

Minutes
Coordinated Assessment Committee
West Central Illinois Continuum of Care Consortium
July 30, 2015

Attendance

Lori Sutton, Illinois Institute Rural Affairs, WIU, Macomb
Jordan Mahara, Illinois Institute Rural Affairs, WIU, Macomb
Mary Muehlenfeld, YWCA of Quincy
Dona Leanard, Crisis Center Foundation, Jacksonville
Emily Beaver, Salvation Army, Quincy
Megan Duesterhaus, QUANADA, Quincy
Tammi Lonergan, MCS Community Center, Jacksonville
Jennifer Vancil, QUANADA, Quincy
Heidi Welty Salvation Army, Quincy
Cindy Grawe, Madonna House, Quincy

Absent:

Myndi Boyd, YWCA of Quincy
Suzan Nash, Western Illinois Regional Council, Macomb
Amanda Davis, Illinois Institute Rural Affairs, WIU, Macomb

Minutes

1. City of Quincy proposal- Group homes, halfway houses, domestic violence shelters, homeless shelters
 - a. Must be 800 feet away from private or public schools, daycares, preschools, colleges, or vocational schools.
 - b. Twenty four hour supervision is required to be provided by paid or volunteer staff
 - c. One off-street parking space shall be provided for each two beds, plus one off-street parking space for each employee.
 - i. No one talked to the providers about this. We found out it through outside sources.
 - ii. This is discriminatory. Just because they are victims the shelter must stay away from school.
 - iii. Where is this coming from? Was there a concern about it all of a sudden?
 - iv. It is said that current shelters will be grandfathered in, but it is not written in the proposal.
 - v. This could cause expansion to be difficult.
 - vi. How long have they been drafting this plan?
 - vii. August 25 at 7pm the meeting will be held for this proposal
 - viii. The CoC will be taking a stance on this situation.
 - ix. The CoC could draft a letter to send to other shelters to ask them to come to the meeting to help oppose the proposal.
 - d. Herald Whig article: <http://www.whig.com/story/29659671/plan-commission-endorses-three-proposals-that-will-go-to-city-council>
 - e. Ordinances attached
2. Grievance procedure
 - a. Clarify who the signature is supposed to be.
 - b. Add date received
 - c. Add how can we contact the client
 - d. Grievances that reach the Regional Coordinated Assessment Committee will be filed with the Support Entity for record retention (Lori Sutton).
 - e. Final Grievance Procedure attached
3. Referral form
 - a. Form is confidential because of the client's name and date of birth attached.
 - b. Referrals are not required, but it is needed. If it's not documented, it did not happen.

- c. Get a release signature from client before referral can be made.
 - d. The scores are VERY important
 - e. Could have just the results of the emergency screening on the sheet if you know exactly where to refer the person to.
 - f. Add to procedures that the form must be faxed or mailed.
 - g. Do NOT email this form.
 - h. Cannot email previous provider stating if the client was accepted or not.
 - i. Final Referral Form attached
4. Quincy CA Plan
 - a. Nothing added. All of Mary's changes were accepted.
 - b. Needs one final review by CA committee
 5. CoC CA Plan
 - a. All of Cindy's changes were accepted.
 - b. Definition of assessment specialist added - must be trained employees to administer assessment tools.
 - c. Needs one final review by CA committee
 6. Emergency Response Screening
 - a. Added headers and footers
 - b. Added name and phone number
 - c. Added who completed the screening
 - d. Added agency site completing the screening
 7. Quincy Plan- Service Provider Document
 - a. Looked at excel file, needs additional work (problems with Lori's computer)
 - b. Looked at McDonough County Social Services website - http://socserv.org/directory_display.php to see if this may be direction group wants to go towards
 - i. United Way has something similar already – volunteer opportunities database on their website (<http://unitedwayadamsco.galaxydigital.com/>), could possibly talk to Emily about directory possibilities
 8. ServicePoint
 - a. Lori needs some additional info before she can start to set up ServicePoint
 - i. Madonna House and Salvation Army can either enter data for other providers as a CA Provider or using the Enter Data As(EDA) feature of ServicePoint. This would be in cases where the providers do not have access to ServicePoint, i.e. Well House, Fishers of Men, and New Start
 - ii. Client info can be entered in thru ClientPoint or ShelterPoint with Bed data. If ClientPoint, just need to do Entry/Exits, which means you do need to know why individual leave shelter and why.
 - iii. Cindy didn't feel it would be an issue to enter either ClientPoint or ShelterPoint for single individuals, but it could be a problem with families. Lori will contact Emily to get her feelings. The ServicePoint Tech was pushing the EDA with providers.
 - b. End of August or Middle of September this should be implemented.
 9. Tasks to be done before next meeting.
 - a. Take one last look at CoC plan,
 - b. Take one last look at Quincy plan,
 - c. Take one last look at Emergency Response Screening
 - d. Lori will look at developing work flows for ServicePoint
 10. Roe Meeting with CoC - August 26 10:30 am
 11. Schedule next meeting
 - a. Thursday, August 20, 10:30 a.m.
 - b. Will be the final review of the documents & work flows for ServicePoint

CITY OF QUINCY

DEPARTMENT OF PLANNING & DEVELOPMENT

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MEMORANDUM

TO: Mayor Moore and Plan Commission

FROM: Chuck Bevelheimer

DATE: July 13, 2015

SUBJECT: Proposed amendments to the Zoning Ordinance to locate Domestic Violence Shelters and Homeless Shelters by Special Permit in the R3 District (Municipal Code Section 162.030)

Council Members Heinecke and Holschlag asked the Planning Department to draft an amendment to the Special Permit Section of the Zoning Ordinance to address the location of homeless shelters and domestic violence shelters in the R3 Multi-Family Residential District. The amendments would require domestic violence shelters and certain other congregate living facilities to be separated by at least 800 feet.

The first amendment would add a definition of Domestic Violence Shelters and Homeless Shelters to Section 162.001, "Definitions"

DOMESTIC VIOLENCE SHELTER, HOMELESS SHELTER. A residential facility serving as a shelter to house persons who are victims of domestic violence or persons and families that become homeless. The facility provides temporary boarding, lodging, counseling and/or day care for shelter residents.

The second amendment would add Domestic Violence Shelters and Homeless Shelters to Section 162.030, "Uses Located by Special Permit" and establish conditions as follows:

Uses	Specific Conditions	Districts
Group homes, halfway houses, domestic violence shelters, homeless shelters	(a) There shall be 800 feet between group homes, halfway houses, domestic violence shelters, and homeless shelters, and also between these uses and any day care, preschool, private or public school, college, or vocational school. (b) Twenty-four-hour supervision is required to be provided by paid or volunteer staff. (c) One off-street parking space shall be provided for each two beds, plus one off-street parking space for each employee.	R3

West Central Illinois
Continuum of Care Consortium

Grievance Form

What are your concerns? Please include dates, times, location, and names if available

Name: _____

Contact Info: _____

Date of Incident: _____

Location of Incident: _____

People/Person Involved: _____

What are your concerns? (Please use the back if you need more space) _____

How would you like to see the situation resolved? _____

Signature of Client: _____ Date _____

Signature of Person receiving the Grievance Form: _____

Date Form Received: _____

Resolution: (Office Use Only)

Date _____

Individuals reviewing Complaint:

Resolution of Problem: _____

Date Resolution was implemented and presented to individual and response, if any: _____

Signature: _____ Date _____

Title: _____

West Central Illinois Continuum of Care Consortium Coordinated Assessment
REFERRAL FORM

Date _____ Referred by: _____

Referring party information:

Telephone number: _____ Fax: _____

Address: _____

Referral Information:

Name _____

Address _____

Age _____ Birth date _____ Sex _____ Race _____

Veteran (circle one): YES NO	Familial status (circle one): Single Family
Jail/Prison last 12 months (circle one): YES NO	*If family please indicate how many members are in family: _____
Substance Abuse (circle one): YES NO	Domestic Violence (circle one): YES NO

Housing at first contact (circle one):			
Outdoors	Short-term shelter	Long-term shelter	Institution
Jail	Halfway house/ Residential TX	Own/someone else apt, room, etc.	Unknown
Other (explain): 			

Housing Barriers Assessment & Prioritization Screening: Please complete the Service Provided		
Emergency Screening	VI-SPDAT	SPDAT
Date Completed:	Date Completed:	Dated Completed:
Findings	Findings	Findings
Referrals Provided and Additional Comments:		

Services Needed/ Requested (check all applicable):

- Counseling Services
- Shelter Services
- Permanent Housing
- Outreach
- Financial Assistance
 - Rent (eviction notice required)
 - Security Deposit (copy of lease stating amount of security deposit required)

Please initial the following:

_____ I have received a copy of the Housing Barriers Assessment & Prioritization Screening and been provided a copy of any and all recommendations.

Signature of Client: _____ Date _____

Signature of Agency Staff: _____ Date _____

Please fax this form or mail to the referring provider, DO NOT email.