

Before Starting the CoC Application

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

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

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

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Nonexistent	No	No
29.	State Domestic Violence Coalition	Yes	Yes	No
30.	State Sexual Assault Coalition	Yes	Yes	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
Other: (limit 50 characters)				
34.	Vet Specific: SSVF, VHRP, VA, CVO, State DVA, VORP	Yes	Yes	Yes
35.	United Way, Legal Action, Tech School, LL, Faith, library, Managed Care & HMO	Yes	Yes	No

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

Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

The CoC has a transparent invitation process communicated to the public by posting on our website. Add'l invites & reminders are published on social media, sent by newsletter & shared w/coalition partners for distribution. The website-online invitation encourages people to join our CoC, which means attending virtual quarterly mtgs, becoming members of local coalitions, participating in CE & the PIT, joining a committee or wkgroup &/or attending trnngs. Also, intentional engagement & outreach is done directly by CoC staff to encourage people w/lived experience & org serving LGBTQ, BIPOC & people w/disabilities to also join at least annually. As staff attend in person & virtual mtgs, they communicate the invite process to all attendees. The ED works w/statewide org & state gov't staff to maximize connection w/targeted communities, non-trad partners & other systems of care. The CoC has built an expansive email list to broaden reach & support. Recent success includes HMO reps, healthcare, school & law enf participation. The CoC continues to invite org serving culturally specific comm exp homelessness including the WI Tribal Nations, mtg w/the Great Lakes InterTribal Council, mtg w/state-level disability council, reach out to org serving LGBTQ+, people w/dis & BIPOC. The CoC YAB is working on a new social media marketing & outreach tools to encourage more youth w/lived exp to join. The CoC will follow their lead as to what comm methods resonate w/the target pop & replicate where possible. The CoC seeks guidance from the Lived Experience committee to expand outreach & engagement as well. Virtual mtgs incl subtitles, are recorded & posted on website. Info is provided in multiple formats: verbal, written w/graphics. CoC docs are written at elem reading lev, use headings & page #s. The CoC website includes a page dedicated to local coalitions where mtg invites, contact info & minutes are posted. Each coalition has open ongoing invite policy for public mtgs, an est membership process shared across the community with flyers & website posts incl social media & email. At least annually, local coalitions solicit for new members, use a "bring a friend" approach to encourage attendance, create specific wkgroups to address local issues, do targeted outreach to those w/lived or current exp, seek people w/specific knowledge & expertise including those serving culturally specific communities. Mtg agendas & contact info is posted at meal sites, shelters & shared w/clients.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

The CoC solicits & considers opinions from a broad array of orgs & people w/knowledge of homelessness or an interest in preventing & ending homelessness by requesting feedback on policy, process, standards & governance at multiple times through multiple formats. Opinions are requested by electronic surveys, open feedback requests posted on the CoC website, reminders sent out in social media & by email, deadlines posted on website calendar. The CoC uses Survey Monkey, email & Google drive to organize & review feedback. The CoC makes sure requests for opinions are sent to entire email distribution list, including state agency staff, statewide orgs & local coalition partner agencies. Feedback requests incl an ask that it be shared w/co-workers, colleagues & other partners not included on the email. Input is sought specifically from identified org serving LGBTQ, BIPOC & people w/disabilities & people w/lived experience. Addt'l req for feedback & input are shared across the CoC during public & open Board mtgs, committee mtgs, quarterly membership mtgs; during in person or virtual trainings; & in monthly ED emails. All public quarterly CoC mtgs are free, virtual & recorded. The recording is posted on the website along w/all mtg materials including agendas & minutes. These are also sent out through social media & email to state agencies; statewide org; & local coalition partners. The agenda includes opportunities for public feedback or requests for info. After, there is an electronic survey requesting input posted on website. Info gathered during mtgs & through other feedback requests are reviewed by CoC staff & the Board, used in strategic planning, policy review & decision making. Specific input sought on initiatives (i.e. scoring tool, program standards, or CE) are used to make improvements. Policy & process changes begin at committee level. Committee members incl. people w/lived exp, direct service staff, managers, EDs from funded & non-funded orgs. Committees develop new/updated policy/process, vote to send to Board or ED for approval and implementation. The ED hosts mtgs in which local coalition partners can discuss data, trends & talk about the impact policy is having w/in the coalition. CoC staff request feedback from the CoC YAB at their weekly mtgs & provide opps to share or follow up after on items discussed. YAB approval is req to move many initiatives forward. All final docs are reviewed annually, posted on website & sent to local coalition members.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

The CoC notified the public by posting on our website when Competition started, timeline & deadlines, funding avail incl RFP from any eligible org w/intentional recruitment of those who have not previously received CoC funds: timeline 7/26, RFP 7/31, results 9/7. Verbal reminders given during in person & virtual mtgs, by CoC staff during coalition mtgs, at Board & committee mtgs. Board asked to share w/coalition partners on 8/1. ED discussed the process, timeline, deadlines & RFP during the CoC virtual quarterly mtg w/closed captioning 8/11. The recording, agenda & minutes are posted on the website. Specific notice of the PH bonus and the DV bonus RFPs (instructions, how to apply, app, scoring rubric & deadline) were posted on CoC's website 7/31. The DV RFP was also sent directly to the State DV Coalition to share among their partners & a virtual mtg was held to discuss on 8/17. CoC staff specifically reached out to orgs well positioned to leverage healthcare & other housing resources including HMO, hospital & HOPWA org. Many reminders were sent out & posted on website calendar 8/23. The RFP instructions explain the open process, elig criteria (specifically that past HUD funding not req), how to apply, scoring process & how funding decisions are made. The rubric shows how to earn full pts & criteria used. All CoC materials & notices are electronically posted as PDF & available for mod (lang, reading level, or other disability). A mix of Board members & staff obj read & score all apps using the previously published rubric. Each review form is submitted to ED, results compiled & scores shared w/review team. The scoring criteria focuses on agency exp w/target pop, budget, match, cost/# HH proposed, need (PIT, SPM, PPRN, CE), timeline, outreach, fiscal capacity, local coalition support & CoC involvement, Housing First & CE. For RRH, a plan for CH & high barrier clients must exist & plan to recruit LLs. For PSH, a plan for working w/medical providers & identified moving up exit strategy req. Data must clearly support the need for the project & the agency demo good standing w/the State, HUD & CoC. Bonus proj are ranked by % of total narrative score & awarded w/avail funding. The projects selected for funding were notified & RFP results published by email & on website 9/7. All projects, new & renewal, agree to committee participation, active involvement w/PIT 2x/yr & in their local coalition, attend quarterly CoC mtgs, resolve monitoring findings & adhere to CE.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

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

18.	DV/SA State Coalition, Legal Action, human services, tech college staff	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

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

(limit 2,500 characters)

The CoC tries to consult w/the State ESG recipient (DEHCR) on planning & allocating ESG funds. In 2022, the 4 WI CoCs & DEHCR met biweekly to provide updates, address issues around COVID, other state funding & provided feedback. Limited convo re: ESG occurred in 2023, more issue specific (such as housing 1st & CE compliance) conversations occurred. Since 2020, the ED has adv for equity, best practices, prioritization & funding. In Feb 2022, DEHCR hosted an ESG virtual stakeholder mtg to gather input on priorities & perf metrics. This was an active & collab process among the ESG subs & CoCs. DEHCR used feedback to adj the alloc formula for 22-23 funds & used the same formula again for 23-24. DEHCR stopped hosting mthly ESG calls for subs & CoC & sends out lmted prog updates. Since 2020, DEHCR has not collab, shared sub eval info, or reported on ESG outcomes w/CoC. The ED requests perf & outcome reports, CAPER & other data to conduct independent eval. DEHCR has declined CoC reqs for addt'l partnership or funding to support CE monitoring, compliance & TA for ESG subs. Inconsistently, DEHECR will inquire about CE compliance for ESG subs. CoC staff have met w/State staff re: CE & requested language req housing first w/ESG RRH. DEHCR attends qly COC mtgs to provide dept. updates. The Board revised an ESG CE monitoring policy to clarify roles & expectations. CoC staff provide TA when possible. The CoC conducts 2 PIT/yr (Jan & July), sharing HIC/PIT results & info/data on homelessness w/ all 15 con plan jurisdictions. Data is publicly posted on website, posted in social media, CoC-wide trends reviewed at qly virtual CoC mtgs & avail on request. Locally, agencies participate in focus groups, planning mtgs, surveys & 1:1 mtgs to ensure local homeless info is shared & incl in con plans. Local coalitions are encouraged to invite city planning/local gov't staff to attend mtgs, help w/local initiatives, participate in the PIT, share info about gaps & needs, & ask questions. The CoC invites local gov't staff to attend CoC trngs & qly mtgs & many attended CoC hosted DEI-related trainings. ED met w/several city staff in 2023 regarding funding priorities & best practices. CoC staff provided feedback to DEHCR on 2022 & 2023 Annual Action Plan & the 2022 Con Annual Perf & Eval report. ED emailed info on how to submit comments & the importance, posted on the website & sent out via social media. Local coalitions are highly encouraged to participate locally & a State level.

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

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

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

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	No
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	No
4.	School Districts	No

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The ED sits on the interagency homeless council w/state gov't staff incl DPI (State SEA) to address gaps, silos & ID barriers. CoC & gov't staff meet bimonthly in a wkgrp to address goals in the Council & Governor-approved formal written plan to end homelessness. CoC supported a formal written data sharing MOU between HMIS lead & DPI to analyze statewide data between homeless & education system. DPI staff are formally invited to CoC mtgs, to participate on cmtes & asked to provide annual trng. ED joins DPI TA calls w/liaisons when invited to conduct trng & share info incl YHDP; co-presented on ARPA funding; presented @ DPI conf & asked to score grant apps. DPI signed a support letter for our YHDP CCP & confirmed org partnership w/an emphasis on CoC-wide collab @ systems level. The CoC IDs DPI as a current partner & cont to work to address youth homelessness. DPI staff meet w/CoC monthly to discuss resources, trng & funding opp, & policy changes. CoC has pending MOU w/DPI to formalize a partnership beyond YHDP. The CoC also demo partnership w/LEA & school districts w/a formal CoC Board-approved written edu policy that req all CoC & ESG agencies to designate staff to ensure youth are enrolled in school & connected to services; local coalitions are req to formally invite all district staff/liaisons to attend coalition mtgs @ least annually; & collab to occur to address resource & transp needs for youth & fam exp homelessness. Compliance is reviewed during monitoring. CoC staff formally invite liaisons/district staff to attend virtual qtly CoC mtgs & many attended CoC trainings on DEI topics. Because of CoC size & WI school district-based autonomy, the system level partnership must be replicated w/in each local community as DPI lacks authority to req it. The CoC sets the expectation & req local coalitions develop p'ships & sign MOUs to address early screening, tutoring, referrals, local programs; gaps, impact of outreach & mediate truancy issues; & food insecurity & tech needs. CoC staff provide ongoing CE support for interested schools. As local coalition members, school staff attend local mtgs, help w/PIT & outreach, share data & resources, lead workgroups & attend CE case conferencing. Coalitions expand mtg invites to tech school staff, head start, learning centers, private & parochial school. Coalitions facilitate back to school drives for supplies; fundraise to offset field trip costs & extra fees; & share resource pkts to schools, libraries & youth org.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

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

(limit 2,500 characters)

The CoC Board approved, adopted & annually reviews a CoC-wide written edu policy that requires agencies to inform people experiencing homeless of their eligibility for edu services & establishes a CoC-approved process. Each agency must adopt & incorporate the CoC's policy & process, then create internal procedures to align w/req & document efforts & info. Compliance with CoC-wide written education policy & process is reviewed during monitoring, along w/agency's internal procedures to align w/reqs. Noncompliance results in findings & req for corrective action. The CoC policy outlines (1) youth rights; (2) agency staff requirements; & (3) eligibility & available types of McKinney-Vento edu services. The policy sets req for local coalition partners & agency staff to formally invite @ least annually all district liaisons to attend mtgs. The policy requires agency staff to collect standard info on school-age youth upon HH enrollment in the proj-name, age, grade, school, transportation method, supplies, current enrollment status & any school-based services previously received (including special ed, free/reduce lunch, help w/fees or extracurricular costs). CM discuss edu needs & concerns w/family. Info on MK-V rights are provided & explained. Once a release is signed, staff must notify the homeless liaison at school of origin & school in district of family/youth's situation. The policy req agency staff demo consideration of youth edu needs when housing search begins to ensure access to (max extent) school of origin; coordination w/school or early childhood program on enrollment & transportation to ensure minimal disruption for youth; & designate @ least 1 staff person w/MOU in place to ensure that youth are enrolled in school & connected to services including early childhood programs. The policy req agency staff demo progs are consistent w/& do not restrict the exercise of rights provided by MK-V & identify ways to support youth in school & community activities. The policy req individualized case planning to include referrals for early childhood home visit evals, family access to literacy resources & mentoring programs & understanding of rights; follow-up to address student enrollment barriers, access to school supplies, youth receive free/red lunch & fees are waived, youth have access to extracurricular & transportation; & staff provide family support w/school & IEP mtgs, help family engage advocates & become actively involved w/youth edu.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	No	No

8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	Yes
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

The CoC regularly collaborates w/ CoC & ESG prog incl VSP, the State DV & SA coalition & orgs serving survivors of human trafficking to update CoC-wide policies. The CoC intentionally reaches out to shelter & housing prog that serve DV to get feedback. State DV coalition staff serve on the CoC Board, co-chair gaps & needs cmte, actively participate in Board discussions incl policy, priorities & program dev; help review & score proj apps; provide trng & TA to subs; work & advise CoC staff on policy updates, written standards & move on assess. They provide a lot of insight & perspective, impacting how client surveys are distributed & written, ID unintended conseq of the CoC approved move on assess & prog standards, & act as advisors to CoC staff. VSP Directors & staff are active on CoC cmtes, incl shelter/diversion, CE, system perf & discharge; chairing DV specific wkgroups & make recommendations. CoC staff work closely w/VSP & state DV staff to ensure 1. CE policy & process on housing & services are provided to survivors; 2. CE staff have basic knowledge & skills necessary to work w/survivors in crisis, connect them to the appropriate services, protect confidentiality & address safety concerns in a TIC manner; 3. The CoC's housing & services operate w/TIC & can meet the needs of survivors. The CoC hosted TIC training sessions for prog staff incl VSP. VSP & DV coalition staff hosted trng sessions on safety planning, TIC, victim centered services, cycle of violence & foundation of advocacy. The ED works w/State DV on several policy & advocacy efforts statewide, seeking system change that would positively impact people exp homelessness incl survivors. Several CoC-wide policies were recently updated because of input from DV workgroups, incl shelter standards & CE prioritization. VSP & DV coalition staff have been integral parts of developing the new CE assess. The ED intentionally recruited VSP providers to apply for an expansion of the CoC DV RRH grant, w/4 starting @ renewal. This expands housing & services across the CoC for survivors. Program policies & CM standards promote TIC for all clients. The CoC also has a SSO CE grant specifically to address gaps & barriers, ensure access of CE for the pop. The CoC invested funds to create a comparable database for CE w/direct input & feedback from VSP & state coalition staff. Their approval was req to move forward. The CoC ensures the voice of org serving survivors are incl in CoC mtgs, committees, & work groups.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

The CoC coordinates to provide training for proj & CE staff that addresses best practices incl TIC, victim-centered, progressive eng, MI, on safety & planning protocols in serving survivors of DV incl unique barriers. Coordination occurs w/state DV coalition (EDA) staff & several VSP Directors. This core group is highly involved in the CE trng provided to CE staff & provides mthly support to the CoC DV RRH 10 subs (7 VSP) proj staff in urban & rural areas across CoC. The EDA staff provide trng & resources to support client safety, choice & control @ full CoC mtg @ least annually. Mtgs are recorded & posted on website w/materials. As a DV advocate, an EDA staff serves on the CoC Board & chairs the gaps/needs cmte. The CoC & EDA have an MOU to ensure adeq trng & resources are made avail to VSP, CoC proj staff, DV RRH subs & local coalition CE staff on a reg basis. EDA hosts statewide trngs & webinars avail to CoC proj & CE staff monthly on topics such as: BIPOC, housing 1st, LGBTQ, implicit bias, cycle of violence, impact of trauma, gender violence & safety planning. Addt'l trng has been provided on the lethality assessment, restraining order services, DOJ Safe @ Home address prog, human trafficking, DEI, crime victim compensation & partner violence. The CoC hosted virtual trngs by experts on Trauma & Resilience, MI, TIC, LGBTQ, equity & diversity, working w/clients w/TBI, inclusivity trng, housing first 102 & best practices, healing center eng & compassionate communication, cultural humility/reverence & conflict resolution trng. The CoC reg shares info on mental health, psychological first aid & T-SBIRT trng options& req VAWA HUD trng for grantees. The CoC req CE trng for new staff, incl DV screening, conducting assessments in TI manner & id individual safety needs, using non-HMIS referral process, creating a safe & confidential space, ensure conf discussion in a victim centered manner. All CE staff must watch all DV-specific recorded trngs prior to getting access to the CE system. Compliance is reviewed during monitorings. EDA provides bi-monthly trng to CE staff w/an open invitation to VSP staff to provide context & personal exp to these trngs for CE staff in an effort to build collab partnerships btw VSP & CE staff. Topics incl safety planning, DV client vulnerabilities & TIC. EDA also provides local trng upon request to help non-VSP serve survivors. EDA helps bridge & build relationships w/in local coalitions btw VSP & non-VSP providers when needed.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

The CoC's CE system incl safety planning & confidentiality protocols w/in CE policy & procedure manual approved by CE committee, DV wkgroup & CoC Board. Feedback & approval was actively sought by CoC Staff from VSP, state DV coalition & org serving survivors of human trafficking. Compliance is examined by CoC staff @ qtly CE coalition-level reviews; annual proj monitoring visits; & through complaint/grievance process. The CoC's CE system is rooted in a no wrong door policy, incorporates TI & victim centered approaches while maximizing client choice for housing & services, prioritizes safety & ensuring confidentiality. CE staff provide support, private space & referrals to each HH. The CoC invested funds to create a comparable non-HMIS referral & PL system w/the support of VSP & state DV coalition staff. The system allows referrals to be made anonymously & linked to the referring agency, not the household. It does not hold PII. The list is maintained by 1 CoC staff & 1 CE staff. This provides survivors w/the same access to housing & services as those using the HMIS-based system. Prior to a referral, people complete the pre-screen form which ensures staff receive informed consent, people are assessed & screened for safety concerns, need for crisis services & existing supports. Those presenting @ non-DV door are offered direct DV referral; if declined, there is no impact on access to CE & staff are trained to support safety planning. Coalitions maintain a list of DV-specific resources incl hotlines, advocates & shelters; which is updated annually. As part of the CE policy, all staff are expected to follow safety planning & confidentiality protocols including consent & choice. There is also a grievance policy created & posted. No PII can be shared publicly. People cannot be denied access to CE because of DV status. The pre-screen req informed consent & staff are trained on DOJ safe @ home prog. At front door, staff are trained to refer to or help create a safety plan to lower risk & id alt options. The Nat'l DV hotline has an interactive guide & can be used to create a plan. It includes basic info, id safe places & people, id risk & client driven goals, essential items & how compromised tech is. There is a printable version & a link to the plan. All CE info collected is locked, secured or shredded. The CE committee & DV group regularly eval safety, planning & confidentiality protocols & expectations to ensure policies & processes are up-to-date & relevant.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

The CoC uses multiple de-identified aggregate data sources for data on survivors of violence. Sources incl comp database reports-those submitted for the ESG CAPER & CoC APR; HMIS reports on those fleeing/attempted to flee served by non-VSP providers; PIT data @ CoC & local coalition level, incl those unsheltered & sheltered, vet & parenting youth; CE data from HMIS-based & non-HMIS PL incl chronicity, LOTH, LOT on list, level of need & vuln score. Local provider anecdotal info & State DV & SA coalition reports are used to help provide addt'l context. All 4 data sources are used to assess need; id gaps & trends; advocate for more resources; eval disparities, compliance & outcomes; determine impact of policy & program changes; & quantify need across CoC & w/in local coalitions. The CoC advocates for the use of de-identified data to determine ESG allocations & other state funding. During the review & ranking process, the CoC uses DV-specific data from CE & PIT to help calculate need. The CoC uses CAPER & APR data to assess outcomes & performance & identify TA needs. CE compliance is reviewed weekly by CE staff, monthly by CoC staff & qtly by CoC Director. CE data provides live time info on people who are homeless & does not req them to be seeking shelter w/in each coalition illustrating scope & quantifying need. Analysis incl reviewing trend info & the # of units/funding for a specific pop @ local & CoC level & used in statewide advocacy & funding decisions. PIT data from Jan & July count uniquely combines non-DV & DV shelter, TH & unsheltered info into 1 data set for entire CoC. PIT data is used to eval progress, identify gaps in community planning, & ID seasonal shifts w/in pop overtime. Locally, all 4 de-identified data sources are used in community planning, gaps, funding priorities & allocations, coordination & operation of services. Data shows who is & isn't being served. Trend & gap data, family composition, location & special needs provides a foundation for new resources, expanding public awareness & encourages community engagement. At CoC level, all 4 data sources are used to evaluate how to meet the specialized needs related to DV & homelessness incl advocacy efforts, influencing funding decisions, support investing in best practices & informing decision makers (incl elected officials) of what is available & what is needed to meet the housing & service needs of those fleeing/attempting to flee DV & homeless in WI.

** nbsp;**

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

The CoC commits to all people, reg of known survivor status, seeking or recv housing assis the ETP policies, procedures & the process for people to request an ET. In 2020, the CoC Board apprvd a CoC ETP, req all CoC funded agencies to follow incl subs. The ETP defines VAWA & explains who is elig for ET, the info & docs needed to request an ET, conf protections, how an ET may occur & guidance to participants on safety & security. The ETP plan policies & proc were based on HUD’s model plan. The plan is reviewed & updated at least annually; incorp into written prgm standards; & added to CE. All CoC & ESG grantees have their own agency-level ETP. They can add, but not subtract from the CoC’s policy. At the time of proj enroll, all adults (reg of known survivor status) are told about ETP, given the policy & process to request ET. Adults sign to confirm receipt, a CM reviews the policy & process & gives time to ask questions. CoC staff ensure the process to req is minimized to prevent any undue barriers & the plan is avail in the language & format most accessible to the HH. The ability to req a transfer is avail regardless of sex, gender id or sexual orientation. The info is kept conf unless written permission is granted to release info. Someone seeking an ET must submit a written req to housing staff indicating a reasonable belief that there is a threat of imminent harm from future viol if the person stays in the same unit or a statement that the person was a victim of S/A w/in last 90 days. The req must incl a detailed statement about the incident. While the agency can’t guarantee a transfer req will be approved or how long it will take to process; it will act as quickly as possible to move the person. If there are no safe or avail units the person is elig for, the agency will help ID safe & reasonable alts. There is a CoC grievance process avail w/emails reviewed by CoC staff. Agencies provide & discuss the info @ proj enroll, during an intake process/tenant briefing, or during the lease signing that includes the VAWA addendum. Agencies post the plan @ office & on website. Addt’l resources, incl the Nat’l DV hotline & local VSP contact info, are provided upon req. During the monitoring process, agencies are req to explain how people entering projects are provided ETP info, the process for req a transfer, & the agency’s process & ability to respond. Non-compliance w/the CoC policy results in a finding & req for corr action that includes addt’l trng & ETP TA.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
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NOFO Section V.B.1.e.

Describe in the field below how your CoC:

1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC’s geographic area; and
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

The CoC ensures that survivors of violence have access to all housing & services avail in CoC w/a dynamic prioritization CE system. All HH referrals to CE, made by VSP or non-VSP, are placed in a system that prioritizes them for all proj types in the CoC. This includes PSH, TH & RRH. A HH will be at a diff place on each list based on the project's order of priority & elig factors. The CoC created a comparable non-HMIS referral tool & prioritization list for those fleeing/attempt to flee DV. The Non-HMIS system allows agencies to create unique ID for referrals & the client ID belongs only to the referring agency. All housing proj are req to use the HMIS & non PL when filling housing spots; incl ESG & CoC. The highest prioritized HH by proj type is offered the prog & enrolled, despite which list they were on. Because of the diversity & size of the CoC, access to CE is rooted in a no wrong door policy. All people exp homelessness can access CE through any door. All CE agencies use the same assess tools, approaches & standard scripts. People pick which area to be referred to w/in the CoC & equal access to info about the housing proj options to help them make informed decisions about services. While being a survivor of DV may open other housing & services only avail to that subpop (i.e DV RRH), it will never preclude someone from exploring all other housing & services they are elig for & wish to pursue. All CE agencies work to achieve responsive & streamlined safe access to services; cooperate to use avail resources to achieve the best possible housing outcomes; & work diligently to match safe interventions w/HH needs, strengths & wishes. Compl w/CE is req for all ESG/CoC funded agencies & many others elect to use the system. There is a CoC Board apprvd policy & procedure manual that outlines expectations for the referral system, the pre-screen form, the PL & follow-up. The manual is rev'd @ least annually & feedback is actively pursued among all subpop advocates & those that use the system. This incl VSP & State DV coalition. Systemic barriers are proactively ID through data analysis incl CE & HMIS; feedback from those exp homelessness; direct contact w/local coalition partners. CoC staff actively join local coalition mtgs & stay informed w/issues to proactively ID systemic barriers (i.e inst racism, background checks – criminal, credit, housing history, & age) to access housing & maintain (i.e lack/lmtd public transp, mental health care, living wage jobs).

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

The CoC ensures survivors w/a range of lived expertise are involved in the dev of CoC-wide policy & programs by encouraging participation to degree comfortable & willing. Support from CoC staff & Board is provided to all cmtes, incl Lived Exp & YAB. Both focus on people w/diff backgrounds, sharing their expertise, providing feedback & ideas on CoC policy & procedures, strategic planning, funding priorities & engagement strategies. YAB is for under age 24 & LE is for all. The CoC req local coalitions to engage people w/lived exp, invite to mtgs, incl in wkgrps & be given an opp to provide feedback on local initiatives. CoC staff safely & intentionally recruit people from various bkgrds, levels of diversity & exp w/homelessness to be involved w/the CoC at state or local level, in decision-making. Survivors can join any CoC cmte w/CoC staff avail to provide support & ensure their expertise is valued & feedback integrated. The CoC has an est youth comp policy that is the template for the lived exp cmte. Recruitment for the cmtes incl families, singles, veterans, survivors of violence, unsheltered, people w/chronic homelessness, disabilities & who identify as LGBTQIA+ or non-white across the CoC. By working w/VSP & State DV coalition, the CoC seeks to ensure the method of recruitment for survivors and training is provided in a safe & respectful manner. Mtgs are done virtually & the CoC can provide support to ensure no barriers exist to participating incl tech support, laptop, office space, supplies & mileage reimb. The CoC seeks to bring diverse perspectives to the table to discuss changes needed w/CoC policy & process & incorporate input in a meaningful way. The CoC has accounted for the unique & complex needs of survivors participating in the CoC by prioritizing safety, confidentiality & trauma-informed communication. Survivors can engage with the CoC in many ways, incl participation in cmtes, serve on the CoC Board as a lived exp rep or from a local homeless coalition, responding to gaps & needs surveys & other invites for feedback. The CoC ensures survivors can safely provide input incl email, phone, text, or in person. All people w/lived exp, incl survivors, can disclose as much or as little about their exp & basis of knowledge as they feel comfortable. Surveys to determine # of people w/lived exp, incl DV, on the Board or participating in committees are anonymous and voluntary. Board member apps & onboarding ask for pronouns, pref name & lang.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

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

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

	Describe in the field below:
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

The CoC reg collab w/LGBTQIA+ & other org to update our anti-discrimination policies as necessary to ensure all housing & services are provided in a TI way & able to meet the needs of all HHs. All policies are reviewed by CoC YAB & Lived Experience cmte; sent to local coalitions incl LGBTQ+ advocates & orgs; & to state-wide advocacy groups. All are asked for feedback, input & recom. Once updated, CoC staff work directly w/advocates to provide trng, address implementation needs & provide support in coalitions & CoC-wide. The CoC has several policies incl anti-discrimination, a policy against fam separation, equal access & gender identify rule protection policy. Similar language is incl in the CE policy & procedure manual & CoC accounting & fiscal policies manual. All HUD funded agencies are req to comply w/CoC policies, incl CE. Access to services, shelter & housing shall be free from discrimination including protections against splitting HHs based on composition; denying based on age/gender/marital status; & asking for proof or inquiries. Agencies must use appropriate, inclusive language in materials & other policy docs; ensure all clients understand their right to equal access, incl privacy rights; place & accom in accordance w/gender identity; implement an anti-harassment policy incl transgender & GNC in the list of groups vuln to harassment; ensure a private space for intake & data collection; & incl practices to keep transgender status confidential. The CoC helps agencies develop their own proj-level anti-discrimination policies consistent w/CoC by req them to adopt the CoC policies, allowing them to add lang to meet local or agency needs; hosts trainings on fair housing, adherence to the equal access & gender identity final rules, anti-discrimination & DEI topics; & offers TA to address compliance concerns. Agencies must create a formal grievance process that is prompt, transparent & consistent. The CoC eval compliance w/CoC's anti-discrim policies & CE lang by conducting desk & in person monitoring of proj every 2 yrs & sub-grantees annually. Monitoring incl reviewing policies, procedure manuals, client files & interviewing program staff. The CoC addresses noncompliance w/CoC's anti-discrimination policy by issuing findings & req corrective action, which can incl trng, agency policy re-right & addt'l oversight. Failure to correct or repetitive noncompliance can result in loss of funding, removal of good standing status w/CoC & notification to State.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section V.B.1.g.	
	You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Brown County Housing Authority	22%	Yes-HCV	Yes
Eau Claire County Housing Authority	60%	Yes-Both	Yes

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

Describe in the field below:

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

(limit 2,500 characters)

W/69 counties in the CoC, there are many county/city PHAs & a statewide org (WHEDA). The CoC has taken many steps to build working relationships w/PHA, adopt homeless admission preferences, apply for new vouchers, adopt move on plan & use CE. While the majority do not have a preference, some PHAs have gradually begun working w/local coalition partners, attending mtgs & helping w/local planning efforts. Several agencies were able to secure new housing leverage through partnership w/local PHA. Despite letters written to PHA board & community pressure, many PHAs refuse any collaboration efforts. Some advocates have tried for 10+ yrs w/PHA refusing to alter standard tenant selection w/closed wait list, 1st come 1st serve & no homeless pref. The ED works at state-level w/Interagency Council partners, incl WHEDA, to advocate for a widespread homeless preference/priority & educate on the need. Yet, WHEDA has HCV in 41 rural counties, subs to local nonprofits (many receive CoC/ESG funding) & has not changed their admin plan, service delivery, wait list practice despite data showing need & local coalition partner's ongoing request. WHEDA has homelessness preference in 1 urban county (Brown). EHV strengthened the relationship w/4 PHA, incl WHEDA. Because PHAs were req to partner w/the CoC, MOUs were signed & the ED successfully advocated for modifications of their admin plans to further relax eligibility criteria, documentation req, adopt HUD waivers & use service fees for household supports. While HUD required CE, each EHV PHA allowed the CoC to establish the priorities & process. The PHAs & CoC continue ongoing collaboration around EHV, incl problem solving when challenges that arise; need for revisions to the process; & add'l supports for community partners working w/applicants. The CoC continues to encourage local partners to meet w/PHAs, discuss the benefits & opportunities available w/CE & possibility of new vouchers & funding opportunities. The ED has presented freq @ PHA mtgs & trainings. CoC Staff continue to work directly with PHA w/FUP, attend quarterly mtgs, provide CE TA support & seek solutions to issues that arise. The CoC signed MOUs to support Mainstream Voucher & FYI apps. The CoC staff met w/WHEDA & HUD specifically to talk about the under-utilization of VASH vouchers & invited staff to join the CoC's veteran CE case conferencing mtgs. CoC staff continue to advocate & educate around the need for more partnership w/PHAs.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Privately developed low-income housing (HMAA + Pablo Center)	Yes

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream Vouchers & Family Unification Program (FUP)

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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PHA
Brown County Hous...
City of Kenosha H...
Sauk County Housi...
WI Housing and Ec...

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

Name of PHA: Brown County Housing Authority (BCHA)

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

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

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

Name of PHA: Sauk County Housing Authority (SCHA)

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

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

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
 - FY 2023 CoC Application Navigational Guide;
 - Section 3 Resources;
 - PHA Crosswalk; and
 - Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

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

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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	40
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	40
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

All CoC new & renewal projects are required to fully commit to HF & check HF boxes in application; incl YHDP. To ensure compliance & fidelity, HF practices are evaluated during the regular on-site/desk monitoring CoC staff conduct during the year using a CoC Board approved HF assess tool. Outside the comp, CoC staff conduct monitoring visits w/all direct CoC grantees every 2 yrs & sub-grantees annually. Interviews are conducted w/staff & clients; review of client files, case notes, forms, project manual w/policies & procedures, & written docs; outcomes & data are analyzed. A 5-pt scale is used for each factor w/the most pts awarded for being fully compliant & 1 pt for mostly non-compliant w/HF around rules, documents & practices. Findings & corrections are issued on HF outside of the Comp process. CoC staff provide TA & training on HF-related topics. Each proj is assessed & scored on compliance w/6 HF specific factors. The purpose is to ensure those committing to a HF approach are using it, prioritizing rapid placement & stabilization in PH, & removing any service participation or preconditions to services. The specific list of factors & performance indicators the CoC uses during the monitoring are: (1) exits to homelessness – HMIS data. (2) non-HF reasons for exit – HMIS data. (3) access to housing-proj entry must be low barrier & ensure access despite no income, criminal or eviction history; the intake process must be client-centered & compliant w/equal access; (4) participant input-client must be educated on housing search & placement, tenant rights & resp, services being offered & principles of HF; staff must create formal chance for client feedback & input on proj & services; (5) Leasing/RA-clients must have a choice in unit selection & be part of the process w/permanent housing & client signing lease/sublease & ensuring understanding of tenant rights & how to avoid evictions; (6) Services-clients must have a choice in services include type & intensity. Case & goal plans must be client centered w/staff trained in strategies incl MI, strengths-based CM, TIC & harm reduction. Staff review apps for consistency & commitment before submission. For the competition, the monitoring score card is submitted to CoC Director to translate scores into points w/in the Board approved CoC Project Scoring Tool. Agencies w/out a recent assessment are sent a questionnaire to self-assess certain elements of their policies & procedures as it relates to HF.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

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

(limit 2,500 characters)

The CoC's SO efforts are designed & tailored to ensure quick ID & engagement of people unsheltered. The CoC conducts 2x/yr full PIT count, incl unsheltered outreach in Jan & July across 100% of the CoC accessible area. This means all 69 counties are covered at least 2x/yr. Approx 65% is accessible w/35% not because of gated/private areas 3%, prvt property 8%, farms/pastures 16%, dense forests 3%, river/swamp 5%. In addition, ongoing reg outreach occurs based on coalition size & funding. In urban areas, PATH funding supports reg daily contacts; teams incl peer support & recovery coaches, social workers; focus on mtg people where they are. Safe parking progs create places for people to stay in cars & provide space to engage w/folks unlikely to ask for help. Drop-in centers provide safe space, access to internet, hygiene items/shower, a mailing address, laundry & food. In rural areas, little funding req collab w/existing resources; working w/law enf; creating teams that incl Vet, housing, crisis, med & outreach; join faith-based & volunteer led efforts to meet basic needs (food, blankets, supplies); & focus on known locations @ least mthly. All outreach efforts are designed to enc those unsheltered to accept help by bldg trust & rapport w/consistency, motivation & mentoring. CM do initial assessments incl mental & phy health, safety, substance use & housing timeline; & provide warm handoffs w/mainstream service providers. Outreach efforts incl local events & resource fairs, known locations: libraries, meal sites, transit centers, 24/7 parking lots, places w/public restrooms, laundromats, parks & beaches. Some SO staff have 24-hr crisis lines & toll free #s. All have access to interpreters & translation services, connect w/literacy groups, LGBTQ centers, org serving culturally specific pop incl people w/disabilities. VA & DVA staff visit VFW, CVO & memorials. RHY staff visit parks, youth clubs & centers, after school & rec progs. Rural staff work w/UMOS to engage farm & migrant laborers. CE staff work to expand awareness of housing & services available by posting No Wrong Door signs & materials in multiple langs & large print, posting on social media & websites. Tailored outreach to those w/disabilities, limited English prof, & other marginalized pop is done w/trusted community-based orgs. Coalitions advertise & host events to build awareness & engage those least likely to ask for help, providing COVID/flu shots, haircuts, food, onsite access to referrals.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

CIT (crisis intervention training); CIP (community intervention partner program); education, outreach, advocacy for community at large	Yes	Yes
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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	748	695

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	Veteran benefits, WIOA, WIC, CCS, Medicare/caid, Badgercare	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

- systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
- works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
- works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

The CoC systemically provides up-to-date info on mainstream resources available for program part w/in CoC by annually inviting state gov't partners to join CoC virtual qtlly mtgs to present on prog, elig criteria, FAQ & answer questions on mainstream resources (food stamps, MA, SSI, TANF, FSET, WIC, & childcare), work prog, HIV/AIDS, substance use & recovery prog. Presenters provide slides & resources; incl info on access & contact info to ensure agency staff have current info. DCF, DOA & DHS routinely present updates, policy & process changes. Agendas are posted on website, sent by email & social media. Mtgs are free & recorded w/all materials posted on the website. The ED attends qtlly Interagency Council mtgs, led by Lt.Gov, to address barriers & silos among gov't agencies; bimonthly mtgs of Council's wkgroup w/other state staff; 2x/mo DHS team focused on housing & healthcare; mthly DHS statewide homeless forums w/fed (HUD, FEMA) & state (VA, DCF, DWD) partners sharing best practices; mthly mtgs w/DHS MA policy staff on initiatives; & 2x/mo calls w/other WI CoCs, DEHCR & IAC Dir. ED advocates, asks questions & gathers info to share @ mthly CoC Board & staff mtgs; qtlly @ CoC mtgs; & mthly mass emails to full membership re: CoC, state, & nat'l resources; & fwd all state-level changes to coalition leads & grantees. The CoC works w/proj staff to collab w/healthcare org, incl substance abuse & mental health tx, to assist clients receive healthcare services by ensuring compliance w/the Board approved CoC-wide healthcare policy; work w/HMO staff to prioritize & partner locally; & meet w/DHS on prog & policy changes. The CoC policy requires agencies to adopt policy, partner w/healthcare orgs, assist clients w/health ins enrollment & utilization of benefits. Compliance is reviewed during monitorings. Proj staff are expected to help complete elig docs & apps, incl MA; work w/clients to use & understand benefits, covered providers & services; encourage use of prevention services; assist w/appts & transportation; talk w/healthcare staff about issues/concerns; & help make referrals for specialty care, AODA & mental health. CoC staff invite HMO staff to join CoC & local coalition mtgs & use CE. The CoC works w/proj to promote SOAR cert of prog staff by sharing training opp, prioritize & award pts in new project RFP, & req PSH to use SOAR or demo partnership w/another org. The CoC invited NAMI & other SOAR cert staff to speak to the effectiveness & process at CoC mtgs.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

In 2022, the CoC increased its capacity to provide non-congregate sheltering for people experiencing homelessness, as an alt to other shelter options & to prevent the spread of infectious diseases by using new ESG-CV, CSBG-CV, United Way/ESFP-CV, & ERA funding resources to invest in new motel voucher programs. Last winter, the State used ARPA funds for addt'l non-congregate options for people unsheltered. These funds were also provided to RHY (youth) & VSP (DV). Advocacy efforts are underway now for more funding this winter due to the increasing # of people unsheltered. There is not enough funding for non-congregate shelter or available units in every county. Many rural areas have always relied on limited motel vouchers to provide emergency shelter to those w/out alt options. During COVID, many shelters closed or halted entry, reduced capacity, &/or changed intake process for those exp homelessness. Non-congregate shelter units drastically increased because it was safe & secure for those exp homelessness to self-isolate & minimize risk of COVID-19. Coalitions worked w/hospital, free clinic & health centers to find alt shelter for those exposed or w/COVID; partnered w/area motels to quickly & efficiently serve those unsheltered. Shelters contacted the motel to verify if there is a bed available, if so, a motel voucher is sent over to the motel and the client is given a taxi ticket to go to the motel for the night. Extended stays were granted based on client situation. The State allowed WERA fund to be used for long-stay motel vouchers. Coalitions created partnerships to use MV incl w/school district, street outreach workers & law enf when needed. Non-congregate sheltering req funds for CM , food, cleaning supplies & damages. Intentional CM to those staying in motels is impt to keep engaged & avoid isolation. Some communities have opened warming & cooling centers, day resource centers & drop-in centers in order to complement non-congregate shelter options & to provide opportunities for people to gather safely. Coalitions are creatively finding shelter solutions incl using agency owned units as crisis or bridge shelter options; purchasing local motels & create tiny homes; & increase diversion efforts to reduce the flow of people into the shelter system. Many counties are now re-investing in congregate shelters, purchasing bldgs to convert but ensuring there is private space for people rather than gym floors & cots.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

The CoC effectively collaborates w/state & local PH agencies to develop CoC-wide policies & procedures to respond to infectious disease outbreaks & prevent outbreaks among people exp homelessness. The ED attends qtlly Interagency Council mtgs to address barriers & silos w/in gov't incl COVID response & other health outbreaks; 2x/mo taskforce mtg w/DHS staff incl office of health equity, MA policy, public health, ER response/mgt, care/tx services to draft housing policy recommendations for 5 yr State Health Plan; mthly DHS statewide homeless forums w/fed, state & CoC partners to share best practices & resources. Through 2022, DHS held weekly health equity learning forums on diff marginalized pop incl: undoc, indig, LGBTQ, Amish, DV, homeless, rural, & people w/disabilities. All 4 CoC leaders worked w/state & fed partners to create policy recommendations for adj to the State Plan to End Homelessness to improve inf disease response across State incl use of mobile clinics, incentives, expand street med, public health support for local policy to prevent outbreaks among homeless. The CoC's CE committee est a process to adjust priorities & policy when needed to address the pandemic/any future crisis. This policy is codified in the CoC's CE P&P. The CoC works to prevent infectious disease outbreaks among people exp homelessness by working w/statewide healthcare org, HMO, hospital systems, PH & DHS. Several participate in CoC discharge planning committee to write policy around exits from systems of care & plans to avoid unsheltered homelessness. The ED shares info about COVID, flu & other infectious disease resources through mass emails & posting on website; presents to groups, incl disability council, non-emerg transp advisory group & public health about the CoC & needs & unique barriers to for those exp homelessness. CoC staff reg meet w/HMO outreach staff, provide education & talk about CE; work w/DHS staff to address local challenges & find solutions for those in need of quarantine or higher levels of care; & continue to encourage healthcare orgs & free clinics to participate at CoC & local coalition level. The ED continues to work w/DHS & PH to expand access & availability of testing, vaccines & supplies especially in rural areas for those at risk, vulnerable, or staying in congregate or unsheltered settings. More resources are needed w/in local communities to end homelessness & especially now w/an increasing # of unsheltered, less housing & more complex needs.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

The CoC shared info on public health measures & homelessness w/membership on regular basis, incl mass emails, social media, website, & during qtlly CoC mtgs. The ED intentionally participates in mtgs w/DHS staff, set up time w/elected officials, spoke during Council & workgroup mtgs, joined email list for VOAD, joined WI CoC leaders in various mtgs w/other State staff, incl MA & DEHCR. During these mtgs, the ED advocated for more collaboration btw homeless service system & DHS, public health, & emergency mgt; asked for more resources & funding to meet local needs; & gathered info to pass on to CoC. The ED shared info 2x/mo in CoC-wide emails & social media incl changing guidance, safety precautions, policy changes, need for more advocacy, vaccine/testing rollout, & availability of supplies. ED also reached out directly to communities w/outbreaks; updated Board mthly & CoC during qtlly mtgs. The CoC created & updated a website page dedicated to COVID info, state & fed guidance, funding opp, best practices & approach to reduce the spread of COVID & improve system collaboration-especially between homeless services & public health. The CoC facilitated communication btw public health agencies & homeless service providers to ensure street outreach, shelter & housing staff were equipped to prevent or limit outbreaks. CoC staff participated in local coalition planning mtgs, shared CoC updates & provided up-to-date guidance. Public health got involved w/many coalitions but not all. Some actively coordinated & communicated to prevent outbreaks & increase vaccines by ensuring coordination of benefits & services, developing policies & safety protocols, providing testing onsite @ shelters, help w/quarantine options, & creating educational material. It was a team approach to addressing false info about COVID & vaccinations which included virtual team mtgs, check ins & updates; & worked w/outreach teams to make sure they had adeq PPE, screening & testing resources. Outreach, shelter & housing staff collaborated w/healthcare orgs to make sure people knew about testing sites & clinics incl mobile units to reach those least likely to be served. Unfortunately in some areas, public & mainstream health did not respond to coalition requests for help, supplies or communication other than what was available to the general public. When that happened, the ED discussed challenges directly with DHS, HUD, FEMA & @ the state Interagency Council.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

The CoC CE system covers 100% of the CoC (69 counties) by dividing the area into 20 local CE areas w/each hiring a CE lead & subcontract w/the CoC for SSO funding to support the position. The lead is resp for ensuring CE access for those in crisis; oversight of the local system; marketing & outreach targeted to unsheltered, non-engaged, those unaware of the process & least likely to access services w/out special outreach; & compliance w/CoC policies incl the after-hour plan, standardized forms & assessments. Because of size, the CoC uses a no wrong door approach to housing & services w/all CE policies, order of priority & written standards. CE is dynamic & ensures all people are referred to all available resources they are eligible for. The CoC CE system uses a standardized assessment process, tool & prioritization. Currently, the CoC uses the VISPDAT, F & TAY as the standard CE assessment tool but is transitioning to a newly developed in-house tool that will reduce burdens for all people. The tool draft was created by CE lead staff; shelter, outreach & housing staff; HUD TA; & HMIS lead. W/transparency, the tool was finished using max feedback from people w/lived exp, BIPOC, LGBTQ, prgm staff, stakeholders, & orgs serving DV, Veteran, youth. The tool centers on barriers to housing stability & vulnerabilities. The process remains the same incl scores, LOTH, disability status & chronicity used to prioritize people most in need. Staff are trained to use CE tools in a TIC manner, create a private space & ensure actions are client-centered. The CoC's CE system (incl assessment tools, forms, manual, process & policies) is updated reg using feedback received from CE leads, stakeholders & people who participated in CE. Updates have incl the assessment overhaul, changes to the pre-screen form, updates to prioritization priorities, reduce follow-up time frames, shift resp of data clean-up w/support from HMIS lead. Feedback is derived from mthly CE lead mtgs; subpop specific wkgroups-DV, Vets & youth; mthly CE cmte mtgs w/ stakeholders, coalition surveys on system efficiency; case conference mtgs-statewide Vet group & local coalition level; & qtrly CE coalition reviews. The YAB & lived exp cmtes are consulted often; agency staff & client interviewed as part of proj monitoring w/questions specific to CE; & surveys are sent annually to former CE system clients seeking input. ED reviews HMIS & non-HMIS CE data from CoC & coalition level qtrly & presents to full CoC.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

The CoC's CE system reaches people who are least likely to apply for homeless assistance in the absence of special outreach by req each coalition to have a CE lead who is resp for the coalition's mktg, outreach, intentional & active engagement w/those exp homelessness incl unsheltered. No wrong door strategies ensure all people exp homelessness have fair & equal access to CE, despite where/how they access CE. CoC is actively working to onboard law enf, DHS & schools to be CE doors. Adding doors will expand access for those not otherwise seeking homeless services directly. Resources are prov to areas used by those unsheltered; incl 24-hr est, hospitals, meal sites & food pantries, gas stations, faith-based org, grocery stores, check cashing stores & drop-in centers. Each CE agency must post the CoC no wrong door sign to visibly ID them as a door. Outreach must incl updates to website, social media & print materials. The CoC's CE system prioritizes people most in need of assist through an order of priority w/an emphasis on high vul & service needs. All people are prioritized for all interventions based on diff factors incl chronicity, disab, LOTH & acuity assess score. Special pop criteria incl youth, vet, chronic, DV are added as req. All proj must take the person @ the top of the list, who is the person most in need @ that time w/that intervention. The CE system ensures people most in need of assistance receive PH in a timely manner, consist w/their pref by using a dynamic & client centered prioritization list. CE begins w/client consent & choice, incl proj type & coalition. When there is a proj opening, the agency offers housing & services to the highest prioritized HH & req to contact at least 3x w/at least 24 hrs btw each attempt before they can go to next person. Upon contact, staff are req to talk to HH about pot elig issues, timelines & next steps. The HH decides what project/type they want. The CoC has taken steps to reduce burdens on people using CE by switching from VISPDAT to a new more equitable standardized assess tool. This incl removing unnecessary & invasive questions, reducing complexities that create unnecessary delays in CE. The assess is needs-based, pulls info from pre-screen & adds 6 questions. All responses are self-report. The new tool was created w/input from people w/lived exp, youth, DV, ID BIPOC & LGBTQ. The CoC reduced f/u time, more staff req & expectations around referrals, & streamlined, digitalized & reduced req docs.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

The CoC is affirmatively marketing housing & services w/in CoC & ensures it reaches all people exp homelessness by incl req in written CE policy & procedures. As a no wrong door system, CE ensures all people exp homelessness have fair & equal access despite where/how they access CE. Mkting incl flyers, postcards, brochures, no wrong door cards. Resources are provided to areas used by those unsheltered; incl 24-hr est, hospitals, meal sites & food pantries, gas stations, faith-based org, grocery stores, check cashing stores & drop-in centers. Each CE agency must post the CoC no wrong door sign to visibly ID them as a CE door & incl updates to agency website, social media & print materials. W/21 local coalitions, the CoC works to ensure info is shared far/wide across each community re: housing & services available incl CE access. Expanding partners, intentional engagement w/systems of care incl hospital, HMO, law enf, jails, PHA, schools & DHS is a priority. Materials are translated, reduced reading level, large type & can be alt to meet other access needs incl Braille or audio. The CoC req funded agencies & doors to CE to inform people of their rights & remedies available under fed/state/local fair housing & civil rights laws. In CE, all participants confirm receipt of a client R & R form that outlines their right to be treated w/dignity & respect; to receive equal access; be served as a family if presenting as a family & w/out unnecessary verifications; & provides info about the grievance policy & process. Compliance w/this is monitored qtly for CE, annually w/subs & bi-annually w/direct HUD grantees. Addt'l fair housing & civil rights rules are posted @ agencies, websites, or discussed on phone along w/info to file a complaint. Through monitorings, pgrm eval, qtly CE reviews, CoC staff ensure that prog participants have the info needed to file a complaint or address fair housing concerns. The ED reports any condition/action that continues to impede fair housing choice to the ID staff w/in the jurisdiction resp for cert consist w/Con Plan. This can incl during planning process & time for input on amendments & action plans. CoC staff also review housing 1st practices, process of rehousing people, LOTH, compliance with policies incl anti-discrimination, not separating families, equal access & gender identity rules, & that the participant had choice in unit selection. The review includes file & doc review, data analysis & interviews w/agency staff & clients.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/01/2023

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance incl data analysis, client surveys & participant input during monitoring visits. Data sources incl a HMIS customized report, PIT & CE demographic info. Client surveys incl the annual gaps & needs survey, DEI cmte approved questions for participants of CoC funded prog & feedback provided by CoC YAB & lived exp cmte. The CoC's main assessment used for analysis is the customized Racial Disparity HMIS dashboards prepared by the HMIS lead. The dashboard displays the overall rate of homelessness per 10,000 residents in the CoC. Then, compare the overall rate with the rate of homelessness by race & ethnicity. If there are no racial/ethnic disparities, all "rate of homelessness" bars would be the same length, equal to the overall rate of homelessness. The total pop comes from the US Census Bureau Decennial 2020 count & client counts come from HMIS incl CE & SO data. Using the HMIS-based dashboard, the CoC identified the following racial disparities in the provision or outcomes of homeless assistance. Btw 7/1/22-6/30/23, 28/10,000 people living in the Balance of State CoC exp homelessness (compared to 34 statewide). When looking at people exp homelessness by race, people who are Black are 15.8x as likely as White to exp homelessness; Multi-race 1.8x, Am Indian 8.5x, Native Haw/OPI are 16x & Asian 0.6x. Hispanic/Latin(a)(o)(x) are 1.7x as likely as non-Hisp/Lat. HMIS reports run for same time for those entering shelter, safe haven, TH, RRH & PSH shows: people are 65% are white, 19% black, 7% multi, 6% Am Indian, <1% Native Haw/OPI, 1% Asian & 9% are Hispanic/Latin(a)(o)(x). HMIS custom outcome reports run for same time for those exiting CoC funded TH, safe haven, RRH & PSH to a permanent housing destination show an overall success rate of 53%. By race, success is higher for people who ID as Asian 75%, Multi 62%, Hispanic/Latin(a)(o)(x) 62% than for White 56%, non-Hisp/Lat 52%, Black 49%, Am Indian 38% & Native Haw/OPI 33%. In summary, those identifying as Black, Am Indian & Native Haw/OPI are more likely to experience homelessness than people who are White. Yet, they are not more likely to enter homeless assistance prgs incl shelter, TH, RRH or PSH. For people who do enter CoC funded prgs, there are racial disparities w/outcomes for Black, Am Indian & Native Haw/OPI being less successful than White, Asian, Multi, & Hispanic/Latin(a)(o)(x).

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes

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

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC & homeless providers have taken steps to address disparities ID in the provision or outcomes of homeless assist ID in 1D-10a. Steps incl trng; increasing rep @ leadership level; data analysis & eval; gather feedback from people w/lived exp & youth; review policy & procedures, incl CE; & expand outreach to places w/underrep groups. For ed & awareness, the CoC hosted multiple Cultural Humility to Cultural Reverence sessions; facilitated conversations where attendees explored suspending judgment & not implicitly imposing personal values and beliefs. It aligns w/& enhances TIC, MI & reflective supervision. The CoC hosted multiple sessions of Moving from Concept to Contact which focused on moving from what & why to how & when w/respect to diversity, inclusion, equity, belonging & critical thinking. Attendees actively applied learning to situations & circumstances that challenge understanding of concepts & their importance. These trainings were designed to advance the work done in 2022 that focused on the role race plays in homelessness, systems of privilege, oppression & implicit bias; exploring white privilege & fragility; why antiracism; & what it means to be an ally. The CoC is taking steps to ensure that leaders reflect the demo of those being served, incl lived exp. The Board recruitment process is being re-developed & surveys used to better gauge representation on committees & workgroups. For data, the HMIS lead created disparity reports run at CoC & local level. CoC staff presented at each coalition to create a baseline understanding of their race/eth disparities in homelessness, access & outcomes. Each coalition was req to set a goal related to their data & expanding DEI work in 2023 w/check pts at 6 mo. This incl a review of internal policies, prog manual & proj outcomes from DEI lens. CoC staff worked w/Gaps & Needs cmtte to change annual survey to learn more about differences; CoC YAB continues to provide feedback & give input on changes. The CE cmte is working on policy & procedure review from a DEI lens, expand outreach & marketing to underserved areas & added translated materials, big print & adj reading levels. The CoC continues to seek ways to increase access to CE, remove barriers to service & collaborate w/others doing similar DEI work in other systems of care. By creating community-wide awareness, a better feedback process & metrics for eval, the CoC intends to hold agencies & coalitions accountable for addressing disparities.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
	1. the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC uses.	

(limit 2,500 characters)

The CoC has established various measures to track progress on prevention or eliminating disparities in the provision or outcome of homeless assistance. At the CoC level, CoC staff will continue to use the customized Racial Disparity HMIS dashboards created by the HMIS lead. Run annually, this data will help the CoC review the overall rate of homelessness by race & ethnicity, entry into programs & successful exits. Tracking progress CoC-wide year-to-year provides an opportunity for proj & coalitions to make changes that can be reflected in the data. The goal would be to see no difference by race in who is experiencing homelessness, that the percentage of those getting into programs matches w/the percentage that is homeless, & that there is no disparity related to race when looking at successful outcomes. These reports will be used to educate & inform local coalition partners on their data & continue to use it to assess local progress. CoC staff will continue to use the 2x/year PIT count demographics to measure change among those sheltered & unsheltered w/in CoC & drill down to coalition level data. PIT data also subcategories fleeing/attempting to flee DV, vets, elderly & youth which can be addt'l subpopulations to analyze for disparities. CoC staff will continue to use qtly CE Priority List data to measure change among those experiencing homelessness & those prioritized for interventions. CE data can also be reviewed at the local level in the same way. By combining these data elements, the CoC can track progress w/the goal of eliminating disparities both in homelessness, access to prog & outcomes. The CoC is working w/the DEI cmte, the Lived Experience cmte & the CoC YAB to identify addt'l measures or elements that should be collected to analyze progress. Several coalitions have partnered with UW schools to further review not only disparities w/in the homeless service system but also in those systems of care & living in poverty. The state Interagency Council has a statewide DEI workgroup preparing recommendations to address DEI in the State Plan to end homelessness incl how to identify, prevent & eliminate disparities. There is also interest in expanding the review to incl other types of inequities such as gender, LBGTO & disability status. In their action plans, coalitions are req to set goals around DEI. Benchmarks & progress are reviewed at 6 months & scored annually for the CoC Competition.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC has engaged in multiple outreach efforts to engage those w/lived exp of homelessness in leadership roles & CoC decision-making process. W/in CoC gov structure, local coalitions elect Board members & there is a statewide seat for someone w/lived exp. Board reps are responsible for overseeing the ED & advancing the mission of the CoC through strategic planning; vote & approve CoC policies incl CE, written standards & CoC competition rating & review, proj selection & grants; maintaining the CoC’s fiscal health & proposing an annual budget; & helping the ED develop & implement long-range plans, strategies & priorities. The Board meets mthly, presents qtrly @ CoC mtgs & participates in strategic planning activities. Each Board member chairs a cmte of their choice. Currently the Board member w/lived exp serves & provides leadership to the public awareness/advocacy & lived exp cmte. In the CoC, youth under 24 can join their local YABs working on local policy, planning activities, join wkgroups, attend mtgs, take on leadership roles. They can also join the CoC YAB & provide system level input, participate in CoC-wide initiatives & give feedback on CoC policies incl CE. People w/lived exp can join any cmte & there is a lived exp cmte which incl members from across the CoC w/exp being homeless. Anyone can join incl Vets, youth, DV, elderly, unsheltered, chronic & w/disabilities. YAB & LE cmtes advise the Board; have direct influence & access to policy change, strategic planning & feedback on all parts of the CoC process; & incl in CoC decision-making. Cmte members are reasonably compensated for their time & barriers are addressed, incl tech, supplies & transp. The CoC uses lessons learned during the creation of the CoC YAB to inform ongoing approaches for outreach & engagement to ensure people w/lived exp join CoC cmtes, apply for Board seats & other leader roles to help w/decision-making, goal setting & oversight. The CoC works w/public awareness/advocacy cmte & YAB for guidance on best approaches including social media, targeted outreach, mass emails, word of mouth, & flyers shared w/local coalition partners. Local coalitions actively recruit, invite, & support people w/lived exp to attend mtgs, provide feedback, present, join panels & help w/outreach. The CoC is dedicated to ensuring the voice of those w/lived exp incl broad rep from the community, including race, ethnicity, LGBTQ, disabilities, subpop, rural & other underserved groups.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	134	79
2.	Participate on CoC committees, subcommittees, or workgroups.	73	49
3.	Included in the development or revision of your CoC’s local competition rating factors.	134	79
4.	Included in the development or revision of your CoC’s coordinated entry process.	64	25

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC, local coalitions & partner agencies provide prof dev & employment opp to people w/lived exp. At CoC level, people w/lived exp are encouraged to serve on the Board & on any cmte or workgroup incl lived exp committee &/or YAB. All are provided onboarding support on policy, past practice, homeless service funding & priorities. All are encouraged to join CoC hosted prof dev training on housing issues (fair housing, ADA); DEI; subpop specific (LGTBQ, HIV/AIDS, elderly, sex trafficking & DV, Vet, youth); & CM skills (MI, TIC, client centered service, strengths-based CM, progressive engagement). Cost is waived upon req & space prioritized for those w/lived exp. The recent hiring process for CoC staff was intentionally changed to ensure wider reach & changes to language incl removing the req for higher ed & statement encouraging those w/lived exp of homelessness & direct knowledge of the homeless service system from a participant perspective to apply. CoC staff seek nat'l trainings for YAB members & encourage joining leadership groups @ state level incl DCF youth leadership team & advisory council & attend RHY conf. At local coalition level, orgs actively seek people w/lived exp to serve on local boards, commissions, gov't committees & councils (including PHA, ADRC, crim justice, mental health, human services board, housing or planning commission). Each provides education, training & prof support to those that join. People w/lived exp are encouraged to apply, sign up for peer support training & cert prog & join coalition mtgs. Youth are actively sought to join local youth action group & provided youth-led support & access to CoC trainings. Former clients & others w/lived exp are enc to apply for the CoC Board, coalition leadership positions & join the CoC lived exp committee or YAB. Coalitions bring in mthly speakers & experts on a wide range of topics. People w/lived exp are invited to come, ask questions & provide feedback. W/in agencies, directors seek recommendations for people w/lived experience to serve on boards & other policy making entities. Supervisors seek to hire people w/lived exp as CM and/or peer specialists to work alongside clients in housing & shelter progs. Shelters seek volunteers to help w/daily upkeep, operate groups, provide feedback & make suggestions. Agencies provide staff dev training, volunteer support & onboarding activities to help adjust to the role, provide background knowledge & create a culture of communication & support.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below:

1.	how your CoC routinely gathers feedback from people experiencing homelessness;	
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2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

The CoC routinely gathers feedback from people w/LE of homelessness & those that have recd help through CoC/ESG progs incl CE on their exp receiving assist through online surveys, interviews & feedback forms. This incl through cmte, the Board & CoC staff. Annually, the CoC releases a gaps & needs survey across all coalitions, posted on the website & social media, translated into Spanish/Hmong, & avail in large print & other accom. The client survey seeks to gather demo info, feedback on the process & programming recd & changes needed to strengthen the quality of services available. The survey is sent out by email, posted on social media & on the CoC website to gather as much insight as possible incl those who rec'd help from CoC/ESG & CE. Results are analyzed by a cmte, presented to Board & full CoC membership. Strategic planning & priorities are dev as a result. The YAB & lived exp cmtes provides monthly chance to share feedback, review policy & suggest changes. Policies incl written standards, CE, rating/review, & proj selection. In the CoC, each HUD grantee is monitored every 2yrs & subgrantees annually. During monitoring visits, CoC staff speak w/former & current prog participants & ask about the experiences, issues & determine fidelity to Housing 1st. The CoC seeks feedback from those impacted by policy choices & programs as freq as possible & enc local coalitions & agencies to do the same. The CoC website has an open feedback form for people to submit any comments, make suggestions or express concerns. The CoC has taken steps to address challenges raised by people w/LE of homelessness. Issues incl: lack of affordable, safe housing & age barriers. Locally, coalitions have worked to address limited access to tech; places to go during the day; showers, laundry, haircuts & routine med care. To address these, the CoC actively advocates for more funding for housing, repairs & increased expectation for units to be dedicated for those exp homelessness. The YAB & CoC staff are working on state legis asks incl the ability for youth to access ID docs, access cx & med services, obtain library card, & sign leases. Impt to lift up these concerns to those that can make changes. Local coalitions took feedback recd & made changes that incl providing laptops & hot spots; hosting community-wide listening sessions; working to set up a public use restroom & drinking stations; address inclement weather needs; & expand drop in access for hygiene, laundry & storage needs.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

The CoC, local coalition & agencies have taken many steps in the past 12 months to engage city, county, state gov't on reforming zoning & land use policies to permit more housing dev & reducing reg barriers to housing dev. Increase aff housing is a priority for everyone & req state & local support. Since 2021, the ED has prioritized mtg w/elected officials & leaders, WHEDA & DOA, & the state interagency council to discuss barriers to aff housing dev incl state reg barriers, lack of prioritized funding for <50% AMI & in rural areas. To change local zoning, land use & city/county regulations, providers must meet w/officials, the business community & people w/power & influence; increase ed & awareness on homelessness & need for more housing; write letters of support & post on social media; participate in wkgroups; & speak at planning & council mtgs. The CoC encourages coalitions & agency staff to make the connection between the need for aff housing & the rise in homelessness. The ED sits on a local housing group tasked w/zoning & reg review to support more housing dev, incl reduce barriers, approve alt ways to expand housing i.e tiny homes, address air bnb & accessory blg issues w/local codes, & licensing for rooming or boarding houses. This group seeks to streamline the permit process & conduct the 1st rewrite of zoning code in 50 yrs. Other coalitions sought zoning waivers on density & reduced parking req to help create supportive housing; propose zoning code updates allowing for accessory dwelling units & land use rules for tiny homes; participate in reg housing task forces & housing studies; worked to create a partnership btw city, developers & nonprofit to build aff units while offering services. Several are working w/leaders to create shovel-ready toolkit for developers & advocates seeking to reform zoning & regulatory permits. The CoC will use this template to encourage others to do the same. Staff work w/city council, cty boards, plan & housing commissions, task forces, & participate in public hearings around the issue of aff housing. Other steps taken to reduce reg barriers to housing dev incl advocacy for shorten timelines & reduce regs for abandoned homes to allow agencies to begin rehab; change density limits & set backs to allow more units in smaller spaces; mtg w/large nat'l business to purchase & donate land in a rural area in need of housing; changing local rules & admin practices that length permit & approval process.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	07/31/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	07/31/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	No

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	192
2.	How many renewal projects did your CoC submit?	34
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

Annually, the CoC revises the scoring & proj selection process by collecting & analyzing data, reviewing past comp results & getting membership feedback. PIT, CE & SPM project & coalition level data & trends are reviewed & shared @ CoC mtgs. Scoring Tool criteria incl project perf & outcomes, CE, housing first compliance, SPM & coalition-level action steps. Data sources include proj APRs, CE, monitoring results, customized HMIS/comparable database reports, exit destination data & other pop & vulnerability metrics. Scoring criteria changes for each housing type (PSH, TH, RRH) given the specific needs of the target pop. The CoC used data re: each proj that successfully housed clients in PH by reviewing APR data on housing stability-calculating exits to PH & those remaining in PH w/10 pts to proj w/exit or retention of 90%+; 5 pts for 70-89% & 0 pts for <69%. For RRH, proj got 10 pts to 80%+ clients exit to PH; 5 pts for 60-79% & 0 pts for <59%. Exits/retention PH max 10 pts or 5% total score. The CoC analyzed data on LOT to house people in PH by reviewing CoC APRs & a custom HMIS report showing LOT btw client entry & move in date. These can be reviewed by proj type & location. For PSH & RRH, 10 pts if 55%+ clients had 90 days or less btw entry & move in; 5 pts if 45-54.9%; 0 pts for <44.9% had 90 days or less. For PSH & RRH, 10 pts awarded if 65%+ clients had a project entry & move in date; 5 pts if 45-54.9%; & 0 pts for <44.99%. Secure housing max 20 pts or 10% total score. The CoC also considered specific severity of needs & vul exp by those w/a difficult time find, maintain/retain PH by awarding pts (up to 8 pts for each category) to those projects serving higher % of clients w/disab (including sub abuse); chronic homeless; no income @ entry; & from unsheltered sit. Barrier specific criteria max 32 pts or 17% of total. Data comes from APRs & custom HMIS/comparable database reports. Proj serving those w/the highest barriers may have lower outcome scores (% exits to PH, increase income, reoccurrence) but have higher barrier scores because of client characteristics (chronicity, disability, no income, unsheltered). For new proj, the CoC considers proposals to provide housing & services to the hardest to serve pop in an underserved area. Proj must provide data & demo need to be funded. Need based on data is req & scored in review process. Accurate completion of CE referrals req an assessment, which is based on vul. & high needs. Max 10 pts or 5% total score.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process. NOFO Section V.B.2.e.	
	Describe in the field below:	
	1. how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
	2. how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
	3. how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

28 out of every 10,000 people living in CoC exp homelessness btw 7/1/22-6/30/23. Looking at homeless rate & race, overrepresented races incl Black 15.8x more likely than people who are White to be homeless & American Indian 8.5x. Data derived from custom HMIS report/census data. The CoC obtained input & incl people of diff races, specifically Black & American Indian by sending out the req for feedback & input on the scoring tool used to score & rank proj to all local coalition partners, posting on website & social media, statewide org & intentional outreach to those working w/BIPOC, LGBTQ & people w/disabilities before the CoC Comp began. Feedback rec'd from YAB & people w/lived exp. Input was used to update rating factors & scoring metrics for proj apps & policy priorities for bonus funds. More pts added for local coalition action plan goals w/action steps that worked to eliminate barriers & promote equity. The CoC incl people of diff races in review, selection & ranking process for renewal & new proj, including scoring & selection criteria; the final CoC app & priority listing w/final rank of all proj; & bonus proj priorities. Board & CoC staff review score project apps; the Board approves the scoring criteria & final app after open comment period avail to full CoC membership. Diversity in review team was limited - 4% Black, 4% lived exp, 4% Hispanic/Latin(o)(a)(x), 13% LGBTQIA+. The CoC tried to recruit addtl help & rep on the review team, intentionally outreached to BIPOC partners multiple times in a variety of ways. While the coalition & CoC membership better reflect the pop we serve, our leadership team is taking steps to ensure more diversity exists in cmtes & Board. The CoC rated & ranked proj based on how well they id participation barriers & the steps the proj has/will take to eliminate those barriers by scoring action plans, req DEI work & CE review. The CE review incl race, eth & gender disparities; rates of homelessness, PIT data & access issues. Annually, CoC staff present data to local coalitions on equity, outcomes & barriers; Director presents @ CoC qtly mtg. Data & equity are part of the PH bonus app & scoring rubric; incl in selection & discussed by review team when making final decisions. Funding priority given to those actively addressing equity & removing barriers to participation, access & improving outcomes. CoC proj monitoring & perf eval incl questions centered on DEI; feedback from DEI cmte; & demo action plan progress.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

Describe in the field below:

	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The Board annually approves the CoC scoring tool & written policy for reallocation. Prior to competition, all items are posted to website & sent to CoC grantees. The scoring tool was reviewed @ the qtlly CoC mtg in May & Aug. The CoC's standard reallocation process incl 3 parts: vol reallocation, vol relinquish & invol reallocation. Vol reall means a proj gives up current funding & applies to transition to PH. Those apps are reviewed to ensure compliance w/policy priorities, goals & match community need est w/data. 0 did. Proj can relinquish their grant in writing to CoC staff & funds are available for new proj apps or to meet CoC proj expansion needs. 1 proj did. Proj funding can be invol reall because of unresolved CoC monitoring issues or poor perf & outcomes identified through the Scoring Tool 1st draft results. Each proj is individually notified of options. Any renewable project scoring 70% or higher can submit a renewal proj. Any project falling below 70% must submit a decision form indicating they are relinquishing, reallocating or requesting reconsideration. Reconsideration means the agency asks the Board to allow the renewal app to be submitted despite poor perf; & explains reason proj lost points, what action has been taken to correct, how the proj supports the mission to end homelessness, explains the need, describes any changes made since the last APR, address any addt'l past perf issues, demo housing 1st compliance & CE & provide supporting evidence. If an agency spent <75% of their grant &/or unit utilization was <80%, the agency must explain & submit a plan to address. After 2 years, the unspent amount or funding for unused units will be invol reall. If a project falls below threshold 3 consecutive grant years, the CoC Board may invol reall the entire grant. The CoC identified 12 proj below 70% threshold, 17 had <80% unit utilization & 6 had <75% funds spent threshold this year. All proj chose to req reconsideration & their improvement plans were accepted by CoC. This year, there was 1 proj below threshold 3x & the CoC Board voted to take action against the poor performing proj. The proj had 5 days to either reallocate, reduce or relinquish. The proj relinquished their grant & the Board voted to use those funds to expand HMIS to support CE. For the 5 projs that struggled w/unit utilization 2 yrs in a row, the Board voted to suspend req for reallocation & instead increase TA support for those grantees given the inability to find housing.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/13/2023

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/13/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/26/2023
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Bit Focus
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/27/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

The CoC & HMIS lead have taken steps to ensure VSP in the CoC collect data in HMIS comparable databases to the degree that we have the ability & authority to do so. Many VSP receive ESG funds. In 2022, the State ESG (DEHCR) recipient contracted w/the State DV coalition w/ESG CV to oversee data collection, compliance & provide TA to VSP w/ESG. The CoC is not involved in the allocation, distribution or decisions re: ESG funds & has no authority to require anything except CE. The CoC does not receive a copy of the CAPER or any other data submitted by VSP to DEHCR. Neither the CoC nor HMIS lead have access to the live sites so verification can only be given by the vendor; nor authority over ESG, so compliance can only be reviewed by DEHCR. The CoC has no leverage to influence these decisions. The CoC & HMIS lead are not aware of any issues or concerns re: data collection or Osnum at this time. The CoC does ensure the use of a HMIS comparable database for those receiving CoC funds. CoC staff require VSP to complete the HUD comparable database checklist annually and for sub-recipients, we include it with the sub-contract. CoC staff conduct virtual onboarding training series for sub-grantees to ensure compliance including data collection & reporting. VSP worked directly w/Osnum to ensure each implementation of the database was updated, able to run an APR & compliant w/2022 HMIS Data Standards. All VSP w/CoC funds use Osnum and it is compliant with 2022 HMIS Data Standards. CoC & HMIS staff discuss addtl ways to ensure data collected by VSP providers can be used to help w/local planning efforts & funding decisions. Several CoC committees have VSP provider workgroups incld: SPM, Gaps & Needs, CE. The CoC is looking at ways to use VSP data to inform discussion on SPM, identify gaps, enhance CE outreach, and ensure equity. To the best of our knowledge, the VSP receiving ESG funds are also using Osnum. The CoC HMIS is compliant with 2022 HMIS Data Standards. The 4 Federally recognized CoCs in the State of WI utilize the same HMIS and HMIS Lead Agency - Institute for Community Alliances (ICA). All updates to the system are overseen by ICA. ICA staff conduct Data Standards training & oversee changes to any system-wide guidance to assure that the system is compliant.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,915	576	1,209	90.29%
2. Safe Haven (SH) beds	7	0	7	100.00%
3. Transitional Housing (TH) beds	650	177	279	58.99%
4. Rapid Re-Housing (RRH) beds	631	91	540	100.00%
5. Permanent Supportive Housing (PSH) beds	893	0	857	95.97%

6. Other Permanent Housing (OPH) beds	881	0	28	3.18%
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2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.
	NOFO Section V.B.3.c.
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Given the large geography, # of providers, projects & beds, the CoC has great HMIS coverage across most project types & funding streams. All proj types except TH & OPH are at 85%+ for bed coverage rates. The OPH HMIS bed coverage is 7.69%. There are 2 proj (28 beds) using HMIS & not req. The majority of non-HMIS beds are EHV & FUP (758 beds in 7 proj) & aren't req to use HMIS. Both CoC & HMIS lead tried to work w/PHA to see benefit & limited work entering this info would be. The CoC wrote into the MOU w/PHA that they would provide PIT/HIC data & are req to use CE. They wouldn't agree to HMIS. The other 2 non-HMIS OPH projects (95 beds) are not gov't funded & operate separately w/in the community. It is hard to get PIT/HIC data from them. The TH HMIS bed coverage is 58.99%. There are 13 proj w/11 agencies operating TH & not using HMIS. In the last few mo, 5 TH projects – including the largest with 74 beds – have agreed to use HMIS. This will raise our coverage to 82%. The remaining TH proj incl: 4 faith-based projects (40 beds in total) & 5 small, limited scope org (44 beds). Each have been approached by CoC &/or HMIS staff & declined because of staff capacity, limited funding or flat refusal to use the system. In the next 12 mo, the CoC & HMIS staff will continue to highlight the importance of HMIS @ the agency, coalition & CoC-level and to increase & maintain bed coverage. The CoC Director presents to local coalitions on perf, gaps, trends & funding streams while emphasizing data entry, outcomes & HMIS. HMIS lead staff attend local coalition mtgs, answer questions & continue to encourage use of HMIS. Annually, the HMIS lead staff reach out directly to agencies not participating in HMIS to discuss the database & try to arrange system participation. The CoC & HMIS lead staff meet reg to identify & address HMIS & reporting related issues, concerns & needs. This includes provider recruitment, maintenance & engagement; mtg w/org that can use HMIS but do not determine why; & ensure all new proj are aware of HMIS & options available for data analysis & reporting. As new proj begin, both CoC & HMIS staff work together to id these proj, encourage the use of HMIS & explain imp for the agency, coalition & CoC to use HMIS.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.
	NOFO Section V.B.3.d.
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

In CoC, there are 21 coalitions that conduct the PIT following CoC established methodology & requirements. Each must select a PIT lead responsible for planning, execution & post PIT process. During the Jan & July 2023 PIT planning & location selection process, the CoC req each PIT lead to invite & encourage youth serving org, key stakeholders & unaccompanied youth to join the planning process, attend mtgs, provide feedback, pick likely locations for the overnight count, participate in the count & the post-PIT service based count. Youth serving org incl boys & girls clubs, RHY providers, Indept Living, youth drop-in centers, child welfare, workforce dev programs, school/edu providers & youth advocates. The CoC worked directly w/DPI & DCF to promote the message of cooperation & encourage local partners to help with planning process locally. 17/21 coalitions were involved w/the YHDP CCP submission, receive funding for system navigation & are req to maintain a local YAB w/members under 24 & lived exp. Special emphasis & expectation was placed on these communities to ensure stakeholders & youth were engaged in all parts of the PIT process. The CoC req each YHDP coalition to engage their local YAB & unaccompanied homeless youth & invite those interested to help w/the planning, review methodology, forms, engagement strategies, location selection, go out for the count & partipcle in post-PIT community mtgs to discuss results & implications. System Navigators facilitate local YAB mtgs & work directly w/youth discussed the importance of participation & encouraged youth to help the PIT lead, provide feedback & join the overnight count group. Local & CoC YAB members who helped with the PIT were compensated for their time & expertise. The CoC encouraged non-YHDP coalitions to also do intentional outreach among 18-24 yr olds unaccompanied, in shelter, prevention & housing programs. This will continue in preparation for 2024 PIT count. The CoC req coalitions to work w/youth providers & youth to revamp the night of the count process to select locations where homeless youth would most likely be identified. Feedback was also requested on partners, locations & approaches to use during the post-PIT count (up to 7 days after count). Emphasis is placed on using non-traditional partners, other systems of care, to help engage w/anyone that may have been missed on the night of the count. In a large geography, the post-PIT count provides an opportunity to have broader reach.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
3.	describe how the changes affected your CoC’s PIT count results; or	
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

PIT training is a process of ongoing improvement in the sheltered & unsheltered count. The CoC strives for expanded participation in the planning, overnight count & service based post-PIT count process every year. The CoC continues to provide training to enhance data collection & promote community awareness. The CoC did not directly make changes to the sheltered PIT count implementation btw 2022 & 2023. In 2022, capacity was directly impacted by add'l financial resources available for shelter (ESG CV & state funds) resulting in more shelter, seasonal & motel voucher beds in CoC. In 2023, the number of shelter beds (year-round, seasonal, & overflow) remained relatively the same w/2465 (2022) to 2474 (2023). There was a decrease in TH beds available from 698 (2022) to 650 (2023). Despite the same availability of shelter beds, during the PIT there was a decrease in the # people in the shelter count from 2283 (2022) to 2100 (2023). There was a small increase # people in TH from 565 (2022) to 570 (2023). Less people accessed shelter in the CoC with an overall decrease in the # of people sheltered from 2854 (2022) to 2670 (2023). The CoC did make some changes to the unsheltered PIT count implementation, not in methodology but in data quality, btw 2022 & 2023. While the service-based post-PIT count process was always a part of the CoC's PIT planning process, more emphasis was placed on the use & expansion of partners in 2023. PIT leads connected w/non-trad partners & other systems of care staff to learn about & complete surveys as part of the post-PIT process. This included hospitals, social workers, workforce resource/job centers, food pantry/meal sites. Because of YHDP, there was more attention placed on youth-related stakeholders & youth w/lived experience during the planning process. The unsheltered # during the PIT increased from 195 (2022) to 268 (2023), which is the largest number since 2012. The changes made to the post-PIT count, intentional outreach & engagement affected the results. However, there was also an increase because there are more people sleeping outside & less permanent housing solutions. Overall, the pandemic impacted the entire homeless service system. Even though shelter resources remained the same, there is still not sufficient housing available for people to move into. Despite the increase in unsheltered numbers, the overall PIT # shows a decrease from 3049 (2022) to 2940 (2023).

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies 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 your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

CoC staff, Board, SPM cmte & HMIS staff together determine which risk factors are used to ID people exp homelessness for 1st time. SPM cmte analyzes data, provides training to expand understanding of SPM metrics; ID successful strategies & best practices for reducing 1st time homelessness. CoC Staff rev barrier, screening & CE assessments; talk w/proj staff about patterns & reasons provided by clients for the crisis, incl precip events; HMIS data; annual gaps & needs survey results; insight from CoC YAB & people w/lived exp; & anecdotal info gathered @ intake & f/u. The CoC current strategies to address people at risk of becoming homeless occurs at the CoC, coalition & project level. Prevention & diversion strategies are used to work w/those at risk of homelessness & designed to reduce the flow into homelessness. Outcomes are measured w/CE & HMIS data. The CoC approves written standards, order of priority & emphasizes strategies focused on resiliency, goal & skill development, helping people in crisis regain control & feel empowered to overcome barriers. Targeted early prevention w/in coalitions focuses on those most difficult to rehouse; providing CM & financial help to remain housed; ID needs & resources to ensure ongoing stability; & create a comm-based support network. Diversion engages natural supports; provides limited financial help; connects to comm & mainstream resources; & secures safe alt to shelter. Engagement often begins w/mtg basic needs of medical, food, clothing & shelter. Then bldg a safety net, ID potential funding (TANF, EFSP, United Way, faith-based, gov't) & ID creative housing solutions for those unable to remain in unit. Coalitions work w/mainstream service providers to provide crisis stabilization & use HMIS to assess effectiveness. Both prevention & diversion strategies rely on the use of comm-based resources. Providers make & support referrals to job centers & DVR; legal serv; mainstream ben; rent smart & budget cx; training & ed; & mental health. Create safe & welcoming day centers to work 1:1 w/volun; tutoring, skills training, ed & basic living skills for at-risk youth; ongoing LL/tenant ed & mediation services; facilitate peer-led support groups, create pos rel & supports to help maintain sobriety. The CoC encourages advocacy efforts around more perm housing, options for transp & reduction of system barriers. The CoC Board & Director are responsible for overseeing the CoC's strategy to reduce the # of 1st time homeless.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

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

(limit 2,500 characters)

The CoC current strategies to reduce LOT people remain homeless occurs at CoC, coalition & proj level. CoC prioritizes more options for people exp homelessness. Proj score more pts when they reduce LOTH & rank higher w/housing/healthcare leverage; DV RRH continues to expand & increase units; 5 YHDP proj started; advocacy for greater investment in housing w/increased tenant protections & LL incentives. CoC staff advocated for HOME ARP priorities & use of CE, emphasize alt interventions & shared housing solutions; seek flexible funding to pilot initiatives; & support 1915i State Plan amendment submitted by DHS. The Board updated prog standards & order of priority centered on those w/longest LOTH. Removing barriers to housing also reduces LOTH. The CoC's no wrong door CE system is designed to expand access. Coalitions are req to do intentional outreach & marketing to increase access pts among other systems of care; work to connect w/those unsheltered; & comply w/after hour plans. CoC staff are writing policy re: housing search & placement req to support proj ongoing effort to secure housing for those w/the most challenges. Proj are req to adhere to housing 1st & are monitored to ensure fidelity so people are quickly housed w/out add'l barriers. The CoC IDs & houses people w/the longest LOTH through CE w/ID @ coalition level by reviewing HMIS & non-HMIS PL, showing LOT since referral & LOTH. The CoC houses people w/LOTH at proj level by setting priority criteria as LOTH plus another factor: PSH-CH status, RRH-highest service need, & TH-disability. @ coalition level, case conf focuses on those w/LOTH; brings together partners to support housing search & network w/LLs; results in creative solutions & support for those on list w/most sig barriers. Compliance is reviewed during monitoring. CoC staff review PL, identifying those w/200+ days on the list & seeking more info from coalition partners. To support housing placement, coalitions hire housing nav to recruit, support & address LL needs. CM provide client-centered support to obtain elig docs for all prog types, complete CH timeline & verify homelessness to speed up process. Many comms hired peer supports to work w/people 1:1 to help nav the system & stabilize mental health; partner to provide financial literacy ed, life skills & empl trng prog & links to mainstream resources to create a safety net. The CoC Board & ED are responsible for overseeing the CoC's strategy to reduce the LOT people remain homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

The CoC works to increase the rate that people residing in ES, SH, TH & RRH exit to PH. From ES, the CoC promotes self-resolve, using local resources to provide short-term help, develop a safety net w/community providers, ID natural supports, & create goal plans. For those needing more support, shelter staff work to speed up the process by gathering eligibility docs (disability, chronicity, birth cert, SSN & verify homeless). The CoC staff help w/coalition-level case conf to expedite housing search, placement & address barriers; support hiring coalition-level housing nav to increase LL engagement, negotiate lease terms & expedite placement; seek out flexible funding opp; & provide access to CoC-wide training on fair housing, ADA, MI, TIC & other CM best practices. To increase PH exits from time limited housing proj, the CoC supports stability strategies & client-centered motivational interviewing techniques. Projects engage in exit & budget planning, after care & follow up; tenant & fair housing education; building on strengths & enhancing support networks; skill training & educational goals; id & address employment barriers. The CoC works to increase the rate people in PH retain PH/exit to other PH by req housing 1st practices & advocating for PHA move on programs or other rental subsidies to support clients w/limited income after exit. The CoC selects proj for funding where client needs are prioritized, CM works @ client pace & meet them where they are. CM connect clients to DVR, rep payees & ADRC benefit specialists; help w/SSI apps & Medicaid, ensuring staff are SOAR trained; & make referrals for mental health care & AODA services. Coalitions work to create streamlined intake processes for human services, community mental health prog (CSP & CCS), & develop peer-led sobriety support groups. For all exits, the CoC ensures fidelity to housing 1st through monitorings, verifying that evictions are avoided & rehousing occurs when needed. Developing a safety net & plan to access help early in a crisis are key to PH retention & self-sufficiency. Programs work to increase education on tenant rights & resp; use LL incentives & risk-mitigation funds to support LL; help clients increase & retain earned & non-earned income; support access to mainstream benefits & other necessary supports to sustain housing after proj ends. The CoC Board & Director are responsible for overseeing the CoC's strategies to increase the rate that people exit to/retain PH.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

The CoC’s strategies to ID people who return to homelessness include using our statewide open HMIS system w/the ability to report on recurrence at the project, coalition, CoC & statewide level; our 69 county no wrong door CoC-wide CE system that includes HMIS & non-HMIS based referrals; & reviewing anecdotal evidence provided at the agency level. ID incl those returning to shelter after successful exit to PH & also those returning to the CE list after self-resolve, brief service or intervention, & exits to non-PH dest. HMIS customized reports can be run to help CoC staff drill down on common factors, demographics & LOTH among those returning to homelessness to determine patterns, trends & further develop best practices & addt’l strategies to reduce the rate of returns. The CoC reviews SPM data annually & the CoC SPM cmte reviews qtlly w/the ED presenting PIT, CE & SPM data to membership @ CoC mtgs. Daily review of CE data by local CE leads & monthly by CoC staff provides live time access to those waiting for assistance; how long people remain on the list or return to the list; & what happens when someone can’t find housing. Case conf also allows for community-level discussion around those unable to secure housing or returning to homelessness, the underlying causes & barriers. The CoC also works w/the State DV Coalition & VSPs on those returning to homelessness because of DV, relying on their insight. The CoC’s strategy to reduce the rate of addt’l returns to homelessness center around sustainability & wraparound services. The CoC also adheres to housing first, avoiding evictions & rehousing when needed. Programs focus on exit planning, creating safety net supports & follow up plan to reduce returns. The CoC continues to advocate for PHA homeless pref & move on strategies to ensure those w/low income have ongoing rental support, including access to other subsidized housing in community. Program staff work to connect clients to community-based supports to address mental health, AODA & physical health issues; enroll clients in education, training & job center programs; refer to budgeting, money & rent smart programs; apply for all eligible benefits; & help create positive & safe social support system. Aftercare programs reinforce the need to reach out @ beginning of a crisis & ensure awareness of community resources & supports. The CoC Board & Director are responsible for overseeing the CoC’s strategies to reduce the rate people return to homelessness.

2C-5.	Increasing Employment Cash Income–CoC’s Strategy.	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

The CoC's strategies to access empl cash sources centers around advocacy for statewide initiatives, reducing barriers, enhancing opps for living wage jobs & promoting innovative partnerships w/in coalitions. ED sits on state council chaired by Lt. Gov to discuss system gaps, needs & collab. Advocacy incl removing inconsistencies across CoC & work to address barriers in obtain/retain emply w/interventions tailored to client needs. The CoC supports coalition collab w/priv employers, temp agencies, job centers, DVR & WIOA to conduct job fairs in accessible well-advertised locations, create safe space to directly connect w/clients @ shelter or meal sites, facilitate events where employers accept apps & conduct interviews on site. Staff work to remove indiv & syst barriers to emply by providing access to tablets, phones, hot spot & internet; gas, taxi & bus passes; & paying for work-related expenses & supplies. The CoC & coalition partners cont to advocate for affordable & flexible childcare & after school care. Addt'l agreements have been dev w/senior emply trng prog, ADRC & counties to address emply barriers & needed supports. Proj work to incr job readiness & employability skills, help pursue GED, enroll in tech school for generals or cert prog such as welding, host wkshps & peer support progs. Some started Access to Work programs to provide direct support incl soft skills & job supports. Improved collab w/partners can incr vol & apprentice openings, resume bldg, mentorship, job placement & creating new initiatives. The CoC works w/mainstream emply org to help people exp homelessness incr their cash income by signing an MOU w/each Wkforce Board to prioritize access to empl and/or high demand industry trng programs w/homeless providers agreeing to joint coordination & providing individually tailored comp wraparound services. Coalitions work to dev targeted relationships w/local employers, temp agencies & emply orgs; while proj staff work to create client centered goal plans to address client barriers to sustained emply activities. The state council approved a plan to end homelessness w/a strategy to increase emply & income by req each Wkforce Board to have a rep from each CoC; est data coll req for emply & ed; create partnerships & alignment btw homeless-specific programs & mainstream education, emply support & econ assist prog & training services. The CoC Board & Director are responsible for overseeing the CoC's strategies to increase income from employment.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access non-employment cash income; and	
2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

The CoC's strategy to access non-employment cash income is a commitment to project & coalition level partnerships w/community partners to ensure staff are up to date on all possible benefits available, elig criteria, appl & renewal process. Proj staff are req to provide direct, hands-on support to clients, be involved & available to complete elig paperwork, initial apps & renewal process for benefits; & when possible, receive SOAR training. Agency policies must outline the process, including a screening for all clients to review elig & status for all mainstream benefits, child support, health ins & food insecurity issues. If clients do not receive all benefits they are eligible for, staff must help them. When clients receive all the benefits they are eligible, staff must help them maintain. A core best practice centers around staff completing SOAR training to help clients apply for SSI/SSDI benefits, become their rep w/SS office, help fill out req forms, attend consultative exams w/clients, complete 3rd party functional reports, consult w/DDB staff, attend appts w/SSA office & help clients obtain a payee if approved. Compliance is reviewed during monitoring. The CoC supports project-level partnership w/ADRC when SOAR cert staff are not available or connect w/legal action or specific attorneys to handle appeals; work w/benefit specialists & county human service staff; & HMO-specific services. The CoC encourages DVR, benefit specialists, empty agencies, job coaches & mainstream benefit providers to participate in coalition & strategic planning mtgs. Providers directly working w/clients attend client-level mtgs to create a team of people working to support & address housing, employment & benefit concerns. Enrollment specialists & county staff are invited to coalition mtgs; provide updates & answer questions; travel to shelters, meal sites & libraries to complete paperwork; & simplify when possible the intake & review process. Proj staff ID barriers & ensure clients have access to a phone, internet, transportation & help secure childcare. As an advocate & w/a release, CM can make calls & fax or email apps; respond to inquiries & follow up on status; advocate & help w/appeals; provide warm handoffs to providers; provide transport; get answers to questions & address concerns; & help navigate the system. The CoC Board & Director are responsible for overseeing the CoC's strategies to increase non-employment cash income.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
WinnebagoLand Rap...	PH-RRH	34	Healthcare
Sauk Pathway Home...	PH-PSH	32	Both
Lakeshore PSH Ex...	PH-PSH	35	Healthcare
Permanent Support...	PH-PSH	33	Both

3A-3. List of Projects.

1. What is the name of the new project? Winnebagoland Rapid Rehousing Expansion
2. Enter the Unique Entity Identifier (UEI): SCLANJCNMH86
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 34
5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Sauk Pathway Home - Home Stretch PSH
2. Enter the Unique Entity Identifier (UEI): V3DYTNCJMSJ5
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 32
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Lakeshore PSH Expansion
2. Enter the Unique Entity Identifier (UEI): N3A2AX4B63S5

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 35

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Permanent Supportive Housing

2. Enter the Unique Entity Identifier (UEI): KQHRECN8FDK8

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 33

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)
 NA

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

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

(limit 2,500 characters)

NA

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section I.B.3.I(3)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1.	Applicant Name	WI Balance of State CoC Planning
2.	Project Name	WIBOSCOC Supportive Services for Coordinated Entry DV Expansion
3.	Project Ranking on Priority Listing	45

	4. Unique Entity Identifier (UEI)	LBN1AU46U7L4
	5. Amount Requested	\$121,644

4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.I.(3)(c)	
	Describe in the field below:	
	1. the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and	
	2. how the proposed project addresses inadequacies identified in element 1 of this question.	

(limit 2,500 characters)

The BOS oversees a large area for coordinated entry (CE) w/69 counties. The purpose of CE is to create a process that is easy for clients to navigate, provides quick & seamless entry into housing & services, prevents service duplication, reduces length of homelessness, improves communication w/in local coalitions & connects people to the most appropriate resources for their specific situation. For those fleeing/attempting to flee violence, the CE system has been enhanced to ensure safety & confidentiality; a non-HMIS PL parallel system has been created; & DV-specific training on unique needs & concerns has been provided. The current SSO CE DV grant is designed to enhance the relationship between DV & non-DV partners, removing barriers to CE & ensuring DV survivors have the same access to housing & services. The current funding is not enough to achieve these goals. There are 4 key inadequacies of the current CE system that limits its ability to better meet the needs of survivors. These incl the need for more training for subs on DV-specific safety planning; limited outreach & marketing materials; 1 coalition not included in the grant; & limited availability of custom reports that can illustrate the need, identify gaps & report out on demographics. The add'l funds will address these inadequacies in 4 ways. (1) Provide all current subs (20) with funds to purchase more outreach & marketing materials, especially translated docs & large print flyers. The funds will support time & mileage to ensure materials are provided to places most likely to be seen by those fleeing/attempting to flee DV. (2) Provide case management time to attend DV-specific training on safety planning provided by State DV coalition staff or other statewide experts. (3) Provide funds to the 1 coalition previously not included in the SSO CE DV grant. (4) Provide funding to expand our services contract to include more training & more detailed custom-built on-demand outcome reports from the non-HMIS system. It would also allow for compensation to update fields more frequently as the CE committee & DV workgroup identify more data elements to collect or changes to current questions, incl the new CoC assessment. The expanded grant would increase access & ensure CE system consistency for all people experiencing homelessness in the BOS.

	4A-2b. Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.I.(3)(d)	
	Describe in the field below how the new project will involve survivors:	

	1. with a range of lived expertise; and
	2. in policy and program development throughout the project's operation.

(limit 2,500 characters)

The CoC is applying to expand our current SSO CE DV grant. The entire renewal & expanded project will involve survivors with a range of lived expertise in policy & program development in a similar way to what the CoC does for all CoC work. W/in CoC governance structure, local coalitions elect Board members & there is a statewide seat for someone w/lived exp & a DV seat. Board oversees the ED & advances the mission of the CoC through strategic planning; vote & approve CoC policies incl CE, written standards & CoC competition rating & review, proj selection & grants; maintaining the CoC's fiscal health & proposing an annual budget; & helping the ED develop & implement long-range plans, strategies & priorities. The Board meets mthly, attends qtrly CoC mtgs & participates in strategic planning activities. Each Board member serves as a cmte chair. Currently the Board member w/lived exp serves & provides leadership to the public awareness/advocacy & lived exp cmte & the DV seat chaired the Gaps & Needs cmte. In the CoC, youth under 24 can become involved in their local community action groups working on local policy, planning activities, join workgroups, participate in mtgs, take on leadership roles. They can also join the CoC YAB & provide system level input, participate in CoC-wide initiatives & give feedback on CoC policies incl CE. People w/lived exp can join any cmte & there is a lived exp cmte which incl a people w/various exp of homelessness incl DV. All cmtes advise the Board; have direct influence & access to policy change, strategic planning & feedback on all parts of the CoC process; & incl in CoC decision-making. Cmte members w/LE are reasonably compensated for their time & barriers are addressed, incl tech, supplies & transp. The CoC uses lessons learned in the est of the CoC YAB to inform approaches for outreach & engagement. To actively recruit for the Board & cmte members, the CoC works w/public awareness/advocacy cmte & YAB for guidance on best approaches including social media, targeted outreach, mass emails, word of mouth, & flyers shared w/local partners. Local coalitions & CE leads actively recruit, invite, & support people w/lived exp incl survivors to attend mtgs & provide feedback. Several coalitions have created lived exp roundtables to create space for people to come together, build community & be heard. The CoC is dedicated to ensuring the voice of those w/lived exp incl survivors are incl in decision-making & policy development.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	1,418
2.	Enter the number of survivors your CoC is currently serving:	348
3.	Unmet Need:	1,070

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	
	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

The CoC calculated the # of DV survivors seeking housing &/or services in question 4A-3 E1 & E2 using 3 data sources: CE, HIC & HMIS data. (1) The CoC has a CE HMIS & non-HMIS process for all 21 coalitions. CoC staff can run the lists for the entire CoC. On 8/7/23, the CE HMIS PL report was run & showed an unduplicated # of 126 HH w/kids & 142 HH w/out kids (total 268 HH) fleeing/attempting to flee DV identified & referred to CE in the CoC. On 8/7/23, the CE non-HMIS PL (custom created for DV) list showed an add'l 181 HH w/kids & 160 HH w/out kids (total 341 HH). To calculate CE need, add list # together (268+341)=609 DV HH exp homelessness & seeking housing &/or services. (2) Each coalition completes a mthly housing inventory chart (HIC) indicating the # people served in each proj regardless of funding source or use of HMIS. Data is collected for the 4th Wed/each month. According to the HIC, there were 355 DV HH served on 8/23/23 in non-HMIS programs (216 ES, 57 TH, 82 RRH). (3) According to an HMIS HUD Annual Perf Report run by project type by the HMIS lead on 9/19/23 for the month of Aug 2023, there were 454 DV survivors (adults & kids) in 212 HH w/kids & 240 HH w/out & 2 HH w/only kids all fleeing/attempting to flee & served in non-DV specific progs using HMIS: 17 in day shelter, 131 ES, 19 PSH, 185 RRH, 15 SO, 5 TH, 82 prevention. The CoC collects DV status as a UDE for entry/exit, services & outreach contacts. To calculate E#1, add those seeking help: 609 CE + 355 HIC + 454 HMIS = 1418. To calculate E#2, add those DV HH currently being served in a housing prog: 139 HIC (RRH+TH) + 209 HMIS (PSH, RRH, TH)=348. That leaves an unmet need of 1070 HH (1418 HH-348 HH). The CoC is unable to meet the needs of all survivors @ this time. There are only a few housing proj dedicated solely to DV other than shelters. This incl small TLPs & the CoC's DV RRH proj. The need far outweighs the available supportive housing options. Add'l barriers to meeting these needs incl lack of adeq funding for rent, CM & other support services; not enough affordable housing stock, not enough landlords willing to rent to low/no income HH, not enough landlords willing to accept a housing voucher; & limited agency capacity across the CoC to run a proj-incl hiring staff, admin & fiscal support, or resources.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	

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

Applicant Name
WI Balance of Sta...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	WI Balance of State CoC Planning
2.	Project Name	WIBOSCOC RRH Project Expansion
3.	Project Rank on the Priority Listing	44
4.	Unique Entity Identifier (UEI)	LBN1AU46U7L4
5.	Amount Requested	\$1,218,609
6.	Rate of Housing Placement of DV Survivors—Percentage	57%
7.	Rate of Housing Retention of DV Survivors—Percentage	85%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

To calculate housing placement & retention rate, the proj applicant used the CoC DV RRH APR data submitted to HUD in SAGE for the 21-22 grant year. The grant incl 5 subs, 3 use HMIS & 2 are VSP. In SAGE, both CSV uploads & joint HMIS CSV were used to calculate housing placement & housing retention rate. Placement %: use Q5a1 (total # of persons served) = 290 total people (adults & kids). Then, Q22c (total persons moved into housing & not yet moved into housing) = 154 people still enrolled & looking for housing, 78 people w/a housing move in & 58 exited w/out secure housing. Of the 136 people served (total people minus # still enrolled & looking), 78 were housed w/a move in date or 57%. This # represents the housing placement % to safe housing destinations. While lower than 20-21, all CoC proj are having difficulty finding affordable housing. Staff continue to work w/people to secure housing for longer periods of time. There were 154 people enrolled & still looking which is more than double the # that were looking at end of 20-21 grant (64). Retention %: use Q5a8 (total # of stayers)=122 & Q5a5 (total # of leavers)=168. Then, Q23c (# exits to permanent destination)=124. The numerator is stayers (122) + PH exits (124) = 246. The denominator is stayers (122) + leavers (168) = 290. Of the 290 people who were served in the project (stayers & leavers), 246 either remained in the project (stayers) or left for a safe permanent housing destination or 85% (housing retention %).

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
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NOFO Section I.B.3.I.(1)(d)

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

The CoC ensured DV survivors exp homelessness were quickly moved into safe aff housing by req subs to adhere to housing 1st, develop relationships w/LL, meet survivors where they are, use victim-centered TIC based CM, id potential barriers to obtaining housing & work w/a housing nav from the moment of enrollment. By creating a supportive positive LL network, agencies increase access to open units & streamline the process. During housing search, CM work intensely w/clients to id needs & wants for neighborhood, size, cost, prox to work/school, safety concerns & access to support networks. Housing nav provide LL/T educ on rights & resp, help w/apps & apt visits, negotiate leases & changes needed to address safety concerns; mediate issues & challenges to avoid evictions. The CoC prioritizes survivors for DV RRH w/in the CE system through the HMIS & non-HMIS prioritization lists. On the pre-screen form, clients are asked if they are fleeing/attempting & consent to the CE process. If yes, the referral is marked w/an "F" which allows the HMIS/non-HMIS system to prioritize w/in the list for DV RRH. Other factors incl longest LOT since efforts to flee began, most # times homeless/episodes fleeing, & assessment score. The CoC-approved CE waiver process incl ETP, other cross-proj referrals, or transfers & reviewed when initiated. Once housed, CM help id housing stability barriers incl income & budgeting, childcare, educ, legal issues, transportation, mental/phy health; & determine which supportive services they need w/a strengths-based assessment. Survivors lead the process, set their own goals & define safety for self. Once basic needs are met & a safety plan made, CM help connect survivors to supportive services both from w/in the agency & community-based resources. This incl helping clients enroll in job training, educational programs, visiting childcare facilities, connecting w/legal advocates, accessing cx services, securing reliable transp, obtaining ID docs & bank accounts, est new healthcare providers & accessing benefits. The CoC ensures DV survivors can maintain housing stability after the subsidy ends by focusing on advocacy, empowerment, rebuilding control over their lives, increasing income, connecting to HCV or other subsidized housing, improving physical & mental health, assisting w/a community-based support network & building healthy relationships while re-establishing their lives free from phy, emotional & financial abuse.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

The PA (or CoC) ensured the safety & confidentiality of DV survivors exp homelessness in 5 ways. 1.The CoC req subs to ensure privacy/confid in intake space, use private rooms w/doors & white noise machine to minimize potential coercion of survivors. CM follow client lead & offer to meet in public, use virtual alt incl web-based mtg apps & email, text or messaging. All info is locked, password protected & secure. 2.To ensure access to safe housing, subs use an empowerment philosophy, help clients take control of their own life & make decisions. CM discuss potential barriers & make suggestions; help client achieve own goals; & ID what is safe & what will meet their housing & safety needs. During search, the CM works w/client to review options for bldg type, security & other safety features, community, close to work/school/public transp & unit size. 3.To keep info & locations conf, all subs receive DOJ confidential address prog training which provides survivors of violence or those who simply fear for their phy safety w/a legal alt address to be used for public & private purposes. CE & project staff have been trained to adhere to conf address rules & how it works w/client file mgt. No info is shared w/out ROI. 4.The CoC ensures subs train staff on safety, planning & conf policies & practices built on client centered service delivery during onboarding & annually. Onboarding staff reqs job shadowing; thorough review of policy & procedures incl disaster resp & external safety threats; & boundary & ethics trng. Safety planning trng incl written & verbal practice during an explosive incident, using a plan to leave, safety after leaving & digital safety. The state DV coalition provides a Found of Adv trng & covers dynamics of interpersonal violence, trauma, crisis cx, safety planning & conf available for subs. 5.Subs take security measures for scattered site units to support survivors' physical safety & location conf. Phy safety planning includes ID safety networks, transp, security systems, wkplace safety, child/school safety, child exchanges, court proceedings, restraining orders, new cell phones & bank accts, obtain & file reports w/law enf; & create digital safe space. Emotional safety planning incl positive coping strategies, peer support groups, therapy, setting & practicing boundaries, learning about healthy rel & seeking med help for any trauma. Agencies provide clients w/phones to dial 911, in-unit security incl alarms & door jammers, & ring cameras.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Ongoing, the proj evaluates its ability to ensure the safety of DV survivors served by the proj, incl any areas ID for improvement, in 2 ways-client feedback & outcome data. Subs ask survivors about the services provided to them as a part of ongoing proj eval. They are asked about feelings of safety & support throughout the enrollment, housing search, CM & follow up phases. There are also open-ended questions, space to provide add'l comments about service delivery, specific issues or concerns, areas in need of improvement, & overall satisfaction w/the efforts made by the agency to meet their housing & safety needs. Subs use diff formats incl survey cards & Survey Monkey; self-sufficiency & move on assessments; & victim empowerment scale. Survivors can also provide feedback anonymously. Surveys are designed to be offered while the client is in the proj, at exit & 60/120 days post-exit. The goal is to provide survivors w/more strategies to enhance personal safety; have more knowledge of community resources; an increased sense of empowerment, community & self-sufficiency; while remaining housed. Listening, collecting feedback & tailoring prog & services based on the feedback that has been received is how subs successfully create safe space, build trust w/survivors & build effective progs. 2. Outcome data is another way to evaluate survivor's sense of safety. People remain in housing when they feel safe, are connected to their community & their housing meets their needs. Clients can then address other barriers & challenges like transp, educ, income, mental & phy health & increase community-based connections incl volunteering & participating in activities. Once housed & safe, survivors can rebuild their lives, taking control & asserting their wishes. Subs & the CoC look at data on connection to community-based resources, increase cash & non-cash income, increase connection w/mainstream benefits & health insurance resources on a qtlly basis. Compliance w/housing 1st & client centered services is reviewed during CoC annual monitorings. CoC staff interview CM & clients on topics incl client choice, implied consent, rapid placement w/out barriers, confidentiality, individual goal planning & safety. Through direct client feedback, outcome data & interviews, the subs & CoC can identify areas in need of improvement, follow-up on any issues/concerns, & ensure the best possible service delivery for survivors.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section I.B.3.I.(1)(d)		
Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	

7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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(limit 5,000 characters)

The proj app (CoC) & subs used TI, victim-centered approaches to meet needs of DV survivors w/in 7 diff elements. 1.The CoC & subs prioritized placement & stabilization in PH consistent w/client wishes & stated needs through rapid placement, housing 1st & centering service around client-led goals. Once enrolled, CM worked w/clients to ID housing needs; choice & pref in location, unit size & amenities; address phy & emotional safety & security needs; close to work, school & public transp; & access to support networks. Housing nav visited units w/clients; provided LL/T ed on rights & resp; neg lease terms to help speed up the process. CM served as a resource for clients, help mediate issues & challenges to avoid evictions. CM worked w/clients to create safety plans, survivor-led case & goal plans, & ID avail comm resources. Once housed, CM helped clients ID barriers to stability incl income, ed & legal issues; address client needs & obstacles; & provided support, referrals & advo. CM connected clients to ed, job & trngs; find childcare; & applied for benefits & services to help clients be self-suff, incr sense of safety, indep & stability. All decisions were based on client choice, consistent w/their goals & needs. 2.The CoC & subs est & maint an env of agency & mutual respect. No one used punitive interventions. All subs ensure staff interactions are based on equality & minimize power differentials while led by client choice, proactively address concerns, ID barriers & support rebuilding sense of control. Subs provided staff w/annual trauma trng, used the state DV coalition's foundation of trauma curriculum to onboard & incl addtl virtual webinars to enhance skill dev. Staff act as a guide throughout client's journey. Subs continue to eval their services to ensure they are easily accessible w/no preconditions or barriers, confidential & rooted in best practices. 3.The CoC & subs provided clients access to trauma info. A core part of advocacy incl client ed on cycles of abuse, power/control, dyn of abusive rel, ACES, toxic stress & trauma bonding. Subs worked to create more understanding & awareness about the brain & body's response to trauma to lessen shame or guilt. Providing clients access to this info helped explain why leaving abuse was so difficult & other effects of trauma. All sub staff received TI training, impact on the brain & stress response, working in a TI environment, trauma & support throughout the life cycle, & how to care for kids in crisis in TI manner. Referrals are made to comm counseling services specializing in peer support for survivors of violence & when available, in-house therapy services incl indiv & fam cx & support groups. 4.The CoC & subs emphasized client strengths by developing ind client-centered case plans, using strength-based assessments, creating action steps based on client's goals & strength-based coaching. All subs used survivor-centered practices, provided a supp env for them to explore their needs & wants in a non-judg space. The CoC & subs believe survivors are experts on their own lives & centered services on client choice. CM used TI practices & MI to help clients identify areas of growth, practice skills & develop tools needed to maintain self-sufficiency, safety & housing stability. 5.The CoC shifted service delivery to ensure cultural resp & inclusivity while addressing disparity & equity issues. The CoC hosted trainings on eq access, gender identity, LGBTQ inclusivity & pronouns, cultural comp & humility, impact of white privilege & antiracism. The CoC approved policies against invol sep & req compliance w/eq access & gender identity rule. Subs were req to comply w/policies & compliance reviewed during monitoring. The CE & Gaps cmte worked on providing translated materials & reducing language reading level. Several subs completed a full Safe Zone trng, trng on diff cultures & how to create culturally sensitive spaces. 6.The CoC & subs provided a variety of opps for client connection through mentors, peer-to-peer support groups & spiritual growth-related activities when requested or ID by client as a need from inhouse services & warm handoffs to outside help. Staff helped

clients connect w/safe, positive & supportive faith & school progs incl variety of support groups incl gender-specific/neutral, LGBTQ+ or allies, Spanish & parents. Subs worked to remove any barriers-transp, tech or childcare. 7.The CoC & subs offered support for parenting by facilitating classes & groups to help repair & heal any damage to the bond btw the protective parent & child, build resiliency & address trauma. Staff supported clients w/school, enroll issues, mtgs & connecting to eligible services. Staff worked w/families to create a fam safety plan, teaching & mtg w/kids to discuss goals & ID action steps. Staff connected clients to comm providers &/or inhouse services for TI parenting classes, childcare, connection to legal services, youth/child advocates & mental health support.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section I.B.3.I.(1)(d)		

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

During the 21-22 grant year, the CoC's 5 subs provided supportive services to DV survivors exp homelessness while quickly moving them into PH & addressing their safety needs. Subs provide the following types of supportive services. 1. Case Mgt-All subs employed CM or advocates to work 1:1 w/survivors to secure & coordinate services, develop a client-led individualized housing & goal plans, provide help w/safety planning & risk assessment, work to ID housing stability barriers, help obtain benefits, provide info & referral to community-based orgs & support their path to independence. CM worked to build trust through consistency & follow the client's lead. CM created a safe space to help survivors express, relate, cope w/trauma in a supportive environment, address security concerns & increase sense of self-reliance. 90% of those enrolled were @ or below poverty, lacked savings, had poor or no credit history & limited job exp. Increasing income is critical to maintaining housing after financial support ends. CM partnered w/employment programs & workforce resource or job center staff to support the survivor's job search, skill dev, enroll in apprenticeships or internship job trials. CM helped address obstacles such as childcare, transp, clothing & supplies. Many survivors reported feeling isolated & lacking a positive support network. CM focused on helping the survivor build a safety net, know their resources & community, & create long-term housing & support plans. CM connect survivors' w/ed-GED, tech school, literacy, financial aid & higher education; connect to physical, mental & AODA cx services; assist w/securing ID docs; & apply for mainstream benefits. CM provide follow-up services as needed to ensure housing stability & ongoing connection to community resources. VSP were able to provide many in-house DV-specific services for survivors incl legal advocacy, trauma support, & healing circles. Non-VSP subs partnered w/a community VSP to provide DV-specific services. 2. Housing Search & CX-All subs either employed a housing nav or partnered w/another agency to help expedite the search process. Housing nav provide LL/T educ, negotiate leases & complete HQS insp. They work to help clients find housing solutions that meet their need incl community choice, unit size & features, close to work/school, access to public transp & access to support networks. Using a housing nav resulted in a decrease in the amount of time it took survivors to locate units & sign leases. They also enhance the relationship btw the tenant & the LL, explain lease terms & expectations, serve as a resource to mediate any issues or challenges that might arise, working to avoid evictions. Housing nav positively impacted long-term housing stability for survivors. 3. Transp-All subs provide taxi vouchers or bus tokens/passes to survivors to meet transp needs incl phy & mental health appt, meet w/community providers, get groceries, go to work or an interview. Subs also reimburse CM staff for mileage when they transport clients to/from. 1 rural sub provided one-time payments for car repairs or maintenance not to exceed 10% of BB value because there is no mass transp options. This funding helps CM provide the support needed for survivors to get where they need to go by reimbursing mileage or paying costs associated to agency vehicle. 4. Outreach-All subs employed outreach staff to work w/CE & ensure all eligible survivors in the community have been assessed & referred to the PL. This funding was used to provide ed materials to community agencies, ensuring broad marketing to ensure people are aware of options for those fleeing/attempting to flee DV. Supplies were provided in multi-lang, reading levels & formats for people w/disabilities. 5. Food-Some subs provided food boxes, stipends & helped buy groceries for survivors to supplement limited food share; help provide healthy options @ farmer market & other pantry staples not available @ food pantry because of diminishing donations. 6. Utility dep-Some subs provided utility dep for survivors when they move into their units. Dep are

often req by small co-ops in rural areas or when there has been issues w/past service, late payments or unpaid balances. This funding helps the survivors start over & ensure utilities are connected. 7. Mental Health-Some subs covered the cost for survivors to meet w/an onsite therapist/mental health therapist. They provided ind & family services. All are voluntary & free to the client. Providing direct access to an on-call therapist during times of crisis, staff helped create a supportive environment several survivors needed to remain stable & help bridge the gap until community-based services can be secured. 8. Childcare-Some subs partnered w/a service to provide respite care for survivors; others paid costs associated w/child enrollment in afterschool & summer care to help provide a safe place for kids while survivor works.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

This grant app seeks to expand the RRH proj to incl 3 new VSP subs & expand services in 1 rural area. All subs will use TI & victim centered CM to house & provide services to DV survivors. Their collective exp comes from operating DV shelters, on-call crisis services & DV housing 1st pilot & flexible funding progs.

1. The new subs will prioritize placement & stabilization in PH consistent w/survivor wishes & needs by providing 1:1 support, consistency & bldg rapport. Subs will engage w/LL to ed re: unique needs for addt'l security, sense of safety & emot'l support animals. The sub's housing 1st strengths-based approach makes safe housing a right from the start rather than an end goal. In person, mobile & virtual adv will be avail as needed. Each sub has a diff method for creating goal plans but similar process-id goals, the steps, the benchmarks, support people/org, barriers & addt'l support to address those barriers. Subs will support the healing process by prov vol supp services & options w/in & outside of org.
2. Subs will est & main an env of agency & mutual respect; will not use punitive interventions; & work to ensure staff interactions are based on equality & min power diff. As VSP, subs will continue to prov unwavering support for survivors adhering to the core principles of survivor-led & TI approaches by understanding the impact of trauma & promoting phy/emotional safety, ensuring cultural relevance, & supporting choice, control & autonomy. Subs will shift power by empowering survivors & valuing their unique strengths brought from past exp, fam & culture. The victim centered approach means mtg survivors where they're currently at not expecting them to be ready or willing to engage in services. Staff model healthy boundaries & strive to understand & be responsive to all aspects of a survivor's identity incl culture, lang, relig, sexual orientation.
3. Subs will provide survivors access to info on trauma through in-house peer groups & external resources incl comm-based trauma cx services. Staff are trained to use a resiliency & strengths-based model of CM. 2 subs use a mix of self-study, cross trng w/long term adv & req in-house & State DV Coalition trngs on crisis cx, harm reduction, survivor-driven adv, intergenerational trauma, boundaries, & empowerment strategies to onboard staff.
4. The subs will focus on client's strengths during housing search & stability, exit planning & f/u needs. Staff will use a variety of strength-based assess tools, curriculum, skill dev to support goals & action steps. Staff will use these plans to enc, coach, reflect & remind about progress & celebrate successes. Emphasizing & bldg supports, staff will validate fears & concerns; trust & treat people as experts in their own lives; & create a service-delivery model that is flex & fluid to support self-sufficiency & stability.
5. Subs will center their work around cultural responsiveness & inclusivity. These subs weave anti-oppression work into the mission & ID of their orgs. Services will be inclusive, accessible & welcoming. Subs will work w/State DV coalition to expand skill dev on BIPOC, LGBTQ, IPV & civil rights compliance training. Staff are trained on accessing Language Line, knowing when to bring in translators, providing culturally responsive & competent services, anti-racism & implicit bias. Subs enc staff to expand their learning to incl taking anti-racism courses, receive diversity in leadership cert, & ID their own areas in need of improvement. Subs have cultivated strong working rel w/culturally specific programs & will use that to build connections, esp faith-based.
6. Subs will provide client connection through mentorship, peer support & comm-based activities. Connectedness is part of the TIC pillar of empowerment to ensure that survivors have the support, tools & resources needed to rebuild their lives. Peer groups will incl 1:1 mentoring, survivor led groups & specific topics-finances & digital safety. The more connected they are to the community, the more options they will have to heal & thrive. This incl faith-based groups; parenting circles/clubs; recovery & mental health groups; & ways to volunteer. 1 sub offers virtual community

through a trauma & healing podcast, survivor-targeted social media, & virtual support groups. Subs will work to create a sense of safety, independence & stability through a mix of in-house & external supportive resources. 7. Subs will offer support for parents w/childcare, school & comm prgms. Childcare is a challenge to find & to pay for, has lmtd hours or avail. Staff will work w/survivor's natural supports to help find options for childcare. Staff will support clients w/school-related enroll, services, assess & mtgs offering to attend or review paperwork. Staff will make referrals for parenting classes & cx. Staff will help find fam fun activities w/in the comm incl mom or play group; library or park & rec activities; & theater, children museum or other creative outlets.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

The proj will involve survivors w/a range of lived expertise in policy & prgm dev throughout the proj op in a variety of ways incl 1:1, small groups, surveys, survivor advisory cmte & focus groups at the sub-level & 2 adv cmtes avail to survivors @ CoC w/a systemwide gaps/needs survey. Subs will collect feedback & data to measure outcomes for the org to create a plan for addt'l services, prgm adj, ID unmet needs, better serve survivors by involving them in dev, implement & eval of policies & procedures. All subs will continue to enc survivors to share thoughts & ideas, express concerns & raise issues 1:1 or in small support groups. Subs will conduct eval anon online surveys tailored to the type of prgm or service used. Youth service surveys will be available for both the parent & child. Staff will seek input throughout the proj not only at end. Staff will provide tools & opps to complete the survey, incl phone or tablet access, & a link for email or text. Paper copies & translated surveys will be avail. If the survivor prefers a conversation, staff will set that up. All surveys will be in plain lang @ appropriate literacy level. Feedback can be tracked & synthesized easily through Survey Monkey. All subs will have an advisory panel for survivors to provide input on new ideas, current service offerings, possible unintended conseq of changes to direct service operations & continuous improvement of org. The panel will be avail for all survivors willing & interested. There will be small incentives provided to enc participation. Panels will be in person or virtual w/goal of providing the widest access. 1 sub plans to host focus groups, seek specific input on certain topics, rotate location & time to encourage any survivor of violence to participate. At the CoC level, there are 2 advisory cmte avail-lived exp & youth. The lived exp cmte is open to anyone w/lived homeless exp, incl DV. People participating in prgms or past clients are welcome to join. The youth action board was created for YHDP & continues to play a key role w/in the CoC. Youth 18-24 who are fleeing/attempting to flee are welcome to join. People are compensated for their time & expertise. Both groups provide direct feedback & suggestions to the Board & CoC staff on policies, prgm standards & procedure incl CE & DV RRH proj. Annually, the Gaps & Needs cmte releases a survey seeking to gather info from clients about services, outcomes & impact. Surveys can be translated, paper or online & anon.

Attachment Details

Document Description: 1C-7. PHA Homeless Preference

Attachment Details

Document Description: 1C-7. PHA Moving On Preference

Attachment Details

Document Description: 1D-11a. Letter Signed by Working Group

Attachment Details

Document Description: 1D-2a. Housing First Evaluation

Attachment Details

Document Description: 1E-1. Web Posting of Local Competition
Deadline

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a. Scored Forms for One Project

Attachment Details

Document Description: 1E-5. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Notification of Projects Accepted

Attachment Details

Document Description: 1E-5b. Local Competition Selection Results

Attachment Details

Document Description: 1E-5c. Web Posting-CoC-Approved Consolidated Application

Attachment Details

Document Description: 1E-5d. Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: 2A-6. HUD's Homeless Data Exchange (HDX) Competition Report

Attachment Details

Document Description: 3A-1a. Housing Leveraging Commitments

Attachment Details

Document Description: 3A-2a. Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/11/2023
1B. Inclusive Structure	09/27/2023
1C. Coordination and Engagement	09/27/2023
1D. Coordination and Engagement Cont'd	09/28/2023
1E. Project Review/Ranking	09/27/2023
2A. HMIS Implementation	09/25/2023
2B. Point-in-Time (PIT) Count	09/25/2023
2C. System Performance	09/25/2023
3A. Coordination with Housing and Healthcare	09/25/2023
3B. Rehabilitation/New Construction Costs	09/25/2023
3C. Serving Homeless Under Other Federal Statutes	09/25/2023

4A. DV Bonus Project Applicants	09/27/2023
4B. Attachments Screen	09/26/2023
Submission Summary	No Input Required