

**WCICCC Steering Committee Conference Call**  
**April 14, 2011, 10:30 a.m.**  
**Conference Call Number: 309-298-3680**

**Attendance:**

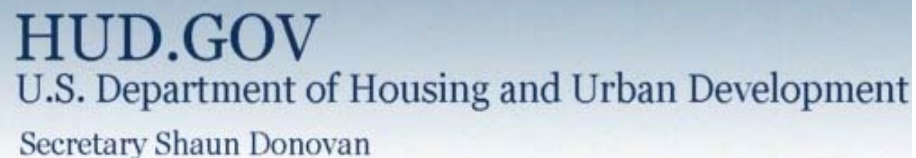
Amanda Davis, Illinois Institute for Rural Affairs/WIU (Macomb)  
Brittany Leach, Samaritan Well, Inc. (Macomb)  
Catherine Swanson, Illinois Institute for Rural Affairs/WIU (Macomb)  
Cathy Rigg, Samaritan Well, Inc. (Macomb)  
Cynthia Grawe, Madonna House (Quincy)  
Glenda Farkas, West Central Illinois Center for Independent Living (Quincy)  
Heidi Prather, Salvation Army (Quincy)  
Jim Kaiser, Regional Office of Education #1 (Adams/Pike)  
Lori Sutton, Illinois Institute for Rural Affairs/WIU (Macomb)  
Mary Muehlenfeld, YWCA of Quincy  
Rolando Vasquez, St. Louis VMAC (Morgan/Scott)  
Sherri Koob, VA Homeless Outreach Center (Rock Island)  
Tammi Longergan, MCS Community Services (Jacksonville)  
Vanessa Tyus, New Directions (Jacksonville)

**Minutes**

1. Welcome (Glenda)
2. Roll Call (Lori)
3. Provider Update/Personnel Changes
  - a. MCS Community Services (Tammi): full
  - b. Madonna House (Cynthia): one opening, could take family of four
  - c. YWCA (Mary): full
  - d. Salvation Army (Heidi): 1 room available
  - e. Samaritan Well (Cathy): women's shelter is full and they currently do not have any men in their Men's shelter
  - f. New Directions (Vanessa): 4 openings for men and 6 for women
4. HMIS Update (Lori): The new users on the system are: Cathy Riggs, Samaritan Well (Macomb); Vanessa Tyus, New Direction (Jacksonville); Heidi Prather, Salvation Army (Quincy); and Eileen Worthington, ROE (Macomb). Need to get on the system: Sherry Nunez, Starting Point (Monmouth); Alan Bradish, Salvation Army (Jacksonville); and Sherri Koob, Veteran Administration (Rock Island).
5. Unmet Needs (Lori): the group reviewed last year's Unmet Needs Chart and decided to go with the existing data. Safe Havens would have 20 beds noted, and total seasonal beds would go from 5 to 40.
6. Point-in-Time Report (Amanda)
  - a. 6 unsheltered homeless: 5 in Quincy and 1 in Jacksonville, the six individuals were found in the next-day survey, the nighttime count did not lead to finding any homeless individuals
  - b. The most common disabling condition was alcohol abuse, followed by mental illness, then drug abuse
  - c. All participants with school-aged children said that their kids were enrolled in school, and only one had difficulty enrolling their child. Most people with children had either one or two kids, though one participant had 5 children.
  - d. Only 6 of 55 people reported having a veteran in the family
7. Other Business
  - a. Section 811 Supportive Housing for Persons with Disabilities (Glenda Farkas) – see handouts -- <http://www.grants.gov/search/search.do?oppId=86413&mode=VIEW>

- i. Glenda noted that the Center for Independent Living has trouble finding housing for their clients. The Center's cannot have housing for themselves, the Center needs to work with other agencies.
    - ii. The program is for very low income disabled individuals (physical, development, or chronic mental illness).
    - iii. Deadline is 6/23/11; minimum number of units to apply for is five units.
    - iv. Webcast videos available at [www.hud.gov/webcasts/index.cfm](http://www.hud.gov/webcasts/index.cfm) - there are three webcast available for Section 202/811.
    - v. Madonna House is possibly looking at putting something together.
  - b. National Center for Homeless Education webinars, April 19, 21, and May 11 (see handout)
  - c. Community Supportive Housing (CSH) Family Supportive Housing Capacity Building Institute, see handout for curriculum and dates
  - d. SOAR Training, SSI/SSDI Outreach, Access, and Recovery, Assisting People Applying for SSI/SSDI Disability Benefits workshops, May 3-4 Galesburg and May 23-24 Joliet (see handout in February & March minutes).
    - i. Mary at the YWCA reported that two of her employees went to a training this week and it was wonderful and very informative.
  - e. VA (Rolando): indicated that the VA can now work with people in halfway houses.
8. Meeting Schedule:
- a. May 12, 2011, 10:30 a.m. Full Continuum Meeting/Conference Call, YWCA of Quincy, 1400 N. 30th, Quincy, with guest speaker Debbi Reed, Director of Chaddock, a residential treatment program for children in Quincy.
  - b. August 25, 2011, 10 a.m., ROE Homeless Liaisons / Homeless Shelter Providers Meeting, Hosted by Eileen Worthington, Regional Office of Education, 130 S. Lafayette Street -- Suite 200, Macomb, IL 61455
  - c. Sept. 11, 2011, 10:30 a.m. Steering Committee Conference Call
  - d. Oct. 13, 2011, 10:30 a.m. Steering Committee Conference Call
  - e. Nov. 10, 2011, 10:30 a.m. Full Continuum Meeting/Conference Call, MCS Community Services, 345 West State, Jacksonville, IL, guest speaker to be announced
  - f. Jan. 12, 2012, 10:30 a.m. Steering Committee Conference Call

MONDAY, APRIL 11, 2011



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## Unmet Need for IL-519 - West Central Illinois

Year:  Date of the Housing Inventory Counts: **1/27/2010**

### All Year-Round Beds/Units

### Seasonal Beds Overflow Beds

Beds for Households with at Least One Adult and One Child	Units for Households with at Least One Adult and One Child	Beds for Households without Children	Beds for Households with Only Children	Units for Households with Only Children	Total Year-Round Beds	Total Seasonal Beds	Overflow Beds
<b>Emergency Shelter</b>							
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<b>Transitional Housing</b>							
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<b>Safe Haven</b>							
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<b>Permanent Supportive Housing</b>							
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## **Appendix E. Point-in-Time Report**

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West Central Illinois Continuum of Care Consortium

January 26, 2011

Point in Time Homeless Count



<http://www.wcicc.com>

Amanda Davis  
WIU Social Work Practicum Student

## **UNSHeltered Count**

Members of the West Central Illinois Continuum of Care Consortium [WCICCC] were dispatched to the three most densely populated towns in the Continuum's service area to conduct a count of the unsheltered homeless population: Macomb, Quincy, and Jacksonville. Each Continuum member was accompanied by a police officer from the corresponding town. Information was collected on January 26, 2011 and January 27, 2011.

The Macomb, Illinois count took place the night of Wednesday, January 26, 2011. Suzan Nash, of the Western Illinois Regional Council, and Officer Todd Tedrow of the Macomb Police Department conducted the count from 9:30 p.m. to 1:30 a.m. Nash reported that the weather was windy, cold, and misty, with a temperature of 24 degrees. Nash and Tedrow looked in abandoned buildings, parks, and vehicles. They also looked in places that are open late with warm interiors, such as the post office, and the train station. Wal-Mart and Hy-Vee, which are open 24-hours, were also searched. The team found no unsheltered homeless persons that night.

The Quincy, Illinois count was also conducted Wednesday, January 26, 2011, from 9:00 p.m. to 12:15 a.m. Mary Muehlenfeld of the YWCA of Quincy, and Officer Darla Hufford of the Quincy Police Department carried out the count. Muehlenfeld reported that the temperature was "between 20 and 30 degrees," and that the ground was snow-covered. Muehlenfeld and Hufford looked in abandoned buildings, parks, vehicles, and parking garages. They also looked in the hospital, under a bridge, and at meal sites. No signs of human traffic were seen in the snow around any of these places. There was also no one out on the street that night. While the next-day surveys revealed that some individuals in Quincy are, in fact, homeless, no unsheltered homeless persons were found that night.

The Jacksonville, Illinois count took place on Wednesday, January 26, 2011 from 11:00 p.m. to 1:20 a.m. Tammi Lonergan and Tommy Buhlig, both of MCS Community Services, Amanda Davis, WCICCC intern, and Lieutenant Bill Cruzan, of the Jacksonville Police Department conducted the count. Lonergan reported that the temperature was 13 degrees, and snow and ice covered the ground. The team looked in abandoned buildings, parks, woods and bushes, under bridges, and on the street. No human footprints were seen in the snow around any of these outdoor areas. They also looked in the lobbies of Wal-Mart and the post office, which are open 24-hours. No unsheltered homeless persons were found in Jacksonville that night. MCS Community Services also conducted an unsheltered count in Beardstown, Illinois.

## **Sheltered Count**

Sheltered counts took place on Thursday, January 27, 2011. Three types of surveys were administered. A *New Client Survey* was given to social service agencies that provide housing for homeless individuals and families in Macomb, Quincy, Jacksonville, and Beardstown. These surveys were administered by the agencies, and completed by new clients who received services for the first time on January 27, 2011. A total of seven *New Client Surveys* were administered. YWCA of Quincy completed five *New Client surveys*, New Start Rescue Mission and the Salvation Army Emergency Shelter, both in Quincy, each completed one *New Client Survey*.

The *Soup Kitchen Survey* was also administered on Thursday, January 27, 2011. These questionnaires were read to clients at soup kitchens, and completed by representatives from the WCICCC. Seventeen *Soup Kitchen Surveys* were completed. Six were administered at YWCA of Quincy, and ten at the Salvation Army Emergency Shelter, also of Quincy. One was administered at the Salvation Army Soup Kitchen in Jacksonville.

A *Homeless Sheltered Point-in-Time Survey* was administered to those in emergency and temporary housing on Thursday, January 27, 2011. Thirty-one Homeless Sheltered Point-in-Time surveys were completed. New Start Rescue Mission completed nine surveys. WIRC in Macomb completed five. Madonna House in Quincy, Samaritan Well in Macomb, and MCS Community Services

in Jacksonville each completed four. Transitions and QUANADA, both in Quincy, completed three and two surveys, respectively.

Agencies which provide emergency or temporary housing received a *Point-in-Time Homeless Person Counts and Housing Inventory* survey. This survey is used to calculate the number of people receiving these services the night of January 26, 2011. It also gives agencies an opportunity to estimate the increase or decrease in homelessness in the last year. Agencies report any additional services they provide, as well. The *Point-in-Time Homeless Person Counts and Housing Inventory* provides a summary of the services that the WCICCC provides to clients. Ten agencies completed these surveys. Two agencies receive funds from both the U.S Department of Housing and Urban Development the Department of Human Services, and therefore completed one survey for each type of housing. Two agencies provide separate housing for men and women, and also completed one survey for each type of housing. A total of 15 *Point-in-Time Homeless Person Counts and Housing Inventory* surveys were completed.

### RESULTS BY CLIENT SURVEYS

A total of 55 people chose to participate in the PIT count. Responses to the surveys were entered into an Excel 2007 spreadsheet. Most surveys were completed in full. Some respondents, however, declined to answer some questions. One person chose not to report the length of time he or she has been homeless. Four people chose not to report the number of episodes of homelessness they have experienced. One person declined to report whether a family member who served in the armed forces had been activated. Two people declined to report the ages of their children. (See *Table 1: Decline to Participate.*)

*Table 1: Decline to Participate.*

Question	Time Homeless	Episodes	Activation	Children's Ages
Number of Declines	1	4	1	2

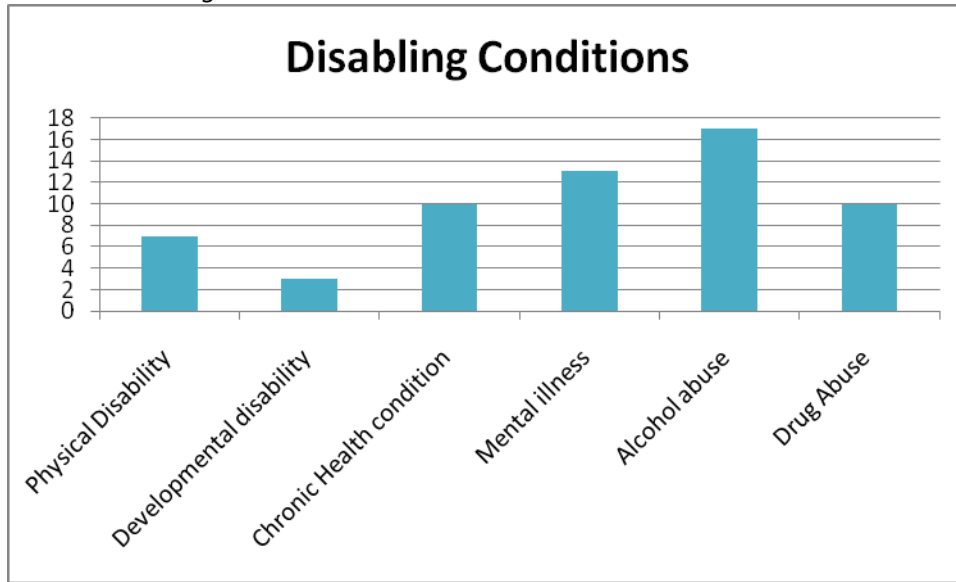
Most (n=40) respondents were homeless for less than one year. Almost 25% of all respondents were homeless for more than one year (n=14). Forty-four of 55 participants experienced one to three episodes of homelessness, while seven people reported that they were homeless four or more times in the last three years. Of the 40 individuals who were homeless for less than one year, 35 also experienced one to three episodes of homelessness. Five people were homeless for less than one year, and were homeless four or more times. Nine people were homeless for one year or more and experienced one to three episodes of homelessness. Two people who were homeless for one year or more also experienced four or more episodes of homelessness. (See *Table 2: Length of time Homeless.*)

*Table 2: Length of time Homeless.*

	1-3 Episodes (n=44)	4 or More Episodes (n=17)
Less than 1 Year (n=40)	35	5
More than 1 Year (n=14)	9	2

Seventy-one percent of respondents reported having one or more disabling conditions (n=39), the most prevalent of which was alcohol abuse (n=17). Mental illness was claimed by 13 people. Ten people claimed a chronic health condition or drug abuse. A physical disability was claimed by seven people, and three people reported having a developmental disability. No participants reported having HIV/AIDs. Sixteen people reported having no disabling condition. Most (n=35) participants reported having one condition. Seventeen people reported having two conditions. Five people reported having three conditions, while one person reported having four conditions. (See *Table 3: Disabling Conditions.*)

Table 3: Disabling Conditions.



HIV/AIDS (n=0)

Of the 40 participants who were homeless for less than one year, 29 (72.5%) reported having a disabling condition. Ten people who were homeless for more than one year reported having a disabling condition. Twenty-five respondents who were homeless for less than one year and experienced one to three episodes of homelessness reported having a disabling condition. Of those who were homeless for less than one year, and experienced four or more episodes of homelessness, four reported having a disabling condition. Eight people were homeless for more than one year, experienced one to three episodes of homelessness, and reported having a disabling condition. One person who was homeless for more than one year and experienced four or more episodes of homelessness reported having a disabling condition. (See Table 4: Length of Time Homeless and Disabling Condition.)

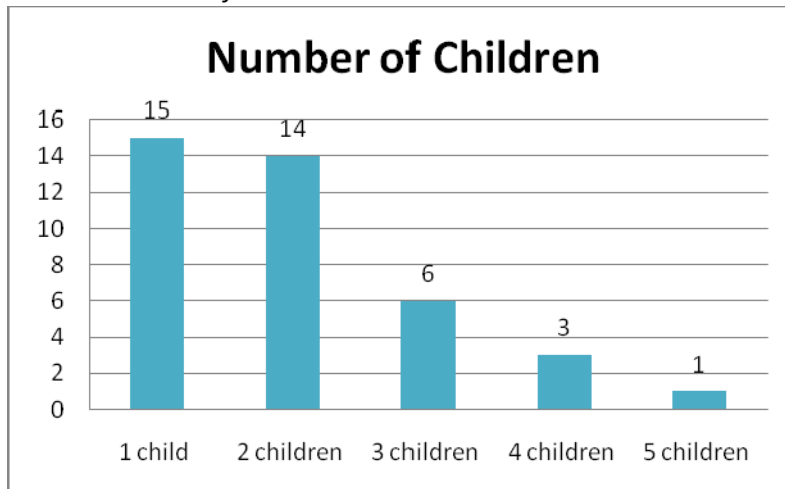
Table 4: Length of Time Homeless and Disabling Condition.

	1-3 Episodes	4 or More Episodes
Less than 1 Year with Condition	25	4
Less than 1 Year, No Condition	11	1
More than 1 Year with Condition	8	1
More than 1 Year, No Condition	1	1

Thirty-six of 55 participants reported that “single individual” best describes their household type. This accounts for 65.4 percent of the total number of participants. Seventeen participants described their household as a single-parent family with children. Three respondents reported that their household was a two-parent family with children. No participants reported being in a youth-headed household.

A total of 19 people reported being in a household with children. Thirty-five people had no children. At the time of the PIT count, the youngest child was one month old, and the oldest was 22 years. Two respondents chose not to reveal the ages of their children, but both reported having two children. Most of the participants with children had either one child (n=15) or two children (n=14). Six people had three children, and three people had four children. One person reported having five children. (See Table 5.)

Table 5: Number of Children.



All participants who had school-aged children reported that they were enrolled in school. One person reported that when their children changed schools, they did have difficulty in enrolling their children. Nine parents did not have any difficulty in enrolling their children in a new school, while eight parents reported that their children did not change schools.

Of the participants with children, twelve also had a disabling condition. Eleven people with children and a disabling condition were homeless for less than one year, and experienced one to three episodes of homelessness. One person who had children and a disabling condition was homeless for one year or more and experienced one to three episodes of homelessness. Of the twelve people who reported having children and a disabling condition, none experienced four or more episodes of homelessness in the past three years. (See Table 6: Length of Time Homeless, Disabling Condition, and Children.) One person who had children and a disabling condition did not reveal the length of time that he or she had been homeless, but did reveal that he or she had been experienced one to three episodes of homelessness in the past three years.

Table 6: Length of Time Homeless, Disabling Condition, and Children.

	1-3 Episodes	4 or More Episodes
Less than 1 Year, with Children	15	0
Less than 1 Year, No Children	18	5
More than 1 Year, with Children	2	1
More than 1 Year, No Children	7	1
Less than 1 Year, Children, Condition	11	0
Less than 1 Year, Children, No Condition	6	0
More than 1 Year, Children, Condition	1	0
More than 1 Year, children, No Condition	0	1

One person who had children and was homeless for more than one year and did not have a disabling condition chose not to report the number of episodes of homelessness that were experienced in the last three years. These families were not included in Table 5.

Six participants reported having a veteran in the family. When asked about having a veteran in the family, four responded with “Don’t Know.” Forty-five participants did not have a service-member in the family. Of the six who reported having a veteran in the family, one reported that the person was activated, while one person chose not to answer.



## RESULTS BY AGENCY SURVEYS

Fifteen *Point-in-Time Homeless Person Counts and Housing Inventory* surveys were completed. Thirty-six emergency shelter beds are available to individuals or households without children. Nineteen transitional housing beds are available to the same population. There are zero permanent housing beds available to individuals or households without children.

Three units and 21 emergency beds are available to persons in households with dependent children. Twenty-nine units and 103 transitional housing beds are available to those with dependent children. Eleven units of permanent supportive housing and 53 beds are available to the same population.

Some additional emergency housing services are provided by WCICCC agencies. Three agencies provide hotel or motel vouchers directly to homeless clients, none of which provided any vouchers the night of January 26, 2011. Twelve agencies do not provide hotel or motel vouchers. One agency provides seasonal beds during the month of January. As of January 26, 2011, no churches or other non-traditional facilities provided beds to the homeless. Four agencies provide overflow beds, although none were used during the PIT count.

The number of persons who were sheltered, either in emergency or transitional housing, by WCICCC agencies on January 26, 2011 was enumerated via the *Point-in-Time Homeless Person Counts and Housing Inventory* surveys. The night of the PIT count, 25 single individuals were receiving emergency shelter. The night of the PIT count, 13 single individual households were in transitional housing. Eighteen single individual persons were in transitional housing.

Five households without dependent children were in transitional shelter. Of those households with children, four were in emergency housing. Twenty-three households (69 individuals) with children were in transitional housing. (See *Table 7: Current Inventory*).

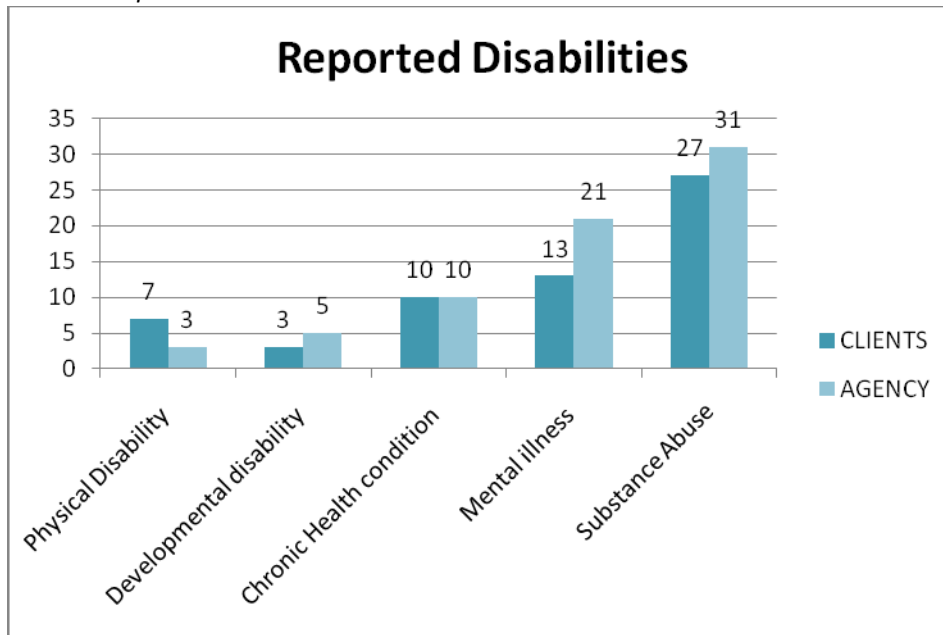
*Table 7: Current Inventory.*

	CURRENTLY SHELTERED		UNSHelterED*	TOTAL
	Emergency	Transitional		
<b>NUMBER OF SINGLE INDIVIDUAL HOUSEHOLDS</b>	<b>Single individuals not part of a family household.</b>			
Number of Persons	25	13	0	38
<b>PERSONS IN HOUSEHOLDS <b>WITHOUT</b> DEPENDENT CHILDREN</b>	<b>This includes households with at least two persons, with no children age 17 or under.</b>			
Number of Households	0	5	0	5
Number of Persons	0	18	0	18
<b>PERSONS IN HOUSEHOLDS <b>WITH</b> DEPENDENT CHILDREN</b>	<b>This includes households with at least one adult and one child or households with only children.</b>			
Number of Households	4	23	0	27
Number of Persons	12	69	0	81

Nine subpopulations were counted in the *Point-in-Time Homeless Person counts and Housing Inventory* survey. These subpopulations include Chronic Substance Abuse, Persons with HIV/AIDS, Severely Mentally Ill, Physical Disability, Developmental Disability, Chronic Health Condition, Unaccompanied Youth (under 18), Veteran, and Victims of Domestic Violence. The number of clients with these disabling conditions varied slightly from the number reported by clients in these agencies. Physical Disabilities were indicated more often by client self-reports than by agency reports. The opposite is true for Mental Illness and Substance Abuse. The difference between the agency- and client-reported numbers for Developmental Disabilities varied by two people. Ten agencies and ten clients reported having with Chronic Health Conditions. Agencies reported that 40 clients were the Victims of Domestic Violence. This subpopulation was not a part of any client self-reporting survey. Two clients were Veterans, according to the agency reports, but due to the general nature of the wording on client

surveys, it is unknown how many clients would have reported themselves as veterans. (See *Table 8: Reported Disabilities.*)

*Table 8: Reported Disabilities.*



Agencies reported that 12 single individual households could be considered chronically homeless, nine of which were in emergency shelter, and three were in transitional housing.

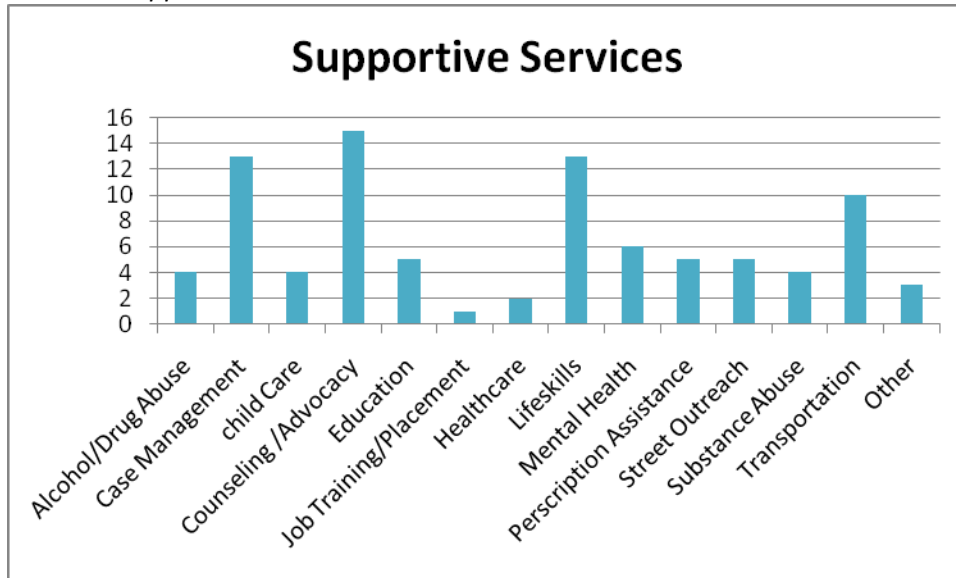
Unmet community needs were estimated by agencies that filled out the *Point-in-Time Homeless Person counts and Housing Inventory* survey. The estimated unmet needs for persons in households without dependent children are 45 beds for emergency shelters, 17 beds for transitional housing, and 60 beds for permanent supportive housing. It was estimated that 78 emergency, 55 transitional, and 66 permanent beds are needed to meet the needs of persons in households with dependent children. Thirty emergency shelter units, 16 transitional housing units, and 32 permanent supportive housing units were projected to meet the unmet need for persons in households with dependent children. Eight agencies believed the unmet need remained the same as last year, while seven agencies believe the unmet needs increased. No agencies said that the unmet need decreased in the last year. (See *Table 9: Unmet Need.*)

*Table 9: Unmet Need.*

		UNMET NEED		
		Total	Seasonal Beds	Overflow Beds
<b>PERSONS IN HOUSEHOLDS WITHOUT DEPENDENT CHILDREN</b>				
<b># of BEDS in each category</b>	Emergency Shelter	45	20	0
	Transitional Housing	17		
	Permanent Supportive Housing	60		
<b>PERSONS IN HOUSEHOLDS WITH DEPENDENT CHILDREN</b>				
<b># of BEDS in each category</b>	Emergency Shelter	78	20	0
	Transitional Housing	55		
	Permanent Supportive Housing	66		
<b># of UNITS in each category</b>	Emergency Shelter	30	0	0
	Transitional Housing	16		
	Permanent Supportive Housing	32		

Homelessness prevention services provided by WCICCC agencies include counseling and advocacy (n=11), rental assistance (n=5), utilities assistance (n=4), mortgage assistance (n=2), and legal assistance (n=1). Additional supportive services are also provided: alcohol and drug abuse services, case management, child care, counseling and advocacy, education, job training and placement, healthcare, life skills, mental health counseling, prescription assistance, street outreach, substance abuse counseling and treatment, and transportation. Three agencies also provide other services, including clothing, a food pantry, emergency non-food supplies, and food vouchers. (See Table 10: Supportive Services.)

Table 10: Supportive Services.



**LIMITATIONS**

The freezing temperature and wintery conditions reported by the participating WCICCC representatives could have limited the success of the 2011 PIT count. The low temperatures and snow could have caused those homeless individuals who would ordinarily sleep outdoors to stay in some kind of shelter. WCICCC representatives also noted the late time as a factor in the success or failure of the PIT count. Homeless individuals may have already found shelter by the time the PIT count began. Although police officers accompanied the WCICCC representatives to ensure their safety, they may have scared off some individuals who otherwise may have been counted. Also, no publicity was given to the PIT count beforehand. Agencies reported that publicizing the PIT count in the past has yielded mixed results. Perhaps if homeless individuals would have known ahead of time that they would be given blankets or food vouchers for their participation, they would have been easier to find.

**RECOMMENDATIONS**

Some amendments to the *Homeless Sheltered* survey could yield a more accurate result during future PIT counts. First, questions 4 and 5 ask about a member of the Armed Forces being in the participant’s household, but the definition of “household” is not given until question 6. If “household” is defined in question 4 as “yourself and only family members staying with you,” the result may be more accurate. One respondent indicated that a family member was in the Armed Forces, and wrote in “father.”

More information about veteran’s status can also be gleaned from this survey in addition to questions 4 and 5. It might be beneficial to identify which family member served in the Armed Forces,

as well as when and how long they served, and under what circumstances they were discharged. Information about whether the family member was injured or killed in duty could also be useful in determining eligibility of services.

The definition of “household” is very clear in question 6, yet some individuals appeared to answer the question according to their family structure in more favorable circumstances. For example, some individuals who stayed in places that do not accept children indicated that they were a household with children. Giving more extensive training to agencies that carry out the count could result in more accurate results and less data verification later.

While the current definition of “household” might accomplish the enumeration goals of HUD, it may not provide an accurate picture of the family structure of the homeless. Unique trends relating to marriage, divorce, and reproduction, among the homeless could be neglected.

Three recommendations for special populations stood out. While emergency housing exists for women with children from Samaritan Well, QUANADA, and Madonna House, Cathy Rigg at Samaritan Well pointed out that similar emergency housing is not available for single men with children. She said that while single father-headed households are uncommon, she considers this an unmet community need.

Secondly, none of the agencies in the CoC are authorized to take in single individuals under age 18. This population may be underreported in the area due to the methods used to collect data. According to the National Alliance to End Homelessness [NAEH], homeless youth are unlikely to receive services from homeless assistance programs or government agencies (NAEH, 2011). Homeless youth often isolate themselves from other homeless individuals, as well (Connery, 2010). Since unaccompanied youth receive services differently than homeless adults, and are unlikely to belong to a cohort of homeless adults, methods of counting homeless youth must be evaluated.

Connery suggests including homeless and formerly homeless youth in conducting PIT counts. In his experience, using homeless youth to carry out the count has increased both the number of youth counted and the accuracy of the data. Connery recommends conducting the count at times when homeless youth are most active, usually around 3:00 p.m. when schools dismiss students. During his webinar, Connery cautioned that youth may avoid enumeration because they fear mandatory reporting to Child Protective Services. It was also suggested that deinstitutionalization and discharge situations are opportunities to get an accurate count of unaccompanied homeless youth. One quarter of youth formerly in the foster care system experience at least one night of homelessness within four years of exiting foster care (NMAC, 2011).

Finally, WCICCC PIT counts have consistently yielded no information on the number of people in the service area with HIV/AIDS. Homeless people are three times more likely to contract HIV/AIDS than the general population (NAEH, 2011). An estimated three out of every hundred (3.4 percent) homeless individuals have HIV/AIDS. The use of intravenous drugs and sex in exchange for goods or services within the homeless population accounts for this increased risk. An increased emphasis on HIV/AIDS education and testing in the CoC service area might provide a different number of clients with HIV/AIDS in future PIT counts.

In recent years, the PIT count has yielded low numbers of unsheltered homeless persons, particularly in Jacksonville and Macomb. While the techniques currently used are sound, experimenting with new techniques could yield a more accurate result.

In 2005, Hopper et al tested two enumeration techniques in New York City. They deployed “plants” into areas where homeless people were known to gather to find out if enumerators were missing or failing to count people. However, deploying decoys in a rural area with low homeless population density is not practical. Unlike in urban areas, unsheltered homeless individuals in the CoC area might tend to stay in makeshift shelters, hidden from passerby. For example, Jacksonville has

reported zero unsheltered homeless for the last two PIT counts, but the next-day survey revealed that a gentleman has been living in a woodshed for four years.

The rural nature of the WCICCC's service area suggests that a service-based approach to the PIT count could be the most effective. In addition to deploying decoys, Hopper et al also tested a service-based approach to counting. In their next-day counts, they interviewed or observed individuals at soup kitchens, drop-in centers, mobile food programs, and outreach centers. Their survey included questions specifically designed to determine whether they would have been visible to enumerators. The *Soup Kitchen Survey* currently used by the WCICCC prompts enumerators to probe participants about where they stayed. Surveys returned by the YWCA of Quincy revealed some shelters that the homeless in the area used. One individual stayed in a car, while two people stayed in the hospital, one of whom first tried to stay on the street. Another person reported that they did not stay in a residence or shelter, but did not want to provide more specific information.

On the *Soup Kitchen Survey*, the first question is meant to determine the sheltered status of participating individuals and asks, "Where did you sleep last night? Was it your own place, a friend's or relative's place ... or somewhere else?" It may be beneficial to further probe participants who report that they stayed in their own place. While a homeless individual may consider a car or woodshed his or her "own place," he or she is homeless according to HUD's definition of homelessness.

*For information on the history, importance, and requirements of the Point-in-Time Count, see Appendix D.*

## RESOURCES

Connery, Peter. 2010. *Including Youth in PIT Counts Part 2: A Case Study of San Jose and Santa Clara County*. Applied Survey Research. San Jose, California.

Hopper et al. 2008. Estimating numbers of unsheltered homeless people through plant-capture and postcount survey methods. *American Journal of Public Health* 98(8).  
DOI: 10.2105/AJPH.2005.083600

National Alliance to End Homelessness. 2011. Snapshot of homelessness.  
[http://www.endhomelessness.org/section/about\\_homelessness/snapshot\\_of\\_homelessness#chronic](http://www.endhomelessness.org/section/about_homelessness/snapshot_of_homelessness#chronic)

**West Central Illinois Continuum of Care  
New Client Survey**

**Complete this for each homeless individual or family unit. If any information is unknown, please leave the question blank.**

**INFORMED CONSENT: TO BE READ TO CLIENTS IN HOMELESS SHELTER PROGRAMS**

*Our program is collecting information for the West Central Illinois Continuum of Care Consortium. The Consortium is a group of social service providers that work with homeless clients in an eleven county area. The Consortium is gathering characteristic data on the sheltered homeless population. The data helps service providers in the region maintain their funding for homeless programs they operate, the data also helps with local planning purposes.*

*Participation is completely voluntary and if you do not wish to take part in the survey, you do not have to answer any of the questions. Furthermore, you may choose to discontinue your participation at any time and you may refuse to answer any questions. Participation in this study will in no way affect your eligibility for services.*

*Your responses will be confidential, and your name will not be recorded on the survey. If you agree to participate, I will read the questions to you and I will record your answers. It will take approximately five minutes to complete. Do you have any questions or concerns about the study?*

Are you willing to participate?     Yes     No

1. Did someone last night ask you questions about how long you have been homeless and also identify themselves as collecting information for the West Central Illinois Continuum of Care Consortium?  
 No, continue to question 2     Yes, then **THANK RESPONDANT, END INTERVIEW.**
2. How long have you been without your own place to stay/homeless?     Less than 1 year     One year or more
3. How many other times have you been homeless or without your own place to stay within the past three years, including this time?     One to three times     Four or more times
4. Have you ever been diagnosed with or told that you have any of the following disabilities? *Select all that apply.*  
 Physical Disability     Mental Illness     Alcohol Abuse     HIV/AIDS  
 Developmental Disability     Chronic Health Condition     Drug Abuse     None
5. Have you, or another member of your household, served in the U.S. Armed Forces?  
 No     Yes, number of household members served \_\_\_\_     Don't Know     Refused
6. Were you, or another member of your household, activated into active duty, as a member of the National Guard or as a Reservist?  
 No     Yes, number of household members activated into duty \_\_\_\_     Don't Know     Refused
7. Which of the following best describes your family/household? *Check only one, include yourself and only family members staying with you. If this is a single-parent household, please also circle if **adult** or **youth** head of household with number of children and ages. A youth is a person **under** the age of 18 years old.*  
 I am a single individual  
 I am a single individual under 18 years old  
 Single-parent family with children –  **adult** or  **youth** head of household → number of children \_\_\_\_ ages: \_\_\_\_\_  
 Two-parent family with children –  **adult** or  **youth** head of household → number of children \_\_\_\_ ages: \_\_\_\_\_  
 Couple without children
8. If you have school-age children, are they enrolled in school?     Yes     No     No school-age children  
If yes, have you had difficulties in enrolling them in school, if they have changed schools?  
 Yes     No     Did not change schools

**THANK YOU FOR YOUR TIME. WE APPRECIATE YOUR WILLINGNESS TO HELP WITH THIS SURVEY.**

**West Central Illinois Continuum of Care  
Soup Kitchen Point-in-Time Count Survey -- Quincy**

**Complete this for each homeless individual or family unit. If any information is unknown, please leave the question blank.**

**READ INFORMED CONSENT STATEMENT TO INDIVIDUAL.** Are you willing to participate?  Yes  No

1. We are trying to identify homeless individuals. Where did you sleep last night? Was it in your own place, a friend's or relative's place, a homeless program shelter or residence, or somewhere else?

Not homeless (e.g. own place, friend's or relative's place, dorm room, or other ordinary accommodation).

**THANK RESPONDANT, END INTERVIEW.**

Homeless Program (e.g. Madonna House, New Start Rescue Mission, QUANADA, Salvation Army, Two Rivers Regional Council's Motel Voucher Program, Transitions of Western Illinois, or YWCA).

**THANK RESPONDANT, END INTERVIEW.**

Homeless. Probe as needed and write response down where they stayed last night (e.g. abandoned building, post office, cave, etc.)

2. Did someone last night ask you questions about how long you have been homeless and also identify themselves as collecting information for the West Central Illinois Continuum of Care Consortium?

No, continue to question 3  Yes, then **THANK RESPONDANT, END INTERVIEW.**

3. How long have you been without your own place to stay/homeless?  Less than 1 year  One year or more

4. How many other times have you been homeless or without your own place to stay within the past three years, including this time?  One to three times  Four or more times

5. Have you ever been diagnosed with or told that you have any of the following disabilities? *Select all that apply.*

Physical Disability  Mental Illness  Alcohol Abuse  HIV/AIDS

Developmental Disability  Chronic Health Condition  Drug Abuse  None

6. Have you, or another member of your household, served in the U.S. Armed Forces?

No  Yes, number of household members served \_\_\_\_\_  Don't Know  Refused

7. Were you, or another member of your household, activated into active duty, as a member of the National Guard or as a Reservist?

No  Yes, number of household members activated into duty \_\_\_\_\_  Don't Know  Refused

8. Which of the following best describes your family/household? *Check only one, include yourself and only family members staying with you. If this is a single-parent household, please also circle if **adult** or **youth** head of household with number of children and ages. A youth is a person **under** the age of 18 years old.*

I am a single individual

I am a single individual under 18 years old

Single-parent family with children –  **adult** or  **youth** head of household → number of children \_\_\_\_ ages: \_\_\_\_\_

Two-parent family with children –  **adult** or  **youth** head of household → number of children \_\_\_\_ ages: \_\_\_\_\_

Couple without children

9. If you have school-age children, are they enrolled in school?  Yes  No  No school-age children

If yes, have you had difficulties in enrolling them in school, if they have changed schools?

Yes  No  Did not change schools

**THANK YOU FOR YOUR TIME. WE APPRECIATE YOUR WILLINGNESS TO HELP WITH THIS SURVEY.**



## West Central Illinois Continuum of Care Homeless Sheltered Point-in-Time Count Survey

**Complete this for each homeless individual or family unit. If any information is unknown, please leave the question blank.**

### INFORMED CONSENT: TO BE READ TO CLIENTS IN HOMELESS SHELTER PROGRAMS

*Our program is collecting information for the West Central Illinois Continuum of Care Consortium. The Consortium is a group of social service providers that work with homeless clients in an eleven county area. The Consortium is gathering characteristic data on the sheltered homeless population. The data helps service providers in the region maintain their funding for homeless programs they operate, the data also helps with local planning purposes.*

*Participation is completely voluntary and if you do not wish to take part in the survey, you do not have to answer any of the questions. Furthermore, you may choose to discontinue your participation at any time and you may refuse to answer any questions. Participation in this study will in no way affect your eligibility for services.*

*Your responses will be confidential, and your name will not be recorded on the survey. If you agree to participate, I will read the questions to you and I will record your answers. It will take approximately five minutes to complete. Do you have any questions or concerns about the study?*

Are you willing to participate?     Yes     No

1. How long have you been without your own place to stay/homeless?     Less than 1 year     One year or more
2. How many other times have you been homeless or without your own place to stay within the past three years, including this time?     One to three times     Four or more times
3. Have you ever been diagnosed with or told that you have any of the following disabilities? *Select all that apply.*
  - Physical Disability                       Mental Illness                       HIV/AIDS
  - Developmental Disability               Alcohol Abuse                       None
  - Chronic Health Condition               Drug Abuse
4. Have you, or another member of your household, served in the U.S. Armed Forces?  
 No     Yes, number of household members served \_\_\_\_\_     Don't Know     Refused
5. Were you, or another member of your household, activated into active duty, as a member of the National Guard or as a Reservist?  
 No     Yes, number of household members activated into duty \_\_\_\_\_     Don't Know     Refused
6. Which of the following best describes your family/household? *Check only one, include yourself and only family members staying with you. If this is a single-parent household, please also circle if **adult** or **youth** head of household with number of children and ages. A youth is a person **under** the age of 18 years old.*
  - I am a single individual
  - I am a single individual under 18 years old
  - Single-parent family with children –  **adult** or  **youth** head of household → number of children \_\_\_ ages: \_\_\_\_\_
  - Two-parent family with children –  **adult** or  **youth** head of household → number of children \_\_\_ ages: \_\_\_\_\_
  - Couple without children
7. If you have school-age children, are they enrolled in school?     Yes     No     No school-age children  
If yes, have you had difficulties in enrolling them in school, if they have changed schools?  
 Yes     No     Did not change schools

**THANK YOU FOR YOUR TIME. WE APPRECIATE YOUR WILLINGNESS TO HELP WITH THIS SURVEY.**

## 2011 Point-in-Time Homeless Person Counts and Housing Inventory

Please complete the following information based on the number of homeless individuals and/or families in your program on the night of **January 26, 2011**. West Central Illinois Continuum of Care Consortium (WCICCC) is required to use HUD's definition of homelessness. According to HUD, a person is considered homeless only when he/she resides in one of the places described below at the time of the count.

An unsheltered homeless person resides in:

- In a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).

A sheltered homeless person resides in:

- In an emergency shelter.
- In transitional housing or supportive housing for homeless persons who originally came from the streets or emergency shelters.

AGENCY: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### PART 1 - INVENTORY / FACILITY TOTAL CAPACITY Identify the number of beds or units in each category below as of January 26, 2011.

	Current Inventory 2011	New Inventory <i>(available between 2/1/2010 and 1/31/11)</i>	Under Development <i>(beds that are fully funded but were not available for occupancy as of 1/31/11)</i>
<b>INDIVIDUALS OR HOUSEHOLDS WITHOUT CHILDREN</b> <span style="float: right;">This includes single individuals and households with multiple adults.</span>			
<b># of BEDS in each category</b>	Emergency Shelter		
	Transitional Housing		
	Permanent Supportive Housing		
<b>PERSONS IN HOUSEHOLDS WITH DEPENDENT CHILDREN</b> <span style="float: right;">Beds and units are intended for households with (at least) one adult and one child.</span>			
<b># of BEDS in each category</b>	Emergency Shelter		
	Transitional Housing		
	Permanent Supportive Housing		
<b># of UNITS in each category</b>	Emergency Shelter		
	Transitional Housing		
	Permanent Supportive Housing		

### PART 2 - EMERGENCY SHELTER SERVICES Please respond to the following questions in regards to hotel/motel vouchers, seasonal beds, and overflow beds.

#### HOTEL or MOTEL VOUCHERS

Does your organization directly provide hotel or motel vouchers to your homeless clients?  Yes  No

If yes, on January 26, 2011 did your organization provide any hotel or motel vouchers?  Yes  No

If yes, please write the number of individuals and households in the blanks to the right. \_\_\_\_\_ Number of Individuals  
 \_\_\_\_\_ Number of Households

If no, then what organization(s) do you refer the clients to? \_\_\_\_\_

#### SEASONAL BEDS

Does your organization provide seasonal beds?  Yes  No

If yes, what are the seasonal beds start and end date *(best estimate of date is fine)*? \_\_\_\_\_ start date  
 \_\_\_\_\_ end date

Are there churches or other non-traditional facilities that provide seasonal beds?  Yes  No

If yes, what organizations provide these services? \_\_\_\_\_

#### OVERFLOW BEDS

Does your organization provide overflow beds?  Yes  No

If yes, on the night of January 26, 2011 did your organization provide any overflow beds?  Yes  No

If yes, please write the number of beds in the blank to the right. \_\_\_\_\_ Number of Beds

**PART 3 - TOTAL POPULATION SHELTERED AND UNSHELTERED** Identify number who were sheltered or unsheltered on January 26, 2011.

	CURRENTLY SHELTERED		UNSHELTERED*	TOTAL
	Emergency	Transitional		
<b>NUMBER OF SINGLE INDIVIDUAL HOUSEHOLDS</b> Single individuals not part of a family household.				
Number of Persons				
<b>PERSONS IN HOUSEHOLDS WITHOUT DEPENDENT CHILDREN</b> This includes households with at least two persons, with no children age 17 or under.				
Number of Households				
Number of Persons				
<b>PERSONS IN HOUSEHOLDS WITH DEPENDENT CHILDREN</b> This includes households with at least one adult and one child or households with only children.				
Number of Households				
Number of Persons				

\*Unsheltered refers to people living on the streets or in other places not meant for human habitation.

**PART 4 - SHELTERED SUBPOPULATION** Identify the number of persons served by your facility on January 26, 2011 who meet the following conditions.

_____ Chronic Substance Abuse	_____ Chronic Health Condition
_____ Persons with HIV/AIDS	_____ Unaccompanied Youth (Under 18)
_____ Severely Mentally Ill	_____ Veteran
_____ Physical Disability	_____ Victims of Domestic Violence
_____ Developmental Disability	

**PART 5 - YOUTH ONLY HOUSEHOLDS** Identify the number of persons served by your facility on January 26, 2011 who are considered youth only households. This includes only persons age 17 or under, including unaccompanied children\*, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

	CURRENTLY SHELTERED		UNSHELTERED	TOTAL
	Emergency	Transitional		
<b>YOUTH ONLY HOUSEHOLDS</b>				
Single Individual Households				
Number of Two or More Person <b>Households</b>				
Number of <b>Persons</b> (in Two or More Person Households)				

\*Unaccompanied child represents a minor not in the physical custody of a parent or guardian, including those living in inadequate housing such as shelters, cars, or on the streets. The definition also includes those who have been denied housing by their families and school-age unwed mothers who have no housing of their own.

**PART 6 - CHRONICALLY HOMELESS** Identify the number of persons served by your facility on January 26, 2011 who meet the definition of chronically homeless. Chronically homeless is a single individual (or a family with at least one adult member) that has a disabling condition and has been homeless for a year or more OR has had four episodes of homelessness in the past three years.

	CURRENTLY SHELTERED		UNSHELTERED	TOTAL
	Emergency	Transitional		
<b>CHRONICALLY HOMELESS HOUSEHOLDS</b>				
Single Individual Households				
Number of Two or More Person <b>Households</b>				
Number of <b>Persons</b> (in Two or More Person Households)				

**PART 7 - UNMET NEED** Please enter the unmet need for each type of housing needs in your area. If there is no unmet need, please enter a zero.

		UNMET NEED		
		Total	Seasonal Beds	Overflow Beds
<b>PERSONS IN HOUSEHOLDS WITHOUT DEPENDENT CHILDREN</b>				
# of <b>BEDS</b> in each category	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			
<b>PERSONS IN HOUSEHOLDS WITH DEPENDENT CHILDREN</b>				
# of <b>BEDS</b> in each category	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			
# of <b>UNITS</b> in each category	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			
<b>PERSONS IN HOUSEHOLDS WITH ONLY CHILDREN</b>				
# of <b>BEDS</b> in each category	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			

Do you feel that homelessness has increased or decreased this past year?  Increased  About the Same  Decreased  
 If you feel it has increased or decreased, approximately what percentage? \_\_\_\_\_ %

**PART 8 - SUPPORTIVE SERVICES:** Identify the Supportive Services your agency directly provides. Check all that apply. Referrals do not count.

**HOMELESSNESS PREVENTION**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Counseling / Advocacy | <input type="checkbox"/> Mortgage Assistance  | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Legal Assistance      | <input type="checkbox"/> Utilities Assistance | (Not Transitional or Permanent Housing)    |

**SUPPORTIVE SERVICES**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alcohol/ Drug Abuse   | <input type="checkbox"/> Employment Training & Placement | <input type="checkbox"/> Prescription Assistance                  |
| <input type="checkbox"/> Case Management       | <input type="checkbox"/> Healthcare                      | <input type="checkbox"/> Soup Kitchen                             |
| <input type="checkbox"/> Child Care            | <input type="checkbox"/> HIV/AIDS                        | <input type="checkbox"/> Street Outreach                          |
| <input type="checkbox"/> Counseling / Advocacy | <input type="checkbox"/> Life Skills                     | <input type="checkbox"/> Substance Abuse Counseling/<br>Treatment |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Mental Health Counseling        | <input type="checkbox"/> Transportation                           |
| <input type="checkbox"/> Other (specify below) | <input type="checkbox"/> Mobile Clinic                   |   |

**RETURN SURVEY BY FEBRUARY 4, 2011. E-mail: la-sutton@wiu.edu Fax: 309-298-2142. Mail: Lori Sutton, Illinois Institute for Rural Affairs, 518 Stipes Hall, Western Illinois University, 1 University Circle, Macomb, IL 61455-1390. Questions, please contact Lori at 309.298.2968 or 800.526.9943.**



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# Section 811 Supportive Housing for Persons with Disabilities



**Synopsis**

**Full Announcement**

**Application**

The synopsis for this grant opportunity is detailed below, following this paragraph. This synopsis contains all of the updates to this document that have been posted as of **04/08/2011**. If updates have been made to the opportunity synopsis, update information is provided below the synopsis.

If you would like to receive notifications of changes to the grant opportunity click [send me change notification emails](#). The only thing you need to provide for this service is your email address. No other information is requested.

*Any inconsistency between the original printed document and the disk or electronic document shall be resolved by giving precedence to the printed document.*

Document Type:	Grants Notice
Funding Opportunity Number:	FR-5415-N-39
Opportunity Category:	Discretionary
Posted Date:	Apr 08, 2011
Creation Date:	Apr 08, 2011
Original Closing Date for Applications:	Jun 23, 2011
Current Closing Date for Applications:	Jun 23, 2011
Archive Date:	Jun 30, 2011
Funding Instrument Type:	Grant
Category of Funding Activity:	Community Development Housing
Category Explanation:	
Expected Number of Awards:	
Estimated Total Program Funding:	\$114,000,000
Award Ceiling:	
Award Floor:	
CFDA Number(s):	14.181 -- Supportive Housing for Persons with Disabilities
Cost Sharing or Matching Requirement:	No

### Eligible Applicants

Others (see text field entitled "Additional Information on Eligibility" for clarification)

### Additional Information on Eligibility:

Nonprofit organizations that have a section 501(c)(3) tax exemption from the Internal Revenue Service. (See Section III.C.3.m. of the Section 811 Program NOFA for further details and information regarding the formation of the Owner Corporation.)

### Agency Name

Department of Housing and Urban Development

### Description

This program provides funding for the development and operation of supportive housing for very low-income persons with disabilities who are at least 18 years old. If you receive funding through this program, you must assure that supportive services are identified and available. HUD provides capital advances and contracts for project rental assistance in accordance with 24 CFR part 891. Refer to Section IV. E .3 in the NOFA for additional information on calculating the capital advance amount. Capital advances may be used for the construction or rehabilitation of a structure or acquisition of a structure with or without rehabilitation, to be developed into a variety of housing options described in Section III.C below. Capital advance funds bear no interest and are based on development cost limits in Section IV.E.3 identified in the NOFA. Repayment of the capital advance is not required as long as the housing remains available for occupancy by very low-income persons with disabilities for at least 40 years. PRAC funds are used to cover the difference between the tenants' contributions toward rent and the HUD-approved cost to operate the project.

**Link to Full Announcement**

[Download Application Package using CFDA ONLY](#)

**If you have difficulty accessing the full announcement electronically, please contact:**

For programmatic information, you may contact the appropriate local HUD office or Marvis Hayward at HUD Headquarters at (202) 402-2255 [Program Contact](#)

**Synopsis Modification History**

There are currently no modifications for this opportunity.

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## Re: Webinar Information

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**From** : Lori A Sutton <LA-Sutton@wiu.edu>

Mon, Apr 11, 2011 11:05 AM

**Subject** : Re: Webinar Information

**To** : Suzan Nash <Suzan@wirpc.org>

**From**: Christina Dukes [mailto:cdukes@serve.org]

**Sent**: Friday, April 01, 2011 3:14 PM

**To**: Schwartz, Barb

**Subject**: NCHE April webinar registration is now open

- The National Center for Homeless Education (NCHE) is a federally funded information and technical assistance center at SERVE Center at the University of North Carolina at Greensboro (UNCG). NCHE hosts the Homeless Education Listserv to help administrators, educators, advocates, and service providers share information and ideas on meeting the educational needs of children and youth experiencing homelessness. The ideas on this listserv do not reflect the views of NCHE, SERVE, or UNCG. ALL LOBBYING ACTIVITIES ARE STRICTLY FORBIDDEN.

Good afternoon colleagues:

NCHE will be offering the following webinars free of charge during the month of March:

### **Supporting the Education of Unaccompanied Homeless Students**

**Tuesday, April 19, 2011**

**1:00 - 2:30 pm ET** (please adjust for your time zone)

Webinar Description: In this interactive webinar, NCHE staff will review the main points of the McKinney-Vento Act referring to the education of unaccompanied students experiencing homelessness. Presenters will also highlight important points of other federal laws dealing with the education of unaccompanied students, including IDEA and the College Cost Reduction and Access Act. Participants will have the opportunity to ask questions and discuss best practices.

Presenters:

NCHE Staff

### **McKinney-Vento 101: Knowing and Applying the Law**

**Thursday, April 21, 2011**

**1:00 - 2:30 pm ET** (please adjust for your time zone)

Webinar Description: In this webinar, NCHE presenters will discuss the educational rights and protections provided to eligible students under the McKinney-Vento Act. Topics covered include:

Determining eligibility

Immediate Enrollment

School Selection

Transportation

Unaccompanied Youth

Coordination with Title IA

Participants will be invited to discuss scenarios to apply the knowledge presented during the webinar.

Presenters:

NCHE Staff

**NCHE also will be offering a webinar on a new topic on May 11, 2011:**

### **Disaster Preparation and Response in Schools: Turning Adversity into Opportunity**

**Wednesday, May 11, 2011**

**2:00 - 3:30 pm ET** (please adjust for your time zone)

Webinar Description:

Schools are at the heart of their communities; so getting students back to school and school staff back to work often can signal the beginning of a community's return to normalcy following a disaster. With proper planning and response, school officials can prepare for disasters, mitigate risks, protect the safety of students and educators, and ensure that schools recover quickly.

In this interactive webinar, homeless education professionals who have experienced disasters in their schools and communities will talk about their experiences and share best practices and strategies to help participants improve their own local disaster response plans.

Presenters:



# Family Supportive Housing Capacity Building Institute

A comprehensive capacity building initiative for family supportive housing providers and service providers in Cook County.

## 2011 Family Institute Application

**CSH Illinois Program**

205 W. Randolph Street

Suite 2300

Corporation for Supportive Housing



NCHE Staff

Laverne Dunn, State Coordinator for Homeless Education, Louisiana Department of Education  
Catherine Knowles, Homeless Education Program Supervisor, Metropolitan Nashville Public Schools

To register for any of these webinars, please visit <http://center.serve.org/nche/web/group.php>. Feel free to refer interested colleagues to participate in these webinars, as well.

Best,

Christina Dukes  
National Center for Homeless Education

You are currently subscribed to homeless as: Barb.Schwartz@illinois.gov  
To unsubscribe send a blank email to leave-35875-39795.8f24f9bb371471be344cdb6fbc99688@list.serve.org

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## The Corporation for Supportive Housing (CSH) announces its first Family Supportive Housing Capacity Building Institute.

Providers of supportive housing for families face a rich set of circumstances. Providers serve not only heads of household, but strive to meet the needs of children of all ages. The Family Supportive Housing Capacity Building Institute offers a unique opportunity to currently operating family supportive housing providers, at all levels of experience, to enhance their skills in the implementation of supportive housing programs.

The Institute's goals are to empower agencies to:

- Assess the quality of housing services;
- Learn about strategies to improve services;
- Set priorities for implementation;
- Create permanent changes in practice and procedures that lead to improved services and ultimately improved outcomes for families.

Agencies participating in the Institute create "Quality Improvement Teams" – five to ten team members who complete the Institute. At the completion of the Institute sessions, teams will have created a Family Supportive Housing Quality Improvement Plan (QIP). Throughout the Institute, teams will complete self assessment tools which inform plans for change, resulting in the increase in the number of met key indicators of quality. CSH staff work individually with teams to assist them in the completion of self-assessments and quality improvement plans.

The first three days of the Institute feature intensive training on understanding trauma and how to provide Trauma-Informed Care for families experiencing homelessness. The training will be delivered by the National Center on Family Homelessness – a national leader in addressing the needs of homeless families. Agencies will develop specific strategies for creating trauma-informed services and incorporating trauma-informed practices into their daily work with program participants. Together with NCFH staff, agencies will examine the following five domains of service provision: Staff Development, Program Atmosphere and Environment, Assessment and Service Planning, Consumer Involvement and Policies. Participants engage in a strategic planning activity, during which they outline specific goals for their organizations based on the five areas identified above.

Institute participants receive training from CSH in the Dimensions of Quality for Supportive Housing in Illinois. Each Dimension includes a list of detailed indicators describing key items found in quality supportive housing. The indicators are approaches seen in successful projects around the country and apply to both property management and supportive housing services. The Dimensions of Quality focus on issues of day-to-day operations in existing supportive housing and apply to all models of supportive housing. The dimensions support capacity building efforts; constitute a framework for new and existing quality improvement efforts; support providers in developing new projects; assist providers in conducting self assessments; and educate funders, government partners and policy makers about what quality supportive housing is – and what it costs. The Institute will touch on all seven dimensions and include a targeted focus on two dimensions – 1) Supportive Services Design and Delivery and 2) Data, Documentation and Evaluation. This focus enables agencies to fully assess existing strengths and challenges in their service delivery systems and how to accurately capture strong family outcomes.

Individualized technical assistance is a core benefit of participation in the Institute. Each agency will receive four one-on-one technical assistance sessions that can be scheduled from the beginning of the Institute until December of 2011. All programs will receive site visits. CSH staff review the project work and provide timely feedback and suggestions. Institute participants will create quality improvement plans, present their success to other Institute members, receive and give peer-to-peer guidance, and have the knowledge and confidence to implement quality improvement plans. CSH will work with agencies to actualize the change they envision.

Upon completion, teams participating in the Family Supportive Housing Capacity Building Institute have:

- Improved skills to operate family supportive housing programs serving families experiencing multiple barriers to housing;
- A network of peers and experts to assist in program development and to trouble-shoot problems;
- Increased capacity and a competitive edge to providing family supportive housing.

## Who We Are: Corporation for Supportive Housing

CSH helps communities create permanent housing with services to prevent and end homelessness. CSH strives for a day when homelessness is no longer a routine occurrence and supportive housing is an accepted, understood, and easy-to-develop response. In coordination with broader national efforts to end homelessness, CSH will help communities create 150,000 units of supportive housing during the next decade. CSH brings together people, skills, and resources. We advance our mission by providing high-quality advice and development expertise, by making loans and grants to supportive housing sponsors, by strengthening the supportive housing industry, and by reforming public policy to make it easier to create and operate supportive housing.

## Family Supportive Housing Institute Curriculum and Dates

### **Session 1: May 2, 3 & 4**

**Days 1: Understanding Traumatic Stress in People Experiencing Homelessness**

**Day 2: Creating Trauma-Informed Services and Programs for People Experiencing Homelessness**

**Day 3: Overview of Family Supportive Housing Capacity Building Institute; Creating Strategic Plans for Trauma Informed Service Delivery**

The goal of this session is to outline the relationship between homelessness and trauma. The three-day session will be led by the National Center on Family Homelessness. Participants are provided with a foundational understanding of what traumatic stress is and the impact it can have on our lives and lives of those we serve. The session includes: a discussion about the connection between trauma on all areas of functioning; factors that influences our responses to trauma; the need for provider self-care; and the ways that providers help program participants heal. Days two and three of the session prepares programs to better understand and complete the *Trauma-Informed Organizational Self-Assessment*, examine the results, and develop a strategic plan for incorporating trauma-informed practices. The National Center on Family Homelessness will assist teams in identifying short and long-term strategies to create trauma-informed change.

### **Session 2: June 6 & 7**

#### **Days 4: Overview of Dimensions of Quality; Supportive Services Design and Delivery**

#### **Day 5: Supportive Services Design and Delivery**

The session begins with an overview of the Dimensions of Quality. Teams will learn the importance of the “support” in family supportive housing, including various approaches, philosophies and techniques. Topics covered include approaches to harm reduction, engaging in child-focused interventions and ensuring language access and culturally competent care. Teams will develop work plans. Guest speakers specializing in local and national best practices will be on hand.

### **Session 3: July 21 & 22**

#### **Day 6: Data, Documentation and Evaluation**

Organizations reliably capture accurate and meaningful data regarding the effectiveness, efficiency and outcomes of their activities. Programs use this data to facilitate and improve the performance on an on-going basis. This session allows teams to assess current practices and learn promising practices.

#### **Day 7: Property Management and Leasing; Tenant Leadership**

Teams will discuss property management roles and responsibilities. The second half of the day will be devoted to tenant leadership. Teams learn techniques for engaging and providing leadership opportunities for program participants.

### **Session 4: August 15 & 16**

#### **Day 8: Policy and Administration**

What is on the policy horizon in the policy arena for permanent supportive housing? This session focuses on “hot topics” at the local, state and federal level including the impact of new HEARTH regulations and status of the IL state budget.

#### **Day 9: Program Presentations**

Teams present to their peers on their family supportive housing program and including key points of their quality improvement plans. Teams receive feedback regarding their plan.

*The Family Supportive Housing Capacity Building Institute was made possible through support from the Field Foundation of Illinois and the Chicago Tribune Charities – Holiday Campaign, a fund of the McCormick Foundation.*

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## Corporation for Supportive Housing Family Supportive Housing Capacity Building Institute Application Form

The Family Supportive Housing Capacity Building Institute is designed to be highly interactive and to provide detailed, individualized technical assistance to motivated teams. As such, participation is limited to five Quality Improvement Teams from existing permanent supportive housing family programs in the Chicago metropolitan area. Non-profit and government agencies are invited to participate in the institute. Minority led organizations are defined as organizations in which 51% of the board are minorities or females

A typical team consists of five to ten individuals representing various team roles. There should be a core team of at least five people that consistently attend each session. Teams can have up to ten participants. Institute participants could include: program administrator, program manager, direct service staff, housing and property managers, development staff and residents. Staff representing various family programs can participate in one team, but there can only be one application per agency. Selection of teams is at the sole discretion of CSH.

To be eligible for the Institute, applicants must be non-profit or government entities that currently provide permanent supportive housing to families. **Applicants must commit to attending all training sessions offered.** It is critical to the success of each agency that at **least five staff** from the agency attends all sessions. Up to ten participants may attend the Institute per agency. Training sessions start in May and end in August, consisting of approximately 70 hours in 2-3 day sessions per month over four months. Teams will create quality improvement plans. Teams will have at least two on-site technical assistance meetings with CSH staff and content experts to review plans. The final day of the Institute, teams present on their agency and key points of their quality improvement plans.

Training sessions will be held at locations within the City of Chicago. Locations will be given to participants during the first session.

There is **no registration fee** to participate in the Institute. Services are provided at no cost to the agency.

**Deadline:** Applications are due on **Friday, April 15, 2011 at 5:00pm**. CSH will evaluate all proposals and notify applicants of their selection no later than April 22<sup>nd</sup>.

**Submission:** Submit one electronic copy of the application and attachments via e-mail to: [janis.york@csh.org](mailto:janis.york@csh.org)

**Questions:** Questions regarding this application should be directed to Christine Haley: [christine.haley@csh.org](mailto:christine.haley@csh.org) or 312-332-6690 x13

## Application Table of Contents

- I. Agency Information
- II. Designated Institute Team Leader
- III. Team Members
- IV. Program Demographics
- V. Application Narrative
- VI. Attachments

### I. Agency Information

Agency Name	
Program Name	
Address	
City, State, Zip Code	
Contact Person for Application	
Phone	
Fax	
E-mail	
Agency Year of Incorporation	
Number Agency Full-Time Staff	
Number Agency Part-Time Staff	
Minority-Led Organization?	

### II. Designated Institute Team Leader

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

### III. Team Members

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

Name	
Title	
Program Name	
Telephone	
E-mail	
Does individual plan to attend each session as a core team member?	Check One: Yes ___ No___

**IV. Program Demographics**

**Please mark all that apply with an "X".**

Population	Population Served	Target Population
Youth Families with Children		
Single Mothers with Children		
Single Fathers with Children		
Both Parents with Children		
Others (specify)		

Program Participant Special Needs	Population Served	Target Population
Ex-Offenders		
Serious Mental Illness		
Veterans		
Frequent Users of Public Systems		
HIV/AIDS		
Substance Abuse		
Domestic Violence		
Other (specify)		



Program Participant Ethnicity Demographics	Number (include both adults and children)
Latino	
Non-Latino	

Program Participant Racial Demographics	Number (include both adult and children)
Black/African American	
White/Caucasian	
Asian/Pacific Islander	
Native American/American Indian	
Bi-Racial/Multi-Racial	
Other (please specify)	
Unknown	

Project Type	
Project Based	Check one: Yes ____ No ____
Number of Project Based Units	
Scattered Site	Check one: Yes ____ No ____
Number of Scattered Site Units	

Program Information	
Program Primary Service Area (e.g. city-wide, neighborhood or community specific)	
Number Program Full Time Staff	
Number Program Part Time Staff	
Number Program Volunteer/Interns	
Number Bi-lingual Staff; Languages spoken	
Year Program Began	

Services Provided	Check all that apply
Case Management	
Clinical/Therapeutic Adult	
Clinical/Therapeutic Child	
Substance Abuse Recovery Support	
Health Care	
Employment Placement/Job Readiness	
Eviction Prevention	
Housing Location and Inspection	
Other (specify)	

## **V. Application Narrative**

Please include a narrative answering the questions below. The narrative should be written in 12-point font, single spaced and with numbered pages. There is no minimum length of response, but the narrative should be no longer than five pages.

### **1. Organizational Mission and Program Vision**

- Briefly describe the vision and mission of the organization.
- Briefly describe the family supportive housing program.
- How does the family supportive housing program fit into the mission and planning of the organization?
- What are the short-term and long-term goals of the family supportive housing program? What is the vision for the next three to five years?
- How do the program's supportive housing goals match the community's need?
- Please provide detail on the current planning process used to set program goals and process for evaluation, if any.

### **2. Supportive Housing Program**

- What is the program's staffing pattern (e.g. one program manager, three case managers, one property manager, etc.)?
- How are property management and supportive services functions structured in the program?
- Does the program have specific strengths or weaknesses identified at this time?
- Describe how the Quality Improvement Team as a whole anticipates benefiting from the Family Supportive Housing Capacity Building Institute.
- Discuss any issues of capacity that you anticipate need to be addressed through the Institute.

### **3. Additional Information**

- Agencies are encouraged to submit a most recent copy of the HUD APR or grant report. This will assist in assessing current program performance.
- As space permits, feel free to detail any other information that would be useful in evaluation your agency.

## **VI. Attachments**

Please include electronic copies of the following attachments:

- Letter of interest in Institute participation from Executive Director
- Copy of 501(c)3 tax exemption
- Most recent Annual Progress Report (APR), grant report (optional)