Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

 2. Ensuring all questions are answered completely.

 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: WI-502 - Racine City & County CoC

1A-2. Collaborative Applicant Name: Legal Action of WI, Inc.

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Non-VA Veterans Service Providers/Advocates	Yes	Yes
Legal Services, SOAR Provider	Yes	Yes
Clergy/Faith Based	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)

Overall strategy is to gather diverse information.Community surveys,focus groups, traditional & social media,advisory opinions from experts inside/outside CoC, current/former homeless involvement in all aspects used.Committees & workgroups open to all & include persons currently/formerly homeless, subpops & expertise. CoC meetings not restricted to "members" & anyone can speak on issues @ meetings.Current/former homeless on PIT committee/develop PIT street count procedures. DV, human trafficking, youth providers, LGBTQ, mental health-input on CoC protocols.Legal Services/SOAR provider input on development of general CoC policies/protocols & SOAR, identification of policies/procedures that criminalize homelessness.Cross membership in community coalitions-veterans,domestic violence, human trafficking,mental illness, financial fitness, housing, community development provides additional input & expertise & include law enforcement, local jail & public housing authority.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)

We accept new members at any time. Anyone wanting to participate can join the CoC.The CoC continually seeks out new members to join and build capacity within the CoC. The local newspaper, Facebook & our website are used in addition to personal invitations.Because we desire high quality projects in our community our philosophy is to seek out possible new partners.Current membership arrange meetings with those agencies we specifically want to have participate due to identified gaps.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)

It was announced at the July 21, 2017 CoC Meeting. On August 2, 2017 it was announced at the Resource Development Committee meeting. On August 4, 2017 the CoC posted notification on its website and Facebook page. It was also

announced at the Racine County Resource Networking meeting on August 22, 2017. There were a number of interested organizations, but none submitted an application. Assistance from seasoned applicants was available if anyone new had applied. The CoC utilized the HUD Project Rating and Ranking Tool to select projects.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)

City of Racine staff attend CoC meetings. All City of Racine and State of WI ESG recipients are participating members in the CoC. The CoC uses a coordinated approach to allocate CoC and ESG funding to adequately address

gaps in service and community needs. Non CoC and ESG funded organizations participate in the evaluation and ranking of projects for both CoC and ESG. CoC members participated in the development of the City ESG application and RFP.The CoC determines the allocation of City ESG funds, and attends City committee and City Council meetings where approval occurs. The CoC provides PIT, HIC and other data to the City. Data is from HMIS, Osnium (DV providers), and confirmed by manual data counts. Demographics are included, as well as individual project data. The CoC provides comments on the Con Plan and give testimony at hearings.The process with the State of WI is the same except staff do not regularly attend Racine CoC meetings.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)

CoC membership includes participation from all dv service providers in Racine County, and they vote on policy.The CoC has a youth shelter for abused or at risk minors, dv shelter and dv transitional shelter/housing.There is CoC funded PSH project for dv victims. Protocol is to ask a dv victim if they would like to speak to a dv advocate or receive services immediately.Legal Services assists victims to obtain orders of protection. Shelters & other programs do not divulge the location of clients. Coordinated entry is primarily done through HMIS with a separate non-WISP list that maintains confidentiality and safety of domestic violence survivors. There is a pre-screen form that identifies survivors so that the appropriate protocols are utilized. CoC members participate in the human trafficking coalition and domestic violence task force. All CoC members have been trained in Trauma Informed Care.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)

Training on some aspect of domestic violence at least quarterly. DV providers in the CoC provide aggregate data from Osnium.Data is reviewed monthly, along with other CoC data.Most recently dv data was used to determine the CoC subpopulation prioritization.The HMIS committee meets monthly and discussion and training include dv data and the non-WISP coordinated entry list. Racine CoC members participated in non-HMIS CE list training through our HMIS Lead Agency - Institute for Community Alliances. All CoC agencies have been trained in Trauma Informed Care, and any community wide dv policy and protocols. Agencies also attend webinars directed at the housing and service needs of dv survivors.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Racine County	0.00%	No

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

The CoC began discussion with HARC over 10 years ago on this topic. We seemed to be making progress until we were told they would have no preference in any area.We contact them annually, and have attempted to schedule meetings to discuss with little response. In the last 12 months there has been representation in the form of 1 staff and a Board member at several meetings. The Board member stated he would look into the situation, and then stopped coming to meetings. On September 7, 2017 the Executive Director was quoted in the Racine Journal Times stating they do not see homeless as a preference over any other population. We will continue to reach out directly to them, but also feel that we may need to involve our local HUD Field Office to make any progress. See letter and newspaper article which is attached to this application.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)

Some form of training or discussion occurs on a quarterly basis. CoC agencies received training from the City of Racine in the last 12 months on these issues, and a City of Racine staff member has provided additional training to specific

agencies such as our largest homeless shelter. A number of CoC agency staff have also attended specific training on these issues as part of their continuing education requirements. A number of agencies have watched HUD and NAEH webinars, and have attended presentations at conferences such as National Alliance to End Homelessness. The City of Racine and Legal Action of Wisconsin have been instrumental in the implementation of LGBTQ and anti-discrimination policies within the CoC. Transgender individuals are placed in shelter based on how they identify themselves, including the use of rest rooms.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 50 characters)	

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs.
(limit 1000 characters)

Applicant checked relevant boxes.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X

Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

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

1E-2. Severity of Needs and Vulnerabilities
CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

The CoC reviewed project data and identified that over 40% of all families with children were either fleeing or had recently experienced some form of victimization. The CoC discussed factors such as criminal history, mental illness and substance abuse, and no income and examined the prevalence of those factors in regard to persons who are chronically homeless. It was determined that these factors should be considered in the rating and ranking of projects, and the committee looked at data from each project to determine whether persons with these characteristics were being served by the project and frequency. Projects serving or creating beds for the chronically homeless were prioritized as well as projects serving victims/survivors. The primary project serving domestic violence victims was ranked third, and the CoC considered all forms of data reporting by the project as sufficient for evaluation.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	X

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.
Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 2

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.

09/06/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.

09/06/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.

page 5 - 7 Wisconsin Governance Charter

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.

Yes

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

Mediware Information Systems

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.

Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	245	30	215	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	64	32	32	100.00%
Rapid Re-Housing (RRH) beds	50	0	50	100.00%
Permanent Supportive Housing (PSH) beds	110	9	66	65.35%
Other Permanent Housing (OPH) beds	8	0	8	100.00%

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)

Bed coverage is above 85% for all but PSH. The cause is the refusal of the Housing Authority of Racine County to schedule training to enter VASH vouchers into HMIS. This has been an on-going discussion. Because it is clear that the Housing Authority remains calcitrant, a letter has been drafted to the Housing Authority Executive Director, and copied to the Racine County Executive - which has oversight authority, the Racine Journal Times and the Milwaukee HUD Field Office and VA.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?   12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)   05/01/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.   01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)   05/01/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)

The methodology itself did not change. However, a temporary shelter was added on November 1, 2016 due to another shelter under utilizing space and forthcoming loss of TH beds - which has been rectified and the temporary shelter closed on 3/25/17. Staff were trained and used WISP to enter data, and cross check accuracy of census. There were 51 temporary beds added for ES as a result. A TH project closed on 12/31/16 which resulted in the loss of 42 beds. Thus there was a net change of 9 additional sheltered beds available on the night of PIT.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	51
Beds Removed:	42
Total:	9

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?   No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0

Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.   No

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

The CoC voted to exclude areas where we have never found a person experiencing homeless in the history of the PIT, and which are very high income areas that are closely policed. Our "day after" service based count was extended from 1 day to 6 days.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count?   Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

SAFE Haven, our RHY funded youth shelter serving youth 10 - 17 and providing ESG and CoC funded PH - RRH to youth 18 - 24, participates in our PIT committee. In developing our PIT procedures, discussion took place which identified specific locations where youth were likely to congregate - malls, lakefront, skateboard park, parks and specific convenience stores in the community. The number of youth, 18 - 24, participating in the PIT count was increased. During the PIT count we were able to identify 2 homeless youth.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

Our shelters for children and families, as well as our veteran service providers

participate in our PIT committee. In developing PIT procedures, discussion to took place regarding chronic homeless definition, families with children and veterans. Our data collection tools are designed to identify families in chronic status, including families with children. Staff from the Milwaukee VA, as well as from local veterans service projects, including SSVF funded organizations, participated in the count. A number of veterans also participated. Information was crosschecked in HMIS to make sure data was correct regarding length and # of times homeless. Special attention is given to identifying vehicles in locations with persons in them, which is a common factor in families with children.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

Decrease of 64.Examined shelter entry and prevention data over period of years to identify commonalities - loss of income, criminal history, domestic violence, mental illness, eviction history identified.CoC maintains strong prevention & diversion emphasis.Legal representation & rental assistance is effective intervention and diversion for those at risk or imminent risk of homelessness.Coordination with ResCare,TANF provider, for emergency assistance funds to prevent eviction or move household into new housing so do not enter homeless system.Financial education coordinated with Financial Fitness Coalition.Relationships with prison re-entry & domestic violence programs to provide education & services,established protocols with addiction and mental health providers that support long term recovery have also proven to be helpful. Legal Action of Wisconsin & ResCare have primary roles overseeing this strategy.

3A-2. Performance Measure: Length-of-Time Homeless.
 CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

Decrease 1 night in ES & SH, decrease 13 nights ES, SH, TH.CoC has increased number of Rapid Re-Housing units, and developed relationships with landlords and affordable housing developers to increase the number of units available in the community that the homeless can access. HALO has developed a number of units with a local developer. Efforts to increase employability have

increased, including overcoming barriers to employment such as driver license recovery & occupational licensing reinstatement. Staff have been added to a SOAR project to increase the speed with which applications can be submitted & a source of income obtained to obtain housing. The CoC utilizes HMIS data to identify those with the longest length of time homeless. This is also part of the prioritization. HMIS committee has oversight.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention
Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

SO to PH decreased 55% - may be attributable to changes in PATH program data collection methods & baseline may not have been accurate.ES,SH,TH&PH-RRH decreased by 2%. PH increased by 4%.SO adding to CE list so can be housed more quickly & same for ES & TH.ES shifting focus on placement in housing vs. getting people ready for housing. PH sharing best practices with SO and ES when appropriate. Developed early intervention strategies for addictions and mental health related problems that interfere with stable housing situations. HALO and WRC oversee.

3A-4. Performance Measure: Returns to Homelessness.
Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.
(limit 1000 characters)

2 year return rate is ES- 15%, SO - 12%, TH - 11%, PH - 10%. Returns overall most likely to occur within 12 months, 13 - 24 less likely. Most likely ES in 6 months, SO 6 - 12, TH 13 - 24 mths.Data being examined at regular intervals to identify those returning and reasons for return - risk factors. PSH and RRH projects using project transfers in CoC when more appropriate housing option exists rather than termination. Early intervention strategies in place for addiction and mental health issues and short term crisis stays to stabilize and return to housing rather than no intervention or long term that results in loss of housing.Aftercare programs in place when person exits shelter to private/market rate housing situation. Evaluation committee has oversight.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to

help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

ResCare,SNAP Employment and Training contractor, for CoC geographic area has regularly scheduled enrollment times at largest shelter provider, which is also the CoCs largest PSH provider.Access to GED courses, workshops, on the job training, work placements,other types of training provided through ResCare and WorkForce Development. ResCare has contract with Legal Action to help recipients have driver license suspensions lifted and criminal record expungement, both of which serve as barriers to employment and access to higher paying jobs. ResCare also coordinates employment and training opportunities with the Workforce Investment Board provider in Racine County, and various apprenticeship and training programs.Several private employment agencies provide services at the shelters.The CoC has a SOAR provider. Racine Vocational Ministry(RVM) provides job skills workshops, and job placement that is specifically tailored to persons experiencing homelessness. ResCare and RVM have oversight.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).

Yes

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

The CoC voted to exclude the areas where both of the following criteria exist: 1.) High income or gated communities with significant policing in place and 2.) No person experiencing homelessness has ever been located in the history or our PIT counts or street outreach team.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)

06/05/2017

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	9	39	30

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	56
Total number of beds dedicated to individuals and families experiencing chronic homelessness	6
Total	62

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)

A Rapid Re-Housing prioritization policy has been developed, which includes the administration of the VI-SPDAT.The VI-SPDAT should be administered within 7-10 days of entering a shelter, or identifying on the street or place not meant for human habitation if shelter is refused.A landlord registry is being developed, and we currently have several landlords that are regularly contacted to secure units.However, the registry needs to increase the number of landlords to assure quick access to units. A CoC Housing Navigator position has been created to work with landlords and CoC providers. Each family has a case manager and the family, case manager and Housing Navigator all work together to place the family into housing. We continue to struggle with finding landlords willing to participate in our programs. HALO is the agency overseeing this strategy within the CoC.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	0	5	5

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)

It is the policy of the CoC that the rule be followed.All CoC agencies were required to attend a training - either in person or via a NAEH or HUD webinar - on the equal access rule. A Fair Housing and ADA training also took place in the last year. Individual agency policies are reviewed by the CoC to assure that they are not discriminatory or violate the relevant rules/laws. There is language in both the City of Racine and State of Wisconsin ESG contracts that requires

compliance and many of these organizations also receive CoC funds.The CoC has implemented a reporting policy so that perceived violations are reported to either Legal Action or the City of Racine Fair Housing division so there can be investigation and quick intervention if there is a violation. Projects are required to schedule several "know your rights" presentations several times a year for participants. These presentations cover general landlord/tenant, fair housing, ADA and equal access requirements.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

SAFE Haven, our local youth shelter, has increased the number of available RRH units with ESG funding.Our TH DV provider recently obtained housing funding for DV survivors that will include youth.The CoC has also developed age appropriate procedures and services for this population in consultation with youth and youth providers. In developing our PIT procedures, discussion took place which identified specific locations where youth were likely to congregate - malls, lakefront, skateboard park, parks and specific convenience stores in the

community. The number of youth, 18 - 24, participating in the PIT count was increased. During the PIT count we were able to identify 2 homeless youth. It is unusual for us to have any 18 - 24 years olds in our PIT count so we believe the new strategy was effective in that they were located, were taken to shelter and were placed on the CE list for housing. Our largest general population shelter and our DV shelter have both noticed an increase in the number of 18 - 24 year olds accessing shelter. We believe the increase reflects that outreach efforts are resulting in getting them off the street and to services that will assist them to find stable housing. We believe these are appropriate measures because this has traditionally been a population that does not come to shelter, and will rely on friends to help them out on the street.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)

The McKinney-Vento liaison from the largest school district in Racine County is a regularly attending member of the CoC. Contact with other liaisons in Racine County occurs at least annually. SAFE Haven Youth Shelter, HALO and WRC (DV) shelters depend on the assistance of the liaisons to assure that the school district provides the required educational services while the child is homeless. There is also collaboration between the CoC and school districts with meetings and presentations regarding homeless youth. The CoC and homeless liaison also provide a forum to show the documentary 16:49 to educators. The CoC also works with CESA 1, including agency staff attending meetings and training regarding programming for homeless, runaway and trafficked youth, as well as general education issues.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers		Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund		Yes
Federal Home Visiting Program		Yes
Healthy Start		Yes
Public Pre-K		Yes
Birth to 3		Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

Veterans are immediately referred to Center for Veterans(CVI) issues for assessment. In addition to the VI-SPDAT being administered and the individual being placed on the CoC Prioritization listing, all veterans are entered into a registry maintained by CVI.This gives them access to housing such as SSVF, per diem, and HUD-VASH vouchers as well as many other veteran's services.In addition to CVI, VAF operates a transitional housing facility. It is located next to a VA satellite clinic & case workers from the VA are regularly on site at VAF. There is also a group that has been meeting including reps from CVI, VAF, State of WI DVA, VA, HUD Field Office & CoC to evaluate current practices & identify best practices, needs. Staff from the VA attend monthly CoC meetings. The CoC holds one meeting a year devoted to presentations from the VA, CVI, & VAF.

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

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits.
(limit 1000 characters)

ResCare, the SNAP Employment and Training contractor, for the CoC geographic area attends CoC meetings. A representative has regularly scheduled enrollment times at the CoCs largest shelter provider, which is also the CoCs largest PSH and TH provider.Access to GED courses, workshops, on the job training, work placements and other types of training is provided through ResCare. ResCare has also contracted with Legal Action to provide legal assistance to help recipients have driver license suspensions lifted and criminal record expungement, both of which serve as barriers to employment and access to higher paying jobs. ResCare also coordinates employment and training opportunities with the Workforce Investment Board provider in Racine County, and various apprenticeship and training programs.Several private employment agencies provide services at the shelters. Racine Vocational

Ministry is the oversight agency within the CoC. Presentations are made to staff on at least a quarterly basis.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	7.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	7.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	7.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	7.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance.
(limit 1000 characters)

Street Outreach is primarily done by our PATH provider, and volunteers trained by that provider. Street Outreach occurs primarily in areas where persons experiencing homelessness are known to frequent, or when there are reports of homeless persons in particular areas. Outreach is done every other evening between 11 pm - 3 am. If weather is particularly cold or hot, additional hours and days are added. The model used by this project is to build trust by frequent contact, simple conversation and leaving water, coffee and snacks. Our youth provider also provides street outreach and goes to locations where youth are likely to be found, or have been reported. A person who is within the same age range is always a part of the outreach team. A similar approach is used.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Required training on a regular basis so that we have knowledgeable staff at each of our agencies is the foundation of our strategy. We hold "know your rights" presentations for participants so they are knowledgeable. Utilizing persons to disseminate information who have things in common with those we are trying to reach out to is helpful. We utilize language and sign interpreters, as well as TTY service. Brochures and other materials are translated into several languages, and large print documents are available for persons with visual impairments.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	29	50	21

4A-7. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).   No