

## APPENDIX C: SUMMARY OF CITIZEN PARTICIPATION

### Public Comment Period June 4, 2021-June 19, 2021

Received 6/19/20 from Carrie Poser, Continuum of Care Director, Balance of State CoC

**First note** – throughout this document is reference to “local continuum of care (CoC)” which is not an accurate description. There are 4 CoC in Wisconsin. Within one of those CoCs, the Balance of State CoC, there are 21 local homeless coalitions. Please use the correct identifiers to accurately describe the area or location that is being referenced.

**On page 3**, I do not think there is common understanding within local communities as to what these funds are, how these funds could be used, and how these funds can be accessed. This goes for CDBG and HOME dollars. If local coalitions were provided more information, there could be more engagement with those eligible to apply for these funds. Given that the number of people assisted with these funds did not meet DEHCR expectations but there continues to be many types of unmet needs, it seems to me to be an issue with ongoing communication and education in a more targeted manner rather than just through an annual application process.

TBRA is a critical intervention that absolutely should be continued, expanded, and encouraged.

However, priority should be given to those engaged with their local coalitions, using coordinated entry, and targeted to a data-identified population.

**On page 4**, I find the explanation on page 4 interesting given that some data indicators do not show that shelter nights have fallen but rather that agencies were forced to use non-ESG funding sources to provide that shelter because ESG was not actually available. When ESG is not actually reimbursed consistently or in line with the start of a contract, many agencies cannot rack up a big debt waiting for reimbursement. They seek other funding sources to meet the need. When looking beyond a funding source, the number of shelter nights only dipped 6% from 10/1/18-9/30/19 vs. 10/1/19-9/30/20. This does not include domestic violence data. After October 2020, things started to return to normal for many shelters.

I disagree with the explanation regarding rapid-rehousing provided on page 4. While yes, there is not enough affordable housing to meet the needs of people experiencing homelessness and that is true in both rural and urban areas across the state, it is not the only reason rapid re-housing funded by ESG is not as effective as it could be. There is not enough of an investment in case management to support the needs people experiencing homelessness have. ESG has typically been viewed as a short-term, light touch intervention. And unfortunately, people experiencing homelessness have barriers to housing stability that require more than light touch interventions can address. Investing more funding in ESG for rapid re-housing and specifically case management, providing training on best practices and investing in housing philosophies that are evidence based and client-centered would go a long way to make this program more successful. It is run as a grant without guidance, training done on how to fill out forms and submit paperwork. It is not run with training, support, guidance or education on how to be an effective housing program, how to have quality case management, how to address barriers or challenges people experiencing homelessness might face.

Finally, on page 4, “Emergency shelters are focused on prioritization using coordinated entry, the VI-SPDAT tool, and diversion.” The Balance of State CoC emergency shelter system does not prioritize

entry into shelter based on the VI-SDPAT. In all 69 counties that fall under the Balance of State CoC, coordinated entry is done to prioritize access to homeless housing services, not emergency services. **On page 24, HOME:** I am interested in knowing more about how DEHCR encourages the adoption of a “housing first” model, as that has not been my experience in working with these projects. Housing first is more than housing quickly, it is about removing and reducing barriers to entry into the program as well as rehousing folks and limiting terminations from the project and evictions when at all possible. I am not aware how TBRA does this.

TBRA projects have not been required to use coordinated entry in the Balance of State.

In all 69 counties covered by the Balance of State, coordinated entry does not require the use of HMIS. It is a tool, yes. But it is not the only tool. We have a non-HMIS specific coordinated entry system for those that chose it as well as survivors of domestic violence.

**On page 24, ESG:** I believe the statements made here are an oversimplification of the coordinated entry system in all 4 CoC in Wisconsin. In the Balance of State CoC, we do not prioritize unsheltered people for only one type of intervention. We have a dynamic system and client choice places a strong role in program enrollment. We do not “direct” people to any particular program type. And people who experience unsheltered homelessness do not always have more acute needs than those that are staying in a shelter.

**On page 25, ESG:** How does DEHCR “encourage targeting of prevention funds towards those with the greatest need,” when it does not require the use of coordinated entry for state funds (such as HPP)? Coordinated entry prioritization is designed to specifically prioritize those with the greatest need be served first.

**On page 31, ESG:** DEHCR provides training on paperwork. It would be far more effective if DEHCR conducted or provided training on quality case management, trauma informed care, harm reduction, housing first, and other evidence-based interventions.

### **Division of Energy, Housing and Community Resources (DEHCR) Responses to Public Hearing Comments**

	<b>Commenter</b>	<b>DEHCR Response</b>
1	Carrie Poser, Continuum of Care Director, Balance of State CoC	<p>First note: The suggested language changes are adopted.</p> <p>Overall: Public Service is an eligible use of CDBG-CV funds. Units of General Local Government are encouraged to develop Public Service applications for CDBG-CV funds.</p> <p>P. 3: All HUD funds are fully obligated within the required timeframe.</p> <p>p. 4: As required by state statute, DEHCR reimburses all eligible expenses within 30 days of receipt of invoice. Any delays in ESG reimbursement are typically related to delays in receipt of funding from HUD.</p> <p>DEHCR relies on the 4 HUD-established and funded Continua of Care to augment local training.</p> <p>As stated in the CAPER, the use of the VI-SPDAT tool is not related to entry in emergency shelters, rather the prioritization for housing services.</p>

		<p>p. 24: DEHCR encourages the use of “housing first” in applications for funding, project monitoring and during technical assistance.</p> <p>p. 25: DEHCR does not require the use of coordinated entry for state-provided HPP funds; however, DEHCR encourages local housing coalitions to utilize the funding to assist those with the greatest need.</p>
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