programming, training & approaches. The caveat is that the SPM is missing DV provider data & outcomes from those org not in HMIS. ESG funded DV can provide limited outcome data upon request from comparable database, but it cannot be deduplicated across the system. Youth-serving proj use % of safe exits, % youth employed at exit, % of youth furthering education, % of youth est perm connections w/caring adults & % who learned skills and # groups attended to ascertain goals of safety, stability & self-sufficiency. These individualized results demo impact of specific program models & tools. Reviewing results from the CoC-wide annual gaps & needs assessment as it pertains to youth response is an important insight into those w/lived experience perceptions of service delivery & impact. Similarly, input from the youth advisory board provides similar anecdotal info, creative problem solving & suggestions for improvement. Overall increases in collaboration can be measured through attendance at mtgs, execution of data sharing agreements w/DCF & DPI & the analysis of those results, add'l funding & creative partnerships at the local level.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

The CoC collaborates w/DPI at a state-level, at the Interagency Council, addressing gaps, barriers to housing & services available for youth & working on a data sharing agreement w/the HMIS lead. The BOS is working on a CoC-DPI MOU to help establish expectations & best practices for partnerships, data sharing & referrals. DPI & homeless liaisons are invited to CoC mtgs & provide an annual training for CoC members. At the coalition level, ESG & CoC proj work directly w/school districts & est formal partnerships, MOU w/homeless liaisons, counselors, principals & other key staff. Many school staff attend local mtgs, participate in the PIT planning process & count, share data & resources, lead workgroups & access CE. CM work directly w/school staff to reduce discrimination; enrollment, transition & truancy issues; help w/transp barriers; apply for waivers, reduced fees & meals; & support parents at school & IEP mtgs. Many agencies admin head start & 4K w/internal cross training & coll policies. Agencies must designate a staff to ensure info, access & other ed services (mentoring & after school programs) are provided & use an auto referral process. Brochures, posters, website & social media promote awareness. Community resource packets w/educational rights & mainstream benefit info are provided to schools, shelters, libraries & youth org. Coalitions

facilitate back to school drives for supplies, fundraise to offset field trip costs & extracurricular fees. For CE, the BOS non-HMIS process allows school staff to refer directly to the PL. Some coalitions have an addt'l taskforce or advisory group comprised of a sub-set of members-human services, homeless providers, homeless liaison, RHY, head start, mental health providers, local gov't, law enf, youth org/clubs. The group meets to focus specifically on families & youth; review school program & activities; weekend meal program data & impact; outreach efforts & mediating truancy issues; & identify gaps in service delivery.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

The CoC has not yet adopted official policies & procedures for homeless household notification of their eligibility for education services. This will be completed by the end of 2018. The CoC does require all CoC & ESG projects to appoint a staff person to be the education point-of-contact. All new project applicants are required to address their role in ensuring students receive information & have access to education services. The role includes connecting w/school district staff upon student enrollment, referring children to early head start & 4K programs, encouraging home visit evaluation for younger kids, ensuring families are aware of their education rights & opportunities available to them. Designated staff ensure that MOU are in place to formalize the partnership between the agency & the school district. CM follow-up to make sure student enrollment issues are addressed, family has access to school supplies, youth receives free/reduced lunch & fees are waived. CM help ensure access to extracurricular activities & transportation. Through the monitoring process, these policies & process are reviewed. Larger school districts have a full-time staff dedicated to homeless youth, whereas most rural & smaller schools have a liaison that has a different full-time job & responsibilities. Often the coalition is educating the school district regarding resources in the community & encouraging participation in strategic planning, coalition mtgs & the need for collaboration. Schools often create brochures or other marketing materials that highlight available services, student & family rights & other district opportunities. These are disseminated & available in multiple languages. CM provide family support w/school & IEP mtgs, help the family engage advocates & become actively involved in their child(ren)'s education.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	Yes	Yes

Healthy Start	No	Yes
Public Pre-K	Yes	No
Birth to 3 years	Yes	Yes
Tribal Home Visting Program	No	Yes
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

Coalitions, comprised of an entire spectrum of community partners, have established a priority & heightened awareness of homeless vets. This includes strong partnerships w/ HUD-VASH providers, GPD-VHRP & SSVF staff, CVSO & WI DVA VORP (Veteran outreach & recovery program) staff. VORP is a state-funded initiative that provides comprehensive, coordinated outreach, treatment & recovery support for homeless vets. All CoC & ESG funded proj are required to use CE, some SSVF have joined & VORP has been a referring agency from the beginning. Most vet ID occurs during the CE pre-screen process either at shelters, outreach sites or w/housing staff. CM allow vets to self-identify, ask about active service & discharge status, use SQUARES to verify & help obtain DD214. PATH in & outreach occurs in limited urban areas focusing on encampments, large shelters & other unsheltered locations. They use HMIS & are trained to assess for vet status. VORP staff focus on rural communities, provide extensive known location & targeted outreach, use HMIS & CE. Upon ID, vets are referred to VA housing & services including SSVF, VHRP, VAMC or clinics & VASH where available. If a HH declines VA programming, is deemed ineligible or the services are not available, vets are assessed & referred through CE, placed on PL in the same manner as non-vets. Coalitions use case conferencing to identify barriers & alt resources for those on PL. Vet-specific case conf occurs in some communities, bringing together key partners to ensure vets are correctly referred & barriers addressed. Tomah, Mpls. & Brown Co VA participate directly in HMIS & CE. Milwaukee VA refuses. The partnership w/VORP is critical to ensuring all veterans are connected to any & all services that they may be eligible for, including housing & benefits. VORP staff work 1:1 w/vets & help them navigate the vet-system & often the homeless service system & other community resources.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran Yes

homelessness?

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? No

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>

Other:



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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

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

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

The CoC req an evaluation of & connection to all mainstream benefits a person is eligible for & wants. Program policies must outline a process & this is reviewed during monitorings. All CoC & ESG projects help complete eligibility paperwork, the initial application & renewal process online w/clients through ACCESS. W/a release, CM can make calls & fax/email apps, answer questions, advocate, transport to appts & communicate directly w/mainstream programs regarding application status & address issues. Enrollment specialists & staff are invited to local mtgs, provide updates & travel to shelters & meal sites to engage & answer questions. Some health centers have health ins navigators to help determine eligibility for & secure mainstream, marketplace, local & state resources. Addt'l collaborative partners include public health, economic support,

human services, AODA detox & counseling services & free clinics. Assessment for disability benefits & help w/app can be done w/ADRC, SOAR or Legal Action. CM help w/setting up rep payee services & connecting to benefit specialists. To stay up-to-date, local coalitions invite mainstream prog staff to attend mtgs, provide updates, host forums; while agency staff attend county & taskforce mtgs. Most communities share updates & program changes via email as well. The CoC systematically keeps program staff up-to-date regarding mainstream resources for homeless by annually hosting state gov't partners- DPI, DCF, DHHS, DVR, DVA, & SSI-w/dedicated time to present at BOS quarterly mtgs open to all members. In 2018, Social Security, TANF & Food Stamp staff presented on recent program changes, common mistakes & answered questions. The CoC Director sits on the WI Interagency Council led by the Lt. Governor, provides monthly updates to the Board, quarterly updates to the membership & forwards state-level changes to the Coalition leads for dissemination. BOS Board & CoC Director are responsible for overseeing strategies for mainstream benefits.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	41
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	41
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

Annually in Jan & July across 100% of the CoC, an unsheltered PIT count & street outreach occurs. Locally, add'l outreach varies based on geography, population & funding. In urban areas, PATH funding supports ongoing daily community-wide street outreach & engagement allowing for quick identification & engagement w/all unsheltered persons. Outreach is tailored to people least likely to request assistance by targeting known locations-public libraries, meal sites, transit centers, laundromats, 24 hr est, parks & beaches. In rural areas,

outreach is done through community events, advertising & targeted outreach to specific known locations. Coalitions rely on partnerships w/law enf, motel staff, campgrounds & state parks, hospitals, county mental health, drop in/day shelter staff, meal sites & the county jail to reach people least likely to req assistance. VA & DVA (vets) & RHY (youth) specific CE policies require agencies to expand marketing & access beyond those seeking services & tailor outreach to overcome barriers. CE materials including no wrong door signs & materials in multiple languages. Assessments can be done over the phone or in person w/accommodations as needed. Most faith-based & volunteer-led efforts provide food, blankets & resource/referral info. Increased communication & visibility occurs through social media, PSA's in paper & radio, expos, community gatherings, health & resource fairs, school & night out events. Some communities created drop-in centers where people can get hygiene items & their mail, take a shower, wash their clothes, meet w/a CM & eat. Some have 24-hour crisis lines & toll free #s. Some agencies have ASL or bilingual staff. Other ways to reach those w/barriers include providing written materials in different languages, outreach to literacy groups & cultural centers, MOUs w/translation services & disability advocates, providing access to computers, helping w/internet access & Safe Link phones.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.

(limit 2,000 characters)

CE policy requires agencies to affirmatively market their housing & services to those eligible & least likely to apply, maintain records of those activities & provide clients w/info on rights & remedies available under federal, state & local law. Those outreach efforts & marketing activities must target to those least likely to engage in locations people would likely congregate or visit. Activities occur at community, faith based & cultural events; schools, libraries, community & tech schools; meal sites & food pantries; senior centers & ADRC; cultural centers & LGBT org. Marketing materials must be provided to agencies most likely to work w/those not seeking homeless services such as economic support, DVR, human services, literacy centers, PHA, free clinics, public health, law enf & jails. CE forms, staff & agency agreements & policies outline the prohibition against discrimination based on factors listed above, process for filing a grievance & remedies. All CoC & ESG agencies are req to participate in CE; when people identifying as a family present they must be served as such, w/out req doc & adhere to req about posting Fair Housing notices. CE materials must be available in accessible formats (large print, diff languages). CE is made accessible to people w/disabilities, providing accommodations as requested, & a TTY line. Websites provide links to partner agencies, resources & rights/responsibilities for those seeking services. Agencies must evaluate the extent of its obligation to provide LEP services in their community in accordance w/HUD req. Increased communication occurs through social media, community presentations, print materials (brochures, posters) & the media. Some agencies have interpreters on staff. All agencies have access to in person interpreters

through an interpretation & translation agency, ASL, a TTY line, advocates or other means of overcoming communication barriers. Agencies also advocate for fair housing w/community LL & associations.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	709	753	44

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

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

Attachment Details

Document Description: WIBOSCOC - PHA Homeless Preference

Attachment Details

Document Description: WIBOSCOC - PHA Move-On Strategy

Attachment Details

Document Description: WIBOSCOC Coordinated Entry Tool

Attachment Details

Document Description: WIBOSCOC Rating and Ranking Procedure

Attachment Details

Document Description: WIBOSCOC - Public Posting CoC Application

Attachment Details

Document Description: WIBOSCOC Public Posting - CoC Project

Ranking and Review

Attachment Details

Document Description: WIBOSCOC Process for Reallocation

Attachment Details

Document Description: WIBOSCOC - Project Accepted Notification

Attachment Details

Document Description: WIBOSCOC - Project Rejection Notification

Attachment Details

Document Description: WIBOSCOC - Local Coalition Deadline

Attachment Details

Document Description: CoC and HMIS Lead Governance - Charter & MOA

Attachment Details

Document Description: WIBOSCOG HMIS Policies and Procedures Manual

Attachment Details

Document Description: WIBOSCOG HDX 2018 Competition Report

Attachment Details

Document Description: WIBOSCOG Order of Priority-Written Standards PSH

Attachment Details

Document Description: WIBOSCOG Racial Disparities Summary

Attachment Details

Document Description:

Attachment Details

Document Description: WIBOSCOG & End Abuse WI MOU 2018

Attachment Details

Document Description: WIBOSCOC Board of Director Minutes 2018

Attachment Details

Document Description: WIBOSCOC Screen Shot of Answers

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/12/2018
1C. Coordination	09/17/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/15/2018
2A. HMIS Implementation	09/13/2018
2B. PIT Count	09/13/2018
2C. Sheltered Data - Methods	09/13/2018
3A. System Performance	09/15/2018
3B. Performance and Strategic Planning	09/15/2018
4A. Mainstream Benefits and Additional Policies	09/13/2018
4B. Attachments	09/16/2018

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Submission Summary

No Input Required