

STATE OF ILLINOIS

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



EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM

Continuum of Care (CoC)

2019 Funding Packet

SFY 2019 (2018 HUD FUNDS)

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.

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**EMERGENCY SOLUTIONS GRANT PROGRAM FUNDING PLAN PACKET
SFY 2019 (2018 HUD FUNDS)**

COVER SHEET

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X

Signature of Continuum Representative Title

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EMERGENCY SOLUTIONS GRANT PROGRAM FUNDING PLAN PACKET SFY 2019 (2018 HUD FUNDS)

In order to process the 2019 Emergency Solutions Grant (ESG) Program contracts, information from the CoC level is required. 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.

Describe, as a CoC, how each of the measures will be accomplished, and develop performance indicators and targets for each. Data provided to HUD in the CoC application can be included.

1. List and describe top five achievements this year.

Our achievements are listed at the end of this question 1. We are addressing the above System Performance Measures in the first part of question 1. due to editing restrictions in this document.

West Central Illinois CoC requires active participation in the CoC and HMIS data entry or equivalent for ESG recipients. HMIS licensing is provided for non ESG funded program if a provider cannot afford it to capture more data.

Reduce average length of time persons remain homeless.

The CoC's HMIS system (Service Point) can 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 or less.

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

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those who could more quickly become self-sufficient with less intensive case management through RRH.

(2) 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 \$31,546 to \$62,000 in this year's application making it 44% of the request. If bonus funding is available in the next NOFA for CoC funding, the CoC will solicit RRH applications 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 can 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. (7) The CoC looks at recidivism when CoC-funded PSH projects go through a monitoring at the time of requesting renewal funding. ESG

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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. . 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.

The CoC noted that TH had the highest returns to homelessness and used this as its basis for increasing our request for RRH instead of funding ES that also used beds for TH (these projects were grandfathered under ESG).

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 /decrease the number of unsheltered and sheltered as reported in the SPM 3.1 and 3.2 each year.

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 27% to 44%. 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 decreases in unsheltered and only a slight increase in sheltered 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 3, 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

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referral 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 on a United Way website. 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 can 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

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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 as reported in our 2016 SPM.

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.

Outreach services in our CoC are minimal due to historically low unsheltered PIT counts. Law enforcement agencies in all 11 counties in our CoC were surveyed regarding unsheltered homeless counts. Only three counties advised that they had an unsheltered homeless. The PIT was conducted in those counties and the results were zero. No ESG funding plans are requesting outreach services. The agencies in our CoC that provide outreach are faith-based except for the U.S. Department of Veteran Affairs Homeless Outreach program. The faith-based organizations do not wish to provide HMIS data or enter HMIS data therefore we cannot track any outreach services. Those agencies do coordinate with our ESG and CoC-funded programs to make referrals.

Our System Performance Measures submitted for 2016 show zero street outreach.

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 2018 PIT.

C) Zero unsheltered homeless in 2018 PIT.

D) Implementation of Coordinated Entry System using the VI-SPDAT and SPDAT.

E) System Performance Measure **Length of time person remain homeless** met the target of less than 60 median days for ES/SH and the target of less than 90 days for ES/SH/TH.

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

Our PIT unsheltered count decreased while our sheltered count slightly increased. However, Metric 3.2 for our annual numbers of sheltered persons decreased by 5%.

G) Number of persons who became homeless for the first time. The universe number of entries to ES and TH decreased by 27% which is significant and providers that our collaborations with homeless prevention through the CES has contributed to this change.

H) Successful Placement from Street Outreach PH exits to permanent housing destinations or retention of permanent housing increased by 6%. This number remains significantly high 98% in FY 2016 and 92% in FY2016. (HUD FY years)

I) Our CoC formed a Veterans Initiative Group that coordinates VA and non-VA services to assist veterans who are at-risk of homelessness or homeless. This group works to fill the needs gap that exists while veterans are waiting to receive VA services or to provide goods/services that are not VA funded.

2. Describe progress of the CoC Coordinated Entry System (CES) to date. Outline achievements and future goals for the CES.

Our CoC has implemented the CES in two out of three population centers that have agencies providing federal, state and local funded housing assistance programs. The three population centers house the three regional councils and collectively serve all 11 counties. The Salvation Army in Quincy serves all 11 counties by networking with four other Salvation Armies to provide 100% coverage. The CES implementation is a major accomplishment given the rural geography of our CoC. The pilot location has been utilizing CES for 2-1/2 years and location two has been utilizing CES for 1-1/2 years. Our future goals are to move to the third population center. The third population center is in the process of planning a CES for implementation in 2018. Also in the planning process is a revision of the CoC's website to make it mobile friendly so it reaches more consumers and advertises the CES sites and process. This new website is scheduled to be available by August 2018.

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

All ESG funding is for direct services and administration except for some agencies that requested funding to support their HMIS activities. Some HMIS activities are related to CES but not all. Our HMIS request is \$14,500 or 8% of our request. Our CoC has a planning grant from HUD that adequately meets our CES planning, implementation and review needs.

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 receive services
- the total dollar amount for services, and
- any other stipulations that must be adhered to by provider agencies.

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Funding Recommendation Plan

Providing a list of recommended providers 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 provide services for the homeless population. **The minimum grant amount is \$25,000.00.** Recommendations for funding should be based on a:

- needs assessment conducted by the CoC
- housing analysis, and
- performance of the provider agency (based on HMIS and other factors)

A narrative explaining how the CoC arrived at their recommendations is required. DHS will make the final determination based on program performance including timely submission of required documents, accuracy of documents, etc.

Note: Providers will only receive Emergency Solution Grant (ESG) Program funds for services that are provided to the **homeless** population, and all providers are subject to monitoring site visit by both State and Federal staff.

For purposes of planning, the CoC should complete the, “2019 Recommended Funding Amount Request” form by prioritizing a list of provider agencies to be funded, the amounts to be granted and identifying the following services to be provided to the homeless population.

Street Outreach (SO) (Funding cap: 60% of total budget or FY 2010 amount spent on homeless activities)

Emergency Shelter (Funding cap: 60% of total budget or FY 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 (H) (all agencies are required to report in HMIS)

Administration (A) (Funding cap: 7.5% of total budget per CoC)

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- **CoC decides Admin cap percentage amount for each of their providers**

NOTE: Given the needs of the homeless population and to better align with HUD efforts, the State of Illinois Emergency Solution Grant (ESG) Program will **not** provide funds for Emergency Shelter Renovation & Homeless Prevention during this application year.

Funding cap: 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. Funds used for street outreach and emergency shelter activities will be limited to the greater of 60 percent of the recipient’s total fiscal year grant for ESG or the holdharmless amount established by the section 415(b) of the McKinney-Vento Act (“the amount expended by [the recipient] for such activities during fiscal year most recently completed before effective date under section 1503 of the [HEARTH Act]”). To reasonably and practicably implement the statute’s hold-harmless language, the interim rule makes the hold-harmless amount the amount of FY 2010 grant funds committed for homeless assistance activities.

SUBCONTRACT APPLICATION REQUIREMENTS: The CoC may request approval to allow an agency to subcontract to another agency within the CoC. If approval is granted for a CoC to allow an agency to subcontract, 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:

- amount of funding being sub granted
- term of the subcontract (Example: July 1, 2018 to June 30, 2019)
- services that will be delivered
- anticipated number of persons served
- expected outcomes

The subcontract must also:

- state that the social service provider receiving the subcontracted ESG funds will comply with all DHS contractual obligations, rules, regulations, and policies;
- also include a statement confirming that the applicant will have on file, all of the sub grantees applicable attachments;
- be signed and dated by an authorized agent of the applicant agency and the provider receiving the subcontract ESG funds.

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NOTE: A subcontractor cannot subcontract to another agency.

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EMERGENCY SOLUTIONS GRANT PROGRAM
2019 Recommended Funding Amount Request Form
Grant term: July 1, 2018 – June 30, 2019

Complete and return electronically to DHS.ESG@illinois.gov no later than **March 23rd, 2018**.

If combination, enter letter followed by comma (example: SO, ES/O, A). Admin cap = 7.5% total

Provider Agency Name	2019 Recommended Funding Amount (Minimum = \$25K)	Type of Service: SO – ES/O – ES/ES - RR/HRSS – RR/TBR – RR-PBR – H - A
Salvation Army-Quincy	\$ 61,197	ER/O; ES/ES; RR/TBR; RR/HRSS: HMIS; Admin
Crisis Center Foundation	\$ 25,000	ER/ES; ER/O; RR/HRSS; RR/TBR; Admin
Quanada	\$ 25,000	ES/O; RR/HRSS; RR/TBR; Admin
Samaritan Well	\$ 25,000	ES/ES; HMIS: Admin
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL FUNDS RECOMMENDED	\$ 136,197	

Provide a narrative explaining how the CoC arrived at their recommendations is required.

The CoC's Research and Evaluation Committee met March 8 to deliberate on the funding plan. The committee has representatives from each county and no affiliation with applicant agencies. The CoC approves a scoring tool that takes into consideration:

- Completeness of application and compliance of budget restrictions;
- Number of homeless served by ESG funds at each agency;
- Number of counties in CoC covered by the agency;
- Agency good standing, UGA and PRA proof of submission;
- Agency HMIS report card;
- Agency's System Performance Measures if they participated in HMIS;

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- 2018 Point in Time Count and Housing Inventory Count;
- Illinois Report on Poverty for each county looking for needs/gaps;
- Experience of agency;
- Past two years' 990;
- Match ability;
- Agency capacity;
- CoC membership participation;
- HMIS or equivalent if DV involvement;
- Leveraging letters;
- Participation in Coordinated Entry System;
- Site Visits

Recommendations ensure that all counties in the CoC had coverage and that an emphasis was made toward RRH to reduce shelter stays but also maintain shelters for emergency situations and HMIS participation as well as CES participation.

Estimated ESG Program funding for services:	\$128,482
Estimated Admin cap amount:	\$7,715
Estimated ESG Total Award:	\$136,197

Continuum of Care:			
West Central Illinois IL-519			
CoC Representative:	Mary Muehlenfeld, Collaborative Applicant	Date:	March 22, 2018

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