

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 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 information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) IL-519 - West Central Illinois CoC
Collaborative Applicant Name: YWCA of Quincy
CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: West Central Illinois Continuum of Care Consortium (WCICCC)

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

When new organizations are established and/or new leadership/staff at existing organizations are hired, members from the steering committee personally invite individuals representing these organizations to CoC meetings. The purpose for seeking this involvement creates a broader base of feedback and input ensuring coordination throughout the CoC and ultimately the improvement of services available.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Advisor

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	No

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

The CoC will use a decentralized coordinated system (with multiple assessment points all employing the same assessment and referral process). This is due to the fact the CoC is rural and covers 11 counties. To start, the three main “hubs,” or population centers will be the focus of the CoC efforts the next year. Smaller population “hubs” will follow.

“No Wrong Door” approach will also be implemented with the decentralized coordinated assessment system where homeless families or individuals present themselves at any homeless service provider and they are helped to navigate through the social services system.

The CoC plans to implement some basic monitoring on CoC-funded projects and ESG projects. The CA is submitting a planning grant in this year’s application which includes some limited funds to work with a university partner to monitor projects.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

The CoC has written agenda e-mailed to a CoC distribution list at least one week before a scheduled meeting. The agenda is also posted on the CoC’s website one week before a scheduled meeting.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	No
Written process for board selection	No
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	No

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
WCICCC's HMIS Committee	This group addresses HMIS-related issues.	Monthly or more
WCICCC 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 (twice a year)
WCICCC 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 or more
WCICCC PIT Committee	This group is responsible for conducting the bi-annual unsheltered PIT along with the annual sheltered PIT/HIC.	semi-annually (twice a year)

If any group meets less than quarterly, please explain (limit 750 characters)

The Evaluation Committee meets on an as needed basis to evaluate proposals seeking funding thru the HUD CoC competition or the state's ESG competition. The group meets several times within which each grant competition window.

The PIT Committee meets semi-annually, but meets several times during the four-six months prior to the HIC/PIT count to organize activities, review documents, and procedures.

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Private Sector
Individual
Public Sector

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	1	12	4	9	36	3

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill				2	6	
Substance abuse					4	
Veterans					1	
HIV/AIDS				1	2	

Domestic violence					3	
Children (under age 18)						
Unaccompanied youth (ages 18 to 24)				1	7	2

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	1	12	4	9	36	3
Authoring agency for consolidated plan						
Attend consolidated plan planning meetings during past 12 months					1	
Attend Consolidated Plan focus groups/ public forums during past 12 months					1	
Lead agency for 10-year plan						
Attend 10-year planning meetings during past 12 months					2	
Primary decision making group		1			4	

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number		2	3

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill			1
Substance abuse		1	3
Veterans			
HIV/AIDS			
Domestic violence		1	2
Children (under age 18)			
Unaccompanied youth (ages 18 to 24)			

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group		2	3
Authoring agency for consolidated plan			
Attend consolidated plan planning meetings during past 12 months			
Attend consolidated plan focus groups/ public forums during past 12 months			
Lead agency for 10-year plan			
Attend 10-year planning meetings during past 12 months			
Primary decision making group		1	

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.
 Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	3	7	1	5	10	3	3

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill							1

Substance abuse							
Veterans							2
HIV/AIDS							
Domestic violence							
Children (under age 18)							
Unaccompanied youth (ages 18 to 24)					8	1	

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	3	6	1	5	10	3	3
Authoring agency for consolidated plan							
Attend consolidated plan planning meetings during past 12 months					1	2	1
Attend consolidated plan focus groups/public forums during past 12 months					1	2	1
Lead agency for 10-year plan					1		
Attend 10-year planning meetings during past 12 months		2					
Primary decision making group		1		1			

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): m. Assess Provider Organization Capacity, h. Survey Clients, n. Evaluate Project Presentation, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), a. CoC Rating & Review Committee Exists, e. Review HUD APR for Performance Results

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

The CoC has an evaluation committee that reviews projects. There are two separate processes for reviewing and ranking projects.

Renewal project applicants need to submit a letter of intent to apply for funding which needs to be signed by two of their board members. Then an evaluation matrix is completed to evaluate the ranking a project will receive.

Organizations submitting new project must also submit a pre-proposal application which is used to fill out a new project evaluation matrix along with a letter of intent.

The evaluation matrix considers the items listed above in performance assessment measurement questions.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): b. Consumer Representative Has a Vote, d. One Vote per Organization, e. Consensus (general agreement), a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

Once the GIW was finalized, the CoC informed service providers of the amount of funds available for the PH bonus. This was done through email and meetings (CoC and local network, which include faith-based groups).

Interested applicants were then sent an email with links to HUD online resources. At this time, the interested applicants were also asked to submit a letter of intent to the CoC, signed by two board members.

Once the NOFA was released, interested applicants were sent the pre-proposal and evaluation matrix and were given an overview of the review process and deadlines. The email also had links to appropriate HUD resources. The CA was also willing to answer questions for individuals considering funding.

After the evaluation committee reviewed proposals, the pre-proposal applicant selected to move forward to the project applicant phase was notified by email. Pre-proposals not selected were submitted a letter informing them they were not selected and the reason why.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

not applicable

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters)

Overall, the number of emergency shelter beds increased by 15 between the 2011 and 2012 HIC.

A new shelter, New Direction, opened in Jacksonville with 12 beds. A domestic violence shelter, QUANADA, also showed a gain of 5 beds.

Many of the shelters shift their beds between emergency shelter and transitional housing. New Start was one that shifted 1 bed from transitional housing to emergency shelter. Another shelter (Chrysalis Shepherding Home) shifted 3 beds from emergency shelter to transitional housing.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

In 2011, there was 3 agencies receiving HPRP funds. The three agencies spent their HPRP allotments by December 31, 2011. Therefore the program was not available in WCICCC's region during the 2012 HIC. This resulted in a decline of 28 beds.

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters)

not applicable

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

Transitional housing showed a net increase of 10 beds. The largest increase was 9 beds for Transitions of Western Illinois. In 2010, this program was managed by another agency. At the 2011 HIC the program was just getting started and had 13 beds, by 2012 HIC the program had 22 beds.

QUANADA, a DV provider showed an increase of 1 bed. WIRC-CAA showed a decrease of 2 beds. This was due to changes their program needed to make in order to switch landlords.

Many of the shelters shift their beds between transitional housing and emergency shelter. New Start was one that shifted 1 bed from emergency shelter to transitional housing. Another shelter (Chrysalis) shifted 3 beds from transitional housing to emergency shelter.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: No

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

not applicable

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters) not applicable

Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply): HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:
not applicable

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Provider opinion through discussion or survey forms

Specify "other" data types:
not applicable

If more than one method was selected, describe how these methods were used together (limit 750 characters)

not applicable

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Single CoC

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

Is there a governance agreement in place with the CoC? No

If yes, does the governance agreement include the most current HMIS requirements? No

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

The CoC does not have a formal governance agreement with the HMIS Lead Agency due to the small number of service providers on the HMIS system since initiation. To date, the CoC had relied on verbal agreements with the HMIS Lead Agency. The CoC has a HMIS User Policy, Responsibility Statement and Code of Ethics form that all HMIS users sign, which includes the HMIS Lead.

The HMIS funds the Lead received were from the Lead Agency's PH grant. In the beginning, the three community action agencies (CAA) in the region provided the match for HMIS. This verbal agreement for match has been approved on annual basis and if the HMIS Lead Agency had been acting inappropriately, the CAAs could revoke their match on the HMIS.

The CoC is in the process of upgrading to a new HMIS provider. Once the upgrade process is complete, the CoC plans to create a formalized governance agreement this year. This is necessary due to the increase in number of service providers using the system and the types of funds used to operate the CoC's HMIS.

Does the HMIS Lead Agency have the following plans in place? Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: ROSIE

What is the name of the HMIS software company? Municipal Information Systems

Does the CoC plan to change HMIS software within the next 18 months? Yes

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 09/01/2004

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): No or low participation by non-HUD funded providers, Other

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

not applicable

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

The CoC is in the process of upgrading to a new HMIS provider. This was made possible in part by allowing HMIS fees to be charged to ESG providers. The old HMIS was (is) an antiquated system that does not have a good user-friendly interface and was limited in customized reports (reports had to be created by HMIS provider, which was slow to respond to CoC requests). The new HMIS is more user-friendly and the CoC Lead can make reports versus waiting for the HMIS service provider to make the reports.

In mid-January, service providers will be trained on the new HMIS. There are four non-HUD funded service providers that indicated they would be willing to join with the new HMIS.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	January	2012
Operating End Month/Year	December	2012

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$25,214
ESG	\$11,034
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	\$36,248

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	\$1,105
State	\$11,568
State and Local - Total Amount	\$12,673

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	\$3,426
Private - Total Amount	\$3,426

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	\$52,347
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Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

not applicable

How was the HMIS Lead Agency selected by the CoC? Agency was Appointed

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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 (ES) beds	0-50%
* HPRP beds	Housing type does not exist in CoC
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	0-50%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Quarterly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

The CoC is upgrading to a new HMIS service provider. The new HMIS system will be more user-friendly user interfaces and the HMIS Lead Agency will be able to create customized reports for service providers. Two emergency shelter providers are interested in the new system. If these two providers join, then bed coverage will be 92% for emergency shelters.

A transitional housing provider is also interested in the new HMIS. This provider has two transitional housing programs it manages. Another service provider, that has not voiced willingness to be on the new system, will be invited to the January training of service providers. If both of the transitional housing providers go onto the system, the bed coverage will be 76% for transitional housing.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? No

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	19%
Rapid Re-Housing	100%
Supportive Services	4%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	5
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	0%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	0%	0%
Residence prior to program entry	0%	0%
Zip Code of last permanent address	0%	0%
Housing status	0%	0%
Destination	0%	2%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

The design of the HMIS software eliminates many concerns about data quality by not allowing for null or missing values for any Universal or Program data element. One data quality report shows the frequency of "don't know" and "refused to answer" responses, allowing agencies to monitor data entry proficiency. At a system administration level, daily audits are performed to ensure data integrity. Monthly audits look for duplicate client files using seven different algorithms that look for records with multiple matching identifiers. The auditing tool allows agencies to easily validate the accuracy of report values and make corrections to client data when necessary.

How frequently does the CoC review the quality of client level data? At least Quarterly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

not applicable

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** Never
- Point-in-time count of sheltered persons:** At least Annually
- Point-in-time count of unsheltered persons:** Never
- Measuring the performance of participating housing and service providers:** At least Quarterly
- Using data for program management:** At least Monthly
- Integration of HMIS data with data from mainstream resources:** Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Semi-annually
* Locking screen savers	At least Semi-annually
* Virus protection with auto update	At least Semi-annually
* Individual or network firewalls	At least Semi-annually
* Restrictions on access to HMIS via public forums	At least Semi-annually
* Compliance with HMIS policy and procedures manual	At least Semi-annually
* Validation of off-site storage of HMIS data	At least Monthly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Quarterly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

If 'Yes', indicate date of last review or update by CoC: 03/22/2011

If 'Yes', does the manual include a glossary of terms? Yes

If 'No', indicate when development of manual will be completed (mm/dd/yyyy):

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Semi-annually
* Data security training	At least Semi-annually
* Data quality training	At least Quarterly
* Using data locally	At least Semi-annually
* Using HMIS data for assessing program performance	At least Semi-annually
* Basic computer skills training	Never
* HMIS software training	At least Semi-annually
* Policy and procedures	At least Semi-annually
* Training	At least Semi-annually
* HMIS data collection requirements	At least Semi-annually

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

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

not applicable

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	93%	0%	14%
Transitional Housing	0%	87%	0%	3%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The 2012 PIT sheltered count resulted in 93% of the providers responding to the PIT survey. One ES/TH provider didn't respond.

Overall, the emergency shelters had 59 people in 2012 compared to 35 in 2011. There was two shelters that had the most impact in the increase in homeless individuals in emergency shelters. One was a DV shelter that had to close its doors temporarily in 2011 due to state budget cuts, in 2012 the shelter was reopened and had 10 clients. The other shelter was a new shelter that had opened after the 2011 PIT and they had 12 clients in 2012.

Transitional housing also showed a net decline of 12, 90 clients in 2012 compared to 102 in 2011. This probably isn't a true decline, since 2012 is missing information from one service provider. The missing service provider had 24 clients in 2011. There was an older youth program that had started operating in 2011 with 13 beds and by the 2012 PIT it had 22 beds.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	Quality affordable housing stock is in short supply CoC's region. A significant percentage of rental property is substandard. The list for public housing availability is always long, with at least a 6-9 month wait, which shows that affordable housing is in demand in area. Providers will have to be creative with their current supportive housing funding to keep making an impact. There continues to be a shortage of transitional housing and permanent supportive housing. There is a waiting list and there are fewer units than the demand can satisfy. Given the federal budget situation, it is unlikely that additional funding will be available for housing relief.
* Services	Funding levels fall far short of meeting the area's needs for various services, due to lack of providers or state cuts to services. Services needed in this region include: mental health, substance abuse, basic budgeting and finance training, literacy training, and educational stipends. Additional case management is also needed to help ensure clients receive services needed.
* Mainstream Resources	Most individuals and/or families who are eligible for mainstream resources are receiving those resources. While there are opportunities for job training, there is a shortage of jobs which pay sufficient wages to sustain living in decent housing and to support a family. The Social Security process can be hard for individuals to navigate through without assistance. Case managers in the CoC's supportive housing programs are trained in SOAR and provide the assistance needed. However, others needing assistance use attorneys which take a portion of the lump sum fees. Service providers also link clients up to TANF and assist them in accessing the child support enforcement system.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

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

If Other, specify:

not applicable

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The service providers were emailed a survey prior to PIT date. The survey instrument was developed by a research economist from Western Illinois University. The survey contains a section on: 1. Inventory; 2. Clients in shelter; 3. Subpopulation characteristics; 4. Youth only households; 5. Chronically homeless; and 6. Supportive services provided.

The section on clients in shelter instructed the provider to only count people that were in the shelter the night of Jan. 25, 2012. The information collected was broken out by person and households for single person households, persons in families without dependent children, and persons in families with dependent children. The data was further broken out by ES and TH since some providers provide both services. A separate section gathered similar information for youth only households, which also included a definition of what was considered youth only households. Domestic violence shelters participated in the PIT. No hotel/motel vouchers were used the night of the PIT.

Providers were instructed to email the survey back to the PIT coordinator. Providers not returning the survey were contacted by email and later by phone. The PIT coordinator reviewed the information, compared to HMIS (when applicable), and made calls to verify questionable data. Once discrepancies were corrected, the results were reviewed by the steering committee.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

not applicable

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

As noted in 2I, the service providers were emailed a survey prior to PIT date. The survey contains a section on: 1. Inventory; 2. Clients in shelter; 3. Subpopulation characteristics; 4. Youth only households; 5. Chronically homeless; and 6. Supportive services provided.

The survey instrument instructed providers to only report on individuals that were in the shelter the night of January 25, 2012. The section on subpopulation characteristics and chronically homeless were used to gather the required information. Service providers used their expertise, client records, and/or HMIS data to complete these two sections of the survey instrument.

Providers were instructed to email the survey back to the PIT coordinator. Providers not returning the survey by due date were contacted by email and later by phone. The PIT coordinator reviewed the information, compared to HMIS (when applicable), and made telephone calls to verify questionable data. Once discrepancies were corrected, the results were reviewed by CoC's Steering Committee.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

not applicable

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

not applicable

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

As noted in 2I and 2J, the service providers were emailed a survey prior to PIT date. The survey contains a section on: 1. Inventory; 2. Clients in shelter; 3. Subpopulation characteristics; 4. Youth only households; 5. Chronically homeless; and 6. Supportive services provided.

The survey instrument instructed providers to only report on individuals that were in the shelter the night of January 25, 2012. The survey instrument is one that CoC has used for several years, so the service providers involved in the PIT are very familiar with the instrument. Most of the providers have several years experience using the PIT survey instrument. The email the survey is attached to gives detailed instructions, along with a person to contact if they need assistance or additional training.

Providers were instructed to email the survey back to the PIT coordinator. An email reminder was sent to service providers, giving the due date and person to contact if they needed assistance. Providers not returning the survey by due date were contacted by email and later by phone. The PIT coordinator reviewed the information, compared to HMIS (when applicable), and made telephone calls to verify questionable data. Once discrepancies were corrected, the results were reviewed by CoC's Steering Committee.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? biennially (every other year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/26/2011

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

not applicable

Comparing the 2011 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 reason(s) for the increase, decrease, or no change (limit 750 characters)

In the 2010 and 2011 unsheltered PIT, there was an increase of 23 people. Both years, the CoC did known locations where the homeless are known to congregate. Both years, the weather was extremely cold and no homeless were found. The three "hubs" that participated in the unsheltered count all experienced the same results, both years.

In 2011, two of the three "hubs" have soup kitchen and decided to perform a service-based count the following day. During the service-based count, 23 individuals were identified as being homeless.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	
Other:	
None:	

If Other, specify:

not applicable

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

Based on the unsheltered PIT done in 2011, three teams went out between 9 p.m. to 1:30 a.m. on the night of the unsheltered PIT. The teams were dispatched to known locations in three different communities located in three different counties. Each community was almost two hours away from the other. At a minimum, each team consisted of a main service provider that performed the count and a law enforcement officer to provide protection. The teams went to areas where the unsheltered homeless individuals are known to congregate, which included: abandoned buildings/houses/hospital/emergency rooms, parks, vehicles, streets, under bridges, woods or bushes, near rivers, parking garages, and to businesses open late with warm interiors. The teams planned on interviewing individuals, unless they were sleeping and then they would only count them and not disturb them. The teams did not find any homeless individuals. There was snowfall on the PIT night so any tracks would have been obvious, but there were no signs of human traffic in these areas.

A service-based count was performed the day after the evening PIT. There were two, 2-person teams dispatched to the two soup kitchens in the region. The teams interviewed clients to determine if any clients were homeless the night before or receiving services in homeless shelters/transitional housing facilities. There were 23 unsheltered homeless persons found using the service-based count.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:

Non-Shelter Services

If Other, specify:

not applicable

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

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

If Other, specify:

not applicable

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

In 2011 unsheltered PIT, there were two, 2-person teams dispatched to the two soup kitchens in the region the day after the evening PIT. The teams interviewed clients to determine if any clients were homeless the night before or receiving services in homeless shelters/transitional housing facilities. The interviewer also asked if someone asked them questions about how long they had been homeless and also identify themselves as collecting information for the CoC. If the respondent was deemed homeless and not in a shelter setting the previous night, then they were asked additional questions and the interviewer shared information where they could seek additional resources. For training purposes, the enumerators read through HUD's Guide to Counting Unsheltered Homeless People, in particular the service-based count information.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

Program brochures and posters are regularly distributed and displayed in places where homeless families may go, including public benefit agency locations, churches and grocery stores. Service providers regularly appear on television and radio to discuss homeless services. Service providers regularly work with school nurses, building principals, school-based social workers and others to conduct outreach and distribute information on available opportunities for children and families who are homeless. In addition, regular contacts with homeless providers through referral and networking keep other organizations apprised of available units for unsheltered families with children.

The CoC also works closely with the school district's homeless liaisons. The school district's homeless liaisons run into families living in housing not meant for human habitation. The school district staff and the shelter staff have a good relationship on assisting the homeless families. Over the past eight years, the Area 3 Homeless Liaison Project has had an annual Homeless Symposium where the local service providers are invited to come and the CoC participates as a speaker. In August 2012, a third annual meeting with homeless liaisons and shelter staff was held to discuss different issues and ways to collaborate. The meeting was successful and the two entities plan to continue meeting on an annual basis in the future.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

Local homeless service providers network regarding shelter availability. Service providers coordinate with local law enforcement officials in providing assistance and shelter in the event persons/families are without adequate shelter and living on the street. In addition, outreach efforts include providing township offices, food pantries, and churches information about shelter and services available to the homeless. The service providers make referrals to other programs that may assist persons/families, such as mental health centers and/or physicians.

The school district homeless liaisons run into families living in housing not meant for human habitation. The school district staff and the shelter staff have a good relationship on assisting the homeless families. Over the past eight years, the Area 3 Homeless Liaison Project has had an annual Homeless Symposium where the local service providers are invited to come and WCICCC participates as a speaker. In August 2012, a third annual meeting with homeless liaisons and shelter staff was held to discuss different issues and ways to collaborate. The meeting was successful and the two entities plan to meet on an annual basis in the future.

The veterans groups have been presenters at CoC's full continuum meetings to sharing with the local services providers the resources they have available.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons? 7

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 7

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 8

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 9

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The CoC will solicit homeless providers and continue to apply for HUD PH bonus funds to create new PH beds for the chronically homeless.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The steering committee plans to solicit homeless providers and continue to apply for HUD PH bonus funds to create new PH beds for the chronically homeless every year for the next ten years. The chronically homeless definition change makes it easier for WCICCC to request projects that target the chronically homeless.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

While it is a goal of the WCICCC to meet the national goal by 2015, it continues to be a concern as to the reality of meeting this goal. It has been a significant issue for the CoC providers to document the chronically homeless to date. Steps are in place with the new HMIS system soon to be implemented and the development of a strategic plan to eliminate this informational barrier. Once this is accomplished and then number of permanent housing units are maintained and increased as funding is available, every effort will be made to positively transition those deemed as chronically homeless to permanent housing.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 51%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 60%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The above results are based on one provider, YWCA of Quincy, and the following modifications were made in their program: 1) ensure participants understand expectations of program, guidelines were revised to provide participants documentation of all expectations prior to entering. 2) provide more highly individualized service directly to participants, a) participant, staff, and community mental health professional create realistic and attainable service plans; b) demonstrate participants are fully linked to mainstream and community services through documentation of voluntary services; c) service plan progress will be evaluated on a monthly basis with modifications as needed; d) staff will be accessible 24/7 to participants; e) a harm reduction approach will foster an environment where participants can openly discuss substance use without fear of judgment or reprisal; relocation of housing from areas of high drug trafficking and drinking establishments to sites in more residential areas.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC will continue to track APR results as part of its annual renewal evaluation process. A continuous evaluation of all participants' need for supportive services as described in client's 12-month plan will be the key factor to continued longevity in PH. Maintaining well-trained staff in understanding access to mainstream services and providing direct services will better meet needs of clients. Staff providing direct service to participants will be required to complete 60 hours of continued education/training per year in domestic violence, understanding poverty, diversity, mental health programs, mainstream services, substance abuse, employment services, health and wellness, parenting issues and other related topics. The Programs responsible for implementing and maintaining these activities are: the YWCA of Quincy and MCS Community Services.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 52%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Case management and direct goal assistance helps to ensure a successful transition for the families/individuals into permanent housing. Programs provide budgeting and other related financial assistance to its clients. Additionally, a savings account for each household is maintained, giving the clients the initial resources to pay rent in a permanent housing situation. Programs coordinate closely with the local public housing authorities, private/public programs where landlords offer income-based, rent-controlled renovated apartments to clients, as well as the placement coordinator for Habitat for Humanity. Programs assist in housing location and inspection to ensure maintainability. The Programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-CAA.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Prior to the past two years, the CoC had been successful in moving clients from transitional housing to permanent housing. To regain the success in the future, the service providers will continue providing case management and direct goal assistance to clients. The service providers also coordinate with public and private housing programs and advocate for living wages in the community so that low-income earners can obtain housing. Long-term plans also include support for the Neighborhood Stabilization program which will increase the number of affordable rental homes in the region. The housing programs also foster relationships with local landlords to build understanding and empathy. The CoC will also continue to track APR results as part of its annual renewal evaluation process. The programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-CAA.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 43%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 40%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

It is expected that the goal of 40 percent of persons living in transitional housing, will be employed at program exit. Again, 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. The Programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-CAA.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

Over the past five years the CoC has been very successful at having a high percentage of clients exiting the housing programs with employment income. This has been and will continue to be accomplished through case management and goal assistance regarding developing and increasing employability skills and job maintenance. The housing providers also regularly utilize and advocate for Workforce Investment Act programs. The service providers in the region regularly share information at the local coordinating councils and CoC meetings regarding programs and other opportunities that may assist clients. The CoC will also continue to track APR results as part of its annual renewal evaluation process. The programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-CAA.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 96%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 60%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 60%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 60%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (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. The Programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-CAA.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

Examining APRs indicates the CoC has been very successful at having a high percentage of clients obtaining mainstream benefits at program exit. This has been and will continue to be accomplished through case management. The service providers in the region regularly share information at the local coordinating councils and CoC meetings regarding programs and other opportunities that may assist clients. The CoC will also continue to track APR results as part of its annual renewal evaluation process. The programs responsible for implementing and maintaining these activities are: the YWCA of Quincy, MCS Community Services, and Western Illinois Regional Council-CAA.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 33%
- In 12 months, what will be the total number of homeless households with children?** 33%
- In 5 years, what will be the total number of homeless households with children?** 32%
- In 10 years, what will be the total number of homeless households with children?** 30%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC will work within the social service network to provide self-sufficiency supportive services to homeless families with children. This will include advocacy and referral in an effort to ensure that as many families as possible within the CoC's region attain a successful exit and transition to permanent housing. The CoC will continue to encourage service providers to add programs that assist families with children. The CoC Steering Committee members will be responsible for this task.

The CoC Lead Agency and Eileen Worthington with the Area 3 Lead Liaison Program (Hancock/McDonough Regional Office of Education #26) from the Illinois State Board of Education, Homeless Education Technical Assistance Program will coordinate an annual meeting of shelter providers and homeless liaisons. Meetings of this type will help the various providers to be more knowledgeable of each other programs and facilitate networking.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

As noted in the previous question, the CoC will work within the social service network to provide self-sufficiency supportive services to homeless families with children. This will include advocacy and referral in an effort to ensure that as many families as possible within the CoC's region attain a successful exit and transition to permanent housing. The CoC will continue to encourage service providers to add programs that assist families with children. In addition, annual meetings between the shelter providers and education homeless liaisons will occur. Responsible parties include the CoC Steering Committee members and the Area 3 Lead Liaisons with the Regional Office of Education.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 0

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

not applicable

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

not applicable

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (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. A study conducted by Chapin Hall shows dramatically fewer instances of homelessness prior to the youth turning 21 for youth enrolled in these programs.

DCFS also has a Youth Housing Assistance Program (YHAP) which provides housing advocacy and cash assistance to young people ages 18 to 21.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC falls under the State's discharge policy. In 2007 the IL DCFS disseminated its discharge protocol to all CoCs in the state. The protocol prevents foster youth who are approaching emancipation or who are already emancipated from being discharged into homelessness.

The protocol enumerates four services funded by the state to prevent youth from becoming homeless upon being emancipated and/or aging out of foster care. These services are available to eligible youth from the time they turn 17½ until they are 21 years old. The services include: 1. Housing advocacy to locate housing; 2. Start-up grants to cover deposits, furniture, appliances, etc.; 3. Partial housing subsidies for rent; and 4. Crisis cash assistance for rent, utilities, and other items necessary to avoid or manage an eviction crisis. Follow-up services are provided for a minimum of three months after the client secures appropriate housing.

The CoC finds the State's protocols appropriate for the region without gaps.

Specifically, 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.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The youth are not discharged into homelessness or into housing which is McKinney-Vento funded housing.

Youth who choose to exit foster care prior to turning 21 (as well as those who were adopted after the age of 16) can be assisted by DCFS' YHAP shortly before and after they exit care. YHAP provides housing advocacy and cash assistance to young people ages 18 to 21. Cash assistance includes assistance with security deposit and move-in expenses, crisis assistance to pay rent or utility arrears and a rental subsidy up to \$250 per month. Youth who age out of care but later decide that they want to return prior to turning 21 can do so by contacting DCFS and will then be eligible to receive services from programs like the Independent and Transition Living Programs.

Youth also go directly into market-rate housing or subsidized housing in the region.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" Other
mandated
policy or "CoC" adopted policy?**

If "Other," explain:

Joint Commission on Accreditation of Healthcare Organizations certification.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (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.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

At this time, the CoC finds the hospitals' protocols appropriate for the region without gaps.

Specifically, 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).

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

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. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (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. Illinois has offered SOAR training throughout the state that many service providers have participated in to learn how to connect patients with SSI/SSDI and other mainstream benefits.

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.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

At this time, the CoC finds the state's and local's providers protocols appropriate for the region without gaps.

Specifically, 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).

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

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. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (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.

Section 470.60 states in part: "Prior to release the committed person's intended residence shall be verified and approved." This is to prevent offenders from supplying false addresses to IDOC and then becoming homeless upon release.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

At this time, the CoC finds the state's and local's providers protocols appropriate for the region without gaps.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

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

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

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.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:

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 under-served needs; 4. anti-poverty strategies; 5. work with public housing authorities; and 6. Discharge coordination policies.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

The former HPRP agencies, are also the agencies that receive the state's Homeless Prevention Funds. The region has also received ESG funds, in two out of the three "hubs." The state Homeless Prevention and the ESG funds are used to serve the type of population that HPRP served.

Two of the three former HPRP agencies maintain a waiting list for persons in need of homeless/housing assistance; these two agencies have transitional housing programs. When a unit becomes available, efforts are made to contact those on the list. In the interim, coordination and referrals between other shelters in the service region are made. Efforts are made to assist in the referral process and advocacy to find placement. If other resources are available, a short term solution is sought until a more permanent solution can be found through the network.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

The CoC is working with the local NSP recipients in accessing newly renovated units. The YWCA of Quincy, a CoC-funded program and steering committee member, has been a part of the planning team for the City of Quincy, IL NSP application. The city was awarded \$1.9 million in funds to implement the plan. The YWCA has been allocated four units once they are remodeled. The YWCA will teach tenant skills to their clients, which will groom the clients for eventual private rental market or purchasing a home in the affordable units created by the NSP.

Western Illinois Regional Council-CAA (WIRC-CAA), a community action agency and a HUD CoC-funded transitional housing provider, received a grant for \$450,000 on a ARRA project. The project was for a public/private partnership. The new owner of a 100-unit apartment complex is renovating the units and using WIRC-CAA to provide the weatherization for the units. WIRC-CAA has its three HUD CoC-funded transitional units located in this complex.

The CoC is not able to access HUD-VASH vouchers.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place: 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.

Specifically describe the steps the CoC, working with homeless services providers, has taken 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 1500 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 is also upgrading their HMIS to provide more information for local education authorizes.

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. In addition, over the past eight years, Area 3 ROE staff also hold an annual homeless symposium where CoC representatives participate as speakers. Area 3 ROE also distributes a monthly newsletter that is shared with service providers in the region.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

There is a verbal agreement that shelters providing housing will work to maintain the integrity of the family. It is never the intent to separate families in the sheltering process and all efforts are made to ensure placement as a whole.

In the situations when families are turned away from shelters due to family size or no vacancy, the shelter can make a referral to CoC-funded programs stating their reason for turning away a family. The CoC-funded program then can seek a waiver in regards to the mandates participants come from shelter. Coming into supportive housing allows the family to stay together.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 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 meetings. Both individuals have also been guest speakers during meetings.

The CoC's goal is to work more closely with the veterans' groups and the relationships developed over the past year are consistent with that goal.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

In Illinois, the Illinois Department of Human Services has the Comprehensive Community Based Youth Services (CCBYS) program. Youth ages 11-17 who are at risk of being involved with DCFS, or the legal system qualify for this program. Services are for youth who: 1. have been locked out of their home, 2. have run away from home, or 3. are homeless without their parents. In the CoC's region, Midwest Youth Services (MYS) in Jacksonville provides this service. This provider regularly attends the interagency council meetings.

Transitions of Western Illinois has a Homeless Youth Program that serves youth who are 18-20, which provides rental assistance and supportive services. A representative from its agency was a founding member of the CoC and sits on the steering committee.

The CoC's goal is to work more closely with the groups serving the youth, including educational groups. The CoC plans to maintain and build relationships to these groups. This is done with the annual meeting of homeless services providers and ROE educational homeless liaisons. In addition, over the past eight years, Area 3 staff have also held an annual homeless symposium where the CoC representatives participate as speakers.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

not applicable

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

The Continuum meets on a regular basis and ESG fund allocation is an agenda item when appropriate. At that time, discussions are held concerning existing ESG agencies and/or new agencies that might expand services and be a good addition to the network. Funds are allocated in accordance to county/area served needs with the intent of having the broadest base of service coverage as possible.

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)

With the initial core of entities having participated in the Continuum service delivery process having been community action agencies (CAA), the purpose was to maximize availability to those in need. The CAA is a cornerstone service provider with significant outreach capacity to market availability and is noted for its provision without any group bias. This procedure of delivery and marketing through the CAAs has been maintained and is firmly established with any new entity that becomes a Continuum participant.

Other entities follow the marketing procedures outlined in the HUD Occupancy Handbook.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

Permanent housing and transitional housing coordinate housing and services by developing a well-structured, strengths-based case management approach that is responsive to individuals and overcomes the fragmentation of resources. A strengths-based approach is one that provides services that build upon homeless persons' strengths. All case management will provide assertive and persistent outreach; linkage with available, more integrated, community services; advocacy for needed services; and provision of direct services when existing services are lacking. Case management will also engage individuals in vocational, social, and recreational activities that support and build on their skills and interests and assist them to develop support networks and to manage crises.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

A steering committee member, also a CoC-funded organization, has a representative that serves on the statewide committee that is participatory in the development of the statewide plan. Through this involvement, it is assured that the geographic region served by CoC is covered and included within the Plan.

CoC members have also participated in conference calls on ESG that resulted in substantial amendments to the 2011 Consolidate Plan.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The CoC falls under the state's Consolidate Plan. The state has not been involved in the review and update of the CoC's 10-Year Plan. The CoC developed a strategic plan in its early years of operation. The last update of the plan was in 2009. The plan is in need of update to meet the HEARTH Act requirements. The CoC plans to accomplish this in the new program year by forming a Strategic Plan Committee.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The four goals of the Opening Doors are part of our strategic plan. We continually assess the current level of services, community's needs, and potential gaps to assist the homeless population in our community. Our planning specifically addresses chronic homelessness, veterans, youth, families and all homeless individuals. We form strategic alliances with service providers that target these specific populations

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG): Determines how to allocate ESG grant for eligible activities, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

The CoC's steering committee includes two members that receive ESG funding. The other ESG-funded organizations are invited to steering committee meetings and regularly participate. The CoC falls under the state's ESG funding, receiving it from the Illinois Department of Commerce and Economic Opportunity (DCEO). DCEO allowed CoC to allocate funding in their CoC region for the first time in 2012.

The CoC sent notices out when ESG funding was available by asking organizations to provide a pre-proposal if they were interested in receiving funds. The organizations were also given a ranking matrix. Organizations need to receive at least half of the points to be considered for funding. The evaluation committee reviewed proposals and selected agencies to complete the state's paperwork.

Since ESG funding became available to the CoC for HMIS, the CoC is updating to a new HMIS service provider. Three organizations provided the startup costs, with ESG funds assisting with a portion of startup. HMIS participation fees were assigned to all CoC and ESG-funded agencies.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

not applicable

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

not applicable

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	3	Beds	4	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	77	%	51	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	65	%	52	%
Increase the percentage of homeless persons employed at exit to at least 20%	40	%	43	%
Decrease the number of homeless households with children	35	Households	33	Households

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The CoC was unable to meet the national objective of 65% of homeless persons moving from transitional housing to permanent housing. The reason for not meeting this achievement was clients breaking the program rules and agreement.

The CoC was unable to meet the national objective of 77% of homeless persons staying in permanent housing over 6 months. The number one reason for exits prior to 6 months is participants violating the guidelines by allowing other people to live in the unit provided to their family. This isn't a guideline the CoC can change. The service provider thoroughly goes over the guidelines and expectations with the participants and participants acknowledge the guidelines, but fail to abide by them.

How does the CoC monitor recipients' performance? (limit 750 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 CoC is including a component in the CoC Planning grant that the collaborative applicant is submitting that will develop a monitoring plan for CoC- and ESG-funding organizations.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 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.

How does the CoC assist poor performers to increase capacity? (limit 750 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.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
NA	NA	\$0
	Total	\$0

**What steps has the CoC taken to track the length of time individuals and families remain homeless?
 (limit 1000 characters)**

The CoC is in the process of upgrading to a new HMIS system. The new system will be able to track length of time individuals and families remain homeless. The old system could probably do this but the HMIS service provider is slow at responding to requests by the CoC and there are not reports in the system that allow service providers to pull the data themselves.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
 (limit 1000 characters)**

The CoC is in the process of upgrading to a new HMIS system. The new system will be able to track spells of homelessness with individuals and families. The old system may be able to do this but the HMIS service provider is slow at responding to requests by the CoC and there are not reports in the system that allow service providers to pull the data themselves.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
 (limit 1500 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.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

Homelessness can be the result of many differing factors including economic, employment or domestic abuse involvement. The CoC has through its partner agencies a variety of services available that attempt to address factors which result in homelessness. Included in this is working with workforce investment board, regional development boards, local DV programs and local businesses concerning employment opportunities.

The CoC entities collaborate in addressing needs and trying to fill housing/homeless service voids. CoC members serve on the Unmet Needs Committee, Interagency Council and United Way's Income Leadership Delegation. The objective of these committees is to assist families and individuals who are facing homelessness and to develop community initiatives to assist person in increasing their income potential.

There are also CoC members involved with regional efforts to economic dev. A CoC member serves on the boards of the Jacksonville Regional Economic Dev. Corp. (JREDC) and the Tri-County Community Dev. Corp. The City of Jacksonville and the JREDC started the Building Tomorrow project, a 5-yr. strategy to attract new businesses, reinvestment and expansion of established businesses, and job retention and job creation. This project will give more opportunities to assist persons to increase their income potential.

The strategic plan created in 2009 will be updated this year to reflect the new initiatives taking place in the region.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

not applicable

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

not applicable

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	7	0
2011	9	0
2012	11	7

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

The CoC follows the guidelines and definition established by HUD to define and document chronic homelessness. If chronically homeless are assisted by the CoC-funded programs, chronic homeless families are entered into HMIS.

The CoC is moving to a new HMIS system. Due to the user-friendly interface, this will increase the number of HMIS users which will make it easier to document chronic homelessness in the future.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

There was an increase on chronically homeless from 9 in 2011 to 11 in 2012. The increase was due to a shelter that was able to increase bed capacity.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	32
b. Number of participants who did not leave the project(s)	29
c. Number of participants who exited after staying 6 months or longer	9
d. Number of participants who did not exit after staying 6 months or longer	22
e. Number of participants who did not exit and were enrolled for less than 6 months	7
TOTAL PH (%)	51

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	44
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	23
TOTAL TH (%)	52

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 28

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	12	43%
Unemployment insurance	2	7%
SSI	5	18%
SSDI	0	0%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	5	18%
General assistance	0	0%
Retirement (Social Security)	0	0%
Veteran's pension	0	0%
Pension from former job	0	0%
Child support	4	14%
Alimony (Spousal support)	0	0%
Other source	1	4%
No sources (from Q25a2.)	3	11%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 28

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	19	68%
MEDICAID health insurance	25	89%
MEDICARE health insurance	0	0%
State children's health insurance	0	0%
WIC	2	7%
VA medical services	0	0%
TANF child care services	7	25%
TANF transportation services	0	0%
Other TANF-funded services	3	11%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	3	11%
Other source	0	0%
No sources (from Q26a2.)	1	4%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more?

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:

In the past, APRs were analyzed on an annual basis during the completion of the HUD CoC grant application cycle. The housing performance and enrollment & participation in mainstream programs and employment information forms used in the HUD application are duplicated into a spreadsheet that allows steering committee members to see how the CoC responded overall and to break out information by provider by year.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If 'Yes', indicate all meeting dates in the past 12 months:

2012 Meetings: February 9, March 8, April 12, May 10, September 13, October 11, and November 8

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If 'Yes', identify these staff members: Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff: Yes

If 'Yes', specify the frequency of the training: semi-annually (twice a year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If 'Yes', indicate for which mainstream programs HMIS completes screening:

not applicable

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

2012 dates: February 1 & 2, February 8 & 9, February 15 & 16, September 27 & 28, October 25 & 26, and November 8 & 9.

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
<p>Homeless client is surveyed regarding current benefits received. Any gaps in accessing public entitlement programs are identified. Client is educated on applicable benefit programs to which he/she is entitled, if eligible. Case manager provides list with agency addresses, agency contact information, and list of required forms necessary for application completion. Client or case manager requests appointment with appropriate agency. Case manager may provide transportation to agency and advocacy and assistance throughout the application process. Client signs Consent for Release of Information authorizing case manager to discuss client with public entitlement agency for follow-up verification, continued advocacy, and coordination of client service plan.</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	90%
<p>Case managers are using the Illinois Department of Human Services (IDHS) single application form for Food Stamps, Medicaid, All Kids (SCHIP), and TANF from the IDHS website.</p>	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	
<p>All clients sign Consent for Release of Information forms authorizing the case manager to contact various services and agencies for follow-up and service plan coordination. All income (cash and voucher) is reviewed weekly and all benefits program notification forms are kept in client case file for verification and review. All benefits received are reviewed monthly for accuracy to ensure maximum utilization.</p>	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	WCI CoC IL519 IHD...	01/15/2013
CoC-HMIS Governance Agreement	No		
Other	No		

Attachment Details

Document Description: WCI CoC IL519 IHDA signoff

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/09/2013
1C. Committees	01/09/2013
1D. Member Organizations	01/06/2013
1E. Project Review and Selection	01/09/2013
1F. e-HIC Change in Beds	01/09/2013
1G. e-HIC Sources and Methods	11/27/2012
2A. HMIS Implementation	01/09/2013
2B. HMIS Funding Sources	12/26/2012
2C. HMIS Bed Coverage	01/09/2013
2D. HMIS Data Quality	01/09/2013
2E. HMIS Data Usage	12/30/2012
2F. HMIS Data and Technical Standards	01/09/2013
2G. HMIS Training	12/30/2012
2H. Sheltered PIT	01/14/2013
2I. Sheltered Data - Methods	01/09/2013
2J. Sheltered Data - Collections	01/09/2013
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/09/2013
2M. Unsheltered Data - Methods	01/09/2013
2N. Unsheltered Data - Coverage	11/27/2012
2O. Unsheltered Data - Quality	01/09/2013
Objective 1	01/14/2013
Objective 2	01/09/2013
Objective 3	01/06/2013
Objective 4	12/26/2012

Objective 5	01/09/2013
Objective 6	01/06/2013
Objective 7	01/06/2013
3B. Discharge Planning: Foster Care	01/09/2013
3B. CoC Discharge Planning: Health Care	01/09/2013
3B. CoC Discharge Planning: Mental Health	01/06/2013
3B. CoC Discharge Planning: Corrections	01/09/2013
3C. CoC Coordination	01/14/2013
3D. CoC Strategic Planning Coordination	01/14/2013
3E. Reallocation	12/25/2012
4A. FY2011 CoC Achievements	01/15/2013
4B. Chronic Homeless Progress	01/15/2013
4C. Housing Performance	11/27/2012
4D. CoC Cash Income Information	12/26/2012
4E. CoC Non-Cash Benefits	12/26/2012
4F. Section 3 Employment Policy Detail	11/27/2012
4G. CoC Enrollment and Participation in Mainstream Programs	12/31/2012
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	12/31/2012
4I. Unified Funding Agency	No Input Required
Attachments	01/15/2013
Submission Summary	No Input Required