

## 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-502 - Racine City & County CoC

**1A-2 Collaborative Applicant Name:** Legal Action of WI, 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?** Monthly

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

**IB-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?** Outreach, Volunteer, Organizational employee  
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?	Yes
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?	Yes

## 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	Resource Development Committee	Responsible for identifying and developing financial and personnel resources to increase capacity for serving the homeless and for homeless prevention. Identification of potential funding sources, preparation and oversight of grants. Identification of staff development issues, resources and training. Increasing the overall capacity of the CoC.	Monthly	BTLC, CMH/Bethany Apts., CVI, HALO, HOPES, LAW, RVM, RKCAA, SAFE Haven, WRC, State of WI-DOA, City of Racine, United Way of Racine County, HCN, UW-Extension
1C-1.2	HMIS/Data Committee	Responsible for the development of HMIS policies and procedures, identification of training needs and opportunities, oversight of data. Review agency data for quality. Coordinates with Evaluation/Performance Committee.	Monthly	BTLC, CMH/Bethany Apts., CVI, HALO, HOPES, LAW, RVM, RKCAA, SAFE Haven, WRC, State of WI-DOA, City of Racine, United Way of Racine County, HCN, UW-Extension
1C-1.3	Evaluation/Performance Committee	Responsible for evaluating CoC needs, projects, and project performance. Coordinates with the HMIS/Data Committee to develop and implement data reports for evaluation of projects. Evaluation includes monitoring of projects for compliance with HUD regulations, as well as performance measures.	Monthly	BTLC, CMH/Bethany Apts., CVI, HALO, HOPES, LAW, RVM, RKCAA, SAFE Haven, WRC, State of WI-DOA, City of Racine, United Way of Racine County, HCN, UW-Extension
1C-1.4	Coordinated Intake and Assessment Committee	Responsible for developing, implementing and oversight of coordinated intake and assessment. Includes evaluation of policies and procedures in place and impact on decreasing homelessness. Identifies best practices for reducing chronic homelessness, families with children homelessness, and reducing the length of stay in shelter.	Monthly	BTLC, CMH/Bethany Apts., CVI, HALO, HOPES, LAW, RVM, RKCAA, SAFE Haven, WRC, State of WI-DOA, City of Racine, United Way of Racine County, HCN, UW-Extension
1C-1.5				

**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)**

The CoC strives to be inclusive and diverse in its membership. It also seeks to be diverse and inclusive in committees, sub-committees and in decision making. Surveys and focus groups are used. Policy dictates that every committee and sub-committee be representative of the populations served, and services provided. Several providers have homeless advisory committees. The CoC includes persons who are currently and formerly homeless. Representation includes members of sub-populations and service providers: chronically homeless, seriously mentally ill, disabled, youth, veterans, domestic violence victims, as well as needs such as employment, education, legal, housing, healthcare. Advisory opinions are also requested from persons experienced in homelessness prevention, homelessness and characteristics of sub-population groups.

## **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 utilizes a scoring tool based on project performance, compliance with timelines, and compliance with CoC requests. The scoring tool that awards points for completing CoC designated tasks in a timely manner through-out the year, timeliness implementing the project, % of persons exiting the project to permanent housing, % of persons increasing their earned income, % of persons increasing income from all sources, high barrier participants served: chronically homeless, seriously mentally ill, drug and alcohol abuse, domestic violence victims; average length of shelter stay, HUD monitoring findings, written complaints received by the CoC, cost of program compared to achievement of performance measures; and may include one or more pre-determined criteria in the event of a tie.

**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)**

The CoC reviews APRs on a quarterly basis, as well as other data from HMIS. Projects are also selected for monitoring to evaluate compliance with CoC policies and procedures and HUD regulations. The CoC reviews the start date of projects, time between entry into shelter and exit from shelter, number of persons exiting programs into permanent housing, number of persons in programs increasing earned income, number of persons in programs increasing all sources of income. Factors considered in performance evaluation includes identifying the number of project participants with barriers such as chronic homelessness, severe mental illness or cognitive disorder, alcohol and drug abuse and domestic violence. Data elements include exit and entry dates, sub-population information, income and source at entry/exit, mainstream benefits at entry/exit, and housing status at exit. The metric targets are the percentages set by HUD for CoC objectives.

**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 CoC actively seeks out entities that have not applied for CoC funding. We frequently discuss other providers that may have the capacity to operate permanent supportive housing or rapid re-housing for families with children. Considering the fact that the population within the jurisdiction of the Racine CoC is approximately 195,000 and the number of housing providers is limited, we have had new entities funded. The number of entities providing permanent housing has increased. We have used the amendment and re-allocation of SSO funds to add new PSH projects/entities, as well as through bonus projects. The funded agencies within the Racine CoC have not remained static over the years.

**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.** 02/03/2014

**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)**

Not applicable.

**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?** No

**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)**

Not Applicable

## 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 the HDX by April 30, 2013?** Yes



## **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 4 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. HMIS lead agency personnel are an official position on the CoC board and are required to report to the board each month on HMIS related activities. Each CoC actively participates in the management of the HMIS through the HMIS Advisory Board, which it is represented on to ensure shared governance of the system. In addition to collaborating to annually update the governance charter, the CoC and HMIS Lead coordinate for many purposes such as ensuring the quality of data collected, generating required data reports, and providing ongoing training to current and new staff in CoC agencies. Representatives of the CoC and the HMIS Lead communicate regularly by phone, email, and in-person.

**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? Yes**  
If yes, a copy must be attached.

**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)**

The original Standard Operating Policies were created on 11/10/2005. The Policies and Procedures has been updated annually most recently was updated as the Policies and Procedures Manual on 1/10/2014. The plan was most recently disseminated on 1/30/2014.

-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 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	Housing type does not exist in CoC
* 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	1
Transitional Housing	9
Safe Haven	0
Permanent Supportive Housing	16
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	6%
Date of birth	1%
Ethnicity	1%
Race	1%
Gender	1%
Veteran status	1%
Disabling condition	1%
Residence prior to program entry	2%
Zip Code of last permanent address	1%
Housing status	0%
Head of household	7%

**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 HUD-required 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 Agency on behalf of the CoC. While these reports are provided to HUD on an annual basis, the CoC and HMIS Lead Agency require CHOs to generate these reports regularly. For CoC 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 CoC with the ability to evaluate programs throughout the year.

**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 CoCs. Agencies are responsible for maintaining minimum data quality scores. The HMIS Lead is responsible for monitoring data quality, sending an annual data quality report to the CoCs and directly notifying agencies that do not meet minimum data quality requirements. The HMIS Lead works with the CoC Data Committee to review data quality. The CoC Data Committee monitors data quality quarterly for CoC Programs and notifies agencies with data quality errors. The HMIS Lead provides additional training and TA to rectify data quality errors. To assure it meets the highest standards, the HMIS Lead reviews data from several different perspectives: funding-source, program-type, CoC, and system-wide. To ensure HMIS users have the skills to meet these 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)**

Page 29, Appx. 1: data entry workflow requirements to document valid program entry and exit listed in the 5.8 Manual for General Users, Part 1. Pages 41 – 52 of the same manual 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	100%	100%	100%	80%
Transitional Housing	100%	100%	100%	50%
Safe Havens				

**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)**

January 2012 to January 2013 there was a decrease, 6 persons/5%, in shelter;and 12 persons/12.6%, decrease in transitional housing. The decrease is in part due to an increase in ESG funded rapid-rehousing and legal assistance to prevent eviction and rent assistance funded by ESG. This was a purposeful shelter diversion focus by the CoC, to avoid shelter or quickly move people out of shelter. The transitional housing decrease is partially attributable to the focus of the CoC to use supportive services to target employment and mainstream benefits so that persons will obtain an income, and can exit to permanent housing rather than transitional housing. The PATH and SOAR projects have contributed to both of these decreases. Available beds remained the same.

## 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:**

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

The 4 CoCs in Wisconsin hold point in time on the same date and the same hours which assures greater accuracy as far as non-duplication of counts statewide. The sheltered homeless population data are generated from HMIS for those emergency shelters and transitional housing providers utilizing HMIS. All HMIS providers are required to do a manual count of their facilities, and must verify that those rosters match what is entered into HMIS before it can be reported as final data. The remaining providers, including Domestic Violence providers, provide their aggregate data to the Racine CoC. Since the data was collected for the same date for all providers in the CoC, there is no duplication. Data quality reports are also run to ensure that no information is missing.

## 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>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation:</b>	
<b>Sample strategy:</b>	
<b>(if Sample of PIT interviews plus extrapolation is selected)</b>	
<b>Provider expertise:</b>	
<b>Interviews:</b>	X
<b>Non-HMIS client level information:</b>	X
<b>Other:</b>	

**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)**

All 4 Wisconsin CoCs hold point in time on the same date and hours, which increases accuracy and the chance of duplication. The sheltered homeless sub-population data are generated from HMIS for those emergency shelters and transitional housing providers utilizing HMIS. All HMIS providers interview clients at entry, and during point in time, to verify that information entered in HMIS is accurate. Data quality reports are also run to ensure that no information is missing. HMIS providers also review data entered by other providers serving the clients, primarily SSOs or prior provider of shelter or other services, and interview client to reconcile any discrepancies. The remaining providers, including Domestic Violence providers, interview clients to obtain sub-population data at entry and verify it through interviews during point in time.

## 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)**

All 4 Wisconsin CoCs hold the point in time on the same date and hours, which increases the accuracy of the count. The sheltered homeless sub-population data are generated from HMIS for those emergency shelters and transitional housing providers utilizing HMIS. All HMIS providers interview clients at entry, and during point in time, to verify that information entered in HMIS is accurate. HMIS providers also review data entered by other providers serving the clients, primarily SSOs or prior provider of shelter or other services, and interview client to reconcile any discrepancies. Data quality reports are also run to ensure that no information is missing. The remaining providers, including Domestic Violence providers, interview clients to obtain sub-population data at entry and verify it through interviews during point in time.

## 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)**

Decrease from 11 to 9. The decrease is in part due to CoC strategy to prevent homelessness. The strategy includes outreach and services with non-CoC funds to identify persons at risk of homelessness. Those identified receive assistance to access mainstream benefits, employment services that will lead to earned income, mental health and alcohol and drug abuse interventions, and other services. Legal assistance is available to prevent evictions and when access to housing is denied, as well as legal interventions when access to mainstream benefits is denied or terminated and where removal of employment and other income producing legal barriers are identified. Rent assistance and case management are also provided as needed.

## 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:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**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)**

Multiple methods were used. Public places included known locations and a general "sweep" of areas determined to be likely locations. Known locations were checked several times during the count. Interviews were conducted with persons located unless they refused to be interviewed. A day after count was also conducted at a known day drop in center and the public library. Questions were structured and data collected in a manor so persons counted the night before were not counted again. The data from all sources, including WISP, is compared so that we do not have duplication. All 4 Wisconsin CoCs hold the point in time on the same day and during the same hours, which also increases accuracy of the count statewide.

## **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:** Complete Coverage

**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 type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input 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)**

The BOS CoC provided general point in time training via statewide webinar which Racine CoC members watched. The Racine CoC also provided training the evening of point in time. The training included an explanation of who can be counted and how to do the count, as well as how to complete forms and surveys. A unique identifier, made up of the first 3 letters of the first and first 3 letters of the last name, plus year of birth and gender, was assigned to persons not wanting to be identified. Survey questions were used with the unique identifier that included more demographic information and questions related to the person's homelessness. These forms were compared with one another, and with data in HMIS.

### 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.		60	60	60
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	50	23	23	23
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		4	6	8
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?		0	0	0

**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)**

Data for the CoC indicates that there are few CH individuals in Racine County, and that the number has decreased of the years. There is a greater need for affordable housing for families with children. Particularly those families where an adult or child is disabled. Rather than create new CH beds, the CoC will engage in a number of strategies that maximize the use of existing CH and non-CH beds. 1. Non-CH beds will be prioritized for CH use. 2. Agreements will be negotiated with other non-CoC subsidized housing providers so that more non-CH persons can access those units and allow CoC beds to be used for any CH persons who do enter the system or non-CH persons that have greater barriers and are likely to become CH if supportive intervention does not occur. 3. The SOAR program is being expanded to assure that persons have a source of income that will allow them access to other types of PH, and bed turn-over. 4. Implement the use of a tool, such as the homeless vulnerability index or VI-SPDAT, to assess and prioritize service and housing needs. 4. 100,000 Homes Campaign strategies will also be implemented.

**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)**

A sub-committee of the Resource Development Committee will be formed to implement these goals. The sub-committee will at a minimum include representation from HALO-general PH and proposed rapid rehousing provider; CVI-PH, rapid re-housing, veterans and SSVF; WRC-PH and DV; SAFE Haven-PH provider and youth; Legal Action of Wisconsin-legal services, SOAR and SSVF; HOPES Center-mental health/alcohol and drug abuse provider SOAR and PATH; one or more representatives from the Racine Housing Coalition, and a representative from the Housing Authority of Racine County.

## 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:	56	75	75
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.	55	70	70
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	98%	93%	93%

**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 CoC will utilize best practice strategies learned from our HPRP and ESG prevention and rapid re-housing experiences, as well as review policies and procedures and revise those that do not encourage retention. 1. Utilize case management models that include all agencies working with client in the development of one comprehensive set of goals, objectives and standards for the client. 2. Immediate referral to the SOAR project when a disabled person is not receiving SSI/SSDI. 3. Utilize the homeless vulnerability index or VI-SPDAT to assess and prioritize service needs. 4. Review policies, and analyze project data, to revise and implement policies that encourage retention in permanent housing. 5. Work with affordable housing developers to create more PH units.

**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)**

A sub-committee of the Resource Development Committee will be formed to implement these goals. The sub-committee will at a minimum include representation from HALO-general PH and proposed rapid rehousing provider; CVI-PH, rapid re-housing, veterans and SSVF; WRC-PH and DV; SAFE Haven-PH provider and youth; Bethany-proposed Rapid Re-Housing provider; Legal Action of Wisconsin-legal services, SOAR and SSVF; HOPES Center-mental health/alcohol and drug abuse provider, SOAR and PATH; and RVM-employment services provider; Racine Housing Coalition, and City of Racine Development.

### 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:** 492

#### 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?	10%	20%	20%
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?	4%	25%	54%

**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	103	20.93 %
Unemployment Insurance	19	3.86 %
SSI	44	8.94 %

SSDI	29	5.89	%
Veteran's disability	16	3.25	%
Private disability insurance	2	0.41	%
Worker's compensation	1	0.20	%
TANF or equivalent	14	2.85	%
General Assistance	0		%
Retirement (Social Security)	4	0.81	%
Veteran's pension	19	3.86	%
Pension from former job	1	0.20	%
Child support	18	3.66	%
Alimony (Spousal support)	2	0.41	%
Other Source	12	2.44	%
No sources	205	41.67	%

**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)**

1. Expand the SOAR project to give greater and quicker access to those who are disabled to SSI/SSDI. Legal Action has 2 SOAR trainers. 2. Legal Action staff will train staff in CoC funded agencies to screen clients for possible eligibility for SSI/SDI, unemployment compensation, child support, etc. 3. A process will be developed with SSVF and VA to improve access to veterans benefits. 4. Data will be analyzed to identify persons who have no income to assure that they have been adequately screened for potential income resources.

**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 City of Racine has one of the highest unemployment rates in the State of Wisconsin. There is a disconnect between transportation and employment opportunities in Racine County, and larger communities such as Milwaukee. These are factors outside of our control, but must be considered in any strategy. We also recognize that intensive supportive services are needed to overcome barriers that many of these individuals have. 1. Train staff to identify employment ready persons that have other barriers to employment-no driver license, criminal record, child care-so that services can be obtained quickly to address those issues. 2. Train staff to identify persons who are not employment ready and refer them to RVM for intensive employment readiness services. 3. Develop relationships with employers to create work experience opportunities and employment opportunities. 4. Provide opportunities for access to programs that result in GED, HSED or other degrees. 5. Work with the local community to improve transportation access to employment opportunities.

**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)**

A sub-committee of the Resource Development Committee will be formed to implement these goals. The sub-committee will at a minimum include representation from HALO-general PH and proposed rapid rehousing provider; CVI-PH, rapid re-housing, veterans, SSVF; WRC-PH and DV; SAFE Haven-PH provider and youth; Bethany-proposed Rapid Re-Housing provider; Legal Action of Wisconsin-legal services, SOAR and SSVF; HOPES Center-mental health/alcohol and drug abuse provider SOAR and PATH; and RVM-employment services provider, City of Racine Economic Development, Racine County Workforce Development and VA.



### 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- 492 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.**

**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.	84%	85%	90%

**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	274	55.69 %
MEDICAID health insurance	36	7.32 %
MEDICARE health insurance	12	2.44 %
State children's health insurance	7	1.42 %
WIC	4	0.81 %

VA medical services	78	15.85	%
TANF child care services	0		%
TANF transportation services	1	0.20	%
Other TANF-funded services	1	0.20	%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	1	0.20	%
Other Source	6	1.22	%
No sources	77	15.65	%

**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)**

1. Expand the SOAR project to give greater and quicker access to those who are disabled to SSI/SSDI. 2. Designate a benefits person at each agency that will develop expertise, and will work with Legal Action, to assist clients to apply for and appeal benefits denials and terminations. This includes accessing ACA. 3. Analyze data to assure that all families with children have access to BadgerCare/SCHIP and SNAPs program. 4. Analyze data to identify persons with no mainstream benefits to assure that they have been adequately screened for potential benefits.

**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)**

A sub-committee of the Resource Development Committee will be formed to implement these goals. The sub-committee will at a minimum include representation from HALO-general PH and proposed rapid rehousing; CVI-PH, rapid re-housing, veterans and SSVF; WRC-PH and DV; SAFE Haven-PH provider and youth; Bethany-proposed Rapid Re-Housing provider; Legal Action of Wisconsin-legal services, SOAR and SSVF; HOPES Center-mental health/alcohol and drug abuse provider, SOAR and PATH; and RVM-employment services provider, and Racine County Human Services Department.

### 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	12	18
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	9	12	15
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	0	0

**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)**

The overall goal is to increase the affordable units and access to those units in Racine County. 1.Create RRH beds by re-allocating TH funds to RRH. 2.Create RRH beds by re-allocating excess PSH/CH beds. 3.Negotiate agreements with operators of other types of subsidized housing for RRH priority access units. 4. Work with the City of Racine and affordable housing developers to create more affordable units in the City of Racine. 5. Make Rent Smart curriculum more accessible to persons in RRH to help achieve long term stability in the units.

**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)**

A sub-committee of the Resource Development Committee will be formed. CVI-PH,RRH,veterans,SSVF provider; Bethany-proposed RRH provider; HALO-general PH,proposed RRH provider; Racine Kenosha Community Action Agency-former HPRP RRH provider; Legal Action of Wisconsin-legal services, SOAR, SSVF provider; RHNP-local Community Housing Development Organization; City of Racine, Southeast Landlords Association, and Racine Housing Coalition.

**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)**

Due to the size of our community, the general rapid rehousing policy is that all eligible persons should be considered. However, households with children are always a priority within the eligible pool. Persons with disabilities and a history of independent living that have a fixed source of income, or a strong probability of being awarded SSI/SSDI are also prioritized. A barrier screening tool is utilized to determine which households are the most appropriate for short term assistance, and which families are most appropriate for medium term assistance. Both access and retention barriers are considered. There is no minimum amount or % of income that each program participant must pay.

**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)**

Case management is an on-going activity for most households. There must be an in person meeting between the case manager and household at least once per month. Case management occurs more frequently for individuals having more barriers,or when a household has an immediate need or crisis. The case manager will determine, during the initial assessment and plan development stage, which households need a very "light touch" and which households need more case management intervention.

**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)**

Depending on the circumstances of the household, case management may continue for up to 6 months after rental assistance ends. For those households that do not receive additional case management during that period of time, as well as those that receive extended case management during the 6 month period, either the rapid re-housing project or another designated provider (non-CoC or CoC) will follow up with the household. Additionally, the CoC will run a recidivism report from HMIS that will notify us if any person receiving any form of assistance from the CoC re-enters the CoC homeless system in the State of Wisconsin. These reports will be run quarterly, as well as at 12 month intervals from date of assistance ending for each person.

## **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 State Mandated Policy mandated by the State, the CoC, or other?**

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

Not applicable.

**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)**

Ch. 48 & 938 WI Stats and DCF 38 & 56 WI Admin Code govern foster care and compliance with federal foster care laws. The WI Dept. of Children and Families (DCF) is responsible for youth in foster care and its policies prohibit discharge into homelessness. All CoC members work with local agencies to ensure that youth aging out of foster care do not enter the homeless system. Intake and assessment questions about foster care are asked, and responses entered into HMIS. Data is reviewed by the CoC so trends are identified and addressed quickly. State agency staff from the DCF and the Dept. of Public Instruction work with CoC members to ensure state policies are followed at the local level. Most youth go to live with family or friends upon discharge. Many of those who do not are eligible for state or federal room/board assistance if state or federal eligibility is met. The Racine CoC also works with the other 3 state CoCs on this issue, and State Interagency Workgroup.

**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 Racine County Human Services Department, local community youth organizations and CoC agencies work primarily on this issue. Staff from various departments at state level formed the Wisconsin Homeless Programs Interagency Workgroup to address gaps in discharge planning. Participants are: Division of Health Care Access and Accountability, Bureau of Enrollment Policy and Systems; Department of Administration, Bureau of Supportive Housing; Department of Children and Families, Welfare Integration Section; Wisconsin Department of Public Instruction, Title 1 and Education for Homeless Children and Youth; Department of Children and Families, Domestic Abuse Program Coordinator; Department of Health Services, Bureau of Mental Health and Substance Abuse Services; Department of Workforce Development; Department of Corrections; Department of Veterans' Affairs, Division of Veteran Benefits; WHEDA; SSA District Manager; Bureau of Aging and Disability Resources; Department of Children and Families, Bureau of Working Families; and the Disability Determination Bureau (SSA). All 4 state CoCs collaborate on this issue.

## **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 State Mandated Policy mandated by the State, the CoC, or other?**

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

Not applicable.

**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)**

42CFR482.43(b)(3)&(6)requires hospitals to have discharge planning process for patients.Discharge plan must include evaluation of likelihood of patient needing post-hospital services and availability of services. Wisconsin Administrative Code HFS 124 also defines requirements for discharge planning. Both prohibit discharge into homelessness. All CoC members ask intake and assessment questions to determine if a person has been discharged into homelessness by a healthcare provider.The responses are entered into HMIS and the data reviewed to identify trends and address issues quickly with local healthcare providers.Employees of healthcare agencies serve on CoC provider boards, and are instrumental in the development and implementation of policies and procedures for Racine County.Working relationship with the other 3 state CoCs. Persons are generally discharged to family or friends, or non HUD funded motel/hotel vouchers, nursing home or rehab facility.

**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)**

Various healthcare providers throughout the state; agencies throughout the state that provide services to homeless individuals; local community and CoC agencies; Departments of Health and Human Services throughout the state; and Aging and Disability Resource Centers are responsible for ensuring that people are not discharged into homelessness. The Racine CoC also works with the other 3 CoCs in the state, as well as the State Interagency Council. A member of the Racine CoC serves on the BOS CoC Discharge Committee.



## **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 State Mandated Policy mandated by the State, the CoC, or other?**

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

Not applicable.

**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)**

§51.35(5)Wis.Stats. prohibits discharge to streets or shelter & §51.42 requires proper residential living arrangements and transitory services upon discharge to the least restrictive setting. CoC members work with providers to assure persons are not discharged into homelessness. All CoC members ask intake and assessment questions to determine if a person has been discharged into homelessness by a provider. The responses are entered into HMIS and the data reviewed to identify trends and address issues quickly with providers. Employees of mental health agencies serve on CoC provider boards, and are instrumental in the development and implementation of policies and procedures for Racine County. PATH and SOAR project staff, including a psychiatrist from Wheaton Franciscan, periodically review policies that are in place. Persons are generally discharged to family or friends, but may also be discharged to non-HUD funded hotel/motel vouchers, residential facilities and treatment facilities.

**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)**

Various providers throughout the state; agencies that provide programs to homeless individuals include PATH and SOAR; community and CoC agencies; Departments of Health and Human Services throughout the state; local mental health care providers; and Aging and Disability Resource Centers. The Racine CoC works with the other 3 state CoCs on this issue, as well as the State Interagency Workgroup. A member of the Racine CoC serves on the BOS CoC Discharge Committee.

## **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 State Mandated Policy mandated by the State, the CoC, or other?**

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

Not applicable.

**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)**

State of WI Department of Corrections Administrative Directive 08-01 sets for the obligations of the agency, including the prohibition on releasing a person into homelessness. These apply to prison, and supervision by the DOC. Jail policies are determined locally. Jails are not included in this policy. The CoC has worked with the local jail and law enforcement to develop a policy that requires identification of a residence upon release. Judges also assign a DOC agent to anyone sentenced to extended supervision that states they are homeless at sentencing, so that it does not become the responsibility of the CoC to find housing. All CoC agencies ask intake and assessment questions regarding incarceration, enter data into HMIS, and the data is reviewed periodically. The CoC also works with the other 3 state CoCs on this issue, and the State Interagency Workgroup. A member of the Racine CoC serves on the BOS CoC Discharge Committee. Any trends or issues are discussed with local DOC staff and law enforcement so they can be resolved quickly. Persons are usually discharged to an identified residence, half-way or transitional home funded by DOC, or non-HUD funded motel/hotel voucher.

**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)**

State of WI Department of Corrections, Racine County Sheriff's Department, City of Racine Police Department, other county wide municipal law enforcement agencies, Racine County community and CoC agencies, State of WI and local Department of Health and Human Services, and local prisoner re-entry programs. Statewide effort between the 4 Wisconsin CoCs and the State Interagency Workgroup.

## 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. Increase community engagement and leadership; and strengthen collaboration at all levels to prevent and end homelessness. 2. Implement prevention best practices and initiatives that minimize homelessness. 3. Adopt no wrong door and housing first eligibility policies. 4. Adopt policies and initiatives that promote rapid exit from homelessness and promote housing stability. 5. Develop affordable housing units in the community to assure an adequate inventory for low-income households. 6. Improve access to services and implement initiatives that promote economic security from all income sources and mainstream benefits. 7. Improve access to services and implement initiatives that promote good health, safety and stability.

### 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)

ESG recipients in the CoC geographic area are members of the CoC. The Racine CoC has been responsible for allocating State ESG funding awarding to our jurisdiction of many years. Prior to FY2011, the shelter provider members of the CoC allocated the City of Racine ESG funding between them. Commencing with FY2011, the City of Racine ESG allocation was proposed by the entire CoC to the City Development Department and City Council. ESG and CoC recipients are subject to the same policies and procedures within our CoC.

### 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)

State ESG: 7/1/12 - 6/30/13, 7/1/13 - 6/30/14  
City of Racine ESG: 1/1/13 - 6/30/14, 1/1/14 - 6/30/15

**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)**

The CoC has engaged in community education, leveraging of other programs and resources, prevention initiatives involving legal and financial assistance and working with entities able to develop affordable housing in the CoC.

**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)**

Most CoC organizations have advisory committees, or a person on their board, to provide input on services needed. The CoC membership also includes persons at risk, homeless or formerly homeless and they have input as far as the planning and operation of projects. Federal, State, local, private and other entities are CoC members, or are invited to give the CoC input on various issues. This takes place at CoC meetings, focus groups, surveys, and informal conversations. CoC members also participate in advisory committees of those entities and input is shared both ways.

**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)**

The Housing Authority of Racine County is a member of the CoC. Staff participate in Rent Smart and other activities sponsored by the CoC. HARC has agreed to participate on a sub-committee to address access and retention of permanent housing. Although HARC does not have a homeless preference, it has been receptive to reviewing policies and procedures that may be contrary to homeless prevention efforts.

**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)**

The CoC will form a sub-committee to study this issue and make recommendations. As part of this CoC application process, a questionnaire was sent to all CoC members. There were several barrier questions on the questionnaire that will be addressed. Shelter, other program participants and landlords will also be surveyed. Training on Housing First, homeless vulnerability and VI-SPDAT will be utilized. Legal Action of Wisconsin will train providers on screening for barrier issues that may be able to be rectified through legal advocacy, and will provide advocacy with local officials and landlords where they have implemented policies that act as barriers to the homeless population.

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

The CoC supports the housing first approach. All providers operating CoC funded PSH are utilizing the housing first model in some or all of their projects.

**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 assessment questionnaire is designed to gather information about the household's current situation and barriers. The first level of assessment is to determine if the household can go back to the last housing situation. For example, the person may have received a termination of tenancy notice and vacated the residence, but has not been legally evicted. Shelter can be diverted by the household returning to the residence and the legal and financial prevention providers intervening. Screening questions also determine if a person might better be served in a DV or other specialized shelter or housing. Resources and barriers result in a score that corresponds to a specific type of housing. Further assessment questions may be asked to confirm that the type of housing is appropriate.

**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)**

All CoC homeless providers follow federal and state fair housing and civil rights laws. This is documented by civil rights plans filed with the State of Wisconsin, statements on brochures, posters and websites. Targeted outreach also occurs by coordinating efforts with organizations serving those 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)**

It is a CoC requirement that all children be enrolled in school pursuant to Wisconsin law. Parents of children who are younger than the mandatory enrollment age are encouraged to enroll the child in Head Start or another early childhood education program within their district or one that is accessible to them. Staff will assist in this process. Each CoC program working with households with children has staff trained to work with households with children and education issues. UW-Extension maintains a resource directory of services that are appropriate for households with children that is utilized by all CoC providers.

**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)**

The State of Wisconsin Department of Public Instruction and the network of Cooperative Educational Services agencies statewide provide joint informational, focus and training sessions for CoC agencies and school districts. The CoC Lead Agency sends a letter or e-mail annually to the designated school liaison for the district with McKinney-Vento and CoC information. A process also exists whereby households can be referred to Legal Action of Wisconsin for legal assistance in enforcing rights under McKinney-Vento if the homeless assistance provider cannot achieve compliance.

**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)**

All facilities within the CoC's jurisdiction are aware that this is a legal requirement. If all family units are filled at a particular facility, the household is asked if they are willing to be separated until a unit is available or if they would like the facility to check other facilities or for the availability of a hotel/motel voucher until a unit is available.

**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 CoC has a recidivism report that is generated from HMIS. The report identifies persons leaving the homeless system who subsequently receive prevention assistance, enter shelter or another homeless program in the State of Wisconsin. Rapid rehousing programs also do follow-up to determine how the household is doing and whether or not they are at risk or homeless again. Case management is provided for 6 months after rental assistance has stopped, and other services in the community may be utilized for aftercare. All households receive a barrier assessment at intake and assessment, and again when assistance is terminated to determine the level of service that is needed during the assistance and after.

**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)**

Not Applicable.

**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)**

Not applicable.



## **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)**

1. Increase community engagement and leadership; and strengthen collaboration at all levels to prevent and end homelessness. 2. Implement prevention best practices and initiatives that minimize homelessness. 3. Adopt no wrong door and housing first eligibility policies. 4. Adopt policies and initiatives that promote rapid exit from homelessness and promote housing stability. 5. Develop affordable housing units in the community to assure an adequate inventory for low-income households. 6. Improve access to services and implement initiatives that promote economic security from all income sources and mainstream benefits. 7. Improve access to services and implement initiatives that promote good health, safety and stability.

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

Improve access to mainstream benefits and employment. Connect families to community organizations specializing in families and parenting. Increase rapid rehousing and other affordable housing in the community. Strengthen relationships with school districts and Head Start. Outreach includes community education, media, school districts and school McKinney-Vento liaisons, and other community organizations serving families.

**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 CoC has a long standing, well established domestic violence response. All persons are screened at intake for current and past domestic violence. When there is current abuse, immediate safety is assessed. Women's Resource Center is contacted and the household offered shelter there, or a motel/hotel voucher if a male victim, if they would rather stay there than general shelter. Victims receive advocacy and safety planning services from WRC. It operates a shelter and CoC funded PSH units. Bethany operates TH-requested new rapid re-housing through re-allocation in this application. Legal Action assists with restraining orders and other legal needs of victims, as well as SOAR assistance. HOPES provides mental health and AODA services. RVM provides employment services. Many education and training opportunities are offered to CoC members through-out the year.

**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)**

Youth are a target population. SAFE Haven is the designated CoC provider for these services. It is a state licensed youth shelter that can assist persons under the age of 18. It also has 2 CoC funded PH units for disabled youth 18-24 with minor child(ren). In addition to shelter/housing it provides case management and street outreach. SAFE Haven is the liaison between the CoC and the local foster care entity. SAFE Haven also coordinates with the local school districts. The primary goal is to reunite youth with family if possible.

**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)**

HOPES operates a PATH program and is the primary source of street outreach for the CoC. SAFE Haven targets street outreach at unaccompanied youth. Hospitality Center, a day drop in center and occasional temporary shelter, provides outreach and other services to those living on the streets. Local law enforcement also identify persons living on the streets or needing shelter. Persons are assessed for immediate safety and health needs, and then offered shelter, food and other services. They are taken to shelter if they agree. If not, regular contact is established. Those going to the Hospitality Center can receive meals, clothing, blood pressure and diabetes testing and minor medical treatment, and services from SSOs. Efforts continue to shelter or house the household.

**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)**

Veterans are a target population. The designated CoC providers for veterans include Center for Veterans Issues, Veterans Assistance Foundation and the VA. HUD-VASH vouchers are administered by the Housing Authority of Racine County and VA. Veteran's Assistance Foundation operates a grant per diem TH and SRO, as well as SSVF. Center for Veterans Issue operates CoC funded PSH, SSO, and SSVF. Legal Action of Wisconsin provides SSVF legal services as a sub-grantee of Center for Veterans Issues. At intake and assessment screening questions are asked regarding veteran status. Coordination occurs with the Center for Veteran Issues SSO for various services, including SSVF and assistance accessing HUD-VASH, as well as PSH. Access to TH and SRO programs is arranged through Veterans Assistance Foundation.

### 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?** No

**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?** Yes

**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)**

Data for the CoC indicates that there are few CH individuals in Racine County, and that the number has decreased of the years. Data confirms that these units are underutilized. There is a greater need for affordable housing for families with children. Particularly those families where an adult or child is disabled. Rather than create new CH beds, the CoC will engage in a number of strategies that maximize the use of existing CH and non-CH beds. 1. Non-CH beds will be prioritized for CH use. 2. Agreements will be negotiated with other non-CoC subsidized housing providers so that more non-CH persons can access those units and allow CoC beds to be used for any CH persons who do enter the system or non-CH persons that have greater barriers and are likely to become CH if supportive intervention does not occur. 3. The SOAR program is being expanded to assure that persons have a source of income that will allow them access to other types of PH, and bed turn-over. 4. Implement the use of a tool, such as the homeless vulnerability index or VI-SPDAT, to assess and prioritize service and housing needs. 4. 100,000 Homes Campaign strategies will also be implemented.

**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.**

<b>Amount Available for New Project: (Sum of All Eliminated Projects)</b>				
\$56,102				
<b>Eliminated Project Name</b>	<b>Grant Number Eliminated</b>	<b>Component Type</b>	<b>Annual Renewal Amount</b>	<b>Type of Reallocation</b>
Bethany Apartments	WI0073L5I021205	TH	\$56,102	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:** Bethany Apartments

**Grant Number of Eliminated Project:** WI0073L5I021205

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** \$56,102

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

The project asked the CoC for permission to eliminate funds from TH and re-allocate to a new RRH project for families with children. The CoC supported this decision. The number of CH households in the CoC has decreased and beds are under utilized for both PH and PH/CH. There are households with children that are appropriate for and would benefit from RRH. It was determined that more households would benefit overall in the CoC from RRH than from additional PH/CH, and that we have strategies in place to adequately address the CH.

### 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)					
\$64,452					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Civil Legal Servi...	WI0074L5I021205	\$82,069	\$79,815	\$2,254	Regular
HOPES Center of R...	WI0083L5I021205	\$52,959	\$51,960	\$999	Regular
VETS Place Southe...	WI0084L5I021205	\$96,638	\$93,640	\$2,998	Regular
Permanent Housing...	WI0127B5I021100	\$118,448	\$60,247	\$58,201	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:** Civil Legal Services to the Homeless  
**Grant Number of Reduced Project:** WI0074L5I021205  
**Reduced Project Current Annual Renewal Amount:** \$82,069  
**Amount Retained for Project:** \$79,815  
**Amount available for New Project(s):** \$2,254  
**(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)**

The provider voluntarily agreed to re-allocate funds to a new RRH project so that there would be additional beds in the CoC for households with children. The provider stated that reduction of the project by this amount would not impact the current service level, or that replacement funds from another source could be accessed if necessary. The CoC supported this decision as the overall goal of the CoC is develop more RRH beds. PH beds were not created because the current inventory is under utilized and the number of CH in the CoC jurisdiction have decreased. The CoC has a contingency plan that it believes adequately addresses CH.

### 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:** HOPES Center of Racine, INC.  
**Grant Number of Reduced Project:** WI0083L5I021205  
**Reduced Project Current Annual Renewal Amount:** \$52,959



**Amount Retained for Project:** \$51,960

**Amount available for New Project(s):** \$999  
**(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)**

The provider voluntarily agreed to re-allocate funds to a new RRH project so that there would be additional beds in the CoC for households with children. The provider stated that reduction of the project by this amount would not impact the current service level, or that replacement funds from another source could be accessed if necessary. The CoC supported this decision as the overall goal of the CoC is develop more RRH beds. PH beds were not created because the current inventory is under utilized and the number of CH in the CoC jurisdiction have decreased. The CoC has a contingency plan that it believes adequately addresses CH.

### **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:** VETS Place Southeast/SSO

**Grant Number of Reduced Project:** WI0084L5I021205

**Reduced Project Current Annual Renewal Amount:** \$96,638

**Amount Retained for Project:** \$93,640

**Amount available for New Project(s):** \$2,998  
**(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)**

The provider voluntarily agreed to re-allocate funds to a new RRH project so that there would be additional beds in the CoC for households with children. The provider stated that reduction of the project by this amount would not impact the current service level, or that replacement funds from another source could be accessed if necessary. The CoC supported this decision as the overall goal of the CoC is develop more RRH beds. PH beds were not created because the current inventory is under utilized and the number of CH in the CoC jurisdiction have decreased. The CoC has a contingency plan that it believes adequately addresses CH.

### **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:** Permanent Housing PH5  
**Grant Number of Reduced Project:** WI0127B5I021100  
**Reduced Project Current Annual Renewal Amount:** \$118,448  
**Amount Retained for Project:** \$60,247  
**Amount available for New Project(s):** \$58,201  
**(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)**

The project asked the CoC for permission to re-allocate funds from PH to RRH for families with children. The CoC supported this decision. The number of CH households in the CoC has decreased and beds are under utilized for both PH and PH/CH. This particular project has not been able to fill all of the PH beds, but has identified households with children at various times that would have benefitted from RRH. There are other households with children in the CoC that are appropriate for and would benefit from RRH. It was determined that more households would benefit overall in the CoC from RRH than from additional PH/CH, and that we have strategies in place to adequately address the CH.

### 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)

\$120,554				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
---	Rapid ReHous...	PH	\$64,452	Regular
---	Bethany Apar...	PH	\$56,102	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):**

**Proposed New Project Name:** Rapid ReHousing Reallocation Project FY2013

**Component Type:** PH

**Amount Requested for New Project:** \$64,452

### **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):**

**Proposed New Project Name:** Bethany Apartments

**Component Type:** PH

**Amount Requested for New Project:** \$56,102

### 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):	\$120,554
Amount requested for new project(s):	\$120,554
Remaining Reallocation Balance:	\$0

## **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 CoC Evaluation/Performance Committee reviews APRs, HMIS data, spending rate, bed utilization and performance measure outcomes. The CoC does site visits and uses a modified version of the HUD self-monitoring tool. Site visits include interviewing project participants willing to talk with the monitoring team. At least one representative of the CoC, other than the agency being monitored, accompanies HUD Field Office staff when an agency is being monitored. The results of monitoring by the HUD Field Office, as well as monitoring by any other agency of HUD funding, is reviewed by the Evaluation/Performance Committee. Technical assistance is provided to troubled projects, or those requesting assistance.

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

Training is provided to start-up projects, those with identified underperformance or those requesting assistance. These projects may also be given a CoC mentor. The CoC has developed a performance tool to be used with APRs, other HMIS data reports and monitoring results. Projects use this tool to guide project decisions and project performance. Technical assistance is also available from a number of resources if issues related to compliance or lack of progress toward objectives are identified. The HMIS Lead Agency provides regular training to help agencies correctly enter data; and decipher reports which includes identification of inconsistent data, trends and progress toward performance objectives.

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

The CoC has developed a performance tool to be used with APRs, other HMIS data reports and monitoring results. Projects can use this tool to guide project decisions and project performance. Training and technical assistance is provided to projects with identified underperformance. Technical assistance is available from a number of resources if issues related to lack of progress toward objectives are identified. The HMIS Lead Agency provides regular training to help agencies correctly enter data; and decipher reports which includes identification of inconsistent data, trends and progress toward performance objectives. Another CoC agency may be assigned to mentor an agency that is underperforming.

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

The CoC analyzes data and implements initiatives in response to the data. Responses include policy and procedure revisions, strengthening best practices, expanding existing programs such as SOAR and PATH, and implementing new programs. Another initiative is improving access to services that overcome barriers to employment and earned income. The CoC has also implemented the Housing First model. It began using the rapid rehousing model with HPRP funds, and has continued to use that model with ESG funding. The CoC has also re-allocated prevention rent assistance ESG funds to be used for rapid rehousing. The CoC has also, in this application, re-allocated funding for a TH project to create new rapid rehousing beds, as well as some SSO funding and under utilized PH beds to rapid rehousing. This will allow the CoC to move more households more quickly into permanent housing.

**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)**

A number of steps have been taken but 2 that are essential: a strong support system and opportunities that build and strengthen life skills. SOAR is an expedited process to obtain SSI/SSDI benefits for disabled households. Rent Smart is a curriculum that not only strengthens a household's knowledge of renting and maintaining a residence, but budgeting. Money Conference is an annual event that seeks to increase financial and consumer knowledge. Financial Peace is a curriculum that increases the household's financial and resource building knowledge. Temporary crisis intervention such as legal assistance and one time rental assistance to prevent eviction, emergency medical/mental health care, transportation and child care assistance. Additionally, steps from the strategic plan, such as developing more affordable housing, No Wrong Door, Housing First, adequate employment and health related services that remove barriers and are steps that reduce returns 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)**

Community awareness/public relations-presentations, resource fairs, websites, social media, newsletters, tv/radio/newspaper, other media. Point in time-outreach training. Local community resources -United Way of Racine County, Family Resource Centers, Aging and Disability, Human Services, Health Care Network, UW-Extension, and other collaborators with prevention and homeless service providers. UW-Extension holds a networking breakfast annually where all community providers can obtain information about resources available in the Racine CoC jurisdiction. PATH works with each prevention and homeless provider to train them in outreach techniques, and engages in outreach daily. Department of Public Instruction, statewide Educational Cooperative Service Agencies and local school liaisons serve as outreach resources and referral sources, as well as provide training to identify and work with families at risk of homelessness and those who are homeless in collaboration with homeless providers.

## 4B. Section 3 Employment Policy

### Instructions

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

**4B-1 Are any new proposed project applications requesting \$200,000 or more in funding?** No

**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)**

Not applicable.

**4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?** No

**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:**



## 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.	60%
* 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.	100%

**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:** 03/21/2013

**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 Health Care Network, which is a member of the CoC, has CACs to assist persons with ACA. Persons unable to obtain Medicaid or BadgerCare/SCHIP utilize HCN. HCN provided assistance with ACA during the point in time count. Legal Action of Wisconsin has a navigator and all attorneys have been trained on aspects of ACA, will assist people to access ACA. The CoC is planning an outreach event at the largest homeless shelter in Racine County, and will send staff to smaller shelters.

**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 CoC takes the position that supportive services are crucial to the stabilization of persons experiencing homelessness. The Resource Development Committee is developing a strategic plan for fund development. It has recently obtained the support of the Racine Community Fund to assist in the development of an overall strategy to identify and seek funding from private foundations and donations collaboratively. The CoC has a VISTA through UW-Parkside Center for Community Partnerships to assist with capacity building and economic development projects.