

# STATE OF ILLINOIS

Revised 03/29/2017

## Emergency Solutions Grants (ESG) Program

### SFY 2018 (2017 HUD Funds) Grant Funding Packet

***For clarification, the year of the application is the Department of Human Services State Fiscal Year; the year in parenthesis is the year of the HUD ESG funds.***

Illinois Department of Human Services  
823 E Monroe Street  
Springfield, Illinois 62701



## 2018 ESG Funding Packet

**Pages 3 - 7 to be Completed by the  
Continuum of Care (CoC)**

**Return electronically by **April 19th, 2017**  
to:**

[DHS.ESG@illinois.gov](mailto:DHS.ESG@illinois.gov)

**2018 EMERGENCY SOLUTIONS GRANT PROGRAM  
FUNDING PLAN PACKET**

**COVER SHEET**

Name of Continuum:

West Central Illinois CoC IL519

Continuum Contact Person:

Mary Muehlenfeld

Contact Person Address:

c/o YWCA of Quincy  
639 York St. Room 202  
Quincy IL 62301

Contact Person E-mail Address:

marymuehlenfeld@ywcaquincy.org

Contact Person Telephone:

217-221-9922

After Hours Emergency Contact  
Telephone Number:

217-617-8822

Secondary Continuum Contact Person:

Emily Robbearts, CoC Council Member

Secondary Contact Person Address:

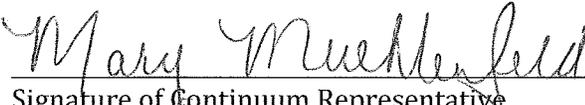
United Way of Adams County, 936 Broadway, Ste F  
Quincy IL 62301

Secondary Contact Person E-mail Address:

emilyr@unitedwayadamsco.org

Secondary Contact Person Telephone:

(217) 222-5020

  
Signature of Continuum Representative  
Mary Muehlenfeld

4-19-2017

Title: CoC Collaborative Applicant

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[emilyr@unitedwayadamsco.org](mailto:emilyr@unitedwayadamsco.org)

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Signature of Continuum Representative  
Mary Muehlenfeld

Title: CoC Collaborative Applicant

## **2018 (2017 HUD FUNDS) EMERGENCY SOLUTIONS GRANT PROGRAM FUNDING PLAN PACKET**

In order to process the 2018 ESG grants, we need information from the CoC level. Please respond to the questions found below that are specific to the CoC.

To be effective, a Continuum should strive to achieve the following performance measures:

- Reduce average length of time persons remain homeless.
- Reduce persons who exit homelessness return to homelessness.
- Improve program coverage to reduce number of individuals/families who are homeless.
- Improve employment and income growth of individuals/families that are homeless.
- Reduce of individuals/families that become homeless for the first time.
- Successful placement from Street Outreach and successful placement in or retention of permanent housing.

Please describe, as a CoC, how each of the measures will be accomplished, and develop performance indicators and targets for each (you can use the data you provided to HUD in the CoC application):

In our CoC agencies receiving HUD CoC, DHS ESG or DHS Homeless Prevention funds are required to enter data into the HMIS. DHS Homeless Prevention doesn't require their data to be entered into the system, but the WCICCC made it a requirement for organizations within the CoC to receive the funds. In addition, the WCICCC allows agencies not receiving the above funds to use the HMIS system for free in order to capture more data on the region. Agencies receiving the above funding streams are required to pay HMIS participation fees. The participation fee is in proportion to the amount of funds received in grants from HUD or DHS.

### **Reduce average length of time persons remain homeless.**

The CoC's HMIS system (Service Point) has the ability to track the length of stay. Indicators would be our System Performance Measures (SPM) for 1.1 Average Length of Time in Housing. Our targets would be ES SH average stays 60 days or less and ES, SH and TH average stays 90 days.

Our plan to accomplish these targets is:

(1) The implementation of our Coordinated Assessment (CA) process expedites placements into PSH and PH-RRH. Using the VI-SPDAT assessment tool, the process prioritizes housing placements for those who need PSH the most and identifies those who could more quickly become self-sufficient with less intensive case management through RRH.

(2) Over the past two years, as a strategy to reduce length of time homeless, the CoC has reallocated CoC funding for all TH to PSH prioritizing the chronic homeless who tend to experience the lengthiest periods of homelessness. TH projects offer case management to ensure that persons exits TH as quickly as possible so the services can be offered to a new individual/family.

(3) The CoC Research and Evaluation Committee recognized that RRH was needed to exit families from shelters to housing and that funds for RRH were severely lacking. Therefore, they advised ESG requesting agencies that priority would be given to RRH requests. Our ESG request for RRH increased from 17% to 27% in this year's application. If bonus funding is available in the 2016 NOFA for CoC Funding the CoC has also prioritized RRH for funding as our PSH housing stock is adequate. The agencies that receive RRH funding provide intensive case management; housing search and landlord negotiation assistance; rental assistance; assistance paying deposits and utilities; financial mentoring; employment assistance and linkage to mainstream and community benefits.

(4) The implementation of Housing First should also expedite placements in PSH. By removing barriers and once the family is stable then focusing on employment and assistance to promote greater self-sufficiency, families will spend less time in shelters.

#### **Reduce persons who exit homelessness return to homelessness.**

The CoC's HMIS has the ability to report percentage of persons who exit homelessness and return to homelessness. The indicator would be the SPM measure 2.a and 2.b.the extent to which homeless persons who exit homelessness to permanent housing return to homelessness. The target would be total less than 20%.

Our plan to accomplish this target is our CoC has adopted the following strategies to reduce returns to homelessness: (1) Our Housing-First approach that removes stipulations for continued PSH has resulted in fewer returns to homelessness in the past two years. (2) TH providers offer at least 6 months of follow-up for every household that exits TH for permanent destinations. This involves a minimum of once per month contacts. (3) The Coordinated Assessment staff works with the local PHAs to place CoC clients in conventional public housing and Section 8 units and offers case management services to those placed. The largest PHA in our CoC is an active member of our CoC's Council. Staff also work with landlords to negotiate reasonable rents and remove barriers to housing. (4) Our PSH projects serve the most vulnerable families and have adequate supportive services/case management funding to provide or link families to much-needed services. (5) Projects have reduced the barriers for entry. (6) All service providers who receive CoC or ESG funds are required to provide case management at least monthly in their projects. (6) The CoC looks at recidivism when CoC-funded PSH projects go through a monitoring at the time of requesting renewal funding. ESG projects also go through the same monitoring.

In addition the SPM pulled from our HMIS, the CoC has a target of 100% of project participants receive case management at least monthly. It is expected that service providers will provide case management weekly or bi-weekly. The HMIS Coordinator/Support Entity monitors for one instance of case management in the client

record at this time. Providers have the option of recording all instances of case management in the HMIS and/or keeping other records in paper format to meet the federal mandate of monthly case management meetings.

**Improve program coverage to reduce number of individuals/families who are homeless.**

Our CoC conducts an annual sheltered and unsheltered Point in Time Count (PIT) and submits it to HUD. The indicator would be SPM 3.1 Change in PIT and in the future would include 3.2 Change in Annual Counts. Our CoC's PIT has historically been low. The target would be to maintain the low numbers of unsheltered and sheltered as reported in the 2015 SPM 3.1 and 3.2.

Our CoC plan to accomplish this target is to annually review data and evaluate the gaps in programs when making funding recommendations. In this year's review the need for more RRH was evident by the number of rent-burdened residents in the Illinois Report on Poverty and input by CoC providers. Our CoC prioritized RRH in the ESG funding plan and increased it from 17% to 27%. Other sources such as Emergency Food and Shelter funds will prioritize RRH. Our CoC receives Homeless Prevention grants from Illinois DHS for rental and utility assistance. Our Community Action Agencies also receive rental and utility assistance funding. This too will help reduce the number of persons who are homeless. Our CoC's PIT numbers reported in our System Performance Measures reflected significant decreases in sheltered and unsheltered counts over the previous year. This decrease would indicate we are doing a sufficient job providing programs that reduce the number of individuals/families who are homeless. The addition of more RRH should improve those numbers.

In addition to the SPM 4, our CoC have targets of 65% tenant-based TH clients move into permanent housing destinations and 40% project-based TH and ES clients move into permanent housing. The reasoning for a lower rate is some clients will be exiting to transitional housing destinations before moving onto permanent housing destinations. The CoC also anticipates that clients in dormitory-style housing (also known as Group/Large House) are more likely to leave the program before reaching permanent housing goals than clients in tenant-based TH programs based on clients having their own apartment/housing unit.

The CoC will work within the social service network to provide self-sufficiency supportive services to homeless families and individuals. This includes advocacy and referral in an effort to ensure that as many families and individuals as possible within the CoC region attain a successful exit and transition to permanent housing. The CoC will continue to encourage all service providers within the CoC to maintain or add programs that assist families and individuals so our PIT numbers remain low.

**Improve employment and income growth of individuals/families that are homeless.**

Our HMIS has the ability to trace income growth and sources of income. The indicators would be SPM 4.1-4.6 Employment and income growth for homeless persons in CoC-funded projects. Our SPM reflect positive numbers and an increase or maintenance of

these numbers would be our target. SPM only measures CoC-funded projects. Our CoC only has PSH project funded by the CoC. Since a disabling condition is part of the eligibility requirements for PSH, this number will be low due to most program participants maximizing income with SSI benefits.

Our strategy to accomplish this target is our CoC promotes the use of the Work Ready Toolbox (WRT) which is accessible to all homeless service providers and individuals. WRT is a collaborative effort between the Workforce Investment Board and United Way agencies that identifies soft skills desired by employers and provides resources for job seekers to develop those skills. Case managers at the CoC-funded and ESG-funded programs are trained to navigate the toolbox with participants to assist in increasing job-seeking skills. Case managers are trained in SOAR and assist participants with the SSI process. Collaborations with IL DHS and Illinois Department of Employment Services to access other non-employment sources of income such as TANF, AABD, child support and unemployment benefits allow CoC and ESG-funded programs to link participants to each. The CoC's Research and Evaluation Committee monitors growth in income – from employment and other sources – as part of its annual ranking process.

The Illinois Department of Employment Security (IDES) is a valuable resource for homeless persons. Case managers assist with online resources like IllinoisJobLink.com, the state's hiring board that lists employment opportunities. The Re-entry Employment Service Program serves persons who are currently, or have in the past, been subject to any stage of the criminal justice process and who require assistance in overcoming barriers to employment. IllinoisworkNet® is the state's primary employment and training resource for workforce development. Because most of these services are online; ESG and CoC programs provide access to computers/internet and provide case managers to assist job seekers navigate these services. Case managers also connect jobseekers to job fairs and workshops provided by ILDHS and IDES designed to improve job skills. Persons with a disability are referred to DHS's Division of Rehabilitation Services, the state's lead agency serving individuals with disabilities.

**Reduce number of individuals/families that become homeless for the first time.**

Our CoC's HMIS has the ability to track number of individuals/families that become homeless for the first time. The indicator would be SPM 5.1 and 5.2 Change in the number of persons entering ES, SH, TH and PH projects with no prior enrollments in HMIS. Since 2016 was the first time our CoC reported this number, the target would be to lower 5.1 below 568 and 5.2 below 605.

To accomplish this target homeless prevention services are crucial. ESG Homeless Prevention funds were difficult to use and required precise timing of events and documentation that unfortunately made it difficult to serve those at-risk of homelessness. Since ESG-HP is no longer an eligible activity, the CoC's Research and Evaluation (R&E) committee shifted funds to ESG-RRH. To compensate for the loss of ESG- HP funds, R&E is prioritizing homeless prevention funding from other sources

such as Illinois DHS funds; Emergency Food and Shelter funds; and funding from local Unmet Needs Committees spearheaded by our local United Ways.

The dollars are scarce for homeless prevention so we utilize our Coordinated Assessment process to divert persons from homelessness by assessing their needs and barriers then assisting in a safe placement plan which includes: case management; 24-hour crisis hotlines; meals; hospital response; counseling; transportation; medical/legal/institutional advocacy; food pantry; referrals; job training; domestic violence education; alcohol and substance abuse counseling; life skills training; and assistance in obtaining child care; or GED/continuing education.

**Successful placement from Street Outreach and successful placement in or retention of permanent housing.**

This statement is confusing and we are interpreting it to ask two different questions: Our CoC's successful placements from Street Outreach to any type of shelter or project and our CoC's successful placement in or retention of permanent housing.

To address the latter the indicator will be SPM 7b.1 change in ES, SH, TH and PH-RRH exits to permanent housing destinations and SPM 7b.2 changes in PH exits to permanent housing destinations or retention of permanent housing.

CoC System Performance Measures submitted to HUD in July, 2016, reports "Exit to or Retention of Permanent Housing" for ES, SH, TH and PH-RRH was 48% Successful Retention/Exits. The target set for our CoC was 40%.

CoC System Performance Measures submitted to HUD in July, 2016, reports "Exit to or Retention of Permanent Housing" for our non PH-RRH was 92% Successful Retention/Exits. The target for our PSH has always been 80%.

To accomplish these targets CoC and ESG funded programs offer case management that connects persons with the supportive services necessary to address barriers to remaining housed. The services are either offered directly or persons are linked to other mainstream or community services. CoC-funded programs also are required to use the Housing First model of program management focusing on housing stability before addressing other program requirements. Mediation with landlords is provided as part of our housing counseling services.

Outreach services in our CoC are minimal due to historically low unsheltered PIT counts. No ESG funding plans are requesting outreach services. The agencies that provide outreach do so with non-government funding as they are faith-based. Faith-based organizations do not wish to provide HMIS data or enter HMIS data. Those agencies coordinate with area law enforcement, educational institutions, local hospitals, food pantries and soup kitchens. When unsheltered persons are identified, they are assessed and referred to the appropriate program through our coordinated assessment (CA). Resources available in our CoC to place persons from outreach include hotel/motel vouchers; emergency shelter; transitional housing, PSH (if they meet all

criteria), RRH, rental assistance programs funded through faith-based organizations, Unmet Needs, PHA and local government. The goal is for each person or household to develop a case plan focusing on moving into some form of housing that is sustainable.

1. List and describe top five achievements this year.
  - A) Decrease in sheltered and unsheltered Point in Time Count reported in 2016.
  - B) No homeless veterans identified in 2017 PIT.
  - C) Zero unsheltered homeless in 2017 PIT.
  - D) Implementation of Coordinated Entry System using the VI-SPDAT and SPDAT.
  - E) System Performance Measure changes for earned income and total income for leavers were 27%-50%.
  - F) PH projects exits/retention to permanent housing was 92%.
  - G) PSH returns to homelessness was 7%. Total ES, TH and PH returns to homelessness was 16%.
  
2. Describe progress of the CoC Coordinated Entry System (CES) to date. Outline achievements and future goals for the CES.

Our achievements are our CES

Our CoC implemented its Coordinated Entry System in the fall of 2015. The initial implementation began in the largest population hub within the CoC, Quincy. Three agencies conduct the VI-SPDAT and SPDAT. Other agencies that serve homeless persons were educated in advance how to direct individuals/families to one of three coordinated assessment points where they are assessed using a universal screening and subsequently, a common assessment tool. Based on the assessment a coordinated referral is made to the most appropriate service provider in the CoC. Our community is small with few homeless service providers all within five minutes of each other. All three agencies conducting the assessment are ESG recipients that all serve a specific sub-population. The Salvation Army serves all individuals and families; Madonna House serves single mothers and expectant mothers; and Quanada is the local domestic violence shelter. The assessment is the Vi-SPDAT and SPDAT.

In November 2016 our second largest population hub, Jacksonville, implemented CES. Two access points for CES exist in Jacksonville. One is a domestic violence shelter and the other is a Community Action Agency. There is only one other shelter provider in Jacksonville. It is faith-based with a small staff so the CAA conducts the assessment tool for the shelter. They are physically located within the same block for the convenience of persons seeking assistance. The CAA operates a homeless prevention program, a RRH program, a PSH program and a utility assistance program. Having multiple programs under one roof makes it easier for the persons seeking services.

Future plans include implementing CES in other communities:

The next largest population hub in our CoC we would target for CES would be Macomb. Currently Macomb does not have a homeless shelter. There is a CAA that operates a homeless prevention program, a RRH program, a PSH program and a utility assistance program. There is also a transitional housing program. Both receive ESG funding. The TH program is grandfathered to receive ESG. Due to the state of Illinois' budget crisis, the CAA

has had a reduction in staff and services. The staff person that entered HMIS and would have been the likely choice to conduct CES was laid off and we are in the process of identifying a staff person to be trained on our HMIS. The Executive Director of the TH program is new and we felt it best to give her time to acclimate in her position and gain experience with our HMIS before adding the responsibility of coordinated assessment. There is a shelter slated to open in 2017. They have been given a license to use our HMIS and they have received training. Several things need to fall into place before we can implement CES in Macomb.

CES in the remainder of our CoC is difficult to implement. The cities and towns are so small that few service providers, if any, exist. No shelters exist in our CoC outside of Quincy, Jacksonville and Macomb. What these communities do have is the presence of Salvation Armies headquartered in three cities. Two of which are not located in our CoC. Our plan to address a CES in these smaller communities is to begin a network of service providers that would refer persons seeking assistance to the Salvation Armies. This effort will be spearheaded by the Salvation Army – Quincy. Their agency is requesting ESG funding and has budgeted RRH for all 11 counties in our CoC. By collaborating with Salvation Army-Springfield and Salvation Army-Galesburg, all three agencies can accept referrals and serve the rural homeless population. Other RRH requests from our CoC are from DV providers. This creates a gap in RRH services because those funds are used specifically for victims of domestic violence.

3. Detail how much ESG funds will be used to implement CES.

Our CoC's CES has already been implemented. No ESG funds are budgeted for the CES specifically. However, some agencies have budgeted for HMIS. Our CES assessment tool is housed in our HMIS. It is a SPDAT and VI-SPDAT assessment tool. Our domestic violence shelters/service providers use a paper-based SPDAT and VI-SPDAT since they are on InfoNet rather than Service Point for HMIS purposes.

4. Attach a copy of the written standards that are set within the CoC. The CoC must have on file written standards for providing assistance that must be used by all provider agencies receiving 2018 ESG funds from DHS (per HUD guidance). At a minimum, these standards should include the maximum allowable number of months clients may be assisted, the total dollar amount of assistance and any other stipulations that must be adhered to by provider agencies.

## 2018 EMERGENCY SOLUTIONS GRANT FUNDING PLAN PACKET

### Funding Recommendation Plan

For purposes of planning, the CoC should prepare a list prioritizing the provider agencies to be funded, and the amounts to be granted using the attached 2018 CoC Funding Allocation. **The minimum grant amount is \$25,000.00.**

The CoC may request approval to allow an agency to subcontract to another agency within the CoC. If approval is granted, the applicant agency that is subcontracting must provide an executed subcontract with the completed ESG funding plan. The subcontract must be on the applicant agency's letterhead and must state the amount of funding being sub granted, the term of the subcontract (Example: July 1, 2017 to June 30, 2018), the services that will be delivered, anticipated number of persons served, the expected outcomes, and that the social service provider receiving the subcontracted ESG funds will comply with all DHS contractual obligations, rules, regulations, and policies. The subcontract must also include a statement confirming that the applicant will have on file, all of the sub grantees applicable attachments. The subcontract must be signed and dated by an authorized agent of the applicant agency and the provider receiving the subcontract ESG funds.

Recommendations for funding should be based on: the needs assessment conducted by the CoC, housing analysis, and, performance of the provider agency (based on HMIS and other factors). When providing the recommendations, please provide a narrative to explain how the CoC arrived at their recommendations.

**Providing a list of recommended projects does not guarantee that any or all provider agencies will be funded.** It is important that deliberate steps be taken to identify the providers based on regional need and the ability to operate the ESG funds. DHS will make the final determination based on program performance including timely submission of required documents, accuracy of documents, etc.

**2018 EMERGENCY SOLUTIONS GRANT  
FUNDING PLAN PACKET  
Grant term: July 1, 2017 – June 30, 2018**

To be completed by the CoC. If combination request, enter letter followed by comma (example: SO, ES/O, A). (The ESG Interim Regulations impose an annual funding cap on the total amount of the grant that may be used for street outreach and emergency shelter activities. This amount cannot exceed the greater of 60% of the grant amount or the amount of FY10 grant funds that was committed for homeless assistance activities.)

**Street Outreach (SO) (60% of total budget or PY 2010 amount spent on homeless activities)**

**Emergency Shelter (60% of total budget or PY 2010 amount spent on homeless activities)**

**Operations (ES/O)**

**Essential Services (ES/ES)**

**Rapid Re-housing**

**Housing Relocation and Stabilization Services (RR/HRSS)**

**Tenant Based Rental Assistance (RR/TBR)**

**Project Based Rental Assistance (RR/PBR)**

**HMIS (all agencies are required to report in HMIS)**

**Administration (A)**

| <u>Provider Agency Name</u>    | <u>2018 Recommended Funding Amount</u> | <u>Type of Service</u>                |
|--------------------------------|--|---------------------------------------|
| Salvation Army Quincy          | \$72,719                               | ES/O, ES/ES, RR/HRSS, RR/TBR, HMIS, A |
| Quanada (DV)                   | \$25,000                               | ES/O, RR/TBR                          |
| Crisis Center Foundation       | \$25,000                               | ES/O, ES/ES, RR/HRSS, RR/TBR, A       |
| Samaritan Well                 | \$25,000                               | ES/ES, HMIS, A                        |
| Madonna House                  | \$30,046                               | ES/O, ES/ES, HMIS, A                  |
|                                | \$                                     |                                       |
|                                | \$                                     |                                       |
|                                | \$                                     |                                       |
|                                | \$                                     |                                       |
|                                | \$                                     |                                       |
| <b>TOTAL FUNDS RECOMMENDED</b> | <b>\$177,765.00</b>                    |                                       |

Continuum of Care: West Central Illinois CoC, IL-519

Continuum of Care Representative: Mary Muehlenfeld, Collaborative Applicant