

## Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

**1A-3 CoC Designation:** CA

## 1B. Continuum of Care (CoC) Operations

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1B-1 How often does the CoC conduct meetings of the full CoC membership?** Quarterly

**1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?** Quarterly

**1B-3 Does the CoC include membership of a homeless or formerly homeless person?** Yes

**1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership?** Advisor, Volunteer  
Select all that apply.

**1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:**

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

## 1C. Continuum of Care (CoC) Committees

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.**

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	HMIS/Point in Time Committee	Provide training for the point in time count and collate point in time data for the COC. Maintain and update policies and procedures for accurate data entry for COC members including DV agencies. Responsible for developing the policies and procedures for ESG programs. Evaluation of outcomes for both COC and ESG funded projects. Review data quality, provide training and technical assistance for data entry. Work with HMIS lead organization to maintain compliance with HUD.	Monthly	Committee Chair-Carrie Poser (HMIS Lead) Orgs-HMIS Lead Agency, Emergency Shelters, COC funded homeless providers, ESG funder providers, Salvation Army.
1C-1.2	Project Evaluation and Assistance Committee	Responsible for monitoring of COC funded projects. Provide technical assistance to new and current projects. Review applications for new projects. Ensure that HUD's policy priorities are adhered to in new projects. Evaluation of ESG funded projects.	Monthly	Committee Chair-Joanna Hemschemeyer (Richard's Place) Orgs-Emergency Shelters, COC funded homeless providers, ESG funded providers.
1C-1.3	Coordinated Assessment Committee	Responsible for the development, implementation and evaluation of a regional coordinated assessment system. Development of transitional and permanent housing standards. Development of Rapid Re-housing standards in collaboration with the ESG administrator.	Bi-Monthly	Committee Chair-Jeanne Semb (Western Dairyland) Corin Tubridy (West CAP) Orgs-HMIS Lead Agency, Legal Action, Domestic Violence Agencies, Emergency Shelters, COC funded homeless providers, ESG funded providers, PHA.
1C-1.4	Discharge Planning Committee	Responsible for collaborating with all state COCs to develop a statewide discharge plan and policies for persons exiting from foster care, health care, mental health and corrections.	Quarterly	Committee Chair-Susan Tucker (CWCAC), Debbie Bushman (NEWCAP) Orgs-COC Representatives, COC funded homeless service providers, ESG funded providers, Legal Action.

1C-1.5	Ten Year Plan Committee	Responsible for development and implementation of a ten year plan to end homelessness. Ensure coordination with Opening Doors. Evaluate progress towards ending homelessness.	Quarterly	Committee Chair-Lu Scheer (Advocap) Orgs-HMIS Lead Agency, COC funded homeless service providers, ESG funded providers.
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**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)**

At each quarterly meeting, the board of directors provides opportunities to all attendees to join a committee of their choice. Committee reports are given at every quarterly meeting and attendees have the opportunity to comment and ask questions. Committee information is posted on the website as well. Each committee provides a cross-section of representation including organizations from both rural and urban locations. Members of committees include front line staff, mid-level management, executive directors, lawyers, faith-based organization staff and a PATH outreach worker. For example, the HMIS/Point in Time committee, the most active committee, is comprised of HMIS Lead Agency system coordinators, non-profit homeless program directors, a shelter manager, faith-based social service directors, PATH outreach worker and case managers.

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.  
(limit 750 characters)**

The COC project scoring tool is based on the following criteria: APR timely submission, % of funding utilized, unit utilization, data quality, and meeting the HUD goals of housing stability, increased income, earned income, and mainstream resources. The data is obtained from each project's fiscal year APR. Additional points are awarded for participation in the PIT counts and submission of quarterly APRs to the HMIS committee. Scoring for new projects included consideration of compliance with the NOFA priorities. The scoring was presented at quarterly meetings, feedback was requested and the tool was finalized prior to the 2013 annual meeting. The tool is posted on the website. The tool is currently a stand alone document but will be included in the governance charter to be adopted prior to the annual meeting in November 2014.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.  
(limit 1000 characters)**

As of 1/12/13 all projects, including sub-recipients, are required to submit quarterly APRs from HMIS. This will ensure accurate reporting on the FY APR as well as monitor performance. The HMIS committee developed a DV template that mimics the APR. Following each submission, the APR is analyzed and feedback given to each organization. Specific performance measures addressed include increased earned income, total income, and obtaining non-cash benefits. Other areas analyzed include length of stay and destination. Each data source allows the COC to analyze the extent of rapid return to permanent housing by illustrating participant change that occurs during the program, the length of time spent in the program, and the number of participants exiting to permanent housing. Annually, projects are required to submit a copy of their esnaps APR. The barriers assessed by the COC are disabilities, domestic violence, literal homelessness, no income at entry, and chronic homelessness. Severity of barriers faced by participants are taken into account in the ranking process through utilization of a high risk pool score. This was used as a tie breaker in the ranking process.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)**

The RFP for new projects is made available to all attendees at the COC quarterly meetings and through multiple mailing lists and is also posted on the website. The COC board provides training and technical assistance to all interested parties. Proposals are submitted to the Project Evaluation and Assistance committee and are objectively reviewed and ranked. Those proposals that pass threshold are recommended to the board of directors for final approval. Board directors work one on one with the selected applicants, providing feedback and guidance, to ensure successful submission of the grant application. Successful applicants must be involved in their local continuum of care and demonstrate match and leverage commitments.

**1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.** 01/15/2014

**1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?**

**1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?** Yes

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)**

**1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?** Yes

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)**

Starting Points was monitored by the Project Evaluation and Assistance committee due to project ranking and concerns from the HUD Field Office. 10/1-2/13: team completed site monitoring. 10/17: committee sent findings, recommendation to reallocate funds and appeal instructions. 10/31: Starting Points' Exec. Dir. sent response and alleged unethical behavior and conflict of interest. 11/6: board responded with request for 3rd party documentation. 11/13: SP E.D. responded with some requested items. 11/22: board sent letter denying appeal due to lack of documentation. 11/25: independent 3rd party investigator sent letter confirming no conflict of interest or ethical violation occurred. Letter forwarded to SP E.D. COC board did not receive any further communication. SP transferred their COC grants to another agency.



## 1E. Continuum of Care (CoC) Housing Inventory

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes  
the HDX by April 30, 2013?**

## **2A. Homeless Management Information System (HMIS) Implementation**

### **Intructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### **2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)**

The HMIS is a shared governance system, encompassing four COCs. Each COC, through the HMIS governance charter and policies and procedures, task the HMIS lead and HMIS Advisory Board with assuring HMIS meets and exceeds all applicable HUD regulations and official notices. The HMIS lead agency has an official position on the BOSCO board and is required to report to the board each month on HMIS related activities. In the Balance of State COC, HMIS Lead agency staff are also active members of the HMIS/Point in Time Committee.

### **2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.** Yes

### **2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)**

Originally developed on 11/10/05 by the HMIS Lead, the Standard Operating Policies have been updated annually. Revisions are proposed by the HMIS Advisory Board and HMIS Lead. Final authority lies with the BOSCOG governing body. On 1/10/14, the HMIS Policies and Procedures manual was reviewed, revised, and approved by the BOSCOG. The manual was disseminated to users on 1/30/14. Within the COC approved manual is a privacy, security, and data quality plan. The Privacy Plan enumerates the data collection process, data use and limitations, disclosure of information, and domestic violence protections. The Privacy Plan starts on page 16 of the Policies and Procedures Manual. The Security Plan ensures the confidentiality, integrity, and protection of the HMIS data. The plan also details the security structure of the database and user obligations. The Security Plan starts on page 16 of the Policies and Procedures Manual. The Data Quality Plan assures that all HMIS data meet a stringent data completeness, accuracy and timeliness standard. The Data Quality Plan starts on page 25 of the Policies and Procedures Manual.

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

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

**2A-6 Does the CoC plan to change the HMIS software within the next 18 months?** No

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

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

**2B-2 Select the CoC(s) covered by the HMIS: (select all that apply)** WI-503 - Madison/Dane County CoC, WI-502 - Racine City & County CoC, WI-501 - Milwaukee City & County CoC, WI-500 - Wisconsin Balance of State CoC

**2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$427,033
ESG	\$72,722
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$499,755</b>

### 2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$0</b>

**2B-3.3 Funding Type: State and Local**

Funding Source	Funding
City	\$0
County	\$0
State	\$46,145
<b>State and Local - Total Amount</b>	<b>\$46,145</b>

**2B-3.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$9,745
<b>Private - Total Amount</b>	<b>\$9,745</b>

**2B-3.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$67,240
<b>Other - Total Amount</b>	<b>\$67,240</b>

<b>2B-3.6 Total Budget for Operating Year</b>	<b>\$622,885</b>
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**2B-4 How was the HMIS Lead selected by the CoC?** Agency was Appointed

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)**

Not Applicable

## **2C. Homeless Management Information System (HMIS) Bed Coverage**

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:**

* Emergency shelter	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

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

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)**

Not Applicable

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)**

Not Applicable

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

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".**

Type of Housing	Average Length of Time in Housing
Emergency Shelter	27
Transitional Housing	8
Safe Haven	5
Permanent Supportive Housing	27
Rapid Re-housing	3

**2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.**

Universal Data Element	Percentage
Name	0%
Social security number	7%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	1%
Head of household	3%

**2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)**

The HMIS is fully compliant and capable to generate the HUD required CAPER, APR, and AHAR reports. The HMIS also accurately generates PIT and HIC information for HUD submission. In addition, the HMIS is used to generate information for several components of the COC NOFA each year. The HMIS has been used annually to complete the CAPER, program specific APRs, AHAR, HIC, and PIT since 2007. Reports are structured to allow the generation of data by each CHO or by the HMIS Lead on behalf of the BOSCOG. While these reports are provided to HUD on an annual basis, the BOSCOG in concert with the HMIS Lead Agency, requires the generation of these reports by CHOs on a frequent basis. For BOSCOG projects, each must generate an APR quarterly in addition to their annual submission. For ESG and programs that contribute data to AHAR, reports are required monthly in addition to their annual submission. This process not only ensures high data quality for each HMIS CHO, but it also provides the HMIS/PIT committee with the ability to evaluate programs.

**2D-4 How frequently does the CoC review the data quality in the HMIS of program level data?** Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)**

The Data Quality Plan is found in the HMIS Policies and Procedures, which is approved by the four state COCs. Agencies are responsible for maintaining minimum data quality scores. The HMIS Lead is responsible for monitoring data quality and sends an annual data quality report to the COCs. The HMIS Lead will directly notify agencies that do not meet the minimum data quality requirements and also work with the COC HMIS/PIT committees to review data quality. The BOSCOG HMIS/PIT committee monitors data quality quarterly for each project. The HMIS Lead provides additional training and technical assistance to rectify data quality errors and reviews data from several different perspectives (funding source, program type, COC and system-wide) to assure it meets the highest possible standard. To ensure HMIS users have the skills to meet the high standards, new users are required to complete a rigorous training module and existing users are required to attend a minimum of 5 trainings annually.

**2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data?** Monthly



## 2E. Homeless Management Information System (HMIS) Data Usage and Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:**

* Measuring the performance of participating housing and service providers	Monthly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Annually
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Monthly

## 2F. Homeless Management Information System (HMIS) Policies and Procedures

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached.** Yes

**2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)**

Appendix 1 to the COC approved HMIS Policies and Procedures Manual contains the 5.8 Manual for General Users. Pg. 29 contains the data entry workflow requirements to document valid program entry and exit in HMIS. Pgs. 41-52 explain how to document program participant entry and exit dates in HMIS.

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

## 2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):** 01/30/2013

**2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?** Not Applicable

**2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX:** 04/30/2013

**2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:**

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	24%	0%	76%
Transitional Housing	0%	36%	0%	64%
Safe Havens	0%	0%	0%	100%

**2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)**

The sheltered PIT count for total number of persons in January 2012 was 3239. The sheltered PIT count for total number of persons in January 2013 was 3439. This was an increase of 200 persons sheltered in January 2013 over January 2012. There were more persons served in emergency shelters in 2013 because a major snowstorm hit the entire state of Wisconsin the day and night of the count, driving people indoors. Many warming centers and emergency shelters allowed significant overflow in response to the severe weather. In addition, while there was not an increase in transitional housing programs overall, the existing transitional units were utilized at a higher rate in 2013 than in 2012.

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description. (limit 750 characters)**

Not applicable.

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)**

1. Survey Providers: In the BOSCOG's 22 local continua, there is a designated PIT lead. That person is responsible for surveying the non-HMIS providers and collecting the total number of clients residing in each program on the PIT.

2. HMIS: The sheltered homeless population data is generated from HMIS for those emergency shelters and transitional housing providers using the system. The PIT lead runs reports and works with agencies to ensure the data entry is complete and timely. HMIS de-duplicates the data and ensures accurate reporting.

Both the survey data and HMIS data is provided to the HMIS/PIT committee chair. By ensuring accuracy at the local level and collecting the data on the same night for all providers in the BOSCOG, there is only the smallest chance of duplication between HMIS and non-HMIS providers.

## 2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

	<b>HMIS:</b>	<input checked="" type="checkbox"/>
	<b>HMIS plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b>		<input type="checkbox"/>
<b>Sample strategy:</b>		
(if Sample of PIT interviews plus extrapolation is selected)		
	<b>Provider expertise:</b>	<input type="checkbox"/>
	<b>Interviews:</b>	<input type="checkbox"/>
<b>Non-HMIS client level information:</b>		<input checked="" type="checkbox"/>
	<b>Other:</b>	<input type="checkbox"/>

**2I-2 If other, provide a detailed description. (limit 750 characters)**

Not applicable.

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)**

1. HMIS: HMIS is used to collect all client level data for those agencies required to use HMIS. The agencies are held to a data quality standard higher than the HUD minimums, including the six subpopulations required in the PIT.
2. Non-HMIS client level information: For the non-HMIS emergency shelter and transitional housing providers, agencies use internal databases and individual client records to generate the subpopulation data. Many of these providers are domestic violence agencies, who use a database called ALICE. The data is collated and submitted to the HMIS/PIT committee chair by the PIT lead. By ensuring accuracy at the local level and collecting the data on the same night for all providers in the COC, there is only the smallest chance of duplication between HMIS and non-HMIS providers.

## 2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### \* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

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

### 2J-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

### 2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

1. Training: The HMIS/PIT committee developed a PIT manual using HUD guidance and best practices. The manual covers who, when, and where to count; forms to use; data to collect; and why the count occurs. The committee conducts statewide training.
2. Follow-up: PIT leads receive ongoing training, assistance and support by the committee to ensure maximum possible response rates.
3. HMIS: The PIT training is combined with required HMIS user training. Agencies are given strict HMIS data entry deadlines and each report is reviewed individually for errors in data collection or calculations.
4. Non-HMIS de-duplication: All agencies are provided with instructions on how to gather data, including specific date and time frames. PIT leads are trained to scrutinize local level HMIS and non-HMIS data to ensure accuracy and de-duplication.

## 2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2K-1 Indicate the date of the most recent unsheltered point-in-time count:** 01/30/2013

**2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?** Not Applicable

**2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX:** 04/30/2013

**2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)**

The unsheltered PIT count in Jan. 2012 & 2013 were similar. Policies are established in the PIT manual. Training on best practice, methods, forms and process is conducted prior to each count. An organized street count is done in urban areas and a known location count is done in rural areas. There were 379 unsheltered persons counted in Jan. 2012. There were 171 unsheltered persons counted in Jan. 2013. This is a decrease of 208 people or 55% reduction. On the night of the Jan. 2013 unsheltered PIT count there was a severe snowstorm covering the entire state of Wisconsin. Unsheltered persons were able to take advantage of temporary expansion of capacity in the warming centers and emergency shelters evidenced by the increase in sheltered numbers reported in 2G-5.

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

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	X
Other:	

**2L-2 If other, provide a detailed description. (limit 750 characters)**

Not applicable.

**2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)**

1. Public places: This type is conducted only when the unsheltered persons are sleeping or unwilling to engage.
2. Public places count w/ interviews on the night: All communities conduct a known location or street count. Interviews are conducted with unsheltered persons willing to participate. Services, information/referral, blankets, food, water and personal products are offered.
3. Service-based: Conducted at service centers, meal sites, drop-in locations with brief surveys to ensure that they had not already been counted or were not counted later in the night.
4. HMIS: HMIS is used to document shelter turn-aways for persons who sought shelter but were turned away for lack of beds or rule violations. PIT leads are responsible for collating and de-duplicated the data.



## 2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count:** A Combination of Locations

**2M-2 If other, provide a detailed description. (limit 750 characters)**

Not Applicable.

## 2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.  
(limit 750 characters)**

Not applicable.

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.  
(limit 750 characters)**

1. Training: The HMIS/PIT committee developed a PIT manual using HUD guidance and best practices. Statewide training occurs prior to each PIT on who, when, where, what forms and data to collect.
2. Blitz: The count occurs on the same night statewide, between 9pm-6am, with enhanced coordination in cities located near each other.
3. Unique identifier: Each survey includes collection of initials, DOB, and location.
4. Survey question: Other questions include whether the person was already interviewed, demographics, and the 6 subpopulation data elements.
5. Enumerator observation: For persons not completing surveys because they were sleeping or unwilling to engage, a detailed physical description and location are recorded to prevent duplication.

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

### Objective 1: Increase Progress Towards Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.**

#### 3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		104	140	145
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	51	47	60	80
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		24	50	75
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		40	5	5

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)**

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

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)**

The BOSCO board of directors is responsible for instituting policy and implementing goals. The HMIS/PIT committee is tasked with monitoring progress on goals through semi-annual PIT data and quarterly HMIS based reports. The Project Evaluation and Assistance committee is responsible for ensuring compliance with BOSCO board policy for COC funded projects. This is accomplished through desk and site monitoring.

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

### Objective 2: Increase Housing Stability

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.**

**3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?** Yes

#### 3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	178	225	250
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	161	180	200
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	90%	80%	80%

**3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)**

The BOSCOG has exceeded HUD's minimum performance goal for housing stability. The BOSCOG strategic plan goals for FY14 and beyond require projects to serve chronic homeless using a Housing First model. Projects will be providing housing and supportive services to clients with significant barriers such as severe and persistent mental health, AODA, lack of income, poor housing history and minimal family or community supports. The proposed achievements for FY14 and FY15 reflect this shift in the type of clients served in the PSH programs.

**3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)**

The BOSCOG board of directors is responsible for instituting policy and implementing goals. The HMIS/PIT committee is tasked with monitoring progress on goals through quarterly HMIS APR submissions. Agencies not required to use HMIS (DV agencies) submit quarterly APR data on a standardized form created by the HMIS/PIT committee. The Project Evaluation and Assistance committee is responsible for ensuring compliance with BOSCOG board policy for COC funded projects. This is accomplished through desk and site monitoring. Underperforming agencies are provided written feedback and training and/or technical assistance to improve project outcomes.

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

### Objective 3: Increase project participants income

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.**

**3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 1629**

#### 3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	18%	20%	25%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	9%	18%	25%

**3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.**

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	647	39.72	%
Unemployment Insurance	72	4.42	%
SSI	184	11.30	%

SSDI	146	8.96	%
Veteran's disability	8	0.49	%
Private disability insurance	0		%
Worker's compensation	1	0.06	%
TANF or equivalent	97	5.95	%
General Assistance	5	0.31	%
Retirement (Social Security)	15	0.92	%
Veteran's pension	6	0.37	%
Pension from former job	10	0.61	%
Child support	178	10.93	%
Alimony (Spousal support)	8	0.49	%
Other Source	56	3.44	%
No sources	515	31.61	%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)**

HUD has never required reporting of non-employment income as a performance measure, it has historically required reporting on total income from all sources. Many clients do enter with income from non-employment sources and maintain that income. However, the majority of projects focus on increasing earned income to ensure long term housing stability for clients once they exit programs. In this calculation, if a project takes a client with TANF at entry and assists them to obtain earned income the client loses that non-employment income. Obviously, earned income will better assist the client with achievement of self-sufficiency and move them off dependence on government funded programs. The percentage of increased non-employment income does not accurately reflect program successes. If the BOSCOG could include maintaining and increasing non-employment income for FY13 the percentage is 31%. The BOSCOG goals for FY14 and FY15 reflect a focus on better data collection through the HMIS/PIT committee data standards. However, the majority of programs are still going to continue encouraging clients to increase earned income over non-employment income.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**



The BOSCOC came very close to achieving the HUD performance goal for increasing earned income. In prior years the goal for this measure included maintaining and increasing earned income. Had that been the measure, the BOSCOC percentage is 33%, which would exceed the goal set by HUD. The Coordinated Assessment committee developed eligibility standards requiring projects to accept participants with no income into TH and PSH projects. The BOSCOC board approved this standard and projects have until July 1, 2014 to comply. The proposed achievements for FY14 and FY15 reflect this shift in the eligibility of clients served. The BOSCOC goals for FY14 and FY15 reflect a focus on better data collection including the HMIS/PIT committee's development of data standards for COC funded projects. This includes standardization of terms and consistent use of interim reviews to document changes in income. While encouraging earned income, transportation in rural areas and lack of living wage jobs continue to be very real barriers.

**3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)**

The BOSCOC board of directors is responsible for instituting policy and implementing goals. The HMIS/PIT committee is tasked with monitoring progress on goals through quarterly HMIS APR submissions. Agencies not required to use HMIS (DV agencies) submit quarterly APR data on a standardized form created by the HMIS/PIT committee. The Project Evaluation and Assistance committee is responsible for ensuring compliance with BOSCOC board policy for COC funded projects. This is accomplished through desk and site monitoring. Underperforming agencies are provided written feedback and training and/or technical assistance to improve project outcomes.

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

#### Objective 4: Increase the number of participants obtaining mainstream benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.** 1629

#### 3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	80%	80%	80%

**3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.**

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1210	74.28 %
MEDICAID health insurance	294	18.05 %
MEDICARE health insurance	75	4.60 %
State children's health insurance	497	30.51 %
WIC	154	9.45 %

VA medical services	6	0.37	%
TANF child care services	62	3.81	%
TANF transportation services	8	0.49	%
Other TANF-funded services	2	0.12	%
Temporary rental assistance	2	0.12	%
Section 8, public housing, rental assistance	117	7.18	%
Other Source	34	2.09	%
No sources	291	17.86	%

**3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

The BOSCOG has far exceeded the HUD performance goal for obtaining mainstream benefits. This has always been a priority in the BOSCOG as reflected in the historically high percentages over the past decade. The BOSCOG goals for FY14 and FY15 to maintain this high level of achievement reflect a focus on better data collection including the HMIS/PIT committee's development of data standards for COC funded projects. This includes standardization of terms and consistent use of interim reviews. Residents of Wisconsin utilize access.gov to complete application for a number of mainstream benefits including SCHIP and SNAP.

**3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)**

The BOSCOG board of directors is responsible for instituting policy and implementing goals. The HMIS/PIT committee is tasked with monitoring progress on goals through quarterly HMIS APR submissions. Agencies not required to use HMIS (DV agencies) submit quarterly APR data on a standardized form created by the HMIS/PIT committee. The Project Evaluation and Assistance committee is responsible for ensuring compliance with BOSCOG board policy for COC funded projects. This is accomplished through desk and site monitoring. Underperforming agencies are provided written feedback and training and/or technical assistance to improve project outcomes.

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

#### Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

#### 3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	47	58	69
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	11	22

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

Currently, the only RRH programs in operation are funded through ESG and SSVF. New COC funded projects were limited to PSH in the last competition. RRH was considered in the current competition. However, the requirement for rental assistance to be administered by a PHA or government entity was a significant barrier. In the next competition SSOs will be required to reallocate their projects. Most will select to become RRH projects now that the rental assistance provision has been removed. The ESG administrator has not prioritized households with children resulting in the low numbers reported in 5.1b. The number projected for FY14 is low due to amount of funding available and delay in disbursement of funding. The Coordinated Assessment committee is developing eligibility standards for RRH in collaboration with the ESG administrator. An emphasis will be placed on prioritizing RRH funds for households with children. SSVF RRH only consisted of two providers, in FY14 there are five providers. SSVF allows for prevention as well as RRH and does not prioritize households with children. The BOSCOG is exploring a pilot RRH/TANF program in FY14.

**3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)**

The BOSCOG board of directors is responsible for instituting policy and implementing goals. A HMIS/PIT sub-committee will create data standards and evaluate performance through the submission of monthly HMIS reports. Agencies not required to use HMIS (DV agencies) will submit the data on a standardized form created by the HMIS/PIT committee. The Project Evaluation and Assistance committee is responsible for ensuring compliance with BOSCOG board policy for COC and ESG funded projects. The Project Evaluation and Assistance committee, in collaboration with the ESG administrator, will monitor agencies for compliance. Underperforming agencies are provided written feedback and training and/or technical assistance to improve project outcomes. The BOSCOG board of directors will partner with current SSVF providers to encourage prioritization of households with children. The BOSCOG board of directors will explore partnerships with TANF and RRH.

**3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)**

Currently, the ESG administrator has given local authority for RRH program development. In FY14, the Coordinated Assessment committee, in collaboration with the ESG administrator, will develop written standards for COC and ESG funded RRH programs that reflect local and national priorities, specifically households with children. These standards will reflect the homeless populations and sub-populations within the COC and the housing and service resources currently available. Standards will also establish the amount of rent that each program participant must pay which will be no more than 30% of adjusted gross income. Units will be required to pass HQS inspection and sign term leases. The ESG requirements include literally homeless and 0-30% CMI. These unique eligibility requirements will remain consistent across all programs.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?  
(limit 1000 characters)**

All RRH programs provide case management to households residing in ESG funded projects. The frequency of case management is dependent upon the needs of the household and varies from weekly to monthly. The most common means of communication with households is by phone, email, text or mail. Case management visits occur both in home and office settings. Minimal case management occurs via phone. Assessment of housing stability varies by agency and is currently not standardized. The Coordinated Assessment committee, in collaboration with the ESG administrator, is developing program completion standards. Program completion will be based on 1) accomplishment of self-sufficiency goals, 2) capacity to maintain rent payment, 3) successful connection to all appropriate mainstream resources, and 4) successful completion of tenant education (RentSmart). Additional assistance will be based on the needs of the household.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?  
(limit 1000 characters)**

Currently, RRH programs are encouraged by the ESG administrator to follow-up with previously assisted households. The level and extent of follow-up varies. Programs provide follow-up by 1) completing 30, 60 and 90 day phone contacts with households, 2) letter and phone every 3 months for a period of 12 months, 3) provide up to 6 months of aftercare through office visits, and 4) phone or personal contact at 6 months and 12 months. Programs determine changes in household income, population, barriers, and connection to community resources. Households are offered information/referral to other resources to maintain housing stability. The Coordinated Assessment committee, in collaboration with the ESG administrator, is developing standardized follow-up procedures.

## 3B. Continuum of Care (CoC) Discharge Planning: Foster Care

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-1.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?**

**3B-1.1a If other, please explain. (limit 750 characters)**

The State had general discharge policies. The HEARTH Act altered interaction between institutions and providers. The BOS and other 3 state COCs are in the process of redeveloping a statewide policy, reestablishing partnerships, and providing training to the WI Homeless Programs Interagency Workgroup. State staff formed the workgroup to address gaps in discharge planning. Participants represent the Div. of Health Care Access and Accountability, Dept. of Admin., Dept. of Children and Families, Dept. of Public Instruction, Dept. of Health Services, Dept. of Workforce Development, Dept. of Corrections, Dept. of Veterans' Affairs, WHEDA, Bureau of Aging and Disability Resources and SSA Disability Determination Bureau.

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)**

The COC has provided multiple trainings to the membership on discharge planning, invited state agencies to present information on their programs and discharge planning process, and provided opportunities for state agencies and providers to collaborate at the local level. Members of the COC and HMIS lead are partnering with the Department of Children and Families on a planning grant to prevent and respond to youth homelessness among those in or aged out of foster care. At the local level each COC lead agency has developed local discharge plans with the various systems of care. When situations arise they work together to create an alternative plan. The COC Discharge Planning committee is working on the collation of local level policies that can be standardized across the state. Places that persons routinely go upon discharge include Independent Living Programs, appropriate family placement, and other transitional housing placements that are not funded by McKinney-Vento funds.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)**

The COC Discharge Planning committee, chaired by two members of the BOSCO board of directors is open to all members of all state COCs and is tasked with the development and implementation of a statewide plan. This committee is responsible for collaborating with the WI Homeless Programs Interagency Workgroup to provide training and identify gaps, barriers, and challenges related to discharge planning. Another key stakeholder in the process is the Department of Children and Families and the COC and HMIS lead's ongoing collaboration as it pertains the recently awarded planning grant to prevent and respond to youth homelessness among those in foster care or aged out of foster care. Local COCs are tasked with collaborating with regional departments of Health and Human Services; the School District Homeless Liaisons; and agencies that provide independent living programs to youth aging out of the foster care system.



### 3B. Continuum of Care (CoC) Discharge Planning: Health Care

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-2.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?**

**3B-2.1a If other, please explain. (limit 750 characters)**

The State had general discharge policies. The HEARTH Act altered interaction between institutions and providers. The BOS and other 3 state COCs are in the process of redeveloping a statewide policy, reestablishing partnerships, and providing training to the WI Homeless Programs Interagency Workgroup. State staff formed the workgroup to address gaps in discharge planning. Participants represent the Div. of Health Care Access and Accountability, Dept. of Admin., Dept. of Children and Families, Dept. of Public Instruction, Dept. of Health Services, Dept. of Workforce Development, Dept. of Corrections, Dept. of Veterans' Affairs, WHEDA, Bureau of Aging and Disability Resources and SSA Disability Determination Bureau.

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)**

The COC has provided multiple trainings to the membership on discharge planning, invited state agencies to present information on their programs and discharge planning process, and provided opportunities for state agencies and providers to collaborate at the local level. At the local level each COC lead agency has developed local discharge plans with the various systems of care. When situations arise they work together to create an alternative plan. The COC Discharge Planning committee is working on the collation of local level policies that can be standardized across the state. Places that persons routinely go upon discharge include rehab facilities, nursing homes, return to previous housing situation, friends, family, and motels through vouchers subsidized by funding other than McKinney-Vento.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)**

The COC Discharge Planning committee, chaired by two members of the BOSCO board of directors is open to all members of all state COCs and is tasked with the development and implementation of a statewide plan. This committee is responsible for collaborating with the WI Homeless Programs Interagency Workgroup to provide training and identify gaps, barriers, and challenges related to discharge planning. Local COCs are tasked with collaborating with regional departments of Health and Human Services; public and private health care providers; managed care organizations; and Aging and Disability Resource Centers.

## 3B. Continuum of Care (CoC) Discharge Planning: Mental Health

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-3.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?**

**3B-3.1a If other, please explain. (limit 750 characters)**

The State had general discharge policies. The HEARTH Act altered interaction between institutions and providers. The BOS and other 3 state COCs are in the process of redeveloping a statewide policy, reestablishing partnerships, and providing training to the WI Homeless Programs Interagency Workgroup. State staff formed the workgroup to address gaps in discharge planning. Participants represent the Div. of Health Care Access and Accountability, Dept. of Admin., Dept. of Children and Families, Dept. of Public Instruction, Dept. of Health Services, Dept. of Workforce Development, Dept. of Corrections, Dept. of Veterans' Affairs, WHEDA, Bureau of Aging and Disability Resources and SSA Disability Determination Bureau.

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)**

The COC has provided multiple trainings to the membership on discharge planning, invited state agencies to present information on their programs and discharge planning process, and provided opportunities for state agencies and providers to collaborate at the local level. COC members with PATH outreach workers establish relationships with mental health providers to identify those persons at risk of homelessness. COC members have been encouraged to be trained in the SOAR model. At the local level each COC lead agency has developed local discharge plans with the various systems of care. When situations arise they work together to create an alternative plan. The COC Discharge Planning committee is working on the collation of local level policies that can be standardized across the state. Places that persons routinely go upon discharge include halfway homes, transitional living in partnership with hospitals and other Community Support programs.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)**

The COC Discharge Planning committee, chaired by two members of the BOSCO board of directors is open to all members of all state COCs and is tasked with the development and implementation of a statewide plan. This committee is responsible for collaborating with the WI Homeless Programs Interagency Workgroup to provide training and identify gaps, barriers, and challenges related to discharge planning. COC members collaborate with the state PATH coordinator to increase outreach, education, and training and continued use of the SOAR model for persons eligible for Social Security. Local COCs are tasked with collaborating with regional departments of Health and Human Services; public and private health care providers; local mental health care providers; managed care organizations; and Aging and Disability Resource Centers.

### 3B. Continuum of Care (CoC) Discharge Planning: Corrections

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-4.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?**

**3B-4.1a If other, please explain. (limit 750 characters)**

The State had general discharge policies. The HEARTH Act altered interaction between institutions and providers. The BOS and other 3 state COCs are in the process of redeveloping a statewide policy, reestablishing partnerships, and providing training to the WI Homeless Programs Interagency Workgroup. State staff formed the workgroup to address gaps in discharge planning. Participants represent the Div. of Health Care Access and Accountability, Dept. of Admin., Dept. of Children and Families, Dept. of Public Instruction, Dept. of Health Services, Dept. of Workforce Development, Dept. of Corrections, Dept. of Veterans' Affairs, WHEDA, Bureau of Aging and Disability Resources and SSA Disability Determination Bureau.

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)**

The COC has provided multiple trainings to the membership on discharge planning, invited state agencies to present information on their programs and discharge planning process, and provided opportunities for state agencies and providers to collaborate at the local level. The Dept. of Corrections has standardized pre-release curriculum that inmates must complete prior to discharge. At the local level each COC lead agency has developed local discharge plans with the various systems of care. When situations arise they work together to create an alternative plan. The COC Discharge Planning committee is working on the collation of local level policies that can be standardized across the state. Places that persons routinely go upon discharge include halfway homes, transitional living in partnership with the Dept. of Corrections, aftercare programs, friends and family or motel vouchers paid for by funds other than McKinney-Vento.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)**

The COC Discharge Planning committee, chaired by two members of the BOSCO board of directors is open to all members of all state COCs and is tasked with the development and implementation of a statewide plan. This committee is responsible for collaborating with the WI Homeless Programs Interagency Workgroup to provide training and identify gaps, barriers, and challenges related to discharge planning. Local COCs are tasked with collaborating with local offices of Probation and Parole; jails; and police and sheriff's departments.

## 3C. Continuum of Care (CoC) Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness?** Yes

### 3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

1. Provide support services for homeless households and households at risk of homelessness to enable them to access and maintain stable housing.
2. Help homeless households by providing a short-term safety net with continuous support services with the goal of moving to stable housing as quickly as possible.
3. Provide an adequate inventory of affordable housing units for low-income households, whether by creating new units or making existing units affordable.
4. Maximize prevention initiatives and funding to minimize homelessness.
5. Implement no wrong door policy for eligibility and benefits for mainstream resources.
6. Decrease chronic homelessness by 100% in five years by increasing the number of permanent supportive housing beds.

**3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)**

The ESG administrator submitted a plan in FY12 & 13 to the BOSCOB Board of Directors. Each COC member was asked for feedback on the plan and a response was prepared for the ESG administrator. The ESG administrator released the funding allocation to each COC member to submit a grant proposal based on local needs. COC members decided locally how the allocation should be distributed. COC members will continue to be instrumental in helping coordinate the formula of performance and need that is used to allocate ESG funds. In FY14 a policy will require that agencies must be certified by the BOSCOB to receive ESG funds was approved. Certification will ensure that the organizations receiving ESG funds are able to adhere to the BOSCOB requirements regarding evaluation, performance outcomes, fiscal capacity, and compliance with HEARTH. This policy will retain local control over disbursement; provide BOSCOB oversight of performance and evaluation of outcomes; and provides the ESG administrator information necessary to allocate funds. The HMIS/PIT committee will be responsible for using HMIS data to report on and evaluate performance of ESG projects.

**3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)**

The BOSCOB is allotted \$2,604,607 of ESG for the program year 2013 (July 1, 2013- June 20, 2014). Of that \$1,227,493 (47%) is dedicated to re-housing and prevention. The BOSCOB received \$2,350,553 of ESG for the program year 2012 (July 1, 2012- June 20, 2013). Of that \$1,063,653 (46%) was dedicated to re-housing and prevention. The funding decision was based on local need as determined by each COC member. A priority was placed on prevention and rapid re-housing. The remaining dollars were divided among street outreach, emergency shelter, and HMIS needs.

**3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)**

For most COC members, the lead agency is the recipient of both COC & ESG funds. When this is not the case, ESG & COC agencies belong to the same local COC and have established partnerships to ensure that the prevention funds are prioritized based on local need. The majority of prevention funds available are ESG, state funds, and TANF emergency funds. Coordinated assessment and referrals throughout the continua are used to reduce the number of individuals and families becoming homeless. The WI Div. of Housing is responsible for the Consolidated Plan since it administers all four HUD formula programs covered by the Plan. The ESG administrator works for the Div. of Housing. As a result, the program model of ESG directly supports the goals and policies of the Con Plan. Identified barriers to fair housing, according to the Con Plan Needs Analysis, include poverty and race. Minority households experience more housing problems than white households. Very low-income and Hispanic or Black non-Hispanic households had the most incidences of housing problems. Agencies that receive ESG funding are required to provide an annual analysis of impediments and barriers to fair housing.



**3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)**

At the local level, each COC is responsible for coordinating and participating with other funding, service opportunities, and policies of HOPWA, TANF, RHY, Head Start, philanthropic organizations, and other housing programs to support strategies to end homelessness. The Div. of Housing administers HOPWA. The main grantee is the AIDS Resource Center with offices in the BOS. Staff belong to local COCs, participate at the BOS level and collaborate with the HMIS lead to ensure accurate data and outcomes. Designated organizations operate TANF funds and are members of the local COCs and have established partnerships. TANF agencies have presented at BOS meetings to provide training. A program director at one of the TANF agencies sits on the BOS board. Various organizations administer RHY. The statewide organization for RHY and agency staff has presented at BOS meetings and participates in PIT. Other agencies such as Head Start, Birth to 3, and United Way are members of local continua. Providers that receive other state funds such as HOME TBRA, Critical Assistance and Shelter Subsidy Grant funds are also members of local continua and often are also recipients of COC funds.

**3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)**

PHAs across the BOS fall into 3 categories: those that prioritize homelessness, those that work closely with COC members to house homeless persons as soon as possible, and those that decline to participate with COC members. PHAs that are specifically not engaged with their local COC include Jefferson County HA and the City of LaCrosse. Barriers to collaboration include requirement for social security cards, minimum rent, differing values and priorities, and lack of sufficient staff and resources to actively participate. PHAs that are actively engaged in their local COCs, actively seek referrals to fill vacancies, and/or have a preference for homeless include Appleton HA, Dunn County HA, City of Eau Claire, Watertown HA, Kenosha HA, and Waukesha HA. Walworth County HA, West CAP and NEWCAP not only administer Section 8, but are also recipients of COC funding. Local COCs invite Housing Authorities to attend meetings and participate in events such as the Point in Time count. They also share COC related information with their local Housing Authorities.

**3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)**

Many recipients of COC and ESG funds place restrictions on eligibility for entry than HUD requires. ESG prevention programs report no barriers to entry beyond requirements of the ESG administrator. ESG RRH programs use criminal background checks to determine entry and/or ensure safety of staff. COC programs conduct criminal background checks. Programs use this requirement to determine if a client is appropriate for services and/or level of services a client may need. Most programs will not accept registered sex offenders. A small number of programs currently have additional barriers including income requirements, landlord reference and screening interviews. The Coordinated Assessment committee developed written standards for eligibility for TH and PSH programs. The standards were developed to ensure removal of unnecessary barriers, compliance with HUD rules, uniformity of programs across the BOS, and adequate staff competence and training specific to the target population being served. All COC members are expected to comply with the standards and consequences for not complying include reallocation or reduction of funds.

**3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)**

Within the COC, 10 of 13 PSH project applications (77%) have adopted a Housing First model. This includes 8 renewals and 2 new projects created through reallocation. The remaining 3 projects have agreed to assign all their beds to chronically homeless individuals or families through either dedicated or non-dedicated beds. The projects are also considering adopting the Housing First model in the following fiscal year. Over the next year the BOSCOG will provide additional training and technical assistance for projects adopting or considering adopting this model of housing assistance. Projects that exemplify best practices using this model will be invited to present at BOS quarterly meetings.

**3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)**

The BOSCOG area is 69 counties in WI then divided into 22 local COCs grouped into four regions. Prior to this year, local COCs participated in centralized intake systems as required by the ESG administrator. Currently, the Coordinated Assessment committee is working with each region to establish a coordinated assessment system including a timeline for implementation. All COC and ESG funded agencies will be required to use the system. All other homeless services providers will be strongly encouraged to utilize the system. Each regional system will be advertised on the BOS website and within each region. The system will be shared with other funders included the Division of Housing. The committee is developing a comprehensive and standardized barrier tool to be used across all regions. The tool will help providers ensure that homeless individuals and families are placed in the appropriate housing types depending on availability and based on their level of need and barriers. The barrier tool is based on the HMIS self-sufficiency matrix. Based on the number and/or the severity of the barriers, a determination is made about the best placement for the individual or family.

**3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)**

Homeless service agencies abide by fair housing and civil rights laws as demonstrated by written documentation at agencies and website information. Outreach is provided for persons with limited English proficiency and disabilities. Agencies are monitored for compliance by the Project Evaluation and Assistance committee. The COC determined underserved populations through the Div. of Housing Con Plan. Identified barriers to fair housing, according to the Con Plan Needs Analysis, include poverty and race. Very low-income and Hispanic or Black non-Hispanic households had the most incidences of housing problems. Agencies that receive ESG funding are required to provide a local annual analysis of impediments and barriers to fair housing. Special outreach to underserved populations is a necessary component of the annual analysis. COCs partner with local agencies such as Centers for Independent Living, Aging and Disability Resource Centers, Hmong Mutual Assistance, United Migrant Opportunity Service, Tribal agencies and the Barron Somali Refugee Association to reach underserved populations.

**3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)**

At the local level, agencies have developed a variety of different policies to ensure all children are enrolled in school or in early childhood education programs, as appropriate, and connected to appropriate services within the community. Each continua collaborates with school district liaison(s) and early education providers to ensure appropriate referrals and information are provided. The BOSCO Board is developing and will adopt one uniform policy for all COC and ESG funded homeless service providers. The policy will be included in the COC governance charter and require all COC and ESG recipients to inform and provide materials to all families and unaccompanied youth regarding their education rights and collaborate with local school district liaison(s). To ensure that all homeless service providers are compliant with these requirements, the Project Evaluation and Assistance committee will conduct desk and site monitoring of COC funded organizations. For ESG recipients, the Board will not certify an organization as eligible to apply for ESG funds if they are not compliant with the COC policies.

**3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)**

Locally, agencies collaborate with local education authorities (LEA) to assist in the identification of individuals and families who become or remain homeless and are informed of their eligibility for services. LEA have varying degrees of involvement with the local level planning process. The BOSCO Board is developing and will adopt one uniform policy for all COC and ESG funded homeless service providers. The policy will be included in the COC governance charter and require all COC and ESG recipients to work with school district liaison(s) to develop safeguards to protect homeless students from discrimination based on homelessness and ensure that all families and unaccompanied youth are aware of eligibility for services under McKinney-Vento. Each local continua will be encouraged to develop a sub-committee to address homelessness among families and unaccompanied youth in their communities, invite LEA to participate in the semi-annual PIT count, and encourage LEA participation at the quarterly COC meetings. The Board will invite the Dept. of Public Instruction to present and provide training on eligibility and identification practices to the membership at quarterly meetings.

**3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)**

At the local level, agencies have developed policies to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. The ESG administrator prohibits involuntary family separation in any emergency shelter that receives ESG funding. The BOSCO Board is developing and will adopt one uniform policy for all COC and ESG funded homeless service providers to follow. The policy will be included in the COC governance charter and state that any project serving families that receives funding from COC or ESG may not deny admission to any family with a child under the age of 18 or deny admission to any member of the family. To ensure that all homeless service providers are compliant with these requirements, the Project Evaluation and Assistance committee will conduct desk and site monitoring of COC funded organizations. For ESG recipients, the Board will not certify an organization as eligible to apply for ESG funds if they are not compliant with the COC policies.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)**

The BOSCO runs recidivism reports using the statewide HMIS for shelters, TH, RRH, and PSH projects. HMIS is used to monitor and record returns to homelessness for participants who exited TH, RRH, and PSH projects. These reports are used to inform both projects and the HMIS/Point in Time committee of recidivism rates. Recidivism rates are used in the overall evaluation of project performance. The BOSCO Board of Directors will consider incorporating the recidivism rate as an objective measure in the ranking tool. To help reduce returns to homelessness, the Coordinated Assessment committee developed written standards for TH and PSH that require at least monthly follow-up for the first 90 days after exit. Many projects in the COC also conduct follow-up surveys or phone contact with participants in order to ensure they are in stable housing. Some projects continue 3-6 months of aftercare case management for clients wanting ongoing service. If the household is no longer in stable housing, follow-up can engage the household in additional services and/or other community resources to maintain housing rather than return to homelessness.

**3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)**

**3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?** No

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

### 3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).**

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)**

The BOSCOG incorporates the goals of Opening Doors into the strategic plan. To meet goals, the COC has taken specific steps to target resources and implemented policy. To end chronic homelessness, the COC reallocated funds to PSH projects dedicating beds to CH. The COC is working with current PSH and TH providers to prioritize CH. New PSH projects are required to provide service to CH using a Housing First model. To end Veteran homelessness, the Coordinated Assessment committee is working with the SSVF providers to develop a uniform referral and assessment process. VA funded programs are represented on the HMIS Advisory Board and COC committees. To end family and youth homelessness, the BOSCOG is working with SSO projects to reallocate the funding for RRH. ESG funds for RRH and prevention are also targeted to family and youth homelessness. The BOSCOG is collaborating with the Dept. of Children and Families to reduce youth homelessness among children aging out of foster care. Efforts are being made to increase engagement with RHY providers. All local continua are required to model their strategic plans on Opening Doors. The BOSCOG is on target to end all homelessness by 2020.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)**

Current efforts within the BOSCOG to combat homelessness among families are a focus on rapid re-housing and prevention. To outreach to unsheltered families, some local continua have street outreach teams that locate and engage these families. Others rely on relationships with Head Start, churches, hospitals, food pantries, school liaisons, Human Services, Public Health, and other service providers to make referrals. Agencies conduct outreach to the community to create awareness and develop partnerships with private and public organizations to increase resources. The BOSCOG is focusing on recruiting representatives from diverse private and public organizations to increase our knowledge and resources to address family homelessness.

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)**

The BOSCOG membership includes 38 shelters, 23 TH projects, 4 RRH projects and 1 SSO project targeted to victims of domestic violence, including families. In FY13, domestic violence agencies received \$286,739 in ESG funds and \$312,481 in COG funds. DV providers attend quarterly BOSCOG meetings and are active participants in committees. Agencies funded with COG or ESG dollars are required to have policies in place to ensure the safety and privacy of domestic violence survivors. No conversation or referral happens among providers without written consent of the domestic violence survivor. The safety and privacy of domestic violence survivors is protected by agencies with confidentiality policies, staff background checks, locked file cabinets, blocked agency phone numbers, and client focused safety plans. The VAWA provision prohibiting these providers from entering data into HMIS is recognized. However, the BOSCOG requires these projects to participate in local coordinated assessment systems and provide the same data elements to the HMIS/PIT committee as other providers.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)**

Within the BOSCOG there is one COG funded project dedicated for youth 18-24. Some of the COG funded TH and ESG funded RRH programs will provide service to any single person over the age of 18. There are two FYSBY funded transitional living programs for youth 18-21. Across the state there are programs funded by RHY that serve youth under the age of 18. Seventeen Wisconsin Runaway programs funded by WAHRS provide outreach and shelter to unaccompanied youth under the age of 18. Under WAHRS there are also five transitional living programs. WAHRS state staff provides training to BOSCOG members at quarterly meetings to increase understanding of the special needs of youth. Youth service providers are involved in local continua and participate in BOSCOG committees. Despite the programs in place, youth homelessness continues to be an area that needs further resources. Increased engagement of youth providers in the semi-annual Point in Time count will assist with outreach and engagement.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)**

The BOSCOG efforts to identify and engage unsheltered persons vary in urban and rural areas. The COG has 4 PATH outreach programs targeting urban areas. Urban areas have the benefit of crisis centers and County mental health/AODA outreach. Rural communities without street outreach develop relationships with service providers such as churches, Human Services, food pantries, drop-in centers, campgrounds, hospitals, and law enforcement to identify unsheltered persons. Geographic barriers are significant given the size of the rural areas and lack of transportation. Some local continua have service areas over 5,000 sq. miles and as large as 10,000 sq. miles. The outreach plan includes brochures and website. Expansion in social media is planned.

**3D-6 Describe the CoC’s current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)**

Within the BOSCOG there are four communities that have access to HUD-VASH vouchers. Those providers participate in the local continua coordinated assessment system to ensure that homeless veterans receive the housing and services they need. There are five Grant Per Diem programs in the BOSCOG. Those programs are also part of the coordinated assessment system within their local continua. A much larger portion of the BOSCOG is covered by the five SSVF providers. Beyond collaborating on a local level, the SSVF providers attend BOSCOG quarterly meetings and provide training to members on the special needs and identification of veterans. Those providers are also invited to participate on the HMIS Advisory Board and BOSCOG committees. When a COG or ESG eligible applicant is identified as a veteran, opportunities through the previously mentioned veteran’s service programs are investigated prior to enrollment in a COG or ESG funded project. Other BOSCOG projects serve veterans that are not eligible for VA funded housing or services.



### 3E. Reallocation

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?** Yes

**3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?** No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.  
(limit 1000 characters)**

Not applicable.

**3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?** Yes

### 3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$146,319				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Shelter Plus Care	WI0001C5I000800	PH	\$146,319	Regular

### 3F. Reallocation - Grant(s) Eliminated Details

**3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** Shelter Plus Care

**Grant Number of Eliminated Project:** WI0001C5I000800

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** \$146,319

**3F-2 Describe how the CoC determined that this project should be eliminated.  
(limit 750 characters)**

At the end of 2012, the City of Waukesha Housing Authority voluntarily gave up their HUD COC grant. The Balance of State COC published an RFP, seeking a new grant lead for these Shelter Plus Care funds as there were several years remaining on the 5 year grant award. In 2013, Outagamie Housing Authority (OHA) was chosen as the lead organization and paperwork was submitted to the HUD Field Office in Milwaukee. As of today's date, there has been no executed grant agreement between OHA and HUD. In the fall of 2013, information provided to the COC Board was that OHA was no longer interested in administering this grant. During the FY2013 competition, OHA did not submit a project application and has not executed a grant agreement with HUD. As a result, the COC has determined that this is a grant that should be eliminated.

### 3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$566,923					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Couleecap Housing...	WI0118B5I001000	\$238,016	\$215,913	\$22,103	Regular
Chippewa County T...	WI0029L5I001205	\$519,226	\$134,000	\$385,226	Regular
PLUS Supportive H...	WI0019L5I001205	\$121,298	\$40,500	\$80,798	Regular
PLUS Supportive H...	WI0020L5I001205	\$188,896	\$110,100	\$78,796	Regular

### 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Couleecap Housing First Permanent Housing Program

**Grant Number of Reduced Project:** WI0118B5I001000

**Reduced Project Current Annual Renewal Amount:** \$238,016

**Amount Retained for Project:** \$215,913

**Amount available for New Project(s):** \$22,103  
**(This amount will auto-calculate by selecting "Save" button)**

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

Couleecap, Inc. voluntarily decided to reduce their PH grant by \$22,103.

### 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Chippewa County Transitional Housing Project

**Grant Number of Reduced Project:** WI0029L5I001205

**Reduced Project Current Annual Renewal Amount:** \$519,226

**Amount Retained for Project:** \$134,000

**Amount available for New Project(s):** \$385,226  
**(This amount will auto-calculate by selecting "Save" button)**

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

On January 1, 2014 this grant was transferred from Starting Points, Inc. to West Central Wisconsin Community Action Agency, Inc. The decision to transfer was voluntarily on the part of Starting Points and done with the assistance of the HUD Field Office in Milwaukee.  
Upon transfer, West Central Wisconsin Community Action Agency voluntarily decided to reduce the TH grant by \$385,226.

### **3G. Reallocation - Grant(s) Reduced Details**

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** PLUS Supportive Housing for Men - PHP  
**Grant Number of Reduced Project:** WI0019L5I001205  
**Reduced Project Current Annual Renewal Amount:** \$121,298  
**Amount Retained for Project:** \$40,500  
**Amount available for New Project(s):** \$80,798  
**(This amount will auto-calculate by selecting "Save" button)**

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

On January 1, 2014 this grant was transferred from Starting Points, Inc. to West Central Wisconsin Community Action Agency, Inc. The decision to transfer was voluntarily on the part of Starting Points and done with the assistance of the HUD Field Office in Milwaukee.  
Upon transfer, West Central Wisconsin Community Action Agency voluntarily decided to reduce the PH grant by \$80,798.

### **3G. Reallocation - Grant(s) Reduced Details**

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** PLUS Supportive Housing for Women - PHP  
**Grant Number of Reduced Project:** WI0020L5I001205  
**Reduced Project Current Annual Renewal Amount:** \$188,896  
**Amount Retained for Project:** \$110,100  
**Amount available for New Project(s):** \$78,796  
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

On January 1, 2014 this grant was transferred from Starting Points, Inc. to West Central Wisconsin Community Action Agency, Inc. The decision to transfer was voluntarily on the part of Starting Points and done with the assistance of the HUD Field Office in Milwaukee.  
Upon transfer, West Central Wisconsin Community Action Agency voluntarily decided to reduce the PH grant by \$78,796.

### 3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests  
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$459,893				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
6	ADVOCAP Winn...	PH	\$210,800	Regular
5	Permanent Su...	PH	\$249,093	Regular



### **3H. Reallocation - New Project(s) Details**

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 6  
**Proposed New Project Name:** ADVOCAP Winnebagoland PSH  
**Component Type:** PH  
**Amount Requested for New Project:** \$210,800

### **3H. Reallocation - New Project(s) Details**

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 5  
**Proposed New Project Name:** Permanent Supportive Housing  
**Component Type:** PH  
**Amount Requested for New Project:** \$249,093

### 3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

#### Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$713,242
Amount requested for new project(s):	\$459,893
Remaining Reallocation Balance:	\$253,349

## 4A. Continuum of Care (CoC) Project Performance

### Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

#### 4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The BOSCOG remotely monitors the performance of COC funded projects on the HUD established performance goals. The BOSCOG monitors progress on ending chronic, veteran, and family homelessness quarterly through HMIS data and semi-annually through PIT data. HMIS data is run quarterly by the HMIS lead staff and reported to the HMIS/PIT committee. The HMIS/PIT committee chair collates and reports PIT data to the BOSCOG membership at two quarterly meetings. Increasing housing stability, increasing project participant income (earned and other), and obtaining mainstream benefits is monitored in two ways, quarterly through HMIS run APRs and annually through APRs submitted to HUD. For non-HMIS agencies, a similar report is utilized to gather quarterly and annual data. ESG funded RRH programs report monthly to the ESG administrator on the number of families and individuals served. The HMIS/PIT is developing an evaluation tool to analyze recidivism, demographics and barriers of those served with ESG funds. These goals are included in the BOSCOG strategic plan.

#### 4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The BOSCOG assists COC funded projects to reach HUD established performance goals through training and technical assistance. The HMIS/PIT committee collects and analyzes the data on each of the five established HUD goals and provides written feedback quarterly to the projects. If projects are deficient for three consecutive quarters, a recommendation is made to the Project Evaluation and Assistance committee to provide additional training and identification of program barriers to meeting goals. If the project continues to be deficient, a site monitoring occurs. If underperforming projects continue to struggle the BOSCOG will seriously consider reallocating funds.

#### 4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The BOSCOG annually monitors program capacity indicators such as annual expenditures of COC funds, timely submission of reports to HUD and other funders, and annual submission of audits and 990s. The Fiscal committee is responsible for evaluating the fiscal capacity to implement program requirements. Failure to expend funds, reimbursement to sub-recipients, and accurate APRs or HIC/PIT data result in a recommendation for monitoring by the Project Evaluation and Assistance committee. If capacity issues are identified, the BOSCOG board first attempts to resolve the issue by providing direct training and technical assistance. Written feedback is provided after the training and technical assistance. If the underperforming projects continue to struggle the BOSCOG will seriously consider reallocating funds.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?  
(limit 1000 characters)**

In 2D-1, the average length of time is reported. Emergency shelter stays average 27 days, TH stays average 8 months, Safe Haven stays average 5 months, PSH stays average 27 months, and RRH stays average 3 months. The BOSCOG utilizes HMIS data to track the average length of time individuals and families remain homeless. The HMIS lead runs quarterly reports on all COC, ESG, and non-HUD funded projects and reports this data to the HMIS/PIT committee. The BOSCOG encourages emergency shelters fully collaborate with local partners to quickly move individuals and families out of emergency shelter to stable housing. This has been a long term policy within the BOSCOG and is not an issue as the average stay is only 27 days.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography?  
(limit 1000 characters)**

The BOSCOG runs recidivism reports using the statewide HMIS for shelters, TH, RRH, and PSH projects. HMIS is used to monitor and record returns to homelessness for participants who exited TH, RRH, and PSH projects. These reports are used to inform both projects and the HMIS/Point in Time committee of recidivism rates. Recidivism rates are used in the overall evaluation of project performance. The BOSCOG Board of Directors will consider incorporating the recidivism rate as an objective measure in the ranking tool. To help reduce returns to homelessness, the Coordinated Assessment committee developed written standards for TH and PSH that require at least monthly follow-up for the first 90 days after exit. Many projects in the COC also conduct follow-up surveys or phone contact with participants in order to ensure they are in stable housing. Some projects continue 3-6 months of aftercare case management for clients wanting ongoing service. If the household is no longer in stable housing, follow-up can engage the household in additional services and/or other community resources to maintain housing rather than return to homelessness.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?  
(limit 1000 characters)**

The BOSCO has specific outreach procedures in place that are used by the homeless service providers. The efforts to identify and engage vary in urban and rural areas. The COC has 4 PATH outreach programs targeting urban areas. Urban areas have the benefit of crisis centers and County mental health/AODA outreach. Rural communities without street outreach develop relationships with service providers such as churches, Human Services, food pantries, drop-in centers, campgrounds, hospitals, and law enforcement to identify unsheltered persons. Specific and meaningful outreach is provided for persons with limited English proficiency and disabilities. COCs partner with local agencies such as Centers for Independent Living, Aging and Disability Resource Centers, Hmong Mutual Assistance, United Migrant Opportunity Service, Tribal agencies and the Barron Somali Refugee Association to reach underserved populations. Geographic barriers are significant given the size of the rural areas and lack of transportation. Some local continua have service areas over 5,000 sq. miles and as large as 10,000 sq. miles. The outreach plan includes brochures and website. Expansion in social media is planned.

## 4B. Section 3 Employment Policy

### Instructions

\*\*\* TBD \*\*\*\*

**4B-1 Are any new proposed project applications requesting \$200,000 or more in funding?** Yes

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)**

The Western Dairyland Housing First Program intends to utilize our current Employment Specialist to provide employment opportunities to the chronically homeless. In our current SSO program, we staff an employment specialist who provides job leads, assistance in completing job applications, creating resumes, and assisting with job seeking and job retention methods to those individuals who are seeking employment opportunities.

**4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?** Yes

**4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:** Advertise at social service agencies, Establish a preference policy for Section 3 for competitive contracts >\$100,000, Preference policy for hiring low and very low income persons residing in the service area

## 4C. Accessing Mainstream Resources

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff?** Yes

**4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:**

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	76%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%

**4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually?** Yes

**4C-3.1 If yes, indicate the most recent training date:** 03/20/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)**

The BOSCOG has shared information about the ACA with COC members. All agencies are expected to connect program participants to non-cash benefits, including Medicaid. Staff encourage participation in enrollment and outreach activities to ensure eligible households take advantage of new health care options. The majority of program participants remain eligible for Medicaid and do not need to enroll in the Marketplace. Several COC members are working with designated health care "navigators" around the state to assist those clients that are not eligible for Medicaid to sign up for health insurance in the Marketplace. Most COC funded program staff have attended local ACA planning and steering committees to stay apprised of updates, training opportunities, and services available at the local level. Some staff have also attended mobilizer training.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?  
(limit 1000 characters)**

The BOSCOG has encouraged projects to increase the amount of leverage they can report in the annual COC competition. In the next competition, projects will be scored on the amount of leverage they are able to document. This policy will increase the effort programs make to identify other funding sources for supportive services. The BOSCOG is exploring a pilot project with a TANF agency to provide TANF supportive services combined with ESG Rapid Re-housing services. Agencies are expected to utilize mainstream resources to the highest extent possible. The lack of transportation in the largely rural area of the BOSCOG makes it extremely difficult to connect clients with resources. Agencies continue to struggle with funding cuts from federal, state, foundation and philanthropic organizations. These funding reductions have had serious negative impact on the ability of persons experiencing homelessness to achieve self-sufficiency.



## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/31/2014
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No	HMIS Governance	02/01/2014
CoC Rating and Review Document	No	Balance of State ...	01/31/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No	FY2013 Chronic Pr...	01/31/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	FY2013 HUD Approv...	01/31/2014
FY2013 Rank (from Project Listing)	No	FY2013 Final Rank...	01/31/2014
Other	No	Balance of State ...	01/31/2014
Other	No	Balance of State ...	01/31/2014
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	Website documenta...	02/01/2014

## **Attachment Details**

**Document Description:** Certification of Consistency with Con Plan, HUD 2991

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** HMIS Governance

## **Attachment Details**

**Document Description:** Balance of State COC Board Scoring Tool

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** FY2013 Chronic Prioritization

## **Attachment Details**

**Document Description:** FY2013 HUD Approved Grant Inventory Worksheet

## **Attachment Details**

**Document Description:** FY2013 Final Ranking of Projects

## **Attachment Details**

**Document Description:** Balance of State COC Board Scoring Tool Explanation

## **Attachment Details**

**Document Description:** Balance of State COC Board Scoring Tie Breaker

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Website documentation

## Submission Summary

Page	Last Updated	
<b>1A. Identification</b>	No Input Required	
<b>1B. CoC Operations</b>	01/28/2014	
<b>1C. Committees</b>	02/02/2014	
<b>1D. Project Review</b>	01/28/2014	
<b>1E. Housing Inventory</b>	01/22/2014	
<b>2A. HMIS Implementation</b>	02/01/2014	
<b>2B. HMIS Funding Sources</b>	01/22/2014	
<b>2C. HMIS Beds</b>	01/22/2014	
<b>2D. HMIS Data Quality</b>	02/01/2014	
<b>2E. HMIS Data Usage</b>	01/27/2014	
<b>2F. HMIS Policies and Procedures</b>	02/01/2014	
<b>2G. Sheltered PIT</b>	02/01/2014	
<b>2H. Sheltered Data - Methods</b>	02/01/2014	
<b>2I. Sheltered Data - Collection</b>	02/01/2014	
<b>2J. Sheltered Data - Quality</b>	02/01/2014	
<b>2K. Unsheltered PIT</b>	02/01/2014	
<b>2L. Unsheltered Data - Methods</b>	02/01/2014	
<b>2M. Unsheltered Data - Coverage</b>	01/22/2014	
<b>2N. Unsheltered Data - Quality</b>	02/01/2014	
<b>Objective 1</b>	02/02/2014	
<b>Objective 2</b>	02/02/2014	
<b>Objective 3</b>	02/02/2014	
<b>Objective 4</b>	02/02/2014	
<b>Objective 5</b>	02/02/2014	
<b>3B. CoC Discharge Planning: Foster Care</b>	01/29/2014	
<b>3B. CoC Discharge Planning: Health Care</b>	01/29/2014	
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<b>3B. CoC Discharge Planning: Mental Health</b>	01/29/2014
<b>3B. CoC Discharge Planning: Corrections</b>	01/29/2014
<b>3C. CoC Coordination</b>	02/01/2014
<b>3D. Strategic Plan Goals</b>	02/01/2014
<b>3E. Reallocation</b>	01/30/2014
<b>3F. Grant(s) Eliminated</b>	01/31/2014
<b>3G. Grant(s) Reduced</b>	01/31/2014
<b>3H. New Project(s)</b>	01/31/2014
<b>3I. Balance Summary</b>	No Input Required
<b>4A. Project Performance</b>	02/01/2014
<b>4B. Employment Policy</b>	02/01/2014
<b>4C. Resources</b>	02/01/2014
<b>Attachments</b>	02/01/2014
<b>Submission Summary</b>	No Input Required

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

Project Name: WI-500 Continuum of Care Application FY2013

Location of the Project: Wisconsin - Statewide: 69 of the 72 counties and 14 of the 19  
entitlement cities,

Name of the Federal  
Program to which the  
applicant is applying: HUD, COC Homeless Assistance Competition, FR-5700-N-31B

Name of  
Certifying Jurisdiction: State of Wisconsin, Department of Administration

Certifying Official  
of the Jurisdiction  
Name: Lisa Marks

Title: Administrator, Division of Housing

Signature: 

Date: January 17, 2014

## **Listing of Certifications of Consistency with the Consolidated Plan**

### **ADVOCAP, Inc.**

Project Name: ADVOCAP Homeless Support Services Only (Winnebago and Green Lake Counties)

Location of the Project: Winnebago and Green Lake Counties

### **ADVOCAP, Inc.**

Project Name: ADVOCAP Fond du Lac Transitional Housing Program

Location of the Project: Fond du Lac County and the City of Fond du Lac

### **ADVOCAP, Inc.**

Project Name: ADVOCAP Fond du Lac Support Services Only Program

Location of the Project: Fond du Lac County and the City of Fond du Lac

### **ADVOCAP, Inc.**

Project Name: ADVOCAP Winnebagoland PSH

Location of the Project: Green Lake County

### **CAP Services, Inc.**

Project Name: Transitional Living Project

Location of the Project: Portage, Waushara, Marquette, and Waupaca Counties

### **City of Appleton**

Project Name: Fox Cities Housing Coalition Transitional Housing Program

Location of the Project: Cities of Appleton and Menasha

### **City of Appleton**

Project Name: Wireworks Permanent Supportive Housing Program

Location of the Project: City of Appleton

### **Central Wisconsin Community Action Council, Inc.**

Project Name: Project Chance Transitional Housing

Location of the Project: Adams, Columbia, Dodge, Juneau, and Sauk Counties

### **Community Action Coalition for South Central Wisconsin, Inc.**

Project Name: Jefferson County Transitional Housing

Location of the Project: Jefferson County

### **Community Action, Inc. of Rock & Walworth Counties**

Project Name: Rock-Walworth Transitional Living

Location of the Project: Rock and Walworth Counties and the cities of Beloit and Janesville

### **Couleecap, Inc.**

Project Name: Couleecap Transitional Housing

Location of the Project: La Crosse, Monroe, Crawford, and Vernon Counties and the City of La Crosse

### **Couleecap, Inc.**

Project Name: Couleecap Housing First Permanent Housing Program

Location of the Project: La Crosse County and the City of La Crosse

Wisconsin Balance of State Continuum of Care

COC Application FY2013

**Couleecap, Inc.**

Project Name: New Hope Permanent Housing Program

Location of the Project: La Crosse, Monroe, Crawford, and Vernon Counties and the City of La Crosse

**Family Services of Northeast Wisconsin**

Project Name: Brown Transitional Housing

Location of the Project: Brown County and the City of Green Bay

**Forward Service Corporation**

Project Name: New Homeless Continuum 2011

Location of the Project: Brown, Marinette, Oconto, Forest, Vilas, Oneida, Langlade, and Shawano Counties

**Hebron House of Hospitality, Inc.**

Project Name: Jeremy House Safe Haven

Location of the Project: Waukesha County and the City of Waukesha

**Housing Partnership of the Fox Cities, Inc.**

Project Name: It Takes A Village Permanent Supportive Housing Program

Location of the Project: Cities of Appleton, Menasha, and Neenah

**Kenosha Human Development Services, Inc.**

Project Name: Homeless Youth Project

Location of the Project: Kenosha County and the City of Kenosha

**Kenosha Human Development Services, Inc.**

Project Name: KYF Supportive Housing Program

Location of the Project: Kenosha County and the City of Kenosha

**Lakeshore CAP, Inc.**

Project Name: Project HOPE – Lakeshore CAP

Location of the Project: Door, Kewaunee, Manitowoc, and Sheboygan Counties and the City of Sheboygan

**Legal Action of Wisconsin, Inc.**

Project Name: Civil Legal Services to the Homeless

Location of the Project: Kenosha, Walworth, Rock, Jefferson, Dodge, Juneau, La Crosse, Monroe, Vernon, Crawford, Buffalo, Trempealeau, and Jackson Counties and the Cities of Kenosha, Beloit, Janesville, and La Crosse

**NEWCAP, Inc.**

Project Name: SHP-Housing First Project

Location of the Project: Florence, Menominee, Marinette, Shawano, and Oconto Counties

**North Central Community Action Program, Inc.**

Project Name: THE BIG TEN

Location of the Project: Lincoln, Wood, and Marathon Counties and the City of Wausau



**Northwest Community Services Agency, Inc.**

Project Name: ABC Transitional Housing

Location of the Project: Ashland and Bayfield Counties

**Northwest Community Services Agency, Inc.**

Project Name: NWCSA Transitional Housing

Location of the Project: Douglas County and the City of Superior

**Richard's Place, Inc.**

Project Name: Richard's Place I SHP Transitional Housing Project (Whiterock)

Location of the Project: Waukesha County and the City of Waukesha

**Richard's Place, Inc.**

Project Name: Richard's Place II Permanent Housing Project (Main Street)

Location of the Project: Waukesha County and the City of Waukesha

**State of Wisconsin**

Project Name: Wisconsin HMIS Project Renewal

Location of the Project: Statewide Application includes all 72 Counties and 19 Entitlement Communities

**State of Wisconsin**

Project Name: WI-500-REN-SHELTER PLUS CARE

Location of the Project: Rock County and the Cities of Janesville and Beloit

**The Salvation Army**

Project Name: Permanent Supportive Housing

Location of the Project: Polk and St. Croix Counties

**Walworth County Housing Authority**

Project Name: Hartwell Street Apartments

Location of the Project: Walworth County

**West Central Community Action Agency, Inc.**

Project Name: Chippewa County Transitional Housing Project

Location of the Project: Chippewa County

**West Central Community Action Agency, Inc.**

Project Name: PLUS Supportive Housing for Men - PHP

Location of the Project: Chippewa County

**West Central Community Action Agency, Inc.**

Project Name: PLUS Supportive Housing for Women - PHP

Location of the Project: Chippewa County

**West Central Community Action Agency, Inc.**

Project Name: Families in Transition Supportive Housing Program

Location of the Project: Barron, Dunn, Pepin, Pierce, Polk, and St. Croix Counties

**Western Dairyland EOC, Inc.**

Project Name: Supportive Housing Program

Location of the Project: Buffalo, Eau Claire, Jackson, and Trempealeau Counties and the City of Eau Claire

**Western Dairyland EOC, Inc.**

Project Name: Permanent Supportive Housing

Location of the Project: Eau Claire County and the City of Eau Claire

**Wisconsin Balance of State Continuum of Care**

Project Name: Balance of State Planning Grant

Location of the Project: Wisconsin Balance of State (69 of the 72 counties in Wisconsin)

**Women and Children's Horizons, Inc.**

Project Name: Transitional Living Program

Location of the Project: Kenosha County and the City of Kenosha

**YMCA of La Crosse**

Project Name: Transitional Housing

Location of the Project: La Crosse County and the City of La Crosse

Applicant Info						APR Timely Submission to HUD				
Agency	Type	Program Name	Total Award \$	# HH served	Av. # people served	On Time	Less than 1 week	1 week - 1 month	1 - 3 month	more than 3 months
						5 pts.	4 pts.	3 pts.	2 pts.	1 pt.
ADVOCAP, Inc.	SSO	ADVOCAP Fond du Lac SSO Program	197,658	54	40	5	0	0	0	0
ADVOCAP, Inc.	TH	ADVOCAP Fond du Lac TH Program	110,216	18	20	5	0	0	0	0
ADVOCAP, Inc.	SSO	ADVOCAP Homeless SSO (Winnebago & Green Lake)	158,583	71	56	5	0	0	0	0
CACSCW	TH	Jefferson County Transitional Housing	165,020	24	24	5	0	0	0	0
CAP Services	TH	Transitional Living Program	105,025	14	29	5	0	0	0	0
Central Wisconsin (CWCAC)	TH	Project Chance Transitional Housing	262,322	35	50	5	0	0	0	0
City of Appleton	TH	Fox Cities Housing Coalition TH	177,763	52	75	5	0	0	0	0
City of Appleton	PH	Wireworks Permanent Supportive Housing	51,513	7	13	5	0	0	0	0

Community Action Inc. (CAI) of Rock/Walworth	TH	Rock-Walworth Transitional Living Program (1) + (2)	517,583	28	33	5	0	0	0	0
Couleecap	TH	Couleecap Transitional Housing (1) + (2)	366,316	41	58	5	0	0	0	0
Couleecap	PH	Housing First	700,703	16	8	5	0	0	0	0
Couleecap	PH	New Hope Permanent Supportive Housing	254,126	25	26	5	0	0	0	0
Family Services of NE WI	TH	Brown County TH	159,800	26	14	5	0	0	0	0
Forward Service Corporation	TH	New Homeless Continuum 2011	402,991	68	91	5	0	0	0	0
Hebron House of Hospitality	SH	Jeremy House Safe Haven	116,535	24	7	5	0	0	0	0
Housing Partnership	PH	It takes a Village	\$173,211	23	13	0	4	0	0	0
Kenosha Human Development Service	TH	Homeless Youth Project	141,095	27	23	5	0	0	0	0
Kenosha Human Development Service	TH	KYF Supportive Housing Program	126,651	25	13	5	0	0	0	0
Lakeshore CAP	SSO	Project Hope	117,663	37	37	5	0	0	0	0
Legal Action	SSO	Civil Legal Services	111,300	346	87	5	0	0	0	0
NCCAP	TH	The Big Ten	177,165	18	17	5	0	0	0	0
NEWCAP	PH	SHP-Housing First Project	184,347	15	14					

NWCSA	TH	ABC Transitional Housing	113,670	19	29	5	0	0	0	0
NWCSA	TH	Transitional Housing	92,612	14	18	5	0	0	0	0
Richard's Place	TH	Richard's Place I SHP TH	112,555	7	4	5	0	0	0	0
Richard's Place	PH	Richard's Place II PH	144,841	4	4	5	0	0	0	0
Starting Points	TH	Chippewa County Transitional Housing	509,525							
Starting Points	PH	PLUS Women	182,179							
Starting Points	PH	PLUS Men	117,400							
State of Wisconsin	HMIS	Wisconsin HMIS Project Renewal	364,486			5	0	0	0	0
State of Wisconsin	S+C	Rock County S+C	238,908	57	59	5	0	0	0	0
The Salvation Army of St. Croix	PH	Permanent Supportive Housing	241,495	27	41					
Walworth County Housing Authority	PH	Hartwell Street Apartments	69,486	16	13	5	0	0	0	0
West Central Wisconsin CAA	TH	Families in Transition Supportive Housing	434,523	41	67	5	0	0	0	0
Western Dairyland EOC	SSO	Supportive Housing Program (1) + (2)	264,926	155	158	5	0	0	0	0
Women & Children Horizons	TH	Transitional Living Program (1) + (2)	220,566	13	25	5	0	0	0	0
YMCA of the Coulee Region	TH	Transitional Housing	73,322	16	15	5	0	0	0	0



0	0	0	2	0	0	4	0	0	0	5	0	0	0	0
5	0	0	0	0	0	4	0	0	0	5	0	0	0	0
[Black]					0	0	0	0	1	5	0	0	0	0
0	0	3	0	0	0	0	3	0	0	5	0	0	0	0
0	0	3	0	0	0	0	3	0	0	5	0	0	0	0
0	4	0	0	0	0	0	3	0	0	5	0	0	0	0
5	0	0	0	0	5	0	0	0	0	0	0	3	0	0
5	0	0	0	0	0	0	0	0	1	5	0	0	0	0
5	0	0	0	0	5	0	0	0	0	5	0	0	0	0
5	0	0	0	0	5	0	0	0	0	5	0	0	0	0
0	0	3	0	0	[Black]					5	0	0	0	0
5	0	0	0	0	[Black]					5	0	0	0	0
5	0	0	0	0	0	0	3	0	0	0	4	0	0	0
[Grey]					[Grey]					5	0	0	0	0

5	0	0	0	0	0	4	0	0	0	0	0	0	2	0
5	0	0	0	0	0	0	3	0	0	5	0	0	0	0
5	0	0	0	0	5	0	0	0	0	5	0	0	0	0
5	0	0	0	0	5	0	0	0	0	5	0	0	0	0
5	0	0	0	0										
5	0	0	0	0	0	4	0	0	0	5	0	0	0	0
										5	0	0	0	0
0	0	0	0	1	0	4	0	0	0	5	0	0	0	0
5	0	0	0	0	5	0	0	0	0	5	0	0	0	0
5	0	0	0	0										
0	0	3	0	0	0	4	0	0	0	5	0	0	0	0
5	0	0	0	0	0	4	0	0	0	5	0	0	0	0



HUD Goals				CoC Goal						
Housing Stability	Increase Income	Increase Earned Income	Main-stream Resources	July PIT		Initial PIT Data (July)	Jan. PIT		Initial PIT Data (Jan)	Quarter #1 APR Sub.
Meet 3	Meet 3	Meet 3	Meet 3	Street Count Part. (-10)	Late (-15)	(8/14) 1 pt	Street Count Part. (-10)	Late (-15)	TBD 1pt.	1 pt
3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1
0	3	3	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	0	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	0	3		0	1	n/a	n/a	n/a	0
0	3	3	3		0	1	n/a	n/a	n/a	1

3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	0
3	3	3	3		0	1	n/a	n/a	n/a	0
3	3	3	3		0	1	n/a	n/a	n/a	0
3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	0	3		0	1	n/a	n/a	n/a	1
3	3		3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1
0	3	3	3		0	1	n/a	n/a	n/a	1
3	0	0	3		0	1	n/a	n/a	n/a	0
3	0	0	3		0	1	n/a	n/a	n/a	1
3	3	0	3		0	1	n/a	n/a	n/a	

3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	0	3		0	1	n/a	n/a	n/a	1
3	3	0	3		0	1	n/a	n/a	n/a	1
3	3	0	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	
3	3	0	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	0	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1
3	3	3	3		0	1	n/a	n/a	n/a	1

					<b>Total</b>		<b>%</b>
Quarter #2 APR Sub.	Quarter #3 APR Sub.	Quarter #4 APR Sub.	Exhibit 2 on time	Exhibit 1 info on time	Total Points Earned	Total Points Possible	%
1 pt.	1 pt.	1 pt.	1 pt	1 pt			%
1	1	n/a	1	1	29	33	88%
1	1	n/a	1	1	35	38	92%
1	1	n/a	1	1	29	33	88%
1	1	n/a	1	1	34	38	89%
1	1	n/a	1	1	33	38	87%
1	1	n/a	1	1	36	38	95%
1	1	n/a	1	1	26	38	68%
0	1	n/a	1	1	29	38	76%

1	1	n/a	1	1	34	38	89%
1	1	n/a	1	1	36	38	95%
1	1	n/a	1	1	28	33	85%
1	1	n/a	1	1	33	38	87%
1	1	n/a	1	1	34	38	89%
1	1	n/a	1	1	32	38	84%
1	1	n/a	0	1	32	35	91%
1	1	n/a	1	1	33	38	87%
1	1	n/a	1	1	38	38	100%
1	1	n/a	1	1	38	38	100%
1	1	n/a	1	1	28	33	85%
1	1	n/a	1	1	26	33	79%
1	1	n/a	1	1	29	38	76%
1	1	n/a	1	1	19	22	86%

0	1	n/a	1	1	33	38	87%
0	1	n/a	1	1	35	38	92%
1	1	n/a	1	1	35	38	92%
1	1	n/a	1	1	35	38	92%
			1	1	12	12	100%
1	1	n/a	1	1	34	38	89%
0	1	n/a	1	1	21	22	95%
1	1	n/a	1	1	30	38	79%
1	1	n/a	1	1	38	38	100%
1	1	n/a	1	1	30	33	91%
1	1	n/a	1	1	35	38	92%
1	1	n/a	1	1	37	38	97%

## Wisconsin Balance of State Continuum of Care Board Scoring Tool (FY2013)

*Final & WI BOS Board Approved, 1/14/14*

Rank	Agency	Type	Program	Score	High Risk Score	2013-4 GIW (\$\$)
1	KHDS	TH	KYF Supportive Housing	100%	6	\$129,063
2	KHDS	TH	Homeless Youth Project	100%	12	\$143,243
3	West CAP	TH	Families in Transition	100%	18	\$442,801
4	State of WI	HMIS	Wisconsin HMIS Project Renewal	100%	n/a	\$371,429
5	Western Dairyland	PH		new	n/a	\$249,093
6	ADVOCAP	PH		new	n/a	\$210,800
7	BOS Planning Grant	Planning		new	n/a	97,579
8	YWCA of Coulee Region	TH	Transitional Housing	97%	28	\$74,720
9	The Salvation Army of St. Croix County	PH	Permanent Supportive Housing	95%	7	\$241,495
10	CWCAC	TH	Project Chance	95%	24	\$267,328
11	Couleecap	TH	Transitional Housing	95%	34	\$373,303
12	Richard's Place	TH	I SHP	92%	10	\$114,699
13	NWCSA	TH	Transitional Housing	92%	13	\$94,379
14	ADVOCAP	TH	Fond du Lac TH	92%	27	\$112,316
15	Women & Children Horizons	TH	Transitional Living Program (non + DV)	92%	31	\$224,772
16	Richard's Place	PH	II	92%	32	\$148,467
17	Western Dairyland	SSO	Supportive Housing	91%	29	\$269,972
18	Hebron House	SH	Jeremy House	91%	n/a	\$118,755
19	State of WI	SC	Rock County Shelter + Care	89%	2	\$252,320
20	CACSW	TH	Jefferson	89%	11	\$168,164
21	CAI	TH	Rock-Walworth Transitional Living Program	89%	22	\$544,442
22	Family Services of NE WI	TH	Brown Transitional Housing	89%	26	\$162,842
23	ADVOCAP	SSO	Homeless SSO	88%	14	\$161,604
24	ADVOCAP	SSO	Fond du Lac	88%	15	\$201,423
25	Housing Partnership	PH	It Takes a Village	87%	8	\$173,211
26	Couleecap	PH	New Hope	87%	17	\$264,674

27	NWCSA	TH	ABC Transitional Housing	87%	19	\$115,847
28	CAP Services	TH	Transitional Living Program	87%	n/a	\$107,025
29	NEWCAP	PH	Housing First	86%	4	\$184,347
30	Couleecap	PH	Housing First	85%	1	\$215,913
31	Lakeshore CAP	SSO	Project Hope	85%	20	\$119,919
32	Forward Service Corp.	TH	New Homeless Continnum	84%	33	\$410,671
33	Walworth County Housing Authority	PH	Hartwell St. Apts.	79%	3	\$70,810
34	Legal Action	SSO	Civil Legal Services	79%	30	\$113,420
35	NCCAP	TH	THE BIG TEN	76%	16	\$180,539
36	West CAP	PH	f/k SPI PW	n/a	n/a	110,100
37	West CAP	PH	f/k SPI PM	n/a	n/a	40,500
38	West CAP	TH	f/k SPI TH	n/a	n/a	134,000

**Total ARD (GIW) = \$7,806,301      5% NOFA Reduction = \$390,316      Tier 1 Limit:      7,415,985**

**Tier 2**

39	City of Appleton	PH	Wireworks	76%	25	\$53,394
40	City of Appleton	TH	Fox Cities	68%	21	\$181,152

**Voluntary Reduction of Funds**

			<i>Grant Name &amp; Original Grant \$</i>	<i>New:</i>	<i>Difference of:</i>
Chippe	West CAP	PSH	SPI PLUS Women \$188,896	110,100	78,796
Chippe	West CAP	PSH	SPI PLUS MEN \$121,298	40,500	80,798
Chippe	West CAP	TH	SPI TH \$519,226	134,000	344,242
	Total of 20 units			<b>284,600</b>	<b>503,836</b>
Coulee	Couleecap	PSH	Housing First \$238,016	215,913	22,103
Wauke	Waukesha H.A.	SC	SPC \$146,319	0	146,319



## 2013-2014 Board of Director Project Scoring Tool

Each COC-funded project will be ranked using the WI BOS Project Scoring Tool. The scoring criteria is based on performance – as reported on the e-snaps Annual Performance Report (APR) and timely completion of COC goals. The maximum possible number of points a project can earn varies based on type.\*

- Transitional Housing, Permanent Supportive Housing, and Shelter Plus Care can earn a maximum of 38 points.
- Safe Haven can earn a maximum of 35 points.
- Supportive Service Only can earn a maximum of 33 points.
- HMIS can earn a maximum of 12 points.

### Points will be awarded as follows:

Criteria	5 points	4 points	3 points	2 points	1 point
APR submitted timely to HUD	On time	Less than 1 week late	Between 1 week – 1 month late	Between 1 – 3 months late	More than 3 months late
Money Returned to HUD	0% of grant returned	0.1% - 2.9% of grant returned	3% - 5.9% of grant returned	6% - 9.9% of grant returned	More than 10% of grant returned
Unit Utilization	100%	90 - 99%	80 - 89%	70 - 79%	Less than 69%
Data Quality: Don't Know, Missing, Refused	0% - 1.0%	1.1% - 2%	2.1% - 3%	3.1% - 4%	Greater than 4.1%

Criteria	Met	Not Met
HUD Goal: Housing Stability	3 points	0 points
HUD Goal: Increase Income	3 points	0 Points
HUD Goal: Increased Earned Income	3 points	0 Points
HUD Goal: Connect to Mainstream Resources	3 points	0 Points
COC Goal: Turn in initial July PIT data timely	1 point	0 points
COC Goal: Turn in initial January PIT data timely	1 point	0 points
COC Goal: Quarter 1 APR submitted on time	1 point	0 points
COC Goal: Quarter 2 APR submitted on time	1 point	0 points
COC Goal: Quarter 3 APR submitted on time	1 point	0 points
COC Goal: Quarter 4 APR submitted on time	1 point	0 points
Turned in Exhibit 1 information on time	1 point	0 points
Turned in Exhibit 2 on time	1 point	0 points

### \*Exceptions:

There are a few projects that have different maximum points possible, and therefore are exceptions to this general rule.

Couleecap Housing First was not evaluated based on the amount of money returned (up to 5 points) because the project was a 3 year grant and the APR is only focusing on 1 of those years. Total maximum points for this project is 33.

NEWCAP and The Salvation Army of St. Croix County just started their projects on 4/1/13, and are not required to submit an e-snaps APR until 2014. The Board voted and determined that these two projects would submit an HMIS APR and be scored based on the data that was available through this report. Total maximum points for these projects are 22.

Western Dairyland PSH, ADVOCAP PSH, and the BOS planning grant are all three new projects created out of reallocation. The two permanent supportive housing projects will be dedicated to chronically homeless and meet a critical need in their local continua as well as the Balance of State COC. The planning grant is a necessary project in order to develop our organization and maintain our compliance with the COC Program Interim Rule. As there is no data to use to score these projects, the Board voted and determined that the three new projects will be placed at the bottom of the first grouping (100%) of Tier 1.

On January 1, 2014, West CAP assumed responsibility over three COC-funded grants previously administered by Starting Points. These three grants are: Chippewa County TH, PLUS Men PSH, and PLUS Women PSH. These three grants under the administration of Starting Points were going to be reallocated in their entirety following a monitoring completed by the Project Evaluation & Assistance committee. Following the decision of the Board of Directors, Starting Points contacted HUD and requested permission to transfer their grants to a different entity. Starting Points voluntarily selected West CAP. As a result, the main justifications for the original decision to reallocate the funds were now rendered moot. However, there were no APRs submitted to HUD by Starting Points. As a result, the Board did not have the requisite data necessary to score the projects. The Board voted and determined that the West CAP-Chippewa grants would be placed at the bottom of Tier 1.

**Penalty Points will be awarded as follows:**

<b>Criteria</b>	<b>Subtract</b>
Non-Participation by COC Funded agency in overnight Street Count during the January PIT	10 points
Late submission of Final Deadline for January PIT data	15 points
Non-Participation by COC Funded agency in overnight Street Count during the July PIT	10 points
Late submission of Final Deadline for July PIT data (9/30/13)	15 points

Once the total number of points are calculated, the number of points earned will be divided by the total possible points for that project type. The resulting percentage will be placed in descending order, highest at top and lowest at bottom. If there is a tie between projects, a tiebreaker score will be used.

Tiebreaker scores were developed in the following manner. Each project was divided into type: Permanent Supportive Housing and Shelter Plus Care, Transitional Housing, and SSO. Within each of those types, data was run for each project for the same date range: 6/1/11-6/1/13.

Of the total number of participants, what percentage:

- Came from Shelter?
- Came from the Street?
- Have AODA issues?
- Have Mental Health issues?
- Meet the Chronically Homeless Definition?
- Have no income?

These percentages were averaged out to give a High Barrier percentage. Then, each project was ranked (regardless of project type) by High Barrier percentage in descending order (highest at top, lowest at bottom).

As a result, if two projects are tied in the evaluation tool – the project with a higher High Barrier percentage will be ranked before the project with a lower High Barrier percentage.

Date range for all programs was 6/1/11-6/1/13

Permanent Supportive Housing and Shelter Plus Care

Program	% Shelter	% Streets	% AODA	% Mental Health	% Chronic	% No Income	% High Barrier
Couleecap Housing First PHP	43%	29%	36%	100%	64%	57%	55%
State of WI - Rock County Shelter Plus Care: CAI	63%	28%	27%	89%	39%	55%	50%
Walworth County Housing Authority - Hartwell Street Apartments	47%	29%	18%	59%	100%	41%	49%
NEWCAP - SHP Housing First	86%	14%	14%	86%	14%	71%	48%
Starting Points - PLUS Supportive Housing for Men PHP	67%	22%	56%	56%	22%	56%	46%
The Salvation Army of St. Croix (Grace Place) - PSH	96%	0%	40%	48%	28%	56%	45%
Housing Partnership of the Fox Cities -It Takes A Village	74%	11%	32%	95%	42%	5%	43%
Starting Points - PLUS Supportive Housing for Women PHP	81%	0%	50%	81%	6%	6%	38%
Couleecap - New Hope PSH	37%	24%	18%	71%	0%	13%	27%
City of Appleton - Wireworks PSH: Housing Partnership	38%	13%	0%	50%	38%	0%	23%
Richard's Place II PH Project	25%	0%	0%	0%	50%	0%	13%

Supportive Service Only (SSO)

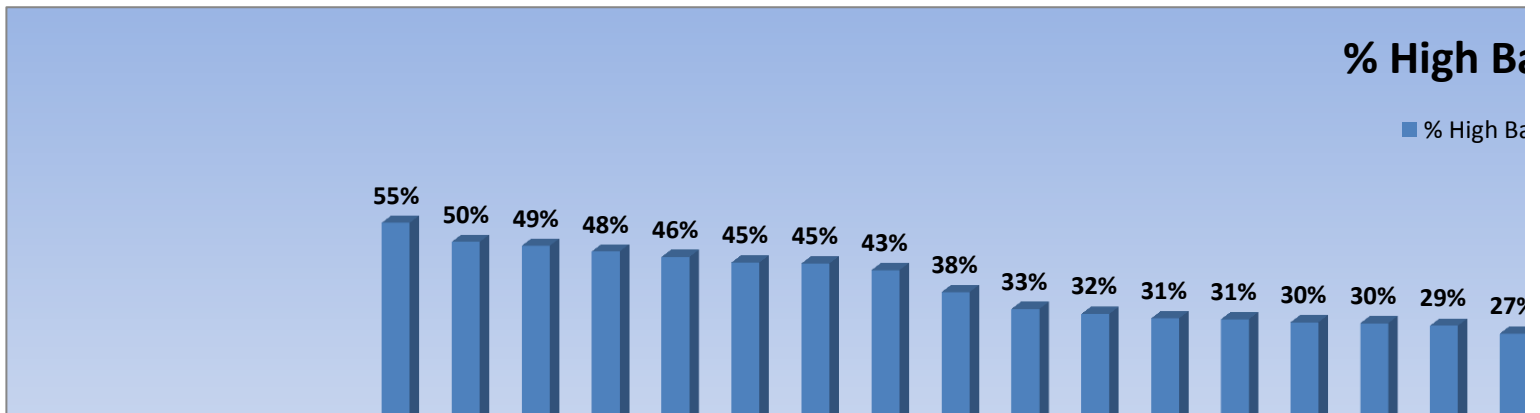
Providers/Grants	% Shelter	% Street	%AODA	% Mental Health	% Chronic	% No Income	% High Barrier
ADVOCAP Homeless SSO	83%	0%	8%	32%	6%	51%	30%
ADVOCAP Fond du Lac SSO	83%	1%	6%	20%	2%	66%	30%
Lakeshore CAP, Inc. – Project Hope	67%	19%	7%	13%	5%	45%	26%
Western Dairyland - Supportive Housing Program: Western Dairyland + ECIHN + City of Eau Claire Housing	58%	6%	2%	8%	2%	28%	17%
Legal Action of WI – Civil Legal Services for the Homeless	37%	1%	1%	16%	1%	38%	16%

Transitional Housing

Providers/Grants	% Shelter	% Street	%AODA	% Mental Health	% Chronic	% No Income	% High Barrier
KHDS KYF Supportive Housing Program	89%	11%	39%	50%	11%	69%	45%
Richard's Place I SHP TH Project	0%	22%	56%	67%	33%	22%	33%
CACSCW Jefferson County TH	66%	7%	22%	32%	0%	66%	32%

KHDS Homeless Youth Project	58%	15%	13%	35%	8%	57%	31%
NWCSA TH	100%	0%	4%	27%	8%	46%	31%
NCCAP - THE BIG TEN	53%	9%	9%	25%	9%	69%	29%
West Central WI - Families in Transition Supportive Housing	96%	0%	1%	17%	0%	43%	26%
NWCSA ABC TH	66%	11%	3%	14%	0%	63%	26%
City of Appleton - Fox Cities Housing Coalition TH: Housing Partnership + ADVOCAP Menasha + TSA-Fox Cities	72%	1%	11%	41%	6%	15%	25%
CAI Rock Walworth Transitional Living Program: CAI + Red Road House	75%	2%	18%	14%	18%	57%	23%
Starting Points - Chippewa County TH	63%	0%	12%	26%	0%	38%	23%
CWCAC Project Chance TH	57%	13%	3%	21%	4%	40%	23%
Family Services of Northeast WI-Brown County THP: Family Services + Forward Services Corp.	91%	3%	57%	57%	14%	34%	23%
ADVOCAP Fond du Lac TH Program	73%	0%	3%	21%	0%	27%	21%
YWCA of the Coulee Region TH	16%	5%	32%	32%	5%	26%	19%
Women & Children's Horizons Transitional Living Program	32%	23%	5%	14%	5%	14%	15%
Forward Service Corporation-New Homeless Continuum	31%	4%	1%	6%	1%	18%	10%
Coulecap TH: Couleecap	12%	10%	0%	7%	0%	8%	6%

Providers/Grants Not Included	TYPE
CAP Services - Transitional Living Project	TH
Hebron House - Jeremy House Safe Haven	SH
State of WI - WI HMIS Project Renewal	HMIS
CAI Rock Walworth Transitional Living Program: Family Services + AFP	TH
Couleecap Transitional Housing: New Horizons	TH
Western Dairyland - Supportive Housing Program: Bolton Refuge House	SSO
Women and Children's Horizon - Transitional Living Project: DV	TH



Couleecap Housing First  
 CAI Shelter Plus Care  
 Walworth  
 Newcap Housing First  
 SPI Men  
 KHDS Supportive Housing  
 The Salvation Army of St....  
 Housing Partnership-It Takes...  
 SPI Women  
 Richard's Place  
 CACSCW TH Jefferson County  
 KHDS Homeless Youth...  
 NWCSA Transitional Housing  
 ADVOCAP WINN  
 ADVOCAP FDL  
 NCCAP The Big Ten  
 Couleecap New Hope  
 WestCAP Supportive H...  
 NWCSA A

Providers/Grants	Type	% High Barrier	Number
Couleecap Housing First PHP	PSH	55%	1
State of WI - Rock County Shelter Plus Care: CAI	PSH	50%	2
Walworth County Housing Authority - Hartwell Street Apartments	PSH	49%	3
NEWCAP - SHP Housing First	PSH	48%	4
Starting Points - PLUS Supportive Housing for Men PHP	PSH	46%	5
KHDS KYF Supportive Housing Program	TH	45%	6
The Salvation Army of St. Croix (Grace Place) - PSH	PSH	45%	7
Housing Partnership of the Fox Cities -It Takes A Village	PSH	43%	8
Starting Points - PLUS Supportive Housing for Women PHP	PSH	38%	9
Richard's Place I SHP TH Project	TH	33%	10
CACSCW Jefferson County TH	TH	32%	11
KHDS Homeless Youth Project	TH	31%	12
NWCSA TH	TH	31%	13
ADVOCAP Homeless SSO	SSO	30%	14
ADVOCAP Fond du Lac SSO	SSO	30%	15
NCCAP - THE BIG TEN	TH	29%	16
Couleecap - New Hope PSH	PSH	27%	17
West Central WI - Families in Transition Supportive Housing	TH	26%	18
NWCSA ABC TH	TH	26%	19
Lakeshore CAP, Inc. – Project Hope	SSO	26%	20
City of Appleton - Fox Cities Housing Coalition TH: Housing Partnership + ADVOCAP Menasha + TSA-Fox Cities	TH	25%	21
CAI Rock Walworth Transitional Living Program: CAI + Red Road House	TH	23%	22
Starting Points - Chippewa County TH	TH	23%	23
CWCAC Project Chance TH	TH	23%	24

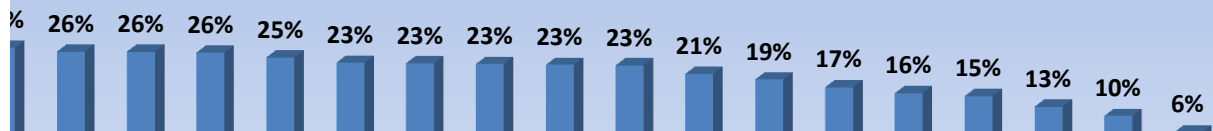
City of Appleton - Wireworks PSH: Housing Partnership	PSH	23%	25
Family Services of Northeast WI-Brown County THP: Family Services + Forward Services Corp.	TH	23%	26
ADVOCAP Fond du Lac TH Program	TH	21%	27
YWCA of the Coulee Region TH	TH	19%	28
Western Dairyland - Supportive Housing Program: Western Dairyland + ECIHN + City of Eau Claire Housing	SSO	17%	29
Legal Action of WI – Civil Legal Services for the Homeless	SSO	16%	30
Women & Children's Horizons Transitional Living Program	TH	15%	31
Richard's Place II PH Project	PSH	13%	32
Forward Service Corporation-New Homeless Continuum	TH	10%	33
Couleecap TH: Couleecap	TH	6%	34






# Carrier

Carrier





Housing	ABC Transitional...	LCCAP	Fox Cities Housing Coalition...	CAI Rock Walworth...	SPI Transitional Housing	CWCAC	Housing Partnership...	Family Services of Northeast...	ADVOCAP FDL Transitional	YWCA of the Coulee Region...	Eau Claire	LAW Pivot	Women & Children's...	Richard's Place	Forward Service...	Coulecap Transitional...
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