

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; Shelter Providers
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.
Project ranking was announced at Jan. 9, 2014 Steering Committee meeting. Meeting minutes with results were emailed to 68 individuals on distribution list 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. 01/20/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted? 01/20/2014

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	\$29,093
ESG	\$5,599
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$34,692

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	\$0
State	\$3,732
State and Local - Total Amount	\$3,732

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$1,225
Organization	\$11,565
Private - Total Amount	\$12,790

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$4,556
Other - Total Amount	\$4,556

2B-3.6 Total Budget for Operating Year	\$55,770
---	-----------------

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	Housing type does not exist in CoC
* Transitional Housing (TH) beds	51-64%
* Rapid Re-Housing (RRH) beds	76-85%
* 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)

The CoC is below 64% in two categories – emergency shelters and transitional housing beds. This upcoming year, the CoC plans to work with Two Rivers Regional Council (TRRC) to get them on the HMIS system, which will improve the coverage for emergency shelters. Currently, emergency shelters is at 31%.

As for transitional housing bed coverage, the CoC will be going backwards on coverage when three of our HUD-funded providers use the reallocation process to turn their projects into permanent supportive housing projects. If the numbers stay where they are today, we will go from 56% coverage to 40% coverage. The CoC will work to demonstrate the new system to service providers to try to increase the participation rate. As an incentive to smaller organizations, with limited funds, the CoC offers free use of the system.

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)

In last year's application, the CoC indicated it was upgrading to a new HMIS system. The move has been very positive, but it was more time-consuming in training providers than originally planned. And also during this year of transition, the CoC lost the HMIS system administrator.

Even with the obstacles it faced over the past year, the CoC is happy to report that it was able to gain a new provider on the system that operates two transitional housing shelters. With this addition, the transitional housing beds increase from the 0-50% bracket to the next bracket by increasing to 56%!

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	10
Transitional Housing	7
Safe Haven	0
Permanent Supportive Housing	21
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	0%
Social security number	9%
Date of birth	0%
Ethnicity	3%
Race	3%
Gender	0%
Veteran status	3%
Disabling condition	3%
Residence prior to program entry	3%
Zip Code of last permanent address	3%
Housing status	3%
Head of household	0%

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 CoC-specific 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	0%	87%	0%	33%
Transitional Housing	0%	86%	0%	43%
Safe Havens	0%	0%	0%	0%

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)

The 2013 PIT sheltered count resulted in 87% of the providers responding to the PIT survey. Two providers didn't respond to the survey.

Overall, there were fewer people in emergency shelters in 2013, dropping from 59 people in 2012 to 48 in 2013. Transitional housing also showed a decline, going from 90 individuals in 2012 to 80 in 2013.

These seem to show a decline, but more than likely are no change. This is due to the fact that the one provider that didn't return the survey has a bed capacity of 10. And they are usually at capacity during the time of the annual PIT.

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 researcher. The researcher reviewed the information and made calls to verify questionable data. The HMIS software that the CoC uses has a report that can be pulled that shows what is in the HMIS system. Providers are given a date that they need to have their information in the HMIS following the PIT. The PIT survey and HMIS report are compared. 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.

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 type="checkbox"/>
Non-HMIS client level information:	<input 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. The HMIS software that the CoC uses has a report that can be pulled that shows what is in the HMIS system. Providers are given a date that they need to have their information in the HMIS following the PIT. The PIT survey and HMIS report are compared. The university researcher reviewed the information and made 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.

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 university researcher 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 researcher. Providers not returning the survey by due date were contacted by email and later by phone. The researcher 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:	X
Public places count with interviews on the night of the count:	
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	
Other:	

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 Illinois, 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.		54	67	67
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	7	8	36	36
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		5	6	6
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?		40	0	0

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)**

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	66	98
3A-2.2b Enter the total number of participants that remain in CoC-funded 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.	46	53	78
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	79%	80%	80%

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%	25%	25%
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%	25%	25%

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%	60%	60%

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	0		%
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)

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.

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	0	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	4	4
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	5	5

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. In FY13, 9 families were assisted with rapid re-housing funds. ESG funding to the region was cut by 47% between 2013 and 2014, so the CoC estimates to serve around half that many households in 2014.

Currently, 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 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 rapid re-housing funds are: MCS Community Services, Crisis Center Foundation, QUANADA, and Two Rivers Regional Council of Public Officials.

The Illinois DHS's Homeless Prevention funds, that are similar to rapid re-housing funds are received by: 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 the best way to serve the local communities was to keep the funding flexible as possible. Therefore, the ESG providers follow the ESG guidelines from HUD on overall policies and procedures.

Except for one exception. On 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)**

One of the performance measures the ESG-funded rapid re-housing providers needs to meet is to provide, at the minimum, monthly case management meetings with their clients. The CoC target is 100%. This performance measure is documented in the CoC's Emergency Solutions (ESG) Guidebook. Providers also need to record meetings in the HMIS. Most providers meet more than monthly with their clients.

**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 rapid re-housing 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.

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)**

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. This enables the CoC to 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 (\$26,044) go to rapid re-housing and 12% (\$17,815) 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 the issue.

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 a crisis situation, the networked organizations are able to connect them to the best option and 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 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 get into our CoC programs. In some cases, clients that are kicked out of public housing are given a second chance after successfully completing the CoC program.

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)

This year, the CoC will investigate 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 has two PSH providers. Both PSH providers utilize 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 this allows families to be integrated 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. Regardless of where or how a homeless individual/family enters the system, the resources that best meet their unique needs can be identified and easily referred to that resource. The assessment is a two-tiered screening process that involves an initial screening and comprehensive screening. The 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 which allows outreach and shelter staff to quickly identify which programs in the CoC the homeless are eligible. 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. Active outreach efforts are provided in neighborhoods and through institutions having substantial proportions of special service groups. Systematic contacts are maintained with minority and human relations organizations, leaders, and spokespersons to encourage referral of special service group clients. Current clients are encouraged to refer minority, protected class, and special service group applicants. This is 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 can then seek a waiver regarding the mandates when participants come from shelter. Coming into supportive housing allows the family to stay together. The current PSH projects provide 2 to 4 bedroom units to accommodate family size. This region also receives ESG funding. If a shelter could not accommodate a family, then hotel vouchers would be used to keep the family 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, 36 of 476 persons re-entered the homeless system or 7.6%.

Many programs do follow-up on clients and use that as a way to monitor returns to homelessness also. The ESG-funded rapid re-housing providers do a six-month follow-up on their clients when they exit. In addition, CoC's HMIS is an open system. 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 levels 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 to enable 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 with one agency administering a domestic violence program and is also a CoC funded agency. There are three domestic violence service providers in the CoC's region, with offices located in six communities and two operate emergency shelters. One of the providers is a member of the CoC's Steering Committee. Two providers with emergency shelters are recipients of ESG funds.

Services vary by provider, but generally include: crisis intervention hotline, counseling, court/other advocacy, medical assistance, housing advocacy, transportation, child care, life skills, employment and education assistance. Outreach services are offered to clients after leaving shelter.

Funding sources include: Illinois Department of Human Services, Attorney General, United Way, Illinois Criminal Justice and Information Authority, Victim of Crime Act money through Illinois Coalition Against Domestic Violence, Illinois Department of Commerce and Economic Opportunity – Emergency Solutions Grant, Mary Kay Grant.

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)

Most service providers in the CoC can only provide services to youth aged 16-17 if they are emancipated. Youth ages 18-24 are treated as adults and are eligible for 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.

Midwest Youth Services (MYS) is local service provider for at-risk, runaway and homeless youth, ages 9-18. MYS receives support from private donations, grants, and United Way as well as state and federal grants. Services provided by MYS include crisis intervention, mediation, emergency shelter, getting dropouts or truants back in school, arranging for tutoring, mentoring, medical, dental and mental health needs, social support and counseling.

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)

\$268,926				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
2	YWCA of Quin...	PH	\$143,002	Regular
3	2013 WIRC-CA...	PH	\$54,906	Regular
4	MCS-2 Perman...	PH	\$71,018	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 2
Proposed New Project Name: YWCA of Quincy - Permanent Supportive Housing A
Component Type: PH
Amount Requested for New Project: \$143,002

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 3
Proposed New Project Name: 2013 WIRC-CAA PH
Component Type: PH
Amount Requested for New Project: \$54,906

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 4
Proposed New Project Name: MCS-2 Permanent Supportive Housing Program
Component Type: PH
Amount Requested for New Project: \$71,018

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):	\$268,926
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

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

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

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. The CoC Planning funds only became available late December 2013.

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)

Three of the CoC-funded transitional housing programs are taking advantage of the reallocation process and changing their programs from transitional housing to permanent supportive housing which will significantly reduce the length of time the individuals and families will be homeless.

In addition, through the CoC's coordinated assessment being developed, every effort will be made to divert individuals from shelters or shorten their stay in shelters.

**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 and other certified service providers to refer and assist clients in the enrollment process. Many of the homeless providers are becoming certified to provide enrollment services at their offices.

**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 ACA will increase 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 increase 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	IL519 2991 Certif...	01/31/2014
CoC Governance Agreement	No	IL519 WCI CoC Gov...	01/25/2014
CoC-HMIS Governance Agreement	No	IL519 HMIS Policy	01/29/2014
CoC Rating and Review Document	No	IL519 Rating and ...	01/25/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	IL519 FY2013_Fina...	01/25/2014
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: IL519 2991 Certificate of Consistency

Attachment Details

Document Description: IL519 WCI CoC Governance Charter

Attachment Details

Document Description: IL519 HMIS Policy

Attachment Details

Document Description: IL519 Rating and Review Document

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: IL519 FY2013_FinalGIW_IL519

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	01/24/2014	
1C. Committees	01/30/2014	
1D. Project Review	01/31/2014	
1E. Housing Inventory	01/24/2014	
2A. HMIS Implementation	01/30/2014	
2B. HMIS Funding Sources	01/31/2014	
2C. HMIS Beds	01/30/2014	
2D. HMIS Data Quality	01/31/2014	
2E. HMIS Data Usage	01/24/2014	
2F. HMIS Policies and Procedures	01/24/2014	
2G. Sheltered PIT	01/26/2014	
2H. Sheltered Data - Methods	01/31/2014	
2I. Sheltered Data - Collection	01/31/2014	
2J. Sheltered Data - Quality	01/31/2014	
2K. Unsheltered PIT	01/24/2014	
2L. Unsheltered Data - Methods	01/31/2014	
2M. Unsheltered Data - Coverage	01/24/2014	
2N. Unsheltered Data - Quality	01/24/2014	
Objective 1	01/30/2014	
Objective 2	01/29/2014	
Objective 3	01/25/2014	
Objective 4	01/25/2014	
Objective 5	01/31/2014	
3B. CoC Discharge Planning: Foster Care	01/24/2014	
3B. CoC Discharge Planning: Health Care	01/24/2014	
FY2013 CoC Application	Page 72	01/31/2014

3B. CoC Discharge Planning: Mental Health	01/24/2014
3B. CoC Discharge Planning: Corrections	01/31/2014
3C. CoC Coordination	01/31/2014
3D. Strategic Plan Goals	01/31/2014
3E. Reallocation	01/24/2014
3F. Grant(s) Eliminated	01/24/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	01/25/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/25/2014
4B. Employment Policy	01/24/2014
4C. Resources	01/25/2014
Attachments	01/31/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: West Central Illinois Continuum of Care

Project Name: See attached list.

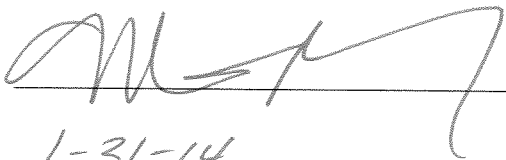
Location of the Project: Scattered sites in: Adams, Brown, Cass, Hancock, Henderson, Morgan,
McDonough, Pike, Schuyler, Scott, and Warren Counties

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: State of Illinois

Certifying Official of the Jurisdiction Name: Mary R. Kenney

Title: Executive Director, Illinois Housing Development Authority

Signature: 
Date: 1-31-14

West Central Illinois Continuum of Care Project Application List for Certification of Consistency with the Consolidated Plan for the State of Illinois				
Project Application				
Name	Location	Geography Served (ie city, county(ies))	HUD CoC Program Component (PH, TH, SSO, SH, HMIS, CoC Planning)	New/Renewal
2013 WIRC-CAA PH	Scattered sites in Macomb (McDonough County): 1807 New Burlington Road; 439 & 444 River Run Drive	Hancock, Henderson, Warren , and McDonough Counties.	PH	New
MCS Permanent Supportive Housing Program	Scattered sites in Jacksonville (Morgan County): 616 W. College, Apt. 4 and 800 Illinois Avenue, Apt. 34 & 43	Morgan County, Cass, and Schuyler Counties.	PH	Renewal
MCS-2 Permanent Supportive Housing Program	Scattered sites in Jacksonville (Morgan County): 323 E. College, 412 SW Street and 800 Illinois Avenue, Apt. 30, 31 & 38	Morgan County, Cass, and Schuyler Counties.	PH	New
YWCA of Quincy - Permanent Supportive Housing A	Scattered sites in Quincy (Adams County): 1607 Center Avenue, 1135 N. Tenth Street, 403, 409 & 701 Lind Street	Adams, Brown, Cass, Hancock, Henderson, Morgan, McDonough, Pike, Schuyler, Scott, and Warren Counties.	PH	New
YWCA of Quincy - Permanent Supportive Housing B	Scattered sites in Quincy (Adams County) : 1121, 1121 1/2, 1125, 1127 1309 Ohio; 1135 Washington St.; 914 North Fourth; 1037, 1039 & 1211 S. 12th; 1036 Jefferson St; 1238 North Eighth	Adams, Brown, Cass, Hancock, Henderson, Morgan, McDonough, Pike, Schuyler, Scott, and Warren Counties.	PH	Renewal
YWCA of Quincy - Permanent Supportive Housing D	Scattered sites in Quincy (Adams County): 1300 N. 5th, Unit A; 1300 N. 5th, Unit B	Adams, Brown, Cass, Hancock, Henderson, Morgan, McDonough, Pike, Schuyler, Scott, and Warren Counties.	PH	Renewal

West Central Illinois Continuum of Care Consortium Governance Charter¹

I. Overview

A. Governance Charter Purpose

This document sets forth:

- Guiding principles of membership and participation in the West Central Illinois Continuum of Care Consortium (the Continuum)²
- Responsibilities³ delegated by the Continuum to its Council (WCI Homeless Assistance Council), committees, and agents
- Provisions for Continuum governance through the Council and key policies and processes

B. Contents

The sections of this Charter are as follow:

- I. Overview
- II. The Continuum of Care
- III. WCI Homeless Assistance Council
- IV. Committees, Working Groups & Task Forces
- V. Continuum Policies
- VI. Appointed Entities
- VII. General Provisions

¹ A draft version of the Indianapolis Continuum of Care Governance Charter was used as a starting point in creating this document for West Central Illinois Continuum of Care Consortium, available at <http://indycoc.org/>.

² This Continuum of Care "IL 519" as designated by HUD. WCI Homeless Assistance council includes eleven counties in west central Illinois, in the counties of: Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott, and Warren counties.

³ See Appendix A for Responsibilities of the Continuum defined by Interim Rule 24 CFR §578.7 located at end of charter.

C. Acronyms

Acronyms used in this document:

- CAA Community Action Agency
- CFR Code of Federal Regulations
- CoC Continuum of Care
- CSH Corporation for Supportive Housing
- DCEO Department of Commerce and Economic Opportunity
- DHS Department of Human Services (formerly known as Public Aid)
- ESG Emergency Solutions Grants
- HAIL Housing Action Illinois
- HMIS Homeless Management Information System
- HPC High-Performing Community
- HUD U.S. Department of Housing and Urban Development
- IHDA Illinois Housing Development Authority
- IIRA Illinois Institute for Rural Affairs
- MOU Memorandum of Understanding
- NOFA Notice of Funding Availability
- ROE Regional Office of Education
- SHPA Statewide Housing Providers Association
- UFA Unified Funding Agency
- WCI West Central Illinois

D. Terms & Definitions⁴

WCI Homeless Assistance Council is the governing Council established to act on behalf of the Continuum using the process established as a requirement by C.F.R. §578.7(a)(3) and in compliance with the conflict-of-interest requirements at §578.95(b).

CoC Program Grantee (Recipient) is the CoC Program Grantee is the “recipient” as used by HUD and means an applicant that signs a grant agreement with HUD.

Collaborative Applicant means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum. Section VI of this Charter designates the YWCA of Quincy as the Collaborative Applicant for the Continuum.

The Continuum (Continuum of Care) means the group organized to carry out the responsibilities required by the HUD CoC Program and that is composed of representatives of

⁴ For additional information, see Appendix B to this Charter.

organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

ESG Lead Applicant means the entity designated by the Continuum of Care to apply to the Illinois Department of Commerce and Economic Opportunity's Emergency Solutions Grant Program on behalf of two or more service providers when organizations need to apply together, in a region, in order to meet minimum funding request thresholds. The Lead Applicant will require memorandum of understanding or some other type of agreement with the other service providers (sub-recipients) involved in the grant request.

ESG Sub-recipients are the entities that are recipients of Emergency Solution Grant Program funds from Lead Applicants. The Emergency Solution Grant Program funds come from the Illinois Department of Commerce and Economic Opportunity.

Homeless Management Information System (HMIS) means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. Starting in 2012, the Continuum uses ServicePoint from Bowman Systems, Shreveport, LA. From 2004 to 2011, the Continuum used ROSIE from Municipal Information Systems, Inc., St. Louis, MO.

HMIS Lead means the entity designated by the Continuum of Care to operate the Continuum's HMIS on its behalf. Section VI of this Charter designates the YWCA of Quincy as the HMIS Lead for the Continuum.

Meetings are defined as in-person meetings with conference calls access.

Notice is defined as adequate for this Charter when it meets any time required and the Support Entity:

- Delivers the content electronically to Continuum member lists; and
- Posts the content to the Continuum website (www.wciccc.com)

This further requires that:

- Members take responsibility for providing their electronic contact information to the Support Entity;
- Committees disseminate the notice to their members; and
- Continuum members disseminate the notice both electronically and onsite as appropriate to its clients, staff and volunteers.

Population/service hub represents a geographic area where clients seek services. The three largest population/service hubs in the Continuum are Quincy, Jacksonville, and Macomb.

Service area for the Continuum consists of eleven counties: Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuler, Scott, and Warren.

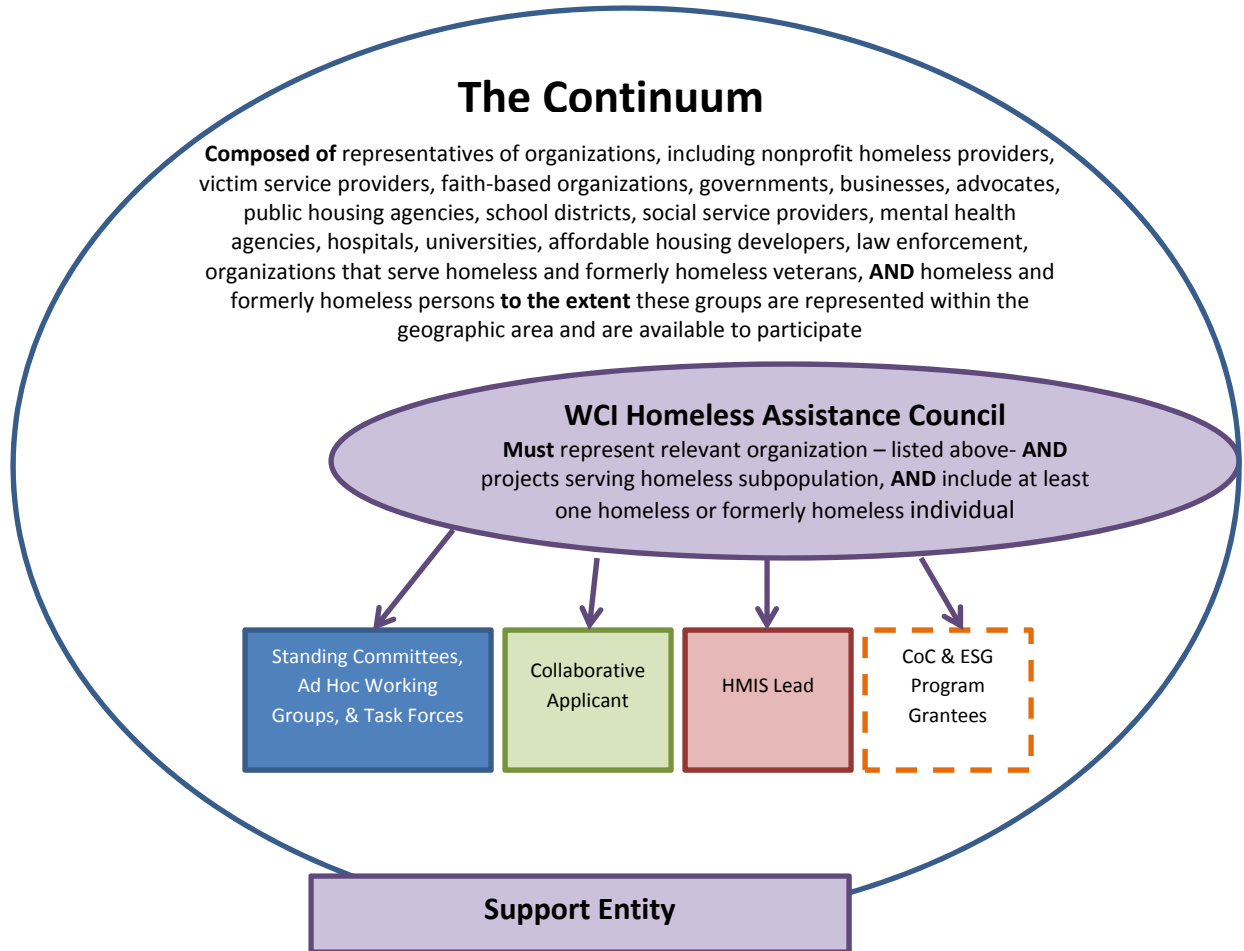
Support Entity is the coordination hub responsible for:

- Providing logistical support for Continuum responsibilities as in Interim Rule – 24 CFR §578.7;
- Convening and facilitating the WCI Homeless Assistance Council and key working groups;
- Monitoring strategic coherence across efforts;
- Coordinating communication within the Continuum;
- Managing collective data systems and information distribution; and
- Stewarding resources for collective impact as appropriate

As such, the support is not a “lead” entity, but rather performs the roles of advocate, planning consultant, project manager, and logistics staff – though always free to delegate elements of its responsibility to appropriate Continuum participants and/or contracted support as appropriate. Section VI of this Charter designates the Illinois Institute for Rural Affairs (IIRA) at Western Illinois University as the Support Entity for the Continuum.

E. Overview of Continuum Structure

The implementation structure as depicted here consists of the following key elements:



1. Continuum of Care (CoC)

The Continuum of Care embodies these concepts:

- **The HUD CoC Program-Defined Continuum of Care:** It is the community planning body that works to prevent homelessness. It organizes and delivers housing and services to meet the specific needs of people as they move to stable housing and maximize self-sufficiency.
- **A System of Housing & Services:** It is the system of housing and service entities that provide a broad range of homelessness prevention and intervention services to the community, the pieces of which leverage one another in assisting individuals and families in moving to stable housing. It incorporates outreach, engagement, assessment, prevention, shelter, housing, and services to successfully achieve self-sufficiency.
- **Other county-wide planning entities located in its eleven-county service area.**

Further, its members includes nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans, and homeless and formerly homeless individuals.

2. WCI Homeless Assistance Council

The WCI Homeless Assistance Council is the governed by the HUD CoC Programs governance charter and code of conduct and recusal process and meets all formal HUD requirements. As such, it is the oversight and communication hub for Continuum planning, implementation, and evaluation. It connects CoC members, monitors implementations, scans for innovations, assesses the Continuum, makes recommendations, and ensures participation of required groups, and drives planning and evaluation.

3. Standing Committees, Ad Hoc Work Groups & Task Forces

Standing committees, working groups, and task forces are the action planning components of the system. In these bodies, strategies are developed, deepened and expanded into timed work plans. These groups may also be directly responsible for exploring options or developing specific strategies to solve particular concerns.

Among the standing committees is the CoC Program Application Committee that reports to the WCI Homeless Assistance Council and the Continuum just as other committees do. However, it is supported in a different way.

- The CoC Program Grantee plays a role similar to that of the Support Entity for this committee, including communication with HUD.

- The Collaborative Applicant is the coordinator for the program application with assistance from the Support Entity.

4. Support Entity

IIRA has been designated as the Support Entity for the Continuum. The Support Entity has the staff and skills to coordinate Continuum members as they implement projects. It is the coordination hub responsible for:

- Providing logistical support for Continuum responsibilities as in Interim Rule – 24 CFR §578.7;
- Convening and facilitating the WCI Homeless Assistance Council and key working groups;
- Monitoring strategic coherence across efforts;
- Coordinating communication within the Continuum;
- Managing collective data systems and information distribution;
- Mobilizing planning efforts that frame future community-wide plans and their revisions; and
- Stewarding resources for collective impacts as appropriate.

As such, the support is not a “lead” entity, but rather performs the roles of advocate, planning consultant, project manager, and logistical staff – through always free to delegate elements of its responsibility to appropriate Continuum members and/or contract support as appropriate.

This structure leaves intact existing entities that are functioning well or are in the process of forming. It also allows the Continuum to adapt to new needs as they arise. As defined in this Charter:

- The Continuum is the collaborative body implementing homeless prevention and intervention strategies;
- The Support Entity staffs the work of the Continuum as a body, holding the work together, reports to the Council and Collaborative Applicant;
- The WCI Homeless Assistance Council acts on behalf of the Continuum to maintain momentum and oversight;
- Committees and the like are responsible for specific activities and strategies, reporting to the Council;
- The Collaborative Applicant applies for HUD’s CoC Program funding, reporting to the Council;
- The HMIS Lead operates the Continuum’s data system, reporting to the Council;
- The CoC Program Grantee is the official recipient of CoC Program funds – outside the control of the Continuum it works closely with the Council and Collaborative Applicant; and
- The DHS Homeless Prevention Program Grantee is the official recipient of DHS Homeless Prevention Program funds – outside the control of the Continuum it works closely with the Council;
- The ESG Program Grantee is the official recipient of ESG Program funds – outside the control of the Continuum it works closely with the Council.

III. The Continuum of Care

A. Continuum Mission, Vision, Purpose & Responsibilities

Mission: The mission of the Continuum is to coordinate all stakeholders, systems, and resources available to prevent and end homelessness in West Central Illinois.

Vision: The vision of the Continuum is to make homelessness rare, short-lived and recoverable.

Purpose: The Continuum embodies three concepts:

- **A System of Housing & Services:** It is the system of housing and service entities that provide a broad range of homelessness prevention and intervention services to the community, the pieces of which leverage one another in assisting individuals and families moving to stable housing. It incorporates outreach, engagement, assessment, prevention, shelter, housing, and services to successfully achieve self-sufficiency.
- **The HUD CoC Program-Defined Continuum of Care:** It is the community planning body that works to prevent homelessness. It organizes and delivers housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency.
- **Other county-wide planning entities located in its eleven-county service area.**

Responsibilities: Specifically, it is obliged to:

- **Performance Targets & Monitoring**
 - Establish appropriate performance targets by population and program in consultation with the ESG and CoC Program Grantee and sub-recipients then monitor their:
 - Monitor performance and evaluate outcomes of ESG and CoC programs;
 - Develops a fair process for performance improvement and recommend action per that process⁵;
 - Annually review *Emergency Solutions Grant (ESG) Guidebook*, the written standards manual that WCICCC's ESG providers use to operate their programs;
 - Report to HUD.
- **Centralized or Coordinated Assessment**
 - Establish and:

⁵ The 2012 CoC Planning Grant, which was funded, included development of this documentation and process.

- Operate a centralized or coordinated assessment system in consultation with ESG-funded recipients;
 - Develop policies on how system will address the needs of individuals and families who are fleeing, or attempting to flee domestic violence situations, but who are seeking shelter or services from nonvictim service providers;
 - Follow written standards for providing CoC assistance in consultation with ESG-funded recipients.
- **HMIS**
 - Designate a lead agency to manage the HMIS;
 - Review, revise, and approve privacy, security, and data quality plans;
 - Ensure consistent participation of the CoC and ESG Program Grantee and sub-recipients in HMIS; and
 - Ensure that the HMIS is administered in compliance with HUD requirements.
- **Planning**
 - Coordinate implementation of a housing and service system;
 - Conduct a point-in-time count of homeless persons that meets HUD's requirements, at least biannually;
 - Conduct an annual gaps analysis of homelessness needs and services;
 - Participate in the Illinois Housing Development Authority's Consolidated Planning efforts;
 - Participate in Corporation for Supportive Housing (CSH), Housing Action Illinois (HAIL), or Statewide Housing Providers Association (SHPA) efforts;
 - Consult with state (DCEO) and local ESG recipients in the service area on the plan for allocating ESG funds and reporting/evaluating performance of ESG programs.
- **Application for CoC Program Funds**
 - Design, operate and follow a collaborative process for developing applications and approving submission of applications in response to a CoC Program NOFA;
 - Establish priorities for funding projects;
 - Determine if one or more applications will be submitted
 - If more than one, designate the Collaborative Applicant;
 - If only one, the applicant is the Collaborative Applicant; and
 - Rank multiple applications, if required by HUD.
- **Application for DHS Homeless Prevention and DCEO ESG Program Funds**
 - Design, operate and follow a collaborative process for developing applications and approving submission of applications in response to a state NOFA for Homeless Prevention or ESG Program Funds;
 - Establish priorities for funding projects;
 - Determine if lead applicant(s) will be needed to submit application and then designate the applicant(s), one by population/service hub; and

- Rank multiple applications if required by funder.

Delegation: The Continuum has delegated elements of its day-to-day work to the WCI Homeless Assistance Council, committees, and contractors as described in this Charter. However, the Continuum retains all of its responsibilities. Responsibilities extend to approval of the CoC Program application, even if it designates eligible applicants other than itself to apply for funds.

B. Continuum Membership Composition & Voting Rights

Composition: The Continuum is composed of:

- The following to the extent they are represented within the geographic area and are available to participate:
 - Nonprofit homeless providers;
 - Prevention service providers;
 - Victim service providers;
 - Disaster planning and prevention agencies;
 - Faith-based organizations;
 - Funders;
 - Governments;
 - Businesses;
 - Advocates;
 - Public housing agencies;
 - School districts;
 - Social service providers;
 - Medical professionals;
 - Mental health agencies;
 - Hospitals;
 - Universities;
 - Affordable housing developers;
 - Law enforcement;
 - Organizations that serve homeless and formerly homeless veterans
- Homeless and formerly homeless persons;
- Representatives from the following:
 - Collaborative Applicant;
 - CoC Program Grantees;
 - ESG Grantees;
 - HMIS Lead;
 - Support Entity; and

- Anyone/entity committed to the prevention and ending of homeless is welcome in the Continuum.

Voting Rights: Those individuals that meet the following provisions are eligible to vote at Continuum meetings.

- Self-identification as homeless or formerly homeless OR
- Active participation in the Continuum over the prior 12 months as demonstrated by Continuum, WCI Homeless Assistance Council and/or Committee attendance sheets. Active participation is considered attending 80% of the meetings.

The Support Entity will maintain eligibility lists and make them available prior to all meetings of the full Continuum.

The Support Entity may participate in Continuum discussion but may not vote.

C. Continuum Meetings

Frequency: The Continuum will hold full membership meetings at least two (2) times per year at a time and location determined by the WCI Homeless Assistance Council. The WCI Homeless Assistance Council will select a meeting location that is accessible to both potential homeless participants, and in regard to ability/disability.

Open Meeting: Meetings of the Continuum will be open to any interested person.

Agendas: The WCI Homeless Assistance Council will disseminate agendas in advance of the meeting.

Notice: The Continuum will publish agendas in advance of the meeting and publicly invite new members at least annually. Thirty (30) day notice will be given for meetings of the Continuum. *See definition of Notice in Overview section of this Charter.*

Quorum: Quorum for the transaction of business at Continuum meetings will be defined as those present at a properly noticed meeting.

Voting: Each member must be present to vote on Continuum matters. Votes will be by voice or ballot at the will of the majority of those in attendance. No member may vote on any item that presents a real or perceived conflict of interest.

Proxy: There is no proxy voting. Decision-making requires live conversation and active participation from all parties.

Action Without a Meeting: The Continuum will not take action as a whole without meeting.

III. The WCI Homeless Assistance Council

A. WCI Homeless Assistance Council Roles & Responsibilities

Definition: WCI Homeless Assistance Council is the body that makes recommendations to the full Continuum and acts as the day-to-day decision-making group.

The Council as a Whole: The WCI Homeless Assistance Council is the designated entity for managing the CoC Program process in West Central Illinois, including the ranking of proposals for submittal to the US Department of Housing and Urban Development under the annual NOFA. The WCI Homeless Assistance Council designs, coordinates, and reviews the HUD CoC grant application process for the Continuum, which includes defining community priorities and ranking CoC Program applications for approval through the CoC Program Grantee. The WCI Homeless Assistance Council coordinates and reviews the DHS Homeless Prevention and DCEO ESG grant application process for the Continuum.

As such it acts on behalf of the Continuum and ensures that the Continuum:

- Scans the environment for best practices and innovations;
- Assesses the Continuum for gaps, overlaps, duplication, strategic conflicts, etc.; and
- Coordinates semi-annual Continuum meetings.

In addition, the WCI Homeless Assistance Council is responsible for:

- Working closely with the designated Collaborative Applicant to fulfill major duties of the Continuum;
- Participate in Corporation for Supportive Housing (CSH), Housing Action Illinois (HAIL), or Statewide Housing Providers Association (SHPA) efforts;
- Monitoring implementation and ongoing alignment with vision, goals and strategies;
- Overseeing periodic planning and annual plan revisions;
- Making recommendations to the Continuum about priorities as well as formal/informal relationships;
- Actively seeking out participation from each group listed below, for both the Continuum and its committees
 - Nonprofit homeless providers;
 - Victim service providers;
 - Faith-based organizations;
 - Governments;
 - Businesses;
 - Advocates;
 - Public housing agencies;
 - School districts;
 - Social service providers;
 - Mental health agencies and substance abuse providers;

- Hospitals, health care institutions and practitioners;
- Universities;
- Affordable housing developers;
- Law enforcement;
- Organizations that serve homeless and formerly homeless veterans;
- Homeless and formerly homeless persons.
- Ensuring transparent governance within the Continuum and monitoring potential conflicts of interest;
- Delegating activities to and overseeing committees, working groups and task forces as appropriate;
- Designating the HMIS Lead to manage the HMIS system in West Central Illinois;
- Ensuring consultation of ESG recipient throughout planning and implementation of Continuum activities.

Individual Members: Individuals serving on the WCI Homeless Assistance Council must:

- Commit to preventing and ending homelessness;
- Attend meetings of the WCI Homeless Assistance Council and bi-annual meetings of the Continuum;
- Participate as an active member of at least one standing committee;
- Seek out input from the peers, industry, and/or population he/she represents;
- Bring that input to WCI Homeless Assistance Council deliberations, while remaining attentive to unrepresented views;
- Communicate WCI Homeless Assistance Council work to the peers, industry, and/or population he/she represents;
- Adhere to all Governance Charter policies.

B. WCI Homeless Assistance Council Number, Terms, Composition & Guidelines

Number: The WCI Homeless Assistance Council will operate with neither fewer than 9 nor more than 11 elected members with at least 50% elected at any given time. The precise number for any given year will be announced with the annual call for nominees.

Terms: With the exception of the founding election, WCI Homeless Assistance Council members will serve three (3) year terms up to a maximum of six (6) consecutive years (including partial terms) before rotating off for at least one (1) year. Member terms will be staggered such that approximately one-third (1/3) are up for selection each year. *See WCI Homeless Assistance Council Member Elections.*

Composition: Members of the WCI Homeless Assistance Council represent local funders, government, services providers, consumers, and other community members whose interest relate to homeless services and housing systems. Specifically, the WCI Homeless Assistance Council consists of the following:

- Seven to Eleven (7-11) **Elected Seats**
 - One (1) Health Care Institution, Practitioner, or County Health Department Designee
 - One (1) Mental Health or Substance Abuse Provider

- One (1) ROE McKinney Vento Liaison or Designee
- One-Three (1-3) Housing Authority Provider
- One-Two (1-2) Homeless or Formerly Homeless Individuals
- Two-Four (2-4) Members At-Large
- Named designees for up to three (3) **Appointed Seats**
 - Collaborative Applicant
 - HMIS Lead
 - Support Entity
- Named designees for up to six (6) **Appointed-Advisory Seats** based on population/services hubs with active CoC/ESG grants
 - One-Three (1-3) CoC Program Grantee
 - One-Three (1-3) ESG Program Grantee or Subgrantee

Guidelines: In managing WCI Homeless Assistance Council number and composition, the following will be true:

- The following entities should be considered for at-large Council seat, if they are not represented by then-seated Council: victim service providers, veteran service providers, faith-based organizations, businesses, law enforcement, and city or county officials; and direct service providers can include those who do and do not receive federal funding;
- No organization may have more than two (2) staff people seated on WCI Homeless Assistance Council at any time, regardless of which seats they occupy;
- The three largest population hubs (Quincy, Jacksonville, and Macomb) must be represented by the organizations seated on the WCI Homeless Assistance Council at any given time.
- Each elected seat has a vote as exercised by a named individual, and each individual may exercise only one vote, as long as it doesn't represent a conflict of interest.
- With the exception of short-term vacancies, there will always be an odd number of WCI Homeless Assistance Council members. This will be managed through at-large seat availability.
- The WCI Homeless Assistance Council should represent a diverse set of service, population, and program interests.
- At-large seats provide flexibility in maintaining an odd number of WCI Homeless Assistance Council members, a minimum of 50% elected to appointed seats, while responding to community and strategic needs at any given time.

C. WCI Homeless Assistance Council Member Elections

Oversight: The Governance Committee is responsible for development and oversight of all elections. As such, they will:

- Send out calls for WCI Homeless Assistance Council nominees;
- Accept, verify and collect information (e.g., attendance record, bio) for nominations;

- Create and disseminate Council election ballots – dissemination will be per the voting eligibility list maintained by the Support Entity and described *under Continuum Member Composition & Voting Rights* in this Charter;
- Collect, compile and announce election results.

Process: The election process will include at least the following:

- New Continuum members will be invited and encouraged to join the Continuum in the first meeting of the year;
- Calls for nominations, vetting of nominations received and ballot announcement will happen between the first and second Continuum meetings of the year;
- Ballots will be arranged by the four (4) categories delineated in Section IIIB;
- Votes may be cast for up to the maximum number of seats within a category. Ballots that vote for more than the number of seats in a particular category will not be counted for that category only;
- Individuals receiving the highest votes for a given seat will be declared the winner;
- In the event of a tie vote for a specific seat, the individuals involved will flip a coin to determine the winner.

Process Review: The WCI Homeless Assistance Council will review this process at least every five (5) years to ensure it remains consistent with Continuum objectives and responsibilities.

D. WCI Homeless Assistance Council Officers

Officers: The WCI Homeless Assistance Council members vote in a Chair and Vice-Chair from its membership.

- The Chair conducts Council meetings.
- The Vice Chair serves in the Chair's absence.

Terms: An officer serves for a two (2) year term.

Term Limits: An officer cannot serve for more than two (2) consecutive terms in the same role.

E. WCI Homeless Assistance Council Vacancy, Removal & Resignation

Vacancy: In the event of a vacancy, the members of the WCI Homeless Assistance Council will elect a successor to hold the vacant seat for the remainder of the term of the person vacating the seat. At the end of the term, a regular election will be held as described in this Charter.

Removal: Members of the WCI Homeless Assistance Council may remove WCI Homeless Assistance Council member who is absent for two (2) Council regularly scheduled meetings in any twelve-month period. Unexcused absence from special meetings will generally not be considered in this calculation but may be included as appropriate. WCI Homeless Assistance

Council members may also be removed by a 3/4 vote of the WCI Homeless Assistance Council then-seated for cause including but not limited to:

- Failure to perform Council duties ;
- Failure to comply with this Charter and/or applicable policies;
- Engaging in conduct that constitutes a conflict of interest;
- Engaging in behavior that causes harm to the reputation of the Continuum.

Such seats will then be filled through the process described above under vacancies.

Resignation: Unless otherwise provided by written agreement, any member of the WCI Homeless Assistance Council may resign at any time by giving written notice to the Chair. Any such resignations will take effect at the time specified within the written notice or if the time be not specified therein upon its acceptance by the WCI Homeless Assistance Council.

F. WCI Homeless Assistance Council Meetings & Action

Frequency: The WCI Homeless Assistance Council will meet no less frequently than four (4) times per year at such times and places as the WCI Homeless Assistance Council will determine. The Chair or Vice Chair may call a special meeting of the WCI Homeless Assistance Council provided it meets all notice and quorum requirements.

Open Meeting: Attendance at meetings of the WCI Homeless Assistance Council will be open to any interested person to observe.

Agendas: The WCI Homeless Assistance Council will disseminate agendas in advance of the meeting.

Notice: Thirty (30) day notice will be given for regularly scheduled meetings of the Continuum. Special meetings may be called in emergency situations with three (3) day notice. *See definition of Notice in Overview section of this Charter.*

Quorum: A number equal to a majority of the WCI Homeless Assistance Council members then-seated will constitute a quorum for the transaction of business at any meeting. No decision will be made unless a quorum is present.

Decision-Making: The WCI Homeless Assistance Council makes decisions by majority.

Voting: Each elected member of the WCI Homeless Assistance Council is eligible to vote on decisions being made when present at the meetings. If a vote is necessary, all votes will be by voice or ballot at the will of the majority of those in attendance at a meeting with a quorum represented. No member may vote on any item that presents a real or perceived conflict of interest.

Proxy: There is no proxy voting. Decision making requires live conversation and active participation from all parties.

Action Without a Meeting: The WCI Homeless Assistance Council may take an action without a meeting if that action, provided:

- The action is within its authority;
- Notice is provided;
- It is approved via email (or letter when email is unavailable);
- By a majority of all WCI Homeless Assistance Council then-seated members who are entitled to vote on the matter.

G. WCI Homeless Assistance Council Staffing

An employee of the Support Entity staffs the WCI Homeless Assistance Council.

This staff member is responsible for:

- Recording minutes for the WCI Homeless Assistance Council;
- Meeting attendance;
- Length of Council member terms; and
- Ensuring WCI Homeless Assistance Council members receive all necessary information in the field and changes at the federal and state level that may influence or impact the Continuum as they may occur.

Support Entity staff may participate in discussion but may not vote.

IV. Committees, Working Groups & Task Forces

A. Formation & Composition

Purpose: The committees, working groups, and task forces are the action planning components of the system. In these bodies, strategies are developed, deepened and expanded into timed work plans. These groups may also be directly responsible for specific strategies or exploring options to solve particular concerns.

Formation: Standing committees are designated in this Charter. Ad hoc working groups or task forces may be formed and given specific responsibilities as needed by the WCI Homeless Assistance Council. All committee responsibilities apply to ad hoc groups, as well.

Membership: Committee membership may include any Continuum member. However, at least one (1) committee member must come from the WCI Homeless Assistance Council. Each committee will set its number and recruit members from the Continuum and larger community.

B. Standing Committees

The WCI Homeless Assistance Council has five (5) standing committees:

1. Governance
2. CoC Program Application
3. Homeless Prevention
4. Research & Evaluation
5. Communication

Committees are responsible for the following:

1. **Governance** – Annually reviewing, updating, and ensuring Continuum approval of all policies, including the Governance charter, code of conduct, conflict of interest and recusal policies, and the WCI Homeless Assistance Council election process; overseeing Continuum voting eligibility and elections; and coordinating capacity-building activities within the Continuum.
2. **CoC Program Application** – Overseeing of all application processes related to the HUD CoC Program: reviewing applications for funding, recommending project rank, developing technical assistance events, and answering questions related to the process.
3. **Homeless Prevention** – Oversee of the DHS application process related to the Illinois DHS Homeless Prevention Grant Application and the ESG application process related to the Illinois DCEO ESG application: reviewing applications for funding, recommending project

rank, developing technical assistance events, and answering questions related to the process.

4. **Research & Evaluation** – Oversight of the point-in-time count, conducting an annual gaps analysis of the homeless needs and services available, establishing system and project-level performance targets appropriate for population and program type, monitoring grant performance, developing a fair process for performance improvement, recommending action per that process, evaluating outcomes of projects funded under HUD (CoC and ESG Programs), and coordinating data collection and systems (including HMIS and Coordinated Assessment).
5. **Communication** – Coordinating implementation of goals related to community awareness, public policy, advocacy, education, partnership development, Continuum communications (internal and external), and related strategies.

C. Committee Leadership

Two (2) co-chairs and a secretary, as selected from within the committee, will coordinate each committee.

D. Other Committee Roles & Responsibilities

Each committee will be responsible for:

- Recruiting its members;
- Selecting committee leadership;
- Establishing its policies and procedures, and providing them to the WCI Homeless Assistance Council and Support Entity;
- Recording its minutes and attendance, and providing them to the Support Entity;
- Ensuring transparency of its process and meetings.

V. Continuum Policies

A. Conflict of Interest & Recusal

No member of the Continuum will participate in the review, ranking, selection, or award of any grant funds in which they have a financial interest, or in which any member of their immediate family (such as parent, sibling, child, niece/nephew, or person with whom they cohabit) has a financial interest.

Members of the Continuum will disclose potential conflicts of interest that they may have regarding any matters that come before it in full session, Council or committee.

Members will recuse themselves from any matter in which they may have a conflict of interest – abstaining from discussion and voting on the matter.

B. Non-Discrimination

The members, officers, committee members and contractors of the Continuum will be selected entirely on a nondiscriminatory basis with respect to race, color, national origin, age, disability, religion, gender, sexual orientation, or other federal, state, or locally protected group.

C. Committee Policies & Procedures

Committees will establish their own policies and procedures, consistent with this Charter, and provide them to the WCI Homeless Assistance Council and Support Entity for review.

D. Limited Authority

The Continuum is not a formal organization. As such:

- It has, and can have, no assets or liabilities;
- It cannot indemnify member or participant action;
- No member of the Continuum, WCI Homeless Assistance Council or its committees may contract, incur debt, or otherwise create an enforceable obligation for the Continuum, WCI Homeless Assistance Council or its committees.

Only the WCI Homeless Assistance Council may designate an individual or entity to speak for the Continuum or its components.

With the exception of removal policies in this Charter, any grievance related to the Continuum or CoC Program will follow HUD policies and contracts.

VI. Appointed Entities

A. Process

Except as otherwise specified in this section, the process for entity appointment will be as follows:

- Specific performance expectations for each appointment will be outlined in MOUs;
- The WCI Homeless Assistance Council will review appointments based on performance each year;
- The Continuum will (re)certify appointments and issue new MOUs based on WCI Homeless Assistance Council recommendation every five (5) years ;
- Appointed entity relationships may be terminated upon mutual agreement or for cause with a vote of 75% of the then-seated WCI Homeless Assistance Council.

A broad description of each appointment is provided in this section of the Charter.

B. Collaborative Applicant

For the purposes of the annual HUD NOFA application and the management of CoC Program planning grants, the Continuum must designate a grant recipient to be the Collaborative Applicant.

The Collaborative Applicant is the only entity that may:

- Apply for grants from HUD on behalf of the Continuum; and
- Apply for and receive CoC Program planning funds on behalf of the Continuum.

Additional responsibilities the Collaborative Applicant must do or assign to another CoC member, include:

- Serve as liaison with HUD regional office for CoC;
- Collect and submit annual housing inventory chart and point-in-time reports;
- Coordinate HUD NOFA oversight and management;
- Complete CoC administration duties;
- Participate in state's consolidated planning process.

The Collaborative Applicant will be chosen by the WCI Homeless Assistance Council annually prior to the release of the HUD NOFA and accepted by majority vote of then-seated Council members.

C. HMIS Lead

YWCA of Quincy has been designated as the Continuum HMIS Lead. The HMIS Lead, thus, ensures all HMIS activities are carried out in accordance with the HEARTH Act.

HMIS Lead roles outlined in the definitions of this Charter and its MOU are incorporated into this Charter. Specific responsibilities include:

- Ensures compliance with HUD HMIS Standards and all other applicable laws;
- Maintains HMIS system security and confidentiality;
- Prepares the HUD HMIS section Consolidated Application;
- Provide training and support to ensure appropriate system use, data entry, data reporting, and data security and confidentiality;
- Ensure software interface by negotiating and monitoring the contract with software vendor including hosting agreements, configuration of network and security layers, anti-virus protection for server configuration, system backup and disaster recovery;
- Provide HMIS administration ensuring full implementation of the relevant COC policies and procedures in collaboration with the Research & Evaluation Committee;
- Ensure data collection and reporting for quality and completeness;
- Submit an annual data quality plan in accordance with HUD regulations;
- Ensure all program data are collected in adherence to the HUD HMIS Data Standards and local additional requirements;
- Generate quarterly APR and Universal Data Element reports for all HUD-funded programs;
- Generate reports for the CoC Collaborative Applicant and Research & Evaluation Committee.

HMIS policies and procedures will be reviewed and updated on an annual basis in accordance with HMIS data standards and HEARTH Act. The policies and procedures can be accessed through the Support Entity and the Continuum website.

D. Support Entity

Illinois Institute for Rural Affairs (IIRA) at Western Illinois University has been designated as the Support Entity for the Continuum. Support Entity roles outlined in the definitions of this Charter and its MOU are incorporated into this Charter. The Support Entity has the staff and skills to coordinate Continuum members as well as its WCI Homeless Assistance Council and committees.

Specific responsibilities include:

- Staffing WCI Assistance Council meetings and five major standing committee meetings;
- Assist in collecting and submitting annual housing inventory chart and point-in-time reports;
- Submitting the annual housing assessment report to HUD's Homeless Data Exchange;
- Assist with grant coordination of entities involved and reporting requirements for Illinois Department of Commerce and Economic Opportunities' ESG Program;
- Assist with grant writing coordination entities involved in the Illinois Department of Human Services Homeless Prevention grant;
- Assist with grant writing coordination of entities involved in the U.S. Department of Housing Continuum of Care grant;
- Maintaining CoC Website;
- Acting as WCICCC's HMIS staff;
- Provide technical assistance and training, as requested;
- Provide homeless research, as requested.

VII. General Provisions

A. Operating Year

The operating year of the Continuum will commence on January 1st of each calendar year and end on the 31st day of December of said calendar year.

B. Annual Document Review

The WCI Homeless Assistance Council will review this Charter annually to ensure it remains consistent with HUD's COC Program requirements as well as Continuum objectives and responsibilities.

C. Record Keeping

Proceedings of all Continuum, WCI Homeless Assistance Council and committee meetings are documented in minutes.

- Minutes of meetings are circulated to members of the relevant body and approved at the subsequent meeting;
- The Support Entity is responsible for recording minutes for bi-annual meetings of the Continuum and WCI Homeless Assistance Council meetings;
- Committees are responsible for selecting a Secretary, recording their own minutes, and providing to the Support Entity for record keeping; and
- Minutes for all bodies will be disseminated by the Support Entity upon request.

The Support Entity will be the holder of all Continuum, WCI Homeless Assistance Council and committee documentation and records.

D. Amendments

The members of the Continuum will have the power to adopt, amend, or repeal the provisions of this Governance Charter by a two-thirds (2/3) vote of the membership present at any meeting where such proposed action has been described in the notice of the meeting.

Appendix A. Responsibilities of the Continuum (Interim Rule – 24 CFR 578.7)

Sec. 578.7 Responsibilities of the Continuum of Care.

(a) Operate the Continuum of Care. The Continuum of Care must:

- (1) Hold meetings of the full membership, with published agendas, at least semi-annually;
- (2) Make an invitation for new members to join publicly available within the geographic at least annually;
- (3) Adopt and follow a written process to select a Council to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years;
- (4) Appoint additional committees, subcommittees, or workgroups;
- (5) In consultation with the Collaborative Applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the Council, its chair(s), and any person acting on behalf of the Council;
- (6) Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers;
- (7) Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;
- (8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers. This system must comply with any requirements established by HUD by Notice.
- (9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

(i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;

(ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

(iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;

(iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

(v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

(vi) Where the Continuum is designated a high-performing community, as described in subpart G of this part, policies and procedures set forth in 24 CFR 576.400(e)(3)(vi), (e)(3)(vii), (e)(3)(viii), and

(e)(3)(ix).

(b) Designating and operating an HMIS. The Continuum of Care must:

(1) Designate a single Homeless Management Information System (HMIS) for the geographic area;

(2) Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead;

(3) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.

(4) Ensure consistent participation of recipients and subrecipients in the HMIS; and

(5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

(c) Continuum of Care planning. The Continuum must develop a plan that includes:

(1) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:

(i) Outreach, engagement, and assessment;

(ii) Shelter, housing, and supportive services;

(iii) Prevention strategies.

(2) Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

(i) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.

(ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.

(iii) Other requirements established by HUD by Notice.

(3) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;

(4) Providing information required to complete the Consolidated Plan(s) within the Continuum's geographic area;

(5) Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and subrecipients.

Appendix B. Definitions

Definitions

Black text is taken from the C.F.R. interim rule. Blue text has been developed for the West Central Illinois Continuum of Care Consortium and the WCI Homeless Assistance Council (Governing Council).

At risk of homelessness

- A. An individual or family who:
1. Has an annual income below 30% of median family income for the area, as determined by HUD;
 2. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the Homeless definition in this §; and
 3. Meets one of the following conditions:
 - a. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - b. Is living in the home of another because of economic hardship;
 - c. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
 - d. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
 - e. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than 2 persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - f. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - g. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;
- B. A child or youth who does not qualify as "homeless" under this §, but qualifies as "homeless" under §387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), §637(11) of the Head Start Act (42 U.S.C. 9832(11)), §41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), §330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), §3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or §17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or

- C. A child or youth who does not qualify as "homeless" under this §, but qualifies as "homeless" under §725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Centralized or coordinated assessment system

Means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Chronically homeless

- A. An individual who:
1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 2. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and
 3. Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in §102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- B. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- C. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

CoC Program

The CoC (Continuum of Care) program is the funding program of HUD authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act as amended (42 U.S.C. 11371 et seq).

CoC Program Grantee (Recipient) and Sub-recipient

The CoC Program Grantee is the "recipient" as used by HUD and means an applicant that signs a grant agreement with HUD. Sub-recipient means a private nonprofit organization, State, local government, or instrumentality of State or local government that receives a sub-grant from the recipient to carry out a project.

Code of Federal Regulations (CFR)

A codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies the U.S. federal government.

Collaborative Applicant

The YWCA of Quincy has been designated the Collaborative Applicant, effective 2012 grant application cycle.

Means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum.

Committees, working groups and task forces

The committees, working groups, and task forces are the action planning components of the CoC system. In these bodies, strategies are developed, deepened and expanded into timed work plans. These groups may also be directly responsible for specific strategies or exploring options to solve particular concerns.

Consolidated plan

Means the HUD-approved plan developed in accordance with 24 CFR 91.

The West Central Illinois CoC falls under the State of Illinois Consolidated Plan which the Illinois Housing Development Authority coordinates the process.

The Continuum (Continuum of Care)

The name of this body will be the West Central Illinois Continuum of Care Consortium (the Continuum). This has been defined in two ways:

1. Means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate. (24 CFR §578.3)
2. Means the group composed of representatives of relevant organizations, which generally includes [list as in first definition] that are organized to plan for and provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area. (24 CFR §576.2)

Continuum Member

Those individuals and entities meeting the composition and eligibility standards of the Continuum as set forth in this Charter.

Eligible applicant

Means a private nonprofit organization, State, local government, or instrumentality of State and local government.

Emergency shelter

Means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Emergency Solutions Grants (ESG)

Means the grants provided under 24 CFR part 576.

ESG Lead Applicant

Means the entity designated by the Continuum of Care to apply to the Illinois Department of Commerce and Economic Opportunity’s Emergency Solutions Grant Program on behalf of two or more service providers when organizations need to apply together, in a region, in order to meet minimum funding request thresholds. The Lead Applicant will require memorandum of understanding or some other type of agreement with the other service providers (sub-recipients) involved in the grant request.

ESG Sub-recipients

Are the entities that are recipients of Emergency Solution Grant Program funds from Lead Applicants. The Emergency Solution Grant Program funds come from the Illinois Department of Commerce and Economic Opportunity.

High-performing community (HPC)

Means a Continuum of Care that meets the standards in subpart E of this part and has been designated as a high-performing community by HUD. To qualify as an HPC, a Continuum must demonstrate through:

- A. Reliable data generated by the Continuum of Care’s HMIS that it meets all of the following standards:

1. Mean length of homelessness. Either the mean length of episode of homelessness within the Continuum's geographic area is fewer than 20 days, or the mean length of episodes of homelessness for individuals or families in similar circumstances was reduced by at least 10% from the preceding federal fiscal year.
 2. Reduced recidivism. Of individuals and families who leave homelessness, less than 5% become homeless again at any time within the next 2 years; or the percentage of individuals and families in similar circumstances who become homeless again within 2 years after leaving homelessness was decreased by at least 20% from the preceding federal fiscal year.
 3. HMIS coverage. The Continuum's HMIS must have a bed coverage rate of 80% and a service volume coverage rate of 80% as calculated in accordance with HUD's HMIS requirements.
 4. Serving families and youth. With respect to Continuums that served homeless families and youth defined as homeless under other federal statutes in paragraph (3) of the definition of homeless in §576.2:
 - a. 95% of those families and youth did not become homeless again within a 2 year period following termination of assistance; or
 - b. 85% of those families achieved independent living in permanent housing for at least 2 years following termination of assistance.
- B. Reliable data generated from sources other than the Continuum's HMIS that is provided in a narrative or other form prescribed by HUD that it meets both of the following standards:
1. Community action. All the metropolitan cities and counties within the Continuum's geographic area have a comprehensive outreach plan, including specific steps for identifying homeless persons and referring them to appropriate housing and services in that geographic area.
 2. Renewing HPC status. If the Continuum was designated an HPC in the previous federal fiscal year and used Continuum of Care grant funds for activities described under §578.71, that such activities were effective at reducing the number of individuals and families who became homeless in that community.

Homeless

Means:

- A. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 1. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 2. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

3. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- B. An individual or family who will imminently lose their primary nighttime residence, provided that:
1. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 2. No subsequent residence has been identified; and
 3. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- C. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
1. Are defined as homeless under §387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), §637 of the Head Start Act (42 U.S.C. 9832), §41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e--2), §330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), §3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), §17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or §725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 3. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 4. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- D. Any individual or family who:
1. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 2. Has no other residence; and
 3. Lacks the resources or support networks, e.g., family, friends, and faith based or other social networks, to obtain other permanent housing.

Homeless Management Information System (HMIS)

Means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

ServicePoint by Bowman Systems is the HMIS.

HMIS Lead

YWCA of Quincy has been designated the HMIS Lead.

Means the entity designated by the Continuum of Care in accordance with this part to operate the Continuum's HMIS on its behalf.

Homelessness prevention

ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the "homeless" definition in § 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the "at risk of homelessness" definition, or who meet the criteria in paragraph (2), (3), or (4) of the "homeless" definition in § 576.2 and have an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short-term and medium-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

Permanent housing

Means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

Permanent supportive housing

Means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Point-in-time count

Means a count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

Private nonprofit organization

Means an organization:

1. No part of the net earnings of which inure to the benefit of any member, founder, contributor, or individual;
2. That has a voluntary Council;
3. That has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated a fiscal agent that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles; and
4. That practices nondiscrimination in the provision of assistance.

A private nonprofit organization does not include governmental organizations, such as public housing agencies.

Program participant

Means an individual (including an unaccompanied youth) or family who is assisted with Continuum of Care program funds.

Project

Means a group of eligible activities, such as HMIS costs, identified as a project in an application to HUD for Continuum of Care funds and includes a structure (or structures) that is (are) acquired, rehabilitated, constructed, or leased with assistance provided under this part or with respect to which HUD provides rental assistance or annual payments for operating costs, or supportive services under this subtitle.

Population/service hub

Means a geographic area where clients seek services. The three largest population/service hubs in the Continuum are Quincy, Jacksonville, and Macomb.

Relevant organizations

Relevant organizations include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers,

law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

Safe haven

Means, for the purpose of defining chronically homeless, supportive housing that meets the following:

1. Serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services;
2. Provides 24-hour residence for eligible persons for an unspecified period;
3. Has an overnight capacity limited to 25 or fewer persons; and
4. Provides low-demand services and referrals for the residents.

Support Entity

Illinois Institute for Rural Affairs at Western Illinois University has been designated the Support Entity.

Support Entity is the coordination hub responsible for:

- Providing logistical support for Continuum responsibilities as in Interim Rule – 24 CFR §578.7
- Convening and facilitating the WCI Homeless Assistance Council and key working groups
- Monitoring strategic coherence across efforts
- Coordinating communication within the Continuum
- Managing collective data systems and information distribution
- Mobilizing planning efforts that frame future community-wide plans and their revision
- Stewarding resources for collective impact as appropriate

As such, the support is not a “lead” entity, but rather performs the roles of advocate, planning consultant, project manager, and logistics staff – though always free to delegate elements of its responsibility to appropriate Continuum members and/or contracted support as appropriate.

Transitional housing

Means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

Unified Funding Agency (UFA)

Means an eligible applicant selected by the Continuum of Care to apply for a grant for the entire Continuum, which has the capacity to carry out the duties in §578.11(b), which is approved by HUD

and to which HUD awards a grant. No UFA has been designated. The WCI Homeless Assistance Council will work with the Collaborative Applicant to apply for UFA status if the WCI Homeless Assistance Council or Continuum as a whole sees fit to do so.

Victim service provider

Means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

WCI Homeless Assistance Council (Governing Council)

The governing Council established to act on behalf of the Continuum using the process established as a requirement by §578.7(a)(3) and in compliance with the conflict-of-interest requirements at §578.95(b). The Council must: (1) be representative of the relevant organizations and of projects serving homeless subpopulations; and (2) include at least one homeless or formerly homeless individual.

West Central Illinois Continuum of Care Consortium (WCICCC) Homeless Management Information System (HMIS) Policies and Procedures

Purpose of HMIS

The purpose of the WCICCC HMIS is to provide a robust and comprehensive system for collecting and disseminating information about persons experiencing homelessness and the homelessness service system in support of the WCICCC service area.

I. Roles and Responsibilities

1. **HMIS Lead** Ensures all HMIS activities are carried out in accordance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.
2. **Project Staffing** The Support Entity, contractually as the HMIS staff and has primary responsibility for coordination and administration of the HMIS and reports to the HMIS Lead and the WCI Homeless Assistance Council.
3. **Contributory HMIS Organizations** Any agency, group, or other entity that has completed an Agency Partner Agreement with the HMIS Lead or HMIS System Administrator is a Contributory HMIS Organization (CHO). All CHO's must abide by all policies and procedures outlined in this manual, which are subject to change. CHO's must complete a CHO Agreement with the HMIS Administrator on an annual basis. CHO's with expired CHO Agreements may have their End User accounts locked or removed to maintain the security, confidentiality, and integrity of the system. CHO's are responsible for the conduct of their End Users and the security of End User Accounts.
4. **HMIS Advisory Workgroup** The Executive Director or designee will convene a committee to advise the project's operations, policies, and procedures and provide feedback on a regular basis. The Executive Director or designee will seek out particularly skilled individuals whose breadth and depth of expertise is well-suited to the project.
5. **HMIS End Users** CHO's designate individuals to access the system on their behalf, and use ServicePoint as their primary tool for client and service tracking, case management, and operational reporting.

There is no upper limit to the number of End Users each CHO may authorize, but HMIS Lead may assess participation fees to recover the cost of ServicePoint and System Administration fees.

All End Users, including HMIS staff, must complete an End User agreement with the HMIS System Administrator on an annual basis. End User accounts with expired End User Agreements may be locked or removed to maintain the security, confidentiality, and integrity of the system.

6. **Communication** General Communications from the HMIS staff will be directed toward HMIS

Comment [AMD1]: How are these changes made? Need procedure of how notice is given—time frame to implement and how it is enforced.

End Users. Specific communications will be addressed to the person or people involved. The HMIS staff will be available via email, phone, and U.S. mail. Participating CHO's are responsible for communicating needs, questions, and concerns regarding the HMIS directly to the HMIS staff.

7. **System Availability** Bowman Systems will provide a highly available database server and will inform HMIS staff in advance of any planned interruption in service. Whenever possible, if the database server is unavailable due to disaster or routine maintenance, HMIS staff will inform End Users of the cause and duration of the interruption in service. The HMIS staff will log all downtime for purposes of system evaluation.
8. **Client Grievances** Clients will contact the CHO with which they have a grievance for resolution of HMIS problems. CHO's will provide a copy of the WCICCC HMIS Policies and Procedures Manual upon request, and respond to client issues. CHO's will send written notice to the HMIS System Administrator of any HMIS-related client grievance. The HMIS System Administrator will record all grievances and will report these complaints to the HMIS Advisory Workgroup.

II. Security and Privacy Plan

1. **Security and Privacy Awareness Training** WCICCC staff will conduct a security and privacy awareness training on an annual basis, which will be required for all End Users. This training will cover relevant statutory and regulatory requirements, local policies, and best practices for HMIS security and privacy. End-user will sign their User Policy, Responsibility Statement and Code of Ethics document at this annual training.
2. **Disaster Recovery Plan** In the event of a disaster involving substantial loss of data or system downtime, HMIS staff will contact CHO's Executive Director within one business day to inform them of the expected scale and duration of the loss or downtime. HMIS staff will continue to inform CHO Executive Director as new information becomes available about the scale and duration of lost data or system downtime.
3. **Annual Security and Monitoring Review** All CHOs must undergo an annual security and monitoring review, which includes, at a minimum, completion of the following security and monitoring checklist:
 - Security and Privacy Awareness Training as described in Section II.1;
 - Proper display of "Purpose of Data Collection" notice, see Section II.7;
 - Workstation security as described in Section II.8;
 - Spot checking of client paper files with HMIS data file, including checks of data completeness with program entry/exit dates, see Section III.4a.
4. **Contracts and Other Arrangements** HMIS Lead must retain copies of all contracts and agreements executed as part of the administration and management of HMIS or required to comply with the requirements of these policies.
5. **Allowable Use and Disclosure of HMIS Data** WCICCC's HMIS will only collect client data relevant to the delivery of services to people experiencing homelessness, a housing crisis, or

housing instability in WCICCC's service region.

- a. Service Delivery Client-level data may be stored and retrieved by CHOs when relevant to assessing program eligibility, providing services, and making corrections.
 - b. Reporting to Program Funders Reports of client data in aggregate may be generated to satisfy the reporting requirements of certain program funders, including but not limited to:
 - U.S. Department of Housing and Urban Development Continuum of Care Program;
 - Illinois Department Economic Opportunity, Emergency Solutions Grant Program;
 - Illinois Department Human Services, Homeless Prevention Program.
 - c. Planning and Analysis Reports of client data in aggregate may be generated to improve planning and analysis of homelessness, housing crises, and related issues. These include local CoC planning efforts as well as national reports such as the Annual Homelessness Assessment Report to Congress, Point-in-Time Counts, and the Housing Inventory Chart.
 - d. Coordinated Assessment Reports of client data in aggregate, bed lists, or other availability may be generated to facilitate use of a Coordinated Assessment system.
 - e. Documentation of Homelessness Client shelter stay records in HMIS may be used by CHOs as documentation of homelessness.
 - f. Data Quality Reports of client data in aggregate may be generated to assess and improve the quality of data being entered.
 - g. Troubleshooting HMIS staff and Bowman Systems may from time to time access individual client-level data in order to manage system configuration, conduct special projects, troubleshoot system issues, and provide technical assistance.
 - h. Prohibition on Use of Identifiable Client Data Under no circumstances will reports be generated or data transferred with readable or retrievable client-level identifying data.
6. **Openness of Data** Client-level data in HMIS will generally be Opened and shared between CHOs unless specific consent is given by a client for data not to be shared. The client receiving homeless services is informed that their personal information is entered into an online homeless database and will be shared with other services providers. Consent for such disclosure is obtained during the initial intake appointment.

The only exception is case notes which is Closed. Case notes is only Opened to individuals that work at the same CHO.

Comment [I2]: Lori, check with Bowman to see if ServicePoint can only show the last 4 SSN to other service providers so that portion is not open to other providers.

7. **Informed Client Participation** CHOs will display a “*Purpose of Data Collection*” notice at all locations where HMIS data are collected from clients, and educate clients as to the purpose and scope of data collected and entered into HMIS.
8. **Workstation Security** At a minimum, the primary workstation used by each End User to log in to ServicePoint should be configured to meet the following best practices:
 - a. Password-protected log on for the workstation itself;
 - b. Password-protected (aka locked) screensaver after five minutes or more of inactivity;
 - c. Operating system updated with manufacturer’s latest patches at least weekly;
 - d. Ports firewalled;
 - e. Using either Internet Explorer 8, Firefox 3, Chrome 8, or Safari 3, or later versions of these browsers; and
 - f. Systems scanned at least weekly for viruses and malware.

HMIS staff may provide recommendations or advise in pursuing these best practices, but proper workstation configuration remains the responsibility of each CHO.

9. **End User Accounts** The HMIS staff will provide an End User Account username and initial password to each authorized End User. End User Accounts are assigned on a per-person basis, rather than to a particular position or role. End User Accounts are not to be exchanged, shared, or transferred between personnel at any time.
 - a. CHO Authority to Demand Usernames and Passwords Under no circumstances shall a CHO demand that an End User hand over his or her username and password. CHOs shall inform the HMIS staff of any changes in personnel or other requests to revoke or transfer accounts.
 - b. End User Password Security End User Account passwords must be changed every forty-five (45) days. End Users may keep passwords written down and stored in a purse, wallet, or other container kept on their person at all times. Passwords should never be written on any item left in an office, desk, or other workspace, and passwords should never be in view of another person.
 - c. End User Inactivity End Users who have not logged into the system in the previous 90 days will be flagged as inactive. Inactive End Users may have their ServicePoint accounts locked or removed to maintain the security, confidentiality, and integrity of the system.

10. **Prohibition on Client-level Data from Victim Services Providers** Programs which are primarily for survivors of domestic violence, dating violence, sexual assault, and stalking are prohibited from contributing client-level data into the designated HMIS. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports as described in Section II.5.

11. **Reporting Security and Privacy Incidents** Any End User suspecting violations of Security and Privacy policies or other should report incidents in writing. Reports should include, at a

Comment [13]: To whom?

minimum, the date, time, location, and personnel involved in the incident, along with a description of the suspected violation.

- a. Chain of Reporting End Users should report issues within one business day to the HMIS staff;
- b. Public Disclosure of Security Incidents If a CHO is found to have committed a major violation as described in Section II.12, the incident will be disclosed to the public along with the sanctions instituted in response.

Comment [I4]: How would this be done?

12. Sanctions for Violations

- a. Minor Violations Minor violations include but are not limited to:
 - End User absence at a required End User meeting or annual Security and Privacy Awareness Training, unless prior arrangements have been made for receiving missed training;
 - Workstations non-compliant with up to two Workstation Security items described in Section II.8.

The sanctions for minor violations are dependent on the number of minor violations by the CHO within a 24 month period.

- i. First violation
 1. A letter documenting violating event and involved personnel will be sent to CHO from WCICCC HMIS System Administrator and kept on-file with WCICCC HMIS System Administrator. CHO must submit to WCICCC HMIS System Administrator a written plan for corrective action, including any internal actions taken against employee who violated policy, within 10 business days and complete the corrective action within 30 days.
 - ii. Second violation
 1. A letter as described in “First violation” above.
 2. WCICCC HMIS will conduct a mandatory training session on security and privacy policies for the CHO in question. This training must be attended by all end users and the CHO executive director. In organizations where the end user is the executive director, the training must be attended by the chair or president of the CHO’s board of directors.
- b. Major Violations Major violations include but are not limited to:
 - Three or more minor violations within a 24 month period;
 - Failure to submit a written plan for corrective action for minor violations within 10 days;

- Failure to complete corrective action for minor violations within 30 days;
- Failure to participate in an Annual Security Review as described in Section II.3;
- Workstations non-compliant with three or more Workstation Security items as described in Section II.8;
- Failure to report security and privacy incidents as described in Section II.11;
- Transmitting Client Identifiers in plain text via unsecured or unencrypted e-mail;
- Sharing ServicePoint End User accounts;
- End users leaving ServicePoint account credentials in plain view or unattended;
- Improper access of client data beyond the scope outlined in Section II.5.

The sanction for a major violation is:

- A letter as described in “First violation” for minor violations above;
 - A mandatory training as described in “Second violation” for minor violations above; and
 - The CHO will lose their eligibility to apply for funding from the Continuum for a period of 12 months from the date of the infraction(s) being “founded”.
- c. Findings The HMIS System Administrator will document any suspected finding of violation(s) and provide them to the WCI Homeless Assistance Council and/or HMIS Lead. The WCI Homeless Assistance Council and/or HMIS Lead will issue notices to the CHO in question describing the finding of violation(s) and the associated sanction(s).
- d. Appeals Findings of violations may be appealed, in writing, by the CHO in question. All appeals must be submitted in writing and should include any available supporting documentation. Appeals must be submitted within five (5) business days of the date the CHO received notice of the finding.
- i. Appeals for Minor Violations will be received and reviewed by the HMIS Lead. The HMIS Lead will issue a response within five (5) business days of receiving the appeal, including any amendments to the sanction(s).
 - ii. Appeals for Major will be received and reviewed by the WCI Homeless Assistance Council, which will issue a response within thirty (30) calendar days of receiving the appeal, including any amendments to the sanction(s).

III. Data Quality Plan

1. **Data Definitions** With the exception of a few custom fields used for specialized activities, Data Elements used by WCICCC’s HMIS match those prescribed by the U.S. Department of

Housing and Urban Development in their March 2010 HMIS Data Standards Revised Notice.

2. Categories of Data Elements

a. Client Identifiers

- Name
- Date of Birth
- Social Security Number
- Gender

b. Universal Data Elements

- All Client Identifiers
- Race
- Ethnicity
- Veteran Status
- Disabling Condition
- Residence Prior to Program Entry
- Last Permanent ZIP Code
- Housing Status
- Household Membership
- Program Entry Date
- Program Exit Date (if applicable)

c. Program-Specific Data Elements

- Extent of Homelessness
- Chronic Homelessness Status
- Income Amounts & Sources
- Non-Cash Benefit Amounts & Sources
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS Diagnosis
- Mental Health Condition
- Substance Abuse
- Domestic Violence
- Reason for Leaving (if applicable)
- Destination (if applicable)

d. Local Data Elements

- Employment
- Education
- General Health
- Pregnancy
- Veteran Details
- Children's Education
- Primary Reason for Homelessness/Threat to Housing Stability

e. Service and Shelter Records

- Alliance of Information and Referral Systems (AIRS) Taxonomy Code
- Start and End Dates
- Bed Assignment (if applicable)
- Amount or Units of Assistance (if applicable)
- Funding Source (if applicable)
- Current or Arrears Designation (if applicable)

f. Extended Data

- Includes Case Notes
- Goals
- Action Steps
- Follow-Up Plans
- Needs
- Referrals
- Self-Sufficiency Matrix measurements
- Case Manager(s)

3. **Required Data** CHO's will collect a required set of data elements for each client. The set of required data elements varies by program type and individual data elements may not be required for all populations, as established in Section I.

a. Emergency Shelters Includes any programs designated as an Emergency Shelter on the Continuum of Care's Housing Inventory Chart. The following data are required:

- Universal Data Elements: All
- Program-Specific Data Elements: None
- Local Data Elements: None
- Service and Shelter Records: All
- Extended Data: None

- b. Continuum of Care Programs Includes Continuum of Care Funded Programs. The following data are required:
- Universal Data Elements: All
 - Program-Specific Data Elements: All
 - Local Data Elements: All
 - Service and Shelter Records: All
 - Extended Data: None
- c. Emergency Solutions Grant Includes Emergency Solutions Grant Funded Programs. Emergency Shelters and Transitional Shelters need to complete the steps for Emergency Shelters. Rapid Rehousing and Homeless Prevention following data are required:
- Universal Data Elements: All
 - Program-Specific Data Elements: None
 - Local Data Elements: None
 - Service and Shelter Records: All
 - Extended Data: None
- d. Transitional Housing and Permanent Supportive Housing Includes any programs designated as Transitional Housing or Permanent Supportive Housing on the Housing Inventory Chart that does not get funds that come from HUD. The following data are required:
- Universal Data Elements: All
 - Program-Specific Data Elements: All
 - Local Data Elements: All
 - Service and Shelter Records: All
 - Extended Data: None
- e. Other Direct Financial Assistance Programs Includes rent, deposit, and/or utility assistance programs not funded through programs described in (3)(c) and (3)(d), above. The following data are required:
- Universal Data Elements: All
 - Program-Specific Data Elements: Reason for Leaving and Destination at Exit only
 - Local Data Elements: Primary Reason for Homelessness/Threat to Housing Stability only
 - Service and Shelter Records: All
 - Extended Data: None
- f. Other Non-Residential Services Only Includes any participating programs which are not listed on the Housing Inventory Chart and which do not provide direct financial assistance or subsidies in support of client housing costs.

- Universal Data Elements: All
- Program-Specific Data Elements: None
- Local Data Elements: Primary Reason for Homelessness/Threat to Housing Stability only
- Service and Shelter Records: All
- Extended Data: None

4. **Data Completeness**

- a. Program Entry Date and Program Exit Date CHO's are responsible for completing 100% of their Program Entry Dates and Program Exit Dates for all clients served. Entry and Exit Dates must match client files. Spot checking of data done at the CHO's Annual Security and Monitoring Review.
- b. All Other Data CHO's are responsible for completing ninety-five percent (95%) or more of all other client-level data at both entry and exit.

5. **Data Validity/Congruence** CHO's are responsible for providing data that is valid and congruent, meaning that the data should not contain contradictions or impossibilities. No more than one half of one percent (0.5%) of clients should exhibit any given incongruence case, which includes but is not limited to:

- a. Date of birth indicating negative age;
- b. Date of birth indicating age greater than one hundred years old;
- c. Date of birth same as date client was created in HMIS;
- d. Age inconsistent with household relationship (nine-year-old grandmother, etc.);
- e. Veteran status is yes but age is less than eighteen;
- f. Gender conflicts with household relationship (male grandmother);
- g. Listed as head of household but relationship to head of household is not "self";
- h. Not listed as head of household but relationship to head of household is "self";
- i. Household membership but no household relationship; and
- j. Client listed as pregnant but not a female between twelve and fifty-five years old.

Comment [AMD5]: What about creating a duplicate client?

6. **Monitoring and Evaluation** WCICCC HMIS will periodically monitor and evaluate the Completeness and Validity of data. Data Completeness will be evaluated after each month, and Data Validity will be evaluated after each quarter.

a. Reporting Schedule

- All data for a reporting period should be completed by the fifth day of the following month;
- WCICCC HMIS System Administrator will provide draft reports of Data Completeness and Validity (quarterly only) on the sixth day of the following month;
- WCICCC HMIS System Administrator will provide support to CHO's as-needed for corrections of the previous reporting period's data and CHO's are expected to make any corrections by the tenth day of the following month; and

- WCICCC HMIS System Administrator will provide a second, final report to each CHO on the eleventh day with updated figures.

b. Performance Evaluation

CHO performance on Completeness and Validity of data will be scored using a points system. CHOs who meet the required standard for Completeness will be awarded 1.50 points per month. CHOs who meet the required standard for Validity will be awarded 1.75 points per quarter. The maximum number of points for Data Quality per calendar year is 25.00.

c. Sanctions for Poor Performance

CHOs which consistently contribute low quality data may be required to receive additional training from WCICC HMIS Staff, develop a written Data Quality Improvement Plan, and/or have End User Accounts suspended until appropriate action is taken to improve Data Quality.

West Central Illinois Continuum of Care Consortium -- 2013 Renewal Projects Ranking Matrix

Organization Name: _____

	3	2	1	0	SCORE	WEIGHT	TOTAL (S x)	
PARTICIPATION IN CONTINUUM OF CARE <i>Meeting(s)</i>	Has attended 90% or more of the meetings in the past 12 months.	Has attended 80-89% of the meetings in the past 12 months.	Has attended 70-79% of the meetings in the past 12 months.	Has attended less than 70% of the meetings in the past 12 months.		20	0	
PH NATIONAL PERFORMANCE MEASURE: Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77% <i>APR Q36a</i>	85% or more of persons who exited met this goal.	77%-85% of persons who exited met this goal.	Less than 77% persons who exited met this goal, but percentage <u>has increased</u> from previous year. <i>Last Year's %:</i>	Less than 77% persons who exited met this goal, percentage <u>did not</u> increase from previous year.		20	0	
TH NATIONAL PERFORMANCE MEASURE: Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65% <i>APR Q36b</i>	75% or more of persons who exited met this goal.	65%-75% of persons who exited met this goal.	Less than 65% persons who exited met this goal, but percentage has increased from previous year. <i>Last Year's %:</i>	Less than 65% persons who exited met this goal, percentage did not increase from previous year.		20	0	
NATIONAL PERFORMANCE MEASURE: Increase the percentage of homeless persons employed at exit to at least 20% OR Percentage of persons age 18 or older who increased their total income (from all sources) as of the end of the operating year or program exit. <i>APR Q36b</i>	50% or more of persons who exited met this goal.	20%-50% of persons who exited met this goal.	Less than 20% persons who exited met this goal, but percentage has increased from previous year. <i>Last Year's %:</i>	Less than 20% persons who exited met this goal, percentage <u>did not</u> increase from previous year.		20	0	
WCICCC PERFORMANCE MEASURE: Percent of school-aged children enrolled in school within 72 hours of entering program <i>APR Q37</i>	100% of children who entered the program met this measure.	90% to 100% of children who entered the program met this measure.	80% to 90% of children who entered the program met this measure.	Less than 80% of children who entered the program met this measure.		20	0	
DRAWDOWN OF GRANT FUNDS <i>HUD Grant Application</i> <i>APR Q30a4 (SHP Funds)</i> <i>Percent Not Spent</i>	100% of funds drawn down.	95% to 100% of funds drawn down.	90% to 95% of funds drawn down.	Less than 90% of funds drawn down.		20	0	
Total points awarded out of 300 possible								0
5 bonus points assigned to projects that provide beds to the chronically homeless								
Grand Total								0

Firefox | File Edit View History Bookmarks Yahoo! Tools Help

Zimbra: Inbox | e-snaps: Homeless Assistance Applic... | G3™ e.Forms | West Central Illinois Continuum of C... | +

wciccc.com/MeetingSchedule/ | Search | Safe | Do Not Track | Weather | Facebook

YAHOO! | Yahoo Search | Search | Safe | Do Not Track | Weather | Facebook

AVG | Search... | Search | Safe | Do Not Track | Weather | Facebook

January 9, 2014
Steering Committee Conference Call
10:30 a.m.
[minutes \(includes Committee Approved Governance Charter\)](#)

January 9, 2014
[2013 CoC competition ranking results \(Announced January 9, 2014; Uploaded January 15, 2014\)](#)
[Ranking Tool Results](#)

January 20, 2014
[FY13 DRAFT Consolidated CoC Application](#)

December 12, 2013
Steering Conference Call - call-in number 309-298-3680
10:30 a.m.
[minutes \(includes copy of blank HUD CoC Consolidated Grant Application\)](#)

November 10, 2013
Full Continuum Meeting/Conference Call; MCS Community Services, 345 West State, Jacksonville, IL - call-in number 309-298-3680
10:30 a.m.
[minutes](#)

October 10, 2013
Steering Committee Conference Call
10:30 a.m.
[minutes \(includes finalized copy of Grant Inventory Worksheet sent to HUD\)](#)

September 12, 2013
Steering Committee Conference Call - call-in number 309-298-3680
10:30 a.m.
[minutes](#)

August 29, 2013
ROE Homeless Liaisons / Homeless Shelter Providers Meeting, Hosted by Eileen Worthington, Regional Office of Education, 130 S. Lafayette Street -- Suite 200, Macomb, IL
-- call number 309-298-3680
10 a.m.-noon
[minutes](#)

July 17, 2013
Governance Committee Conference Call

5:34 PM
1/25/2014