

Before Starting the CoC Application

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

- CoC Application
- Project Listing

Please Note:

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

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1 CoC Name and Number: IL-519 - West Central Illinois CoC

1A-2 Collaborative Applicant Name: YWCA of Quincy

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

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

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

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

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

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor, 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	HMIS Committee	This group addresses HMIS-related issues.	Monthly	YWCA of Quincy, Salvation Army, Madonna House, Two Rivers Regional Council, Western Illinois Regional Council Community Action Agency, Samaritan Well, MCS Community Services, and Illinois Institute for Rural Affairs/Western Illinois University
1C-1.2	Evaluation Committee	This group evaluates and prioritizes the projects submitted in the annual HUD CoC grant application and the state's ESG application.	Semi-Annually	Glenda Hackemack, City of Quincy; Barb Baker Chapin, Transitions of Western Illinois; Eileen Worthington, Regional Office of Education; and Lori Sutton, Illinois Institute for Rural Affairs/Western Illinois University
1C-1.3	Homeless Prevention Work Group	This group is responsible for putting together and distributing funds from the Illinois Department of Human Services, Homeless Prevention division's grant and the Illinois Department of Commerce and Economic Opportunities ESG grant.	Monthly	Western Illinois Regional Council, Two Rivers Regional Council, MCS Community Services, QUANADA, Crisis Center Foundation, Samaritan Well, Madonna House, Salvation Army
1C-1.4	PIT Committee	This group is responsible for conducting the biannual unsheltered PIT along with the annual sheltered PIT/HIC.	Semi-Annually	Amanda Davis & Lori Sutton, Illinois Institute for Rural Affairs/WIU; active
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)**

This CoC conducts meetings with interagency councils and a wide array of providers to persons experiencing economic distress including homelessness. Due to the large geographic area this CoC consists of, conference calls are used as a means of communications. When CoC-wide committee, subcommittees, and workgroups are formed the majority utilize conference calls as a means of communication in order to promote diversity.

The Steering Committee is the decision making board until the official board is put into place later in 2014. The Steering Committee represents eight organizations. Meeting reminders are emailed to 68 individuals. The individuals represent all the shelters in the region, the homeless education liaisons, local & state government, veteran groups, service providers, and other individuals interested in homelessness.

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)**

Dec. 12, 2013 Steering Committee meeting the 2013 CoC Competition was discussed, which included the ranking matrix and internal deadlines. The ranking matrix looks at the following criteria and assigns points: CoC participation, exits to PH, employment/income, school enrollment, and fund drawdown. The higher points a project gets the higher ranking they receive. Two project tied in points, the project without PSH in their community was given the higher ranking in that case.

Announced at Jan. 9, 2014 Steering Committee meeting, meeting minutes with results were emailed to 68 individuals on email distribution list we emailed on Jan. 15 and the results were also published on the CoC website at wciccc.com/MeetingSchedule/ in a PDF document that can be downloaded.

**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)**

Since 2007, the CoC has collected APR data from CoC-funded projects. "Incr. the percentage of homeless persons staying in PH over 6 mo. to at least 77%." This was a national measure used in previous applications. In order to get maximum pts. on the ranking matrix, a project had to score 85% or more on this measure. Since our CoC has PSH and TH CoC-funded projects, the TH counterpart was "Incr. the percentage of homeless persons moving from TH to PH to at least 65%." In order to get maximum pts. on this measure, at project had to score 75%.

The employment/income measure is another national performance measure. The CoC uses "Incr. the percentage of homeless persons employed at exit to at least 20%." Or "Percentage of persons age 18 or older who incr. their total income (from all sources) as of the end of the operating year or program exit." In order to receive maximum pts., a project must score 50% or more.

In 2012 grant competition, two new measures were incorporated into the ranking matrix - "Percentage of school-aged children enrolled in school within 72 hours of entering program." And drawdown of grant funds. Both of these measures require 100% to get maximum pts.

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)

This Continuum seeks to have as many and as varied a level of providers in order to ensure that as many homeless are reached as is possible. The Continuum looks at underserved areas and seeks to have proposals submitted by additional providers, if at all possible, and if they fit a void.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/17/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted? 01/17/2014

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 Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Late 2012, the CoC upgraded to different HMIS system that is more robust and user-friendly than the previous system. The software vendor keeps the client up-to-date on changes they are making to the system in regards to guidance from HUD. The software vendor has an individual that sole job function is "Industry Compliance."

In addition, Sept. 2013, the CoC started to contract with their university partner to be the system administrator for the HMIS. The university partner has been involved with the CoC and the HMIS since 2004 by providing software training to the users and going over 2010 privacy and security standards with users during the trainings. By taking on the system administration duties, the university partner has the complete picture and is able to work closely with the users and vendor on issues.

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 documents the CoC considered their Privacy and Security Plans were the "User Policy, Responsibility Statement and Code of Ethics" the users had to sign before they were granted access to the HMIS system. This document was developed in 2004. It was revised in 2012 when the CoC changed to a different HMIS system, and then again in 2013 when the system administrator changed. At the Jan. 9, 2014 Steering Committee meeting, the HMIS System Administrator/university partner presented a draft of the CoC HMIS Policies and Procedures Manual. The manual includes sections on roles and responsibilities, security and privacy plan, and a data quality plan. It is expected the plan will be approved by the Steering Committee in February or March and will be official approved by the newly forming board later this year. The plan will be reviewed on an annual basis, at minimum in the future.

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: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: IL-519 - West Central Illinois CoC
 (select all that apply)

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	
ESG	
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$0

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
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	
State	
State and Local - Total Amount	\$0

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	
Private - Total Amount	\$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$0
---	------------

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	0-50%
* Safe Haven (SH) beds	
* Transitional Housing (TH) beds	0-50%
* 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? Annually

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)

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)

From 2012 ap - we have got Samaritan Well and will add TRRC:
The CoC is upgrading to a new HMIS service provider. The new HMIS system will be more user-friendly user interfaces and the HMIS Lead Agency will be able to create customized reports for service providers. Two emergency shelter providers are interested in the new system. If these two providers join, then bed coverage will be 92% for emergency shelters.
A transitional housing provider is also interested in the new HMIS. This provider has two transitional housing programs it manages. Another service provider, that has not voiced willingness to be on the new system, will be invited to the January training of service providers. If both of the transitional housing providers go onto the system, the bed overage will be 76% for transitional housing.

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	16
Transitional Housing	5
Safe Haven	0
Permanent Supportive Housing	6
Rapid Re-housing	1

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	2%
Social security number	9%
Date of birth	3%
Ethnicity	9%
Race	6%
Gender	3%
Veteran status	12%
Disabling condition	26%
Residence prior to program entry	13%
Zip Code of last permanent address	16%
Housing status	16%
Head of household	6%

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 generates numerous reports for the CoC. The following types of reports can be generated from the HMIS include:

APR: Report mirrors the HUD HDX system, there is also a companion report that gives the record level detail in order to monitor data quality.

ESG CAPER: This report collects the information needed to complete the CAPER portion of the IDIS.

Housing Inventory Chart: The inventory should include all HUD-funded residential programs, as well as non-HUD funded programs that provide housing to homeless and formerly homeless persons, even if those programs do not actively participate in the CoC planning process.

Sheltered PIT Counts: This report collects the HUD required de-duplicated PIT data for sheltered clients. Results are presented in a format mirroring the HDX input screen.

NOFA CoC Application Section 2D: Provides information to complete table 2D-1 and 2D-2 of the current grant application.

Project Participant 5A/5B NOFA 2013-2014: Report designed for use in completing the Project Participant sections 5A and 5B of the Project Application.

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

**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)**

At the end of 2012, the CoC changed to a new more robust HMIS. The HMIS Lead and university partner worked on training users on using the new system. September 2013, the HMIS Lead started contracting with the university partner to act as the new HMIS system administrator when the old HMIS system administrator resigned.

The new HMIS system administrator has worked closely with CoC-funded users reviewing their data quality as they prepare their APR data. Users have cleaned their data and learned how to enter data into the system correctly. The HMIS system administrator has learned a lot during this process and has in turned trained non-CoC-funded users the information gleaned through this learning process.

The soon to be adopted HMIS Policies and Procedures Manual contains information on data completeness, data validity, and data monitoring and evaluation techniques the CoC will be using in the future.

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

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	Semi-Annually
* Using data for program management	Quarterly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

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)

On page 10 of the CoC HMIS Policies and Procedures Manual, the CoC discusses that 100% of the program entry dates and program exit dates must be complete for all clients served, and these must match the client hard copy files. Spot checking of data will be done at the annual review (p.2).

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: 04/04/2013

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				
Transitional Housing				
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)

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

Instructions:

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

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

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

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

not applicable

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

The service providers were emailed a survey prior to the PIT date. The survey instrument was developed by a researcher from a university, and has proven effective in previous years.

Providers were instructed to email the survey back to the PIT coordinator. Providers not returning the survey were contacted by email and later by phone. The PIT coordinator reviewed the information, compared to HMIS (when applicable), and made calls to verify questionable data. Once discrepancies were corrected, the results were reviewed by the steering committee. Only 2 of 13 providers did not participate in the 2013 PIT. Those agencies are not HUD-funded.

LORI: Describe HMIS method to check data.

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:**

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

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

not applicable

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

The survey instrument instructed providers to only report on individuals that were in the shelter the night of January 30, 2013. Service providers used their expertise, client records, and/or HMIS data to complete these two sections of the survey instrument. Providers were instructed to email the survey back to the PIT coordinator. Providers not returning the survey by due date were contacted by email and later by phone. The PIT coordinator reviewed the information, compared to HMIS (when applicable), and made telephone calls to verify questionable data. Once discrepancies were corrected, the results were reviewed by WCICCC's Steering Committee. Only 2 of 13 providers did not participate in the 2013 PIT. Those agencies are not HUD-funded.

Lori: describe each method

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 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)**

Most of the providers have several years' experience using the PIT survey instrument. Individuals new to the process are contacted by phone and the PIT coordinator trains them on the process. In addition, the survey is attached to an detailed instructions in an email.

Providers were instructed to email the survey back to the PIT coordinator. Providers not returning the survey by due date were contacted by email and later by phone. The PIT coordinator reviewed the information, compared to HMIS (when applicable), and made telephone calls to verify questionable data. Once discrepancies were corrected, the results were reviewed by WCICCC's Steering Committee. Only 2 of 13 providers chose not to participate in the 2013 PIT. Those agencies are not HUD-funded.

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: 04/04/2013

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)

Five unsheltered persons from three households were enumerated in the 2013 PIT. The 2011 unsheltered PIT revealed 23 persons in 11 households. The 2013 PIT was just adults whereas the 2011 PIT included children in the enumeration, five households had children in 2011. 2013 PIT was a approximately 6-10 degrees colder, and was a windy night which may have had some individuals seek shelter.

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 type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input 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)

The survey allows enumerators to collect unique identifiers from participants that reduce duplication. The interviewers have several years' experience using the survey, and are very familiar with it. The survey is attached to an email that gives detailed instructions, along with a university research to contact for assistance.

Due to the elusive nature of the rural unsheltered homeless, enumerators visit a subset of areas within the community known to be frequented by homeless individuals. Due to the harsh weather during January in IL, unsheltered homeless persons are rarely found outdoors during the PIT.

The service-based count yields a more informative picture of the unsheltered. Rural unsheltered homeless who seek shelter in outbuildings, barns, and vehicles during the PIT are often found during the service-based count.

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

Instructions:

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

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

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

not applicable

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

Instructions:

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

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

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

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

not applicable

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

Duplication in enumeration during the nighttime PIT count is avoided by collecting unique identifiers for each interviewed unsheltered individual. Those identifiers were the first letter of the individual's first name, the first two letters of the last name, the individual's date of birth or age, and gender. The combination of these identifiers is unique enough to identify each unsheltered individual without collecting identifying data. Along with coding the location where the data is collected in the large rural region the CoC covers on the night of collection.

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.		65	69	69
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	7	8	44	44
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		65	69	69
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	40	40

**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)**

All beds will be prioritized and available for the chronically homeless. If chronically homeless are not available, then the homeless will have access. Additional beds will be added due to reallocation of CoC funds, which will address years 2014 and 2015. The additional PSH beds will be created through reduction of line items in current supportive services budgets. The reduction is made possible by Medicaid expansion. Services previously provided by the project to families not being eligible for Medicaid will be reduced.

Within our CoC, all CoC-funded TH projects are reallocating funds to create additional PSH to address the issue of ending chronic homelessness in year 2014 and 2015.

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

The organizations operating programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-Community Action Agency.

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:	58		
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.	17		
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	79%		

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 population targeted by the CoC-funded PSH require long-term assistance due to the gap between current income and the cost of housing; the lack of treatment for disabling conditions; and in some instances domestic violence.

In addition to safe housing, supportive services are geared toward assisting tenants achieve stability and maximize tenant ability to live independently. Services include access to education/employment opportunities or access to mainstream benefits for those whose disabling conditions prohibit employment. Staff will assist tenants with accessing SSI, TANF, child support or veterans benefits. In addition, assistance with household budgeting, consumer education, nutrition and other daily living skills encourage independent living. Assistance in accessing medical and behavioral health services is provided. Depending on disabling conditions and tenant potential to maximize earned income, some families will remain in PSH for an unlimited amount of time. Some families with potential to maximize earned income will be assisted in obtaining permanent housing outside the PSH as they become financially self-sufficient and healthy enough to maintain housing.

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

The organizations operating programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-Community Action Agency.

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: 48

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?	42%		
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?	27%		

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	25	52.08	%
Unemployment Insurance	3	6.25	%
SSI	6	12.50	%

SSDI	0		%
Veteran's disability	0		%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	7	14.58	%
General Assistance	0		%
Retirement (Social Security)	0		%
Veteran's pension	0		%
Pension from former job	0		%
Child support	16	33.33	%
Alimony (Spousal support)	0		%
Other Source	0		%
No sources	8	16.67	%

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)

The CoC will strive to keep the high standards by linking clients to services via the collaborations we have with mainstream providers. But due to the uncertainty of state and federal programs, the CoC has no control on how participants' benefits may be cut. Our project will continue to use its established connection to mainstream and community-based resources to assist tenants income increases from non-employment sources. Specific types of assistance opportunities will be considered for the clients. Non-employment income from SSI, TANF, IDORS or IDMH may be a possibility and can be determined per clients meeting eligibility requirements. Participants will be expected to be actively engaged in services to work toward achieving their goals but participation in services will not be a condition of housing. The service plan will be reviewed monthly for needed adjustments. Completion of the service plan will be used to measure success. Data for participants in the project will be entered into our HMIS database to track outcomes.

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 participant's individual service plan will include increasing income. This will be accomplished through case management and goal assistance regarding developing and increasing employability skills and job maintenance. The housing programs make use of Workforce Investment Act programs and regularly networks with public benefit agencies to increase staff awareness of employability training and benefit programs. The programs also work with employers who are empathetic to program goals.

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

The organizations operating programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-Community Action Agency.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

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

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

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 48

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.	92%		

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	35	72.92 %
MEDICAID health insurance	37	77.08 %
MEDICARE health insurance	0	%
State children's health insurance	0	%
WIC	11	22.92 %

VA medical services	0		%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	9	18.75	%
Section 8, public housing, rental assistance	0		%
Other Source	0		%
No sources	4	8.33	%

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)

1000 characters
The CoC will strive to keep the high standards by linking clients to services via the collaborations we have with mainstream providers. But due to the uncertainty of state and federal programs, the CoC has no control on how participants benefits may be cut. At this point in time, it is expected that the goal of 60 percent of participants in CoC-funded projects obtain mainstream benefits at program exit. The Programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-CAA.

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

The organizations operating programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-Community Action Agency.

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

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 CoC programs receiving ESG funding for rapid re-housing provides case management and other essential services (rent, deposit, and/or utility payments) to rapidly re-house and stabilize homeless families in our service area. Case managers will link participants to mainstream services, if needed. Referrals will also be made.

Currently, and the near future, there are no plans for CoC-funded rapid re-housing projects. Due to the uncertainty of state's funding, the CoC anticipates serving fewer clients in the future with the state's resources.

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)

ESG funded organizations receiving RR

The organizations operating programs responsible for implementing and maintaining these activities are: MCS Community Services, Two Rivers Region Council of Public Officials and Western Illinois Regional Council-Community Action Agency.

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 large geographic area the CoC covers, 11 counties, with 3 large population hubs that individuals go to receive services, the CoC decided would best serve the local communities if it remained as flexible as possible. Therefore, the ESG providers follow the ESG guidelines from HUD on overall policies and procedures.

Please note, April 11, 2013 Steering Committee meeting, the CoC implemented a restriction for individuals and families receiving Rapid-Re-housing funds. WCICCC's ESG Programs must only serve individuals and families that have an annual income below 30% of AMI, whereas the HUD guidelines does not have this stipulation at program entry, but does at program re-certification.

The CoC does not have a policy on the amount of rent that each program participant must pay also.

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)

1000 characters

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)

ESG-funded RRH providers do a six-month follow-up after the end assistance with every household serviced to determine if participants are maintaining independent living and self-sufficiency. Households that received assistance are contacted by phone or letter. If contact cannot be made by the participant, the landlord is contacted to see participants are still housed.

Check other RRH providers for followup.

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)

The IL Dept. of Children and Family Services (DCFS) provides housing to youth who are wards of the state through many programs until the youth's 21st birthday. These programs include traditional foster care placement, Independent Living Programs, Transitional Living Programs and other residential programs. Wards who are enrolled in the Youth in College program prior to their 21st birthday can continue to receive a payment while they are enrolled in a college or employment training program that can help with housing payments up until their 23rd birthday. The goals of all of these programs include preparing the youth to transition to adulthood. DCFS also has a Youth Housing Assistance Program (YHAP) which provides housing advocacy and cash assistance to young people ages 18 to 21.

The youth are not discharged into homelessness or into housing which is McKinney-Vento funded housing. Youth also go directly into market-rate housing or subsidized housing in the region.

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 local-level DCFS case managers refer youth to DCFS' Youth Housing Assistance Program (YHAP) six months before emancipation if they are in need of housing services. DCFS has local-level offices in Beardstown, Jacksonville, Macomb, and Quincy.

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

Instructions:

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

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

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

Joint Commission on Accreditation of Healthcare Organizations certification.

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)

All three hospitals, in the region, are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This certification requires that the hospital social work staff ensure that no persons are discharged into homelessness and ensure continuity of health care. Staff from the local health care facilities participate in CoC through the local interagency council meetings where they are regularly informed of housing resources available to patients.

Clients needing housing placement are not discharged into homelessness or into housing which is McKinney-Vento funded. Clients are discharged into sheltered situations with friends or family.

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

The following health care systems adhere to the general protocols: McDonough District Hospital (Macomb, IL), Blessing Hospital (Quincy, IL), and Passavant Area Hospital(Jacksonville, IL).

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)

In 2005, the IL Dept. of Human Services' Division of Mental Health (DMH) established a Continuity of Care Agreement that outlines the protocol for placement into & discharge from state mental health facility. There are no state facilities located in the CoC's region.

In regard to local mental health care facilities, planning for discharge is started at initial assessment. Discharge criteria are based on each individual. Once the outreach plan is in place, a discharge form is completed which includes diagnosis information, treatment, goals, current status, reason for discharge, aftercare plan, and prognosis.

Staff from the local mental health care facilities participates in the CoC through the local interagency council meetings where they are regularly are informed of housing resources available to patients. Clients needing housing placement are not discharged into homelessness or into housing which is McKinney-Vento funded. Placement options include residential treatment facilities, permanent housing, or discharged into sheltered situations with friends or family.

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

The following mental health care systems follow these general protocols: Transitions of Western Illinois (Quincy,IL), Bridgeway (Macomb, IL), Mental Health Center of Central Illinois(Jacksonville, IL).

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)

The IL Dept. of Corrections (IDOC) implemented its protocol in 2002. It is governed by the IL Administrative Code. The protocol requires IDOC not to discharge inmates from a correctional institution into homelessness. Section 470.40 of the protocol states: "A release plan shall be developed and approved for each offender prior to release. The approved plan shall include the address where the released offender will reside and may address such things as drug or alcohol counseling or treatment, education, employment, and medical or mental health needs." The intent is to assure IDOC officials of a stable residence and services.

Prisoners are not discharged into homelessness or into housing which is McKinney-Vento funded. Prisoners regularly released to family, friends, group homes or halfway houses. Two non-McKinney-Vento funded transitional housing programs will take certain parolees – New Start Rescue Mission (Quincy, IL) takes male parolees and The Well House (Quincy, IL) takes female parolees.

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)

Section 470.70 and 470.80 provide for supervision and services for released persons. These sections are designed to assure that releases are followed up by parole officers as well as contracted providers. These steps also lessen the chances that released prisoners will fall into homelessness soon after release from incarceration. Local correction officers carry out the protocols developed. The following correctional systems follow these protocols: Court Services (Quincy, IL), Court Services (Macomb, IL), Court Services (Jacksonville, IL), and Court Service (Monmouth, IL).

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)

WCICCC falls under the state's consolidated plan. Examples of efforts that the state is pursuing that are consistent with WCICCC's goals include: 1. facilitate development of supportive housing for households with special needs; 2. development and preservation of affordable housing and eliminate/remove barriers to affordable housing; 3. efforts to address obstacles to meeting underserved needs; 4. anti-poverty strategies; 5. work with public housing authorities; and 6. Discharge coordination policies.

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

The CoC receives its ESG funding through the Illinois Department of Commerce and Economic Opportunity (DCEO). DCEO started the process off with a statewide meeting in Springfield. The DCEO Program Manager is very helpful when emailed or phoned with questions.

When DCEO informs the CoC the amount of funding available, an email is sent to organizations that received the funding the past year along with organizations that the CoC feels would help reach as many of the homeless as possible, including underserved areas. The email asks for them to indicate if they would like to receive the pre-proposal. The evaluation team reviews and ranks proposals. Lead applicants and subcontracting are used to provide funding to as many providers as possible in the region.

The CoC has an Emergency Solutions Grant Guidebook. The Guidebook is updated on an annual basis. One section of the Guidebook is on performance measures. The areas that the programs will be evaluated on in upcoming grants are similar to CoC programs with lower thresholds, such as exits to PH, employment at exit, and obtaining mainstream benefits.

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

The 2013 ESG funds in the CoC region are distributed to four providers. Two of the providers are acting as lead applicants and subcontracting the funds out to three other providers so the CoC can distribute the funds to as many providers as possible since the Illinois Department of Commerce and Economic Opportunity (DCEO) limits the minimum contract to \$25,000. In the CoC's region, 17% of the funds go to rapid re-housing and 12% to homeless prevention.

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)

Referral resources continue to expand within this CoC's geographic areas. Through this expansion of available services such as churches, the focus continues to be on reducing the number of those who are homeless. This has become a very targeted issue in this region with many collaborations to attempt to address.

CoC-funded program staff are also involved in various committees and boards in the region that represent faith-based agencies and other private funds sources. When individuals and families present themselves to these groups facing crisis situation, the networked organizations are able to connect them to the best option and divert to divert families from shelter.

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)

Examples from Steering Committee members include:

A community action agency (CAA) representing four counties, owns one transitional house and leases another specifically available to individuals and families who are homeless. These two homes are made possible by private investment in addition to state funding which assists in the support of both units. The entity also uses state funding for their CoC-funded units.

Another CAA representing three counties and has a 15 member Governing Board made up of elected public officials, 5 representatives of the low-income population, and 5 representatives of the private sector from within their area. Staff serve on committees, attend training and community activities, and participate in the local referral network.

The YWCA, also the CoC Collaborative Applicant, has numerous MOUs with PHAs, DV shelters, ESG-funded shelters, & providers in the region. They are actively engaged in the state's consolidated planning process. There is a staff person from IL DHS serving on a committee that participates in the planning and evaluation of their PSH projects.

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 PHAs are invited participants at Continuum meetings and when there are homeless consortium meetings. The PHAs are at the table and are key resources in the efforts to end and prevent homelessness.

In addition, PHAs are frequently asked to be references for clients trying to obtain public housing as well as giving references for our successful participants in our housing projects who are ready to be transitioned into public housing.

In the near future, staff from the local PHA will serve on our CoC governance body. The local PHA and our providers serve together on local committee and interagency councils. One of our CoC-funded PSH providers has a MOU with their PHA to work together to place homeless individuals and families in permanent housing solutions.

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 investigate this year the barriers that CoC and ESG-funded programs may have and efforts will be made to address the issues.

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 only has one PSH provider. The PSH provider utilizes a Housing First delivery of service method that removes barriers and focuses on housing the homeless first and introducing voluntary services after the family is stabilized. Tenants sign a sublease agreement with full rights and obligations of tenancy. Participation in services is voluntary and not a condition of tenancy. Staff work to build relationships with tenants, particularly those who need support in maintaining their housing. Each tenant is provided safe, accessible housing in close proximity to amenities that they will need. The projects are scattered sites that accommodate families with children and families are able to integrate into their neighborhoods. Most leased units are single family homes. Our projects never have more than two units in one dwelling, thus never treating tenants like they are in residential treatment programs. Tenants are allowed to make the home their own with personal belongings and furnishings.

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 future coordinated assessment will utilize the HMIS and a “no wrong door” approach so regardless of where or how a homeless enters the system, the resources that best meet their unique needs can be identified and can easily be referred to that resource. The assessment is a two-tiered screening process that involves an initial screening and comprehensive screening. Initial screening is used to identify immediate needs and to screen for prevention/diversion and general eligibility. Part of the screening process is utilizing a matrix that allows outreach and shelter staff to quickly identify which programs in the CoC the homeless are eligible for. Later, if the individual/family needs services beyond the provider conducting the initial screening, a referral is made to the appropriate provider and a comprehensive assessment is conducted to identify eligibility, needs and strengths. Since most of the data has already been entered through the initial screening, the provider conducting the comprehensive screening only needs limited additional information to complete the intake process.

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)

News releases, public service announcements and presentations to civic organizations are the standard for getting the word out. This in addition to regular participation with interagency councils and informing what services are available. This region’s collaborative efforts along with other providers has minimized the need for special outreach services to those in need. The largest population hub also has a program with outreach staff that goes on-site to soup kitchens, community centers and other non-service provider locations to reach homeless individuals and families.

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)

The Regional Office of Education #26 - Hancock/McDonough provides McKinney-Vento services to all Area 3 schools. Each ROE within the area works collaboratively with ROE 26 to ensure the enrollment and provision of services, for homeless children and youth. They see that each district follows federal and state law, naming a homeless local educational agency liaison, to identify and provide coordinated sources. They provide professional development and technical assistance, monitor district compliance with the law and arbitrate any dispute hearings.

In addition, the CoC has asked its HUD CoC funded agencies to add a performance measure to their programs that examines the number of school-aged children enrolled in school within 72 hours of entering their program.

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 homeless service providers work with the clients to enroll their children in school and to inform them about their youths' educational rights which includes the right to continue to attend the school the child attended prior to entering the shelter's program. The homeless service providers regularly provide the local education authorities with household information when a client enters their program with school-age children. Homeless service providers work closely with the school of origin for the children in their program to advocate for services. Case managers accompany families to meetings with school personnel, including individualized education program (IEP) meetings.

The CoC and Regional Office of Education (ROE) coordinate an annual meeting of homeless service providers and school district homeless liaisons, including inviting a head start/early head start provider. ROE staff and homeless liaisons regularly attend the CoC meetings. Area 3 ROE also distributes a monthly newsletter that is shared with service providers in the region.

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)

There is a verbal agreement that shelters providing housing will work to maintain the integrity of the family. It is never the intent to separate families in the sheltering process and all efforts are made to ensure placement as a whole. In the situations when families are turned away from shelters due to family size or no vacancy, the shelter can make a referral to CoC-funded programs stating their reason for turning away a family. The CoC-funded program then can seek a waiver in regards to the mandates participants come from shelter. Coming into supportive housing allows the family to stay together.

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 HMIS system the CoC started using at the end of 2012 has a report that allows the CoC to see what the recidivism rate is for our region. Between 7/1/2012 and 6/30/2013, 42 of 490 persons re-entered the homeless system or 8.6%.

Many programs do follow-up on clients and use that as a way to monitor returns homelessness also. The ESG-funded RRH providers do a six-month follow-up on their clients when they exit. In addition, CoC's HMIS is an open system and the way the software is set up the case manager would be able to see that the client had previous services with homeless service providers in the region.

The CoC's providers work closely with their clients to develop a service plan to help them achieve independent living and minimize returns to homelessness.

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

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

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? Yes

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)

This CoC was not affected in its ability to provide services to those who were homeless. The agency did work with IL Dept of Human Services to get a waiver for its homeless rent assistance program in order to provide shelter to those displaced and impacted by this event. Rather than negatively being impacted, this program was positively proactive in providing the essential shelter services to those who were made homeless and in need of placement.

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

Instructions:

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

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

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

The CoC-funded providers prioritized services to those who are chronically homeless if a unit is available when referred/presented. Veterans have been given priority although the requests by those having served in the military have been few over the years. The primary emphasis based upon demand has been for families with children. The CoC-funded organization targeted homeless populations with the most barriers to housing, such as disabling conditions, domestic violence, criminal backgrounds, poor credit history, individuals that experience lack of education, are under or unemployed and experience domestic violence. Ending homelessness across all spectrums continues to be a goal of this Continuum. This is accomplished by continued collaborations and networking with all level of service providers and has been the ongoing intent to eliminate homelessness across the region.

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

The first priority is to place a family with children in safe and adequate housing. Next, work begins on the barriers that have impacted the family and working to eliminate those in order for the family to be self sufficient and find permanent housing. Case management with a variety of supportive services including job training, educational stipends, mental health counseling, etc. will continue to be available to those who enter programs. The outreach plan to target families includes: disseminate information to clients during scheduled appointments for other programs, including food stamps, energy assistance or other related housing assistance available; prepare flyers and place in relevant location; prepare news releases to area newspapers and radio stations; and monthly reports to interagency council regarding the program.

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)

Domestic violence providers are active members of the CoC. There are three domestic violence programs in the CoC's area and two of them have a shelter. One of the providers is a member of the CoC's Steering Committee. The other two programs in the region are recipients of ESG funds.

Incorporate QUANADA and Crisis Center's responses into this response.

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)

The service providers in the CoC can only provide services to youth aged 16-17 if they are emancipated. Youth aged 18-24 are treated as an adult would be and are eligible for emergency rent assistance if available and other homeless assistance programs.

Transitions of Western Illinois has a Homeless Youth Transitional Living Program that is funded by the Illinois Department of Human Services. The Homeless Youth Transitional Living Program provides housing and transitional living services for up to 24 months to youth ages 18 – 20. The goals of the program are to transition youth from homelessness to self-sufficient living; and/or to reunify the youth with his/her family, when 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)

The outreach plan to target persons who routinely sleep on the streets or in other places not meant for human habitation includes: working with local law enforcement regarding program services for unsheltered homeless; MOUs between providers and local hospitals; prepare program flyers and place in relevant locations such as Public Health Department buildings, Family and Community Resource Center waiting areas, and other related social service agencies in the region which includes details on program eligibility and access; prepare news releases for distribution to area newspapers regarding the program; prepare public service announcements for distribution to area radio stations; report monthly to interagency councils regarding the program, including hospital and other social service agencies.

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)

The homeless service providers within the CoC work and meet with local Dept. of Veterans Affairs field offices which advise to the availability of veteran services. In addition, the providers work with the veterans' educational groups when clients attend community college or university program. As for housing, if current resources are not available, the Community Action Agencies in the region would utilize their emergency CSBG funding to get them into safe housing and link them up with the veterans' assistance organizations.

The CoC is partnering with the Iowa City VA and the St Louis VA to give homeless veterans access to medical care and resources. As of right now, there are no Grant Per Diems or HUD VASH vouchers in our CoC area but there are some in neighboring CoC's.

This past year, representatives from the Health Care for Homeless Veterans, Veterans Justice Outreach Coordinator, VA Homeless Outreach Center in Rock Island and Health Care for Homeless Veterans, St. Louis VA Medical Center regularly attend the CoC conference calls.

3E. Reallocation

Instructions:

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

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

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

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

not applicable

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

3F. Reallocation - Grant(s) Eliminated

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

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$268,926				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Transitional Supp...	IL0349L5T191205	TH	\$138,026	Regular
Morgan County Tra...	IL0346L5T191205	TH	\$75,994	Regular
Transitional Hous...	IL0347L5T191204	TH	\$54,906	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: Transitional Supportive Housing A
Grant Number of Eliminated Project: IL0349L5T191205
Eliminated Project Component Type: TH
Eliminated Project Annual Renewal Amount: \$138,026

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

The CoC determined that all CoC-funded TH projects should be reallocated to PSH to ensure achievement of the CoC goals to end chronic homelessness in 5 years; prevent and end homelessness for families, youth, and children by 2020; and continuing to end all types of homelessness.

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: Morgan County Transitional Housing Program
Grant Number of Eliminated Project: IL0346L5T191205
Eliminated Project Component Type: TH
Eliminated Project Annual Renewal Amount: \$75,994

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

The CoC determined that all CoC-funded TH projects should be reallocated to PSH to ensure achievement of the CoC goals to end chronic homelessness in 5 years; prevent and end homelessness for families, youth, and children by 2020; and continuing to end all types of homelessness.

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: Transitional Housing Homeless Assistance Program

Grant Number of Eliminated Project: IL0347L5T191204

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$54,906

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

The CoC determined that all CoC-funded TH projects should be reallocated to PSH to ensure achievement of the CoC goals to end chronic homelessness in 5 years; prevent and end homelessness for families, youth, and children by 2020; and continuing to end all types of homelessness.

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)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

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)

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
This list contains no items				

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):	\$268,926
Amount requested for new project(s):	
Remaining Reallocation Balance:	\$268,926

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)

While not having a specific monitoring process or tool in place, the CoC meets on a regular basis and an agenda item is always a discussion with the grant recipients in terms of program progress. This is how performance has been historically monitored in addition to review of APRs for attaining numbers. The CoC also utilizes the PIT to monitor performance in regard to reducing homelessness.

The FY2012 CoC Planning grant included a component to develop a monitoring plan for CoC and ESG-funding organizations. The CoC was successful in receiving the Planning Grant, therefore a monitoring plan will be developed this year.

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

Problem solving/deficiency discussions are held when necessary and a team approach to solving issues is the mode of operation for the CoC. Any goal deficiencies are discussed early on and how to address and make improvements are suggested.

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

As stated above, having a team approach in place has resulted in a ready process to assist any poor performers. The poor performance, based on the above objectives, has been mostly based on clients not following program rules. Other poor performance problems have not been an issue heretofore however, it is expected that the current process that is in place is sound to address any deficiencies in the event they arise.

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

Providers are working closely with area health departments to refer and assist clients in the enrollment process. Many of the homeless providers are becoming certified to provide enrollment services at their offices.

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)

Providers have worked strategically to increase the number of PSH beds in our region to reduce the number of individuals and families that return to homelessness. Some high-need families require ongoing subsidies coupled with intensive support to maintain permanent housing. For these families a Housing First approach, stabilizing their living situation, allows them to focus on the conditions which led to their homelessness such as substance abuse and mental health issues.

Working with clients through the case management process and eliminating individual barriers has been met with great success thus far. Not all families require subsidies indefinitely and through case management and supportive services those families are assisted to maximize their earned income potential through education and employment opportunities. No family is expected to leave the PSH until they have achieved a level of self-sufficiency to sustain permanent housing outside the PSH. For some families, mainstream benefits coupled with PSH are the only permanent housing option. Particularly persons with disabilities who have children with disabilities need ongoing assistance to live independently.

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)

Through the network of providers, social service entities, faith-based and other charitable organizations, the information and outreach mechanism has flourished for availability of homeless services through this Continuum. Additionally, staffs routinely make presentations to a variety of civic and faith-based organizations specifically to discuss homeless issues and the availability of services throughout the Continuum region. This has resulted in referrals through the knowledge of services.

One of the CoC-funded projects has an outreach worker to assist families referred by shelters and self-referrals. This outreach provides navigation of the supportive housing programs. The outreach worker guides and assists families through the eligibility process by advocating for them to obtain the necessary documentation to be considered for their program. The outreach worker also provides guidance to link referrals to other resources when no vacancy is available in their program.

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: None of the above

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.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	90%
* 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: 11/22/2013

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)

Providers are working closely with area health departments to refer and assist clients in the enrollment process. Outreach is provided through information provided on the agency’s website and through several presentations and publications available and being distributed by staff.

**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 Affordable Care Act (ACA) will incr. coverage for the homeless population that the CoC serves. Clients will have access to care not previously covered under Medicaid. Because participants are living at or below poverty and already qualify for Medicaid, this will only slightly reduce the need for programs to pay for healthcare related services. However, the region has a limited number of providers and the intensity of treatment that the CoC's special needs population requires will not be sufficient to meet their needs. The CoC anticipate that a move from services covered by the CoC programs for supportive services to services covered by Medicaid or other healthcare insurance will be gradual. Until regional healthcare, behavioral healthcare and substance abuse treatment centers can keep up with demand, supportive services provided by CoC projects will be necessary to ensure participants remain housed.

In this year's competition the programs are reallocating a portion of funds earmarked for supportive services to leasing to incr. the number of beds in PSH. This was done in anticipation of services being provided by other community-based providers.

Attachments

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/18/2014
1C. Committees	01/19/2014
1D. Project Review	01/20/2014
1E. Housing Inventory	01/18/2014
2A. HMIS Implementation	01/20/2014
2B. HMIS Funding Sources	Please Complete
2C. HMIS Beds	Please Complete
2D. HMIS Data Quality	01/20/2014
2E. HMIS Data Usage	01/18/2014
2F. HMIS Policies and Procedures	01/20/2014
2G. Sheltered PIT	Please Complete
2H. Sheltered Data - Methods	01/18/2014
2I. Sheltered Data - Collection	01/18/2014
2J. Sheltered Data - Quality	01/18/2014
2K. Unsheltered PIT	01/18/2014
2L. Unsheltered Data - Methods	01/18/2014
2M. Unsheltered Data - Coverage	01/18/2014
2N. Unsheltered Data - Quality	01/18/2014
Objective 1	01/20/2014
Objective 2	Please Complete
Objective 3	Please Complete
Objective 4	Please Complete
Objective 5	Please Complete
3B. CoC Discharge Planning: Foster Care	01/18/2014
3B. CoC Discharge Planning: Health Care	01/18/2014

3B. CoC Discharge Planning: Mental Health	01/18/2014
3B. CoC Discharge Planning: Corrections	01/18/2014
3C. CoC Coordination	01/20/2014
3D. Strategic Plan Goals	01/20/2014
3E. Reallocation	01/18/2014
3F. Grant(s) Eliminated	01/20/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	Please Complete
3I. Balance Summary	No Input Required
4A. Project Performance	01/20/2014
4B. Employment Policy	01/18/2014
4C. Resources	01/20/2014
Attachments	Please Complete
Submission Summary	No Input Required

Notes:

3H. New Project(s) list must include at least 1 item(s).