

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: IL-516 - Decatur/Macon County CoC

1A-2. Collaborative Applicant Name: Dove, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Dove, Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.
Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.
Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	No	No
Agencies that serve survivors of human trafficking	Yes	No	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Colleges and universities	Yes	Yes	Yes
Federally Qualified Health Centers	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC is structured to encourage input and –more importantly – full engagement from all persons and organizations who are concerned about homelessness. The CoC's Advisory Council is a large group that meets monthly and attracts several dozen organizational representatives. Its meetings are announced in the local newspaper with an invitation to anyone who wants to come and help. The CoC's Governing Board consists of key agencies, and it occasionally adds members.

As examples of how this works from the list in 1B-1:

(1) This year the Governing Board asked the area's only Federally Qualified Health Center to join the Governing Board. This quickly resulted in better coordination of ACA sign-ups and clearing a logjam for homeless clients in need of prescription drugs.

(2) Millikin University faculty and students received a special grant to assist in analyzing and reporting PIT and HIC data. A Millikin faculty member serves on the Governing Board.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Youth Advocate Program	No	No	No
Webster Cantrell Hall	No	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Dove (Domestic Violence Program)	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The Decatur and Macon County CoC assures that all entities can apply for CoC projects. To accomplish this, we have broadened the CoC's Board of Directors well beyond HUD-funded entities. In the past year we have added as Board members the CEOs of a street outreach program, a federally qualified health center (FQHC), and a large faith-based agency that has job training, gardens, and a daily meal site.

We post website announcements, news releases and send mass emails to all CoC member organizations. These emails request Notices of Intent to apply for new projects and describe HUD's eligibility requirements. We make announcements at CoC meetings and other community networking meetings. Finally, we make presentations to civic and church groups throughout the year. In these presentations we explain and advocate for the Housing First approach and urge those in attendance to develop rapid re-housing and permanent supportive housing rather than creating more shelters.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	0
How many ESG recipients did the CoC participate with to make ESG funding decisions?	0
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	0

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC is an integral part of Consolidated Plan development and implementation. The CoC's chairperson served on the City of Decatur's Consolidated Plan team during the development of the 2015-2019 plan; this team met at least twice monthly during the 6-month period when the plan was created and submitted. The City official who oversees the Consolidated Plan is an active member of the CoC's Board of Director. A Millikin University professor who is on the CoC Board was the primary consultant to the City for the Consolidated Plan and recently led the update for the 2017 Action Plan. The CoC's data and analysis was used verbatim in the Consolidated Plan and was the foundation for the Plan's section on homelessness.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The CoC is involved in funding decisions, performance standards, and monitoring of outcomes. The CoC Board reviews all ESG project applications and decides whether to forward them to the State of Illinois for final review and potential approval. The CoC Monitoring Committee reviews progress through quarterly reviews of each ESG project; the monitoring tool (attached) examines eligibility, data quality, utilization, housing stability, length of homelessness, destination at exit, income increases, and mainstream assistance. In addition, when state monitoring results in findings or recommendations, the CoC works with the ESG grantee to resolve the issues.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The Collaborative Applicant, Dove Inc., operates the Coordinated Entry center and is the only domestic violence provider for the CoC geographic area.

All Coordinated Entry staff are trained in the domestic violence. The Coordinated Entry center screens all incoming persons for domestic violence. The center uses the ETO (Efforts to Outcomes) assessment, which is client-driven, trauma-informed, and culturally-relevant. We immediately refer those indicating domestic violence to the Dove Domestic Violence Program (DVP) for immediate shelter, legal advocacy, safety planning, and other services. DVP

honors client choice in all aspects. No data are entered into HMIS that would identify domestic violence survivors.

To provide a full range of housing options, the CoC's Transitional Housing Leasing project specifically targets victims of domestic violence and their children. All case managers in this project have completed domestic violence training.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Decatur Housing Authority		No

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)**

Six developments offer permanent supporting housing for persons experiencing homelessness, Harbor Place, owned by Dove, has eight units, all dedicated to homeless families with children, The Elmwood Apartments, developed by Dove in cooperation with First Presbyterian Church, have eight units for families and individuals, all dedicated to persons who are homeless. The CoC/ESG Coordinated Entry center screens, admits, and places homeless households directly into all the above developments.

North Street Commons provides 16 units of permanent supportive housing for homeless veterans and their families. The CoC/ESG Coordinated Entry center screens, admits, and places homeless households directly into all the above developments. In addition, two other subsidized housing complexes, Camelot and Charles Street, reserve two units each for persons experiencing homelessness.

NOTE ON 1C-4: The PHA does not track admissions by homeless status.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="checked" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="checked" type="checkbox"/>
Implemented communitywide plans:	<input checked="checked" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Coordination with health care is a top priority. To assure this, the CoC Board has added as a member the CEO of the only Federally Qualified Health Center (FQHC) in the area and charged her with developing cooperative agreements with major health care institutions.

To improve coordination with the foster care system, the CoC Board has invited all licensed foster care agencies in the area HMIS training sessions. We are asking them to enter foster care cases into HMIS when the persons approach the age of 18 and have no permanent housing identified, so that the Coordinated Entry center can work with the foster care agency to devise a housing plan and avoid the person becoming homeless.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

The Homeward Bound SSO project has been the coordinated entry and assessment center since 1994. Homeward Bound is a walk-in office near the central business district. It is recognized as the singular point of entry into the homeless system by schools, churches, food pantries, human service providers, and mainstream programs (see 1E-2).

The center identifies, engages, and assists all who become homeless promptly and effectively. Using data from the PIT, HMIS, and outreach partners, we maintain a list of all persons in the entire area who are known to be homeless. CoC outreach workers regular visit every person who is chronically homeless or long-term homeless to promote engagement. We track progress toward engagement using the "Stages of Change" model and generate monthly reports to the CoC Board. We use the ETO (Efforts to Outcomes) uniform assessment to determine the need for housing and services. We initiate services and place persons in immediate housing whenever possible.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there

are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-Based Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	0.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Need for specialized population services:	

Youth	<input checked="checked" type="checkbox"/>
Victims of Domestic Violence	<input checked="checked" type="checkbox"/>
Families with Children	<input checked="checked" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="checked" type="checkbox"/>
Veterans	<input checked="checked" type="checkbox"/>
None:	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC's Review & Ranking process considered the severity of needs and vulnerabilities in establishing priority rankings for FY 2016 project applications. Twenty-six points of our 68-point ranking scale, or 39 percent, was based on the needs and vulnerabilities of the participants served (or to be served) by the projects.

The Review and Ranking Committee awarded points for projects that target the following vulnerable populations: Unaccompanied Youth – 2 points; Domestic violence – 4 points; Families with children – 3 points; Chronically homeless – 4 points; Veterans – 2 points; Persons with serious and persistent mental illness and/or substance use disorders – 5 points; and Persons with criminal histories – 3 points.

In addition, the Review and Ranking Committee awarded 3 points to projects that were the only project in the CoC that target any one of the priority populations listed above.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The CoC notified the general public of the availability of funding and the criteria for review, ranking, and selection through a web posting on the Dove Inc. web page on July 12, 2016 (see attachment). An update was posted on August 16 with the detailed scoring system.

The same information was communicated directly to all CoC members and allies through emails. Similar announcements were made at all regular

meetings of the full CoC and its Board of Directors. The minutes of all Review & Ranking Committee meetings were made available to all CoC members and to the general public. The availability of these minutes was posted on the website July 12, 2016.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

Within the past year, the CoC formed a Project Monitoring Committee which monitors every CoC and ESG funded project on a quarterly basis. This committee consists of persons not connected with any funded agency such as a university professor, the homeless liaison for the regional education agency, a formerly homeless person who is in graduate school, the CEO of a health center, the director of a food resource center, and the director of the local Community Action Agency.

The CoC Monitoring Committee reviews progress through quarterly reviews of each ESG project; the monitoring tool (attached) examines eligibility, data quality, utilization, housing stability, length of homelessness, destination at exit, income increases, and mainstream assistance. The Committee identifies strengths as well as areas in need of technical assistance. The CoC Board then implements strategies to address needs.

1G-2. Did the Collaborative Applicant include Yes accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.

Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.

Governance Charter p 1; HMIS MOU p 2

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?

Yes

2A-4. What is the name of the HMIS software ETO (Efforts to Outcomes)

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Social Solutions

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$74,564
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$74,564

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$74,564
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 04/29/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	112	30	45	54.88%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	166	0	66	39.76%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	150	0	122	81.33%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

In the months since completing the 2016 HIC, we have increase the percentage for two project types and have plans to do the same for the third:

The low percentage in ES HMIS beds was die to four small nonparticipating faith-based organizations and one youth shelter. The largest faith-based shelter began HMIS data entry on September 1, 2016, and two other shelters have closed. The actual percentage is now 88%.

The low percentage in TH was due to one large faith-based organization that operated an extremely underutilized 88-bed facility which it has since closed. The actual percentage is now 88%.

The low percentage in PSH is due to one 24-bed project for veterans. Leaders of this project attended our HMIS training, and the CoC Board will meet privately with them to present the benefits of HMIS participation. If they come in,

the percentage will be 100%.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input checked="" type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	8%	0%
3.3 Date of birth	7%	0%
3.4 Race	8%	0%
3.5 Ethnicity	5%	0%
3.6 Gender	5%	0%
3.7 Veteran status	3%	0%
3.8 Disabling condition	20%	0%
3.9 Residence prior to project entry	20%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	67%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

4

2D-4. How frequently does the CoC review data quality in the HMIS?

Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.

Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.
(limit 750 characters)**

Three of the partner programs do not exist in this CoC: VA GPD, RHY, and PATH.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: 01/28/2016
(mm/dd/yyyy)

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: 04/29/2016
(mm/dd/yyyy)

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

We conducted a 100% count of every shelter and transitional housing project in the county.

For the sheltered count, surveys were distributed a few days before PIT night to

every emergency shelter and transitional housing provider in the county, and we achieved complete coverage. Shelter and transitional housing provider staff completed the survey based on HMIS and their internal files, submitting one form for each household in residence the night of the PIT count. All completed surveys were delivered to our PIT Team (see 2F-4). The PIT Team then compared survey results with HMIS data and contacted providers to rectify any discrepancies.

We selected this methodology because it is the most accurate and complete way of counting the persons experiencing homelessness who are sheltered on any given night.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

This year the CoC worked with an interdisciplinary PIT Team of faculty and students at Millikin University, along with a consultant and Collaborative Applicant staff. The Team designed a survey instrument to capture all in a format that could easily be reported to the HUD-HDX website. The team included a mix of IT and human service experts. Using a Microsoft Access platform, they built a structure to store and report data in the complex formats required by HUD. This had three major impacts: First, it provided aggregated data on our homeless population in real time; we did not have to wait for summation to know, for example, how many under-24-age households were on the streets and who was in them. Second, it provided actionable data that we used to make programmatic decision such as where to deploy outreach teams. Third, it improved the accuracy of data.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Not applicable.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

As described in 2F-4 above, we used a PIT Team to plan and implement the count. Millikin University was a new partner, and the university is providing a special grant to support student involvement in PIT work for the next two years.

Two other changes are worth noting. First, we asked for respondents' names. This helped in de-duplication efforts, and more importantly it allowed the coordinated entry center to list of all persons known to be homeless in the geographic area, and we now track them individually, including those staying in the shelters that do not use HMIS.

Second, we provided a printed report to community leaders and the news media a few weeks after the PIT count, showing the progress we made toward ending homelessness and highlighting trends such as the large decrease in unsheltered homelessness.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/29/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

On the day of the count, volunteers were placed at various locations. As in the past, we stationed volunteers at all known locations where homeless persons gather and at service providers. Examples include libraries, food pantries, assistance offices, bus stations, and the Coordinated Entry center. Throughout the night, volunteers canvassed locations where homeless sleep, such as parks, abandoned buildings, campgrounds, and underpasses. Completed surveys were delivered to the HMIS lead agency. All completed surveys were delivered to our PIT Team (see 2F-4). The PIT Team then conducted de-duplication and contacted agency personnel to rectify any discrepancies.

We chose this method because of the expertise available to us and the size of our county. The expertise allowed us to design a more versatile and robust survey instrument. The size of the geographic area allowed us to cover every possible place where person who are homeless might appear over a 24-hour period.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

The methodological changes were the same as in the sheltered count. The CoC worked with an interdisciplinary PIT Team of faculty and students at Millikin University, along with a consultant and Collaborative Applicant staff, to design a survey instrument that captured all data in a format that could easily be reported to HUD on the HDX website. The team included a mix of IT and human service experts. Using a Microsoft Access platform, they built a structure to store and report data in the complex formats required by HUD. This had three major impacts: First, it provided aggregated data on our homeless population instantaneously in real time; we did not have to wait for summation to know, for example, how many under-24-age households were on the streets and who was in them. Second, it provided actionable data that we used to make programmatic decision such as where to deploy outreach teams. Third, it improved to accuracy of data.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

Not applicable.

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

The changes were the same as in the sheltered count. As described in 2F-4 above, we used a PIT Team to plan and implement the count. Millikin University was a new partner, and the university is providing a special grant to support student involvement in PIT work for the next two years.

Two other changes are worth noting. First, we asked for respondents' names. This help in de-duplication efforts, but more importantly it allowed the coordinated entry center to develop a list of all persons known to be homeless

in the geographic area, and we now track them individually, including those staying in the shelters that do not use HMIS.

Second, we provided a printed report to community leaders and the news media a few weeks after the PIT count, showing the progress we made toward ending homelessness and highlighting trends such as a large decrease in unsheltered homelessness.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	238	157	-81
Emergency Shelter Total	107	83	-24
Safe Haven Total	0	0	0
Transitional Housing Total	92	67	-25
Total Sheltered Count	199	150	-49
Total Unsheltered Count	39	7	-32

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	442
Emergency Shelter Total	326
Safe Haven Total	15
Transitional Housing Total	101

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

We recorded 349 first-time homeless in the period ending September 30, 2015. The CoC uses the ETO assessment to identify and prioritize vulnerabilities and risks. This process creates prompt responses to those with greatest needs. Major risk factors are sudden loss of income, domestic violence, criminal history, poor health, untreated mental illness, and substance use disorders.

Our first line of defense is “points of entry” into homelessness. In addition to the Coordinated Entry center, these include schools, food resources, and the Oasis Day Center. We have trained these agencies to intervene and prevent homelessness.

The second line of defense is diversion from homelessness through advocacy, rental assistance, and behavioral health services. To support these efforts, the Retired & Senior Volunteer Program regularly updates a list of community resources and distributes it through human services networks.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The average length of homelessness was 228 days for the period ending September 30, 2015, with a median length of 141 days. To reduce these data, we are taking the following steps:

First, we are targeting all remaining transitional units to victims of domestic violence. This is one of the few population groups for whom transitional housing is appropriate and effective.

Second, we continue to add rapid re-housing units. This is the third consecutive application in which we have requested new RRH projects. Using RRH instead of TH will significantly reduce the number of 18-24 month stays that drive up the average length of homelessness.

Third, we work with emergency shelters to re-imagine their purpose and function. The two largest shelters have firmly committed to Housing First, conceptualizing their role as bridge housing.

(Please note that our performance data for this measure is misleading because one large shelter was not recording exits when clients left the shelter

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
 Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	225
Of the persons in the Universe above, how many of those exited to permanent destinations?	59
% Successful Exits	26.22%

3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	79
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	79
% Successful Retentions/Exits	100.00%

**3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
 (limit 1000 characters)**

For the period ending September 30, 2015, we had a 9 percent rate of returns of homelessness. To reduce the rate of returns, we employ three strategies: (1) we identify barriers that increase risk of return such as a high ratio of housing costs; (2) we arrange for long-term wrap-around case management; and (3) we offer in-house Life Skills classes to increase income and employability.

Our HMIS tracks all clients from their point of entry into any project within the system. Their data stay in HMIS permanently. Using HMIS, we can identify if, when, and where they return. An example: A family exits transitional housing for permanent housing, and two years later, they appear at our SSO and are homeless. HMIS tracks how long they were housed, which project they last exited, and the date and agency at which they reappeared in the system.

3A-6. Performance Measure: Job and Income Growth.

**Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)**

During the period ending September 30, 2015, 31% of stayers and 34% of leavers increased their incomes. Our primary strategy is to enhance job readiness. Employers are willing to rain new hires in job-specific skills if we can provide people with soft skills. We have five diverse projects to enhance job readiness including culinary arts, retail training, life skills classes, warehousing, and logistics. Before these projects were fully in place, only 15% of adults gained income from employment.

To generate gains in non-employment non-cash income, we automatically screen every participant for eligibility non-cash programs such as SNAPs. We assist all in making online applications. About two-thirds of our clients receive non-employment non-cash benefits.

In the spring of 2016, the Social Security Administration selected our CoC for a targeted SOAR initiative and offered enhanced training and support, with the goal of reducing processing time from 180 to 75 days.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)**

The COC has a working agreement with the Workforce Investment Act administrator. WIA provides several slots for homeless persons identified by the CoC. WIA provides them with assessments, enrollment in an "Employment Boot Camp" course, customize case management, and linkages to employers and/or training slots. Additionally, the director of the Coordinated Entry Center serves as a member of the WIA Board.

**3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

Not applicable. We included all geographic areas in the unsheltered PIT count.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people,

No

including areas that are uninhabitable (e.g. disasters)?

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

No.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 07/29/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

Not applicable.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	67	23	-44
Sheltered Count of chronically homeless persons	48	21	-27
Unsheltered Count of chronically homeless persons	19	2	-17

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)**

We implemented two strategies to meet this goal. First was the creation of the Chronic Homelessness Action Team, called CHAT. CHAT consists of street-level outreach workers from the Salvation Army, Oasis Day Center, and the coordinated entry center. A CHAT visits every chronically homeless person on a regular basis. The team meets weekly and discusses each individual.

Second was the use of prioritized beds. Two years ago, the entire CoC prioritized every non-CH-dedicated bed, with first choice given to those with the longest periods of homelessness and the most severe disabling conditions. This enabled us to respond immediately when a chronically homeless person accepts our long-standing offer of housing, or requests housing for the first time.

Of the 23 CH identified in the 2016 PIT, eight have been permanently housed, two are incarcerated, one is deceased, and three have disappeared, leaving nine currently CH.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	37	37	0

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The number of dedicated CH beds remained steady at 37. Reviewers, please note: We effectively eliminated chronic homelessness in the past 12 months, and we did not need additional dedicated beds to do it. How so? By prioritizing 100 percent of all non-dedicated beds. This gave persons experiencing chronic homelessness first chance at every vacant bed in the CoC system.

We strongly believe our CoC should be not be penalized for not adding dedicated beds, because we have virtually ended chronic homelessness using prioritized beds.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for

Yes

Documenting Chronic Homeless Status?

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. Attached

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

We implemented two strategies to meet this goal. First was the creation of the Chronic Homelessness Action Team, called CHAT. This team consists of street-level outreach workers from the Salvation Army, Oasis Day Center, and Homeward Bound (the coordinated entry center). A member of CHAT visits every chronically homeless person on a regular basis. The team meets every week and discuss what has happened with each chronically homeless individual in the CoC, one by one.

Second was the use of prioritized beds. Two years ago, the entire CoC prioritized every non-CH-dedicated bed for the chronically homeless, with first choice given to those with the longest periods of homelessness and the most severe disabling conditions. This enabled us to respond immediately when a chronically homeless person accepts our long-standing offer of housing, or requests housing for the first time.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)**

As our major strategy, we are increasing the number of rapid re-housing units and streamlining access to the units. All 7 RRH units approved in the two most recent CoC competitions are ready for occupancy as of the date of this submission, and at least one is already filled. To reduce the time spent in screening and selection of tenants, our Collaborative Applicant has assumed responsibility for taking palpations, screening the in, conducting HQS inspections, and administering rental assistance payments.

In addition, our Coordinated Entry center prioritizes every household with children for prompt placement in permanent housing. In many case we are able to secure Section 8 vouchers when there are no outstanding utility bills (or small amounts due) and no serious felony offenses.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	0	0	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
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Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	23	18	-5
Sheltered Count of homeless households with children:	22	18	-4
Unsheltered Count of homeless households with children:	1	0	-1

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

We have made impressive progress. The number of homeless households with children decreased from 23 to 18 from 2015 to 2016, a 23 percent drop. Significantly, none of these households was unsheltered; all of them had a roof over their heads. The reason for the substantial overall decrease is more aggressive outreach and advertisement of the coordinated entry system. With effective utilization of existing shelters and transitional housing projects, no family was on the street on PIT night.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:			0

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.
(limit 1000 characters)**

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$129,200.00	\$137,000.00	\$7,800.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$129,200.00	\$137,000.00	\$7,800.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	7
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	29
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	3

**3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
 (limit 1000 characters)**

Our CoC has a close relationship with LEAs. The educational homeless liaison for the Regional Office of Education serves on the CoC's Board of Directors. The homeless liaison for the largest school system, Decatur Public School District #61, is active on the CoC. At the building level we also work with Parent Liaisons, along with school nurses and social workers (see 3B-2.11). Furthermore, the lead consultant to the CoC is an elected member of the Decatur School Board and serves as a vocal advocate for children in homeless families within the public education system. A staff member from the Coordinated Entry Center serves on the board of the local Head Start program, and two others are on the Board for Early Head Start.

At the systems level, the liaisons work within the school districts and the CoC Coordinated Entry center to assure compliance with our existing policies and to assure seamless referrals, assessments, and housing placements.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
 (limit 2000 characters)**

The CoC policy provides that: (1) Students who are homeless remain in one school if it is in their best interest; (2) Schools provide transportation; (3) Homeless children and youth enroll and attend immediately, even if they cannot produce required documents; (4) Children in homeless households have access to the full range of opportunities including extracurricular activities, pre-school and early childhood development, and special education; (5) Homeless providers offer stable, permanent housing and supportive services; (6) Homeless providers consult with the homeless liaison for the children's school district to assure the least possible interruption in education; (7) School personnel and designated homeless liaisons consult with the CoC to assure that interventions are offered for immediate housing and services; and (8) School liaisons and homeless case managers jointly develop and review plans.

The educational homeless liaisons refer all homeless families to the Coordinated Entry center for assessments and determination of CoC eligibility. Parent liaisons at the building level, along with school nurses and social workers, work directly with the CoC's Coordinated Entry center to assure that eligible families are served.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

Yes. The CoC's Coordinated Entry Center, Homeward Bound SSO, has a written agreement with the Anna Waters Head Start program. This agreement provides that each partner will identify persons and families who qualify for services from the other. They make and receive referrals and coordinate case management and early childhood educational services. Two Homeward Bound staff members serve on the Head Start board.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	10	12	2
Sheltered count of homeless veterans:	6	12	6
Unsheltered count of homeless veterans:	4	0	-4

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Veterans' homelessness has been virtually eliminated in our continuum, with only 12 homeless veterans in the 2016 PIT count. While this was an increase of 2 over the 2015 count, we had zero veterans unsheltered in 2016, as contrasted with 4 in 2015.

Since the PIT count, we have provided 6 of the 12 veterans with permanent housing. We are tracking all the remaining homeless veterans, talking with them regularly, and we have permanent housing units available for them. We have reached functional zero.

**3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF.
(limit 1000 characters)**

Using the ETO uniform assessment tool, staff at the Coordinated Entry center asks questions that identify veterans. We refer all veterans to the SSVF (Supportive Services for Veteran Families) program operated by the Salvation Army. Staff at the Coordinated Entry center do not determine if veterans are eligible for VA services; that decision is made by SSVF. If a person is eligible for VA services, SSVF staff work with the PHA to obtain HUD-VASH vouchers and with D&O Properties to place the veteran in housing.

Similarly, staff at SSVF do not attempt to determine if a homeless veteran is eligible for CoC or ESG services. They refer veterans to the Coordinated Entry center for us to make that determination. In this way, each agency "stays in its lane" and uses its expertise.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	20	12	-40.00%
Unsheltered Count of homeless veterans:	4	0	-100.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
(limit 1000 characters)**

Our strategy is to continue in partnership with the Coalition for Veterans Concerns. We attribute our success in reaching function zero to the active work of the Coalition for Veterans Concerns (CVC), a group started with the help of the CoC several years ago. This collaborative group has developed veterans housing through a private developer (D&O Properties), obtained HUD-VASH

vouchers through the PHA, initiated an SSVF program through Salvation Army, and created a fulltime veterans outreach position within Lutheran Child & Family services.

As a result of this activity, we have virtually ended veteran homelessness. Because HUD-VASH vouchers are still available, and not all dedicated veteran supportive housing units are full, we have already attained virtual zero for veteran homelessness.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:

0%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

The CoC works closely with several organizations that assist clients with enrollment for health benefits thru Medicaid, Medicare and the ACA. The Macon County Health Department frequently holds enrollment events at public facilities including the local library. They also make available daily at the health department trained counselors who provide one-on-one counseling services on Medicare, Medicaid and ACA plans and other insurance issues.

Crossing Healthcare, the local Federally Qualified Health Center, has several

certified assisters on staff to counsel and assist clients with Medicaid enrollment as well as ACA plan enrollment on the Health Insurance Exchange. Crossing Healthcare maintains data regarding the number of low income Macon County residents receiving enrollment assistance. In 2016, 837 assists have been provided with 304 applications submitted and 275 clients enrolled in health plans.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	<input type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Inclusion of CEO of FQHC on CoC board	<input checked="" type="checkbox"/>
Streamlined process for clients to obtain new patient appointments	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	0%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	0%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input type="checkbox"/>
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Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Special outreach days to hard-to-reach groups and locations	<input type="checkbox"/>
Chronic Homeless Action Team identifies and tracks unsheltered homeless	<input type="checkbox"/>
To reach areas, we partner with community centers and churches in small towns	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	0	0	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)

Not applicable.

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="text"/>
Maximizing the use of mainstream resources:	<input type="text"/>
Retooling transitional housing:	<input type="text"/>
Rapid re-housing:	<input type="text"/>
Under-performing program recipient, subrecipient or project:	<input type="text"/>
	<input type="text"/>
Not applicable:	<input type="text"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re...	08/29/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Re...	08/29/2016
05. CoCs Process for Reallocating	Yes	CoC's Process for...	08/29/2016
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	08/04/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX System Perfor...	08/04/2016
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Rating and Review Procedure IL-516

Attachment Details

Document Description: CoC Rating and Review Procedure Posting

Attachment Details

Document Description: CoC's Process for reallocating IL-516

Attachment Details

Document Description:

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Attachment Details

Document Description:

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Document Description: CoC Written Standards for Order of Priority IL-516

Attachment Details

Document Description:

Attachment Details

Document Description: HDX System Performance Measures IL-516

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page		Last Updated
1A. Identification		08/16/2016
1B. CoC Engagement		08/20/2016
1C. Coordination		08/20/2016
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1D. CoC Discharge Planning	08/20/2016
1E. Coordinated Assessment	08/16/2016
1F. Project Review	Please Complete
1G. Addressing Project Capacity	08/16/2016
2A. HMIS Implementation	08/16/2016
2B. HMIS Funding Sources	08/16/2016
2C. HMIS Beds	08/20/2016
2D. HMIS Data Quality	09/01/2016
2E. Sheltered PIT	08/20/2016
2F. Sheltered Data - Methods	08/20/2016
2G. Sheltered Data - Quality	08/20/2016
2H. Unsheltered PIT	08/20/2016
2I. Unsheltered Data - Methods	08/18/2016
2J. Unsheltered Data - Quality	08/20/2016
3A. System Performance	09/01/2016
3B. Objective 1	08/20/2016
3B. Objective 2	Please Complete
3B. Objective 3	08/20/2016
4A. Benefits	Please Complete
4B. Additional Policies	Please Complete
4C. Attachments	Please Complete
Submission Summary	No Input Required

Project Ranking System Guide

Macon County, Illinois Continuum of Care (IL-516)

Introduction

CoC IL-516 utilized a well-defined set of objective criteria to review, score, and rank projects in the FY2016 CoC Competition. The criteria are balanced, using four major factors:

- Performance Outcome Criteria (14 maximum points, 21% of score)
 - Length of homelessness
 - Retention in, or exits to permanent housing
 - Increases in cash income
- Monitoring Criteria (18 maximum points, 27% of score)
 - Participant eligibility
 - Utilization
 - Drawdowns and recapture
 - HMIS data quality
- Priority Population Criteria (26 maximum points, 39% of score)
 - Youth
 - Families with children
 - Chronically homeless
 - Veterans
 - Low or no income
 - Serious and persistent mental illness and/or substance use disorders
 - Criminal history
- Best Practice Criteria (10 maximum points, 15% of score)
 - Housing First compliance
 - Project type

The remainder of this guide contains the process, the scoring system and a description of each element and how the score is computed.

Process

The CoC appointed a **Review & Ranking Committee**, consisting of well-qualified people who had no affiliation with any CoC funded program. Among them are a college professor, a consultant, and a formerly homeless ex-client who is now in graduate school. Minutes of every meeting are posted on the website of the Collaborative Applicant.

The committee created a **Scoring System** with a scale, using criteria suggested from HUD documents and local research. Among the HUD documents are ones concerning the System Performance Measures, the FY2016 NOFA, the CoC Application instructions, and the debriefing summary from the FY2015 competition.

For **data sources**, the committee used APRs, customized HMIS reports, and CoC applications. Because HUD has delayed submission of APRs during the introduction of new APR formatting, the HMIS lead generated faux APRs using both the old and new HUD formatting for each project. To make things even fairer, we used the same year – July 1, 2015 to June 30, 2016 – for each faux APR.

No subjective data were permitted. The committee devised a scale for each criteria, and rated each project for every criteria.

Scoring System

We use a 68-point scale. The table below shows the criteria across the top, with individual projects listed on the left side.

Factor		Length of Stay	Retention or exits to PH	Increases in income	Utilization	Drawdowns	Recapture	HMIS usage	HMIS data quality	Priority Population Points	Housing First compliance	Project type	TOTAL SCORE	RANKING
Maximum Score		4	5	5	5	3	-5	5	5	26	5	5	68	
DHA	CH LEASING 07												0	
	DECATUR COC RENTAL												0	
DOVE, INC.	TRANSITIONAL HOUSING LEASING												0	
	PERMANENT HOUSING LEASING												0	
	HL LEASING 10												0	
	CH LEASING 13												0	
	DECATUR RAPID RE-HOUSING												0	
	DECATUR RAPID RE-HOUSING 15												0	
	HOMEWARD BOUND SSO												0	
	MACON COUNTY HMIS												0	
	HMIS EXPANSION												0	
													0	
													0	

Performance Outcome Criteria

- 4 points – Length of Stay

How scored: The Review and Ranking Committee creates a scale based on length of homelessness. This is the same measurement used in the HUD System Performance Measure metric 1.2

The data are found in the APR (new APR Q22a1, old APR Q27), or by running the HUD System Performance Measures in HMIS for the specified 12-month period ended June 30, 2016.

- 5 points – Exits to / retention of permanent housing

How scored: The Review and Ranking Committee creates a scale based on:

- For SSO and Transitional Housing projects: exits to permanent housing
- For Permanent Housing projects: Retention in housing plus exits to other permanent housing

These data are found in the APR (new APR Q23a, old APR Q29a1 and Q29a2), or by running the HUD System Performance Measures in HMIS for the specified 12-month period ended June 30, 2016. The Review and Ranking Committee divides the number of clients who exited to and/or retained permanent housing by the total number of clients.

- 5 points – Increases in Income

How scored: The Review and Ranking Committee creates a scale based on retention or gains in earned income and other cash income. This is the same measurement used in the HUD System Performance Measure by combining metrics 4.3 and 4.6.

The data are found in the APR (new APR Q19a3, old APR Q24b3), or by running the HUD System Performance Measures in HMIS for the specified 12-month period ended June 30, 2016. The Review and Ranking Committee divides the number of adults who retained or gained cash income (from employment and non-employment sources) by the total number of adults.

Monitoring Criteria

- 5 points – Utilization

How scored: The Review and Ranking Committee creates a scale based on utilization rates.

We use a customized HMIS report that divides the average number of participants by the number of beds in HIC inventory (or slots, for the SSO project).

- 3 points – Drawdowns

How scored: The Review and Ranking Committee creates a scale based on regular drawdowns during the most recent project year.

The data are found in the LOCCS system, to which the HMIS Lead has access. The HMIS Lead creates a custom report showing percentage of grant award funds drawn down quarterly.

- Up to -5 points –Recapture

How scored: The Review and Ranking Committee can deduct up to 5 points for returning unspent grant funds at the end of the most recent project year.

The data are found in the LOCCS system, to which the HMIS Lead has access. The HMIS Lead creates a custom report showing percentage of funds unspent at the end of the grant term.

- 5 points – HMIS Data Usage

How scored: The Review and Ranking Committee creates a scale based on data usage.

The HMIS Lead generates a custom report showing the frequency with which HMIS client records are updated for each project.

- 5 points – HMIS Data Quality

How scored: The Review and Ranking Committee creates a scale based on data quality, i.e., the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period from July 1, 2015 to June 30, 2016.

The data are found in the APR (new APR Q 5A, old APR Q7).

Priority Population Criteria

- Up to 23 points – Targeted Populations

How scored: The Review and Ranking Committee awards points for any project targeting the following priority populations:

- Youth – 2 points
- Domestic violence – 4 points
- Families with children – 3 points
- Chronically homeless – 4 points
- Veterans – 2 points
- Persons with serious and persistent mental illness and/or substance use disorders – 5 points
- Persons with criminal histories – 3 points

The data are found in the Project Application sections 3B-1 and 5B.

- 3 points – Exclusive Targeting

How scored: The Review and Ranking Committee awards 3 points to any project that is the only project in the CoC that targets any one of the priority populations listed above.

The data are found in the Project Application sections 3B-1 and 5B.

Best Practice Criteria

- 5 points – Housing First Compliance

How scored: The Review and Ranking Committee creates a scale based on the ranges of responses to the Housing First item in the Project Application section 3B-3 and the checklist contained in the Appendix.

The data are found in the Project Application and in the Housing First checklist.

- 5 points – Project Type

How scored: The Review and Ranking Committee awards points based on the type of project based on the following scale:

- Rapid Re-Housing – 5 points
- Permanent Supportive Housing – 5 points
- HMIS – 5 points
- Coordinated Assessment – 5 points
- Transitional Housing – 0 points
- Transitional Housing for DV – 5 points

The data are found in the Project Application.

Housing First Checklist

Applicant: _____

Project: _____

Quick Screen: Is It a Housing First Project?

1. *Are applicants required to have income prior to admission?*
Yes No
2. *Are applicants required to be "clean and sober" or "treatment compliant" prior to admission?*
Yes No
3. *(Permanent housing only) Are tenants able to be evicted for not following through on their services and/or treatment plan?*
Yes No

If the answer to any of the above questions is Yes, the program is not Housing First, and no points will be awarded in this category.

If you answered No to the above questions, please check the boxes in the next two sections to indicate those that are your current practices:

Core Elements:

- ☐ Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- ☐ Tenant selection plan includes a prioritization of eligible tenants based on severity of need, duration/chronicity of homelessness, vulnerability, and high utilization of crisis services.
- ☐ Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of "housing readiness."
- ☐ Housing accepts referrals directly from coordinated assessment system or other organizations frequented by vulnerable people experiencing homelessness.
- ☐ Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy

- ☐ Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

Advanced Elements:

- ☐ Tenants are given reasonable flexibility in paying their tenant share of rent (after subsidy) on time and offered special payment arrangements (e.g. a payment plan) for rent arrears and/or assistance with financial management (including representative payee arrangements).
- ☐ Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as trauma-informed care, motivational interviewing and client-centered counseling.
- ☐ Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of tenants' lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.
- ☐ Building and apartment unit includes special physical features that accommodate disabilities, reduce harm, and promote health among tenants. These may include elevators, stove-tops with automatic shut-offs, wall-mounted emergency pull-cords, ADA wheelchair compliant showers, etc.

(Adapted from US Interagency Council on Homelessness)



*Working for justice, equality, and
understanding among all people*

(/)

PLEASE CHECK NOTICES FROM COC

ATTACHMENTS

1. CoC's Process for Reallocating IL-516 FY2016.pdf (http://doveinc.org/index.php/download_file/231/314/)
2. CoC Review Score and Ranking Procedures IL-516.pdf
(http://doveinc.org/index.php/download_file/237/314/)

💬 GET IN TOUCH

📞 P: 217-428-6616

📠 F: 217-428-7256

✉ E: dove@doveinc.org (<mailto:dove@doveinc.org>)

302 S. Union, Decatur, IL 62522

[More \(/contact-us/\)](#)

🐦 FROM TWITTER

Two jobs are posted on the website, check out the employment page. [doveinc.org](http://www.doveinc.org) (<http://www.doveinc.org>) - about 4 days ago (http://twitter.com/DoveInc_IL/status/764134195677503488)

Thanks gt Church for sharing at Dove yesterday! pic.twitter.com/9MB0S88Pfb
(http://twitter.com/DoveInc_IL/status/763851613350035459/photo/1) - about 5 days ago
(http://twitter.com/DoveInc_IL/status/763851613350035459)

Two job openings for Dove posted on the website [doveinc.org](http://www.doveinc.org) (<http://www.doveinc.org>) - about 7 days ago
(http://twitter.com/DoveInc_IL/status/763057205943930880)

[Read More Tweets \(https://twitter.com/DoveInc_IL\)](https://twitter.com/DoveInc_IL)

FROM THE BLOG

August 12th

Insights on the New Job Training Program (<http://doveinc.blogspot.com/2016/08/insights-on-new-job-training-program.html>)

August 5th

Letter From Dove's July Newsletter (<http://doveinc.blogspot.com/2016/08/letter-from-doves-july-newsletter.html>)

July 29th

It Is A Pattern (<http://doveinc.blogspot.com/2016/07/it-is-pattern.html>)

July 22nd

Love Yourself (part 2) (<http://doveinc.blogspot.com/2016/07/love-yourself-part-2.html>)

[Visit Our Blog \(http://doveinc.blogspot.com/\)](http://doveinc.blogspot.com/)

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| [SITEMAP \(/SITEMAP/\)](#)

Project Ranking System Guide

Macon County, Illinois Continuum of Care (IL-516)

Introduction

CoC IL-516 utilized a well-defined set of objective criteria to review, score, and rank projects in the FY2016 CoC Competition. The criteria are balanced, using four major factors:

- Performance Outcome Criteria (14 maximum points, 21% of score)
 - Length of homelessness
 - Retention in, or exits to permanent housing
 - Increases in cash income
- Monitoring Criteria (18 maximum points, 27% of score)
 - Participant eligibility
 - Utilization
 - Drawdowns and recapture
 - HMIS data quality
- Priority Population Criteria (26 maximum points, 39% of score)
 - Youth
 - Families with children
 - Chronically homeless
 - Veterans
 - Low or no income
 - Serious and persistent mental illness and/or substance use disorders
 - Criminal history
- Best Practice Criteria (10 maximum points, 15% of score)
 - Housing First compliance
 - Project type

The remainder of this guide contains the process, the scoring system and a description of each element and how the score is computed.

Process

The CoC appointed a Review & Ranking Committee, consisting of well-qualified people who had no affiliation with any CoC funded program. Among them are a college professor, a consultant, and a formerly homeless ex-client who is now in graduate school. Minutes of every meeting are posted on the website of the Collaborative Applicant.

The committee created a Scoring System with a scale, using criteria suggested from HUD documents and local research. Among the HUD documents are ones concerning the System Performance Measures, the FY2016 NOFA, the CoC Application instructions, and the debriefing summary from the FY2015 competition.

For data sources, the committee used APRs, customized HMIS reports, and CoC applications. Because HUD has delayed submission of APRs during the introduction of new APR formatting, the HMIS lead generated faux APRs using both the old and new HUD formatting for each project. To make things even fairer, we used the same year – July 1, 2015 to June 30, 2016 – for each faux APR.

No subjective data were permitted. The committee devised a scale for each criteria, and rated each project for every criteria.

Scoring System

We use a 68-point scale. The table below shows the criteria across the top, with individual projects listed on the left side.

Factor		Length of Stay	Retention or exits to PH	Increases in income	Utilization	Drawdowns	Recapture	HMIS usage	HMIS data quality	Priority Population Points	Housing First compliance	Project type	TOTAL SCORE	RANKING
Maximum Score		4	5	5	5	3	-5	5	5	26	5	5	68	
DHA	CH LEASING 07												0	
	DECATUR COC RENTAL												0	
DOVE, INC.	TRANSITIONAL HOUSING LEASING												0	
	PERMANENT HOUSING LEASING												0	
	HL LEASING 10												0	
	CH LEASING 13												0	
	DECATUR RAPID RE-HOUSING												0	
	DECATUR RAPID RE-HOUSING 15												0	
	HOMEWARD BOUND SSO												0	
	MACON COUNTY HMIS												0	
	HMIS EXPANSION												0	
													0	
													0	

Performance Outcome Criteria

- 4 points – Length of Stay

How scored: The Review and Ranking Committee creates a scale based on length of homelessness. This is the same measurement used in the HUD System Performance Measure metric 1.2

The data are found in the APR (new APR Q22a1, old APR Q27), or by running the HUD System Performance Measures in HMIS for the specified 12-month period ended June 30, 2016.

- 5 points – Exits to / retention of permanent housing

How scored: The Review and Ranking Committee creates a scale based on:

- For SSO and Transitional Housing projects: exits to permanent housing
- For Permanent Housing projects: Retention in housing plus exits to other permanent housing

These data are found in the APR (new APR Q23a, old APR Q29a1 and Q29a2), or by running the HUD System Performance Measures in HMIS for the specified 12-month period ended June 30, 2016. The Review and Ranking Committee divides the number of clients who exited to and/or retained permanent housing by the total number of clients.

- 5 points – Increases in Income

How scored: The Review and Ranking Committee creates a scale based on retention or gains in earned income and other cash income. This is the same measurement used in the HUD System Performance Measure by combining metrics 4.3 and 4.6.

The data are found in the APR (new APR Q19a3, old APR Q24b3), or by running the HUD System Performance Measures in HMIS for the specified 12-month period ended June 30, 2016.. The Review and Ranking Committee divides the number of adults who retained or gained cash income (from employment and non-employment sources) by the total number of adults.

Monitoring Criteria

- 5 points – Utilization

How scored: The Review and Ranking Committee creates a scale based on utilization rates.

We use a customized HMIS report that divides the average number of participants by the number of beds in HIC inventory (or slots, for the SSO project).

- 3 points – Drawdowns

How scored: The Review and Ranking Committee creates a scale based on regular drawdowns during the most recent project year.

The data are found in the LOCCS system, to which the HMIS Lead has access. The HMIS Lead creates a custom report showing percentage of grant award funds drawn down quarterly.

- Up to -5 points –Recapture

How scored: The Review and Ranking Committee can deduct up to 5 points for returning unspent grant funds at the end of the most recent project year.

The data are found in the LOCCS system, to which the HMIS Lead has access. The HMIS Lead creates a custom report showing percentage of funds unspent at the end of the grant term.

- 5 points – HMIS Data Usage

How scored: The Review and Ranking Committee creates a scale based on data usage.

The HMIS Lead generates a custom report showing the frequency with which HMIS client records are updated for each project.

- 5 points – HMIS Data Quality

How scored: The Review and Ranking Committee creates a scale based on data quality, i.e., the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period from July 1, 2015 to June 30, 2016.

The data are found in the APR (new APR Q 5A, old APR Q7).

Priority Population Criteria

- Up to 23 points – Targeted Populations

How scored: The Review and Ranking Committee awards points for any project targeting the following priority populations:

- Youth – 2 points
- Domestic violence – 4 points
- Families with children – 3 points
- Chronically homeless – 4 points
- Veterans – 2 points
- Persons with serious and persistent mental illness and/or substance use disorders – 5 points
- Persons with criminal histories – 3 points

The data are found in the Project Application sections 3B-1 and 5B.

- 3 points – Exclusive Targeting

How scored: The Review and Ranking Committee awards 3 points to any project that is the only project in the CoC that targets any one of the priority populations listed above.

The data are found in the Project Application sections 3B-1 and 5B.

Best Practice Criteria

- 5 points – Housing First Compliance

How scored: The Review and Ranking Committee creates a scale based on the ranges of responses to the Housing First item in the Project Application section 3B-3 and the checklist contained in the Appendix.

The data are found in the Project Application and in the Housing First checklist.

- 5 points – Project Type

How scored: The Review and Ranking Committee awards points based on the type of project based on the following scale:

- Rapid Re-Housing – 5 points
- Permanent Supportive Housing – 5 points
- HMIS – 5 points
- Coordinated Assessment – 5 points
- Transitional Housing – 0 points
- Transitional Housing for DV – 5 points

The data are found in the Project Application.

Housing First Checklist

Applicant: _____

Project: _____

Quick Screen: Is It a Housing First Project?

1. Are applicants required to have income prior to admission?
Yes No
2. Are applicants required to be "clean and sober" or "treatment compliant" prior to admission?
Yes No
3. (Permanent housing only) Are tenants able to be evicted for not following through on their services and/or treatment plan?
Yes No

If the answer to any of the above questions is Yes, the program is not Housing First, and no points will be awarded in this category.

If you answered No to the above questions, please check the boxes in the next two sections to indicate those that are your current practices:

Core Elements:

- ☐ Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- ☐ Tenant selection plan includes a prioritization of eligible tenants based on severity of need, duration/chronicity of homelessness, vulnerability, and high utilization of crisis services.
- ☐ Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of "housing readiness."
- ☐ Housing accepts referrals directly from coordinated assessment system or other organizations frequented by vulnerable people experiencing homelessness.
- ☐ Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy

- ☐ Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

Advanced Elements:

- ☐ Tenants are given reasonable flexibility in paying their tenant share of rent (after subsidy) on time and offered special payment arrangements (e.g. a payment plan) for rent arrears and/or assistance with financial management (including representative payee arrangements).
- ☐ Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as trauma-informed care, motivational interviewing and client-centered counseling.
- ☐ Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of tenants' lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.
- ☐ Building and apartment unit includes special physical features that accommodate disabilities, reduce harm, and promote health among tenants. These may include elevators, stove-tops with automatic shut-offs, wall-mounted emergency pull-cords, ADA wheelchair compliant showers, etc.

(Adapted from US Interagency Council on Homelessness)

NEWS AND UPDATES

Notice Shared by the Continuum of Care (/information/news/notice-shared-continuum-care/)

Notice to Citizens and Organizations in Macon, Illinois

[Read More » \(/information/news/notice-shared-continuum-care/\)](#)

 July 12, 2016 |  2 Attachments

Y'All Come to Texas Roadhouse (/information/news/yall-come-texas-roadhouse/)

Dine at Texas Roadhouse and help out Dove!

[Read More » \(/information/news/yall-come-texas-roadhouse/\)](#)

 July 7, 2016 |  1 Attachment

Helping the Homeless (/information/news/helping-homeless1/)

Dine at Bob Evans and support the efforts of Homeward Bound!


[Read More » \(/information/news/helping-homeless1/\)](#)

 July 7, 2016 |  1 Attachment

Helping the Homeless (/information/news/helping-homeless/)

Homeless Council Continuum of Care Advisory Council Meeting and Decatur Jobs Council Meeting


[Read More » \(/information/news/helping-homeless/\)](#)

 July 6, 2016

Y'All Come to Texas Roadhouse (/information/news/yall-come-texas-roadhou/)

Join us on the 16th!

[Read More » \(/information/news/yall-come-texas-roadhou/\)](#)

 June 3, 2016 |  1 Attachment

 [Read All News \(/information/news/\)](#)

UPCOMING EVENTS

Food Pantry

803 West Leander Street, Clinton, IL, United States



*Working for justice, equality, and
understanding among all people*


(/)


NOTICE SHARED BY THE CONTINUUM OF CARE


ATTACHMENTS

1. CoC's Process for Reallocating IL-516 FY2016.pdf (http://doveinc.org/index.php/download_file/231/312/)
2. CoC Review Score and Ranking Procedures IL-516 FY2016.pdf
(http://doveinc.org/index.php/download_file/230/312/)

GET IN TOUCH

 P: 217-428-6616

 F: 217-428-7256

 E: dove@doveinc.org (<mailto:dove@doveinc.org>)

302 S. Union, Decatur, IL 62522

[More \(/contact-us/\)](#)

FROM TWITTER

Join us THURSDAY 7/14 at TXRH and support Dove! Needed flyer on the website [doveinc.org](http://www.doveinc.org) (<http://www.doveinc.org>)
pic.twitter.com/9Bk76oXbYY (http://twitter.com/DoveInc_IL/status/752609199427874816/photo/1) - about 20 hours ago
(http://twitter.com/DoveInc_IL/status/752609199427874816)

Dove, Inc.: 8 Great Reasons to Become a RSVP Volunteer doveinc.blogspot.com/2016/07/8-grea...
(<http://doveinc.blogspot.com/2016/07/8-great-reasons-to-become-rsvp-volunteer.html?spref=tw>) - about 5 days ago
(http://twitter.com/DoveInc_IL/status/751054018886107136)

Starting our 46th year at Dove! [pic.twitter.com/GDrPIZKSDP](https://twitter.com/GDrPIZKSDP)
(http://twitter.com/DoveInc_IL/status/748942654981955585/photo/1) - about 10 days ago
(http://twitter.com/DoveInc_IL/status/748942654981955585)

[Read More Tweets \(https://twitter.com/DoveInc_IL\)](https://twitter.com/DoveInc_IL)

FROM THE BLOG

July 11th

Looking back... (http://doveinc.blogspot.com/2016/07/looking-back_11.html)

July 11th

Looking back... (<http://doveinc.blogspot.com/2016/07/looking-back.html>)

July 7th

8 Great Reasons to Become a RSVP Volunteer (<http://doveinc.blogspot.com/2016/07/8-great-reasons-to-become-rsvp-volunteer.html>)

June 15th

Love Yourself (<http://doveinc.blogspot.com/2016/06/love-yourself.html>)

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CoC's Process for Reallocating
IL-516

Notice to Citizens and Organizations in Macon County, Illinois

Date: July 15, 2016

The U.S. Department of Housing and Urban Development (HUD) issues funding opportunities for homeless projects annually. This notice is posted pursuant to the "Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2016 Continuum of Care Program Competition" (FR-6000-N-25).¹

Each year, the local Continuum of Care is required by HUD consider reallocation of funds from lower-performing projects in order to create new projects that will effectively address homelessness. This notice provides the determining factors and the process for reallocation.

Reallocation Process

The Governing Board of the Macon County Continuum of Care Homeless Council reserves the right to reduce the funding request for any project based on the overall needs of the system to end homelessness in Macon County.

To determine if reallocation is needed, the process is as follows:

1. The Governing Board will review each existing project using three criteria:
 - The ranking of the projects as determined by the Review and Ranking Committee. A separate notice, "CoC Review, Score, and Ranking Procedures," explains this process. (40 points)
 - The priority needs and vulnerability of the population(s) served by the project with priority consideration given to projects that serve chronically homeless persons, homeless families with children, unaccompanied homeless youth, or homeless veterans. (30 points)
 - Compliance with Housing First practices. (30 points)
2. The Governing Board will identify any low performing projects based on the above process.
3. The Governing Board, by majority vote, will decide whether to eliminate or reduce the funding requests of identified low-performing projects.
4. Minutes of the meeting(s) where such actions are taken will be posted on this website and available for public review at the offices of Dove Homeward Bound, 788 E. Clay St., Decatur IL 62521.
5. Any funds reduced will be reallocated to create requests for one or more new projects that either:

¹ For complete information about this competition, including the entire Notice of Funding Availability, please go to <https://www.hudexchange.info/e-snaps/fy-2016-coc-program-nofa-coc-program-competition/>

- Provide permanent supportive housing for persons experiencing chronic homelessness; or
- Provide rapid re-housing for homeless persons or households living unsheltered or in emergency shelters.

New Projects

The Governing Board requests letters of intent for new Permanent Supportive Housing projects for Chronically Homeless persons, and new Rapid Re-Housing projects for families and individuals. These are the only types of new projects that will be considered by HUD in this funding cycle.

If your agency is interested in submitting a letter of intent please follow the guidelines outlined below:

Please submit a letter of intent and include the following information:

1. Type of project
2. Requested funding amount for one year
3. Target population
4. Project synopsis (maximum one page)

Letters of intent are due Friday, July 22, 2016 by 4:30 pm. Please submit letters of intent to the following e-mail address: dswitzer@doveinc.org.

The request for letters of intent does not commit the Governing Board to accept all letters of intent, submit an application, or pay any costs incurred in the preparation of the response.

Non-HUD funded agencies are encouraged to apply. Notification letters of acceptance or denial will be sent within 30 days of the submittal deadline.

Persons with questions about this notice should send them by email to this address: dswitzer@doveinc.org.

Continuum of Care

A consortium of agencies serving the homeless population in the Macon County Area.

POLICY

Priority Placement for Permanent Supportive Housing

The Board of Directors of the Homeless Council of Macon County, Illinois, hereby adopts the following policy:

1. This policy applies to all Permanent Supportive Housing projects funded through the HUD Continuum of Care program.
2. This policy is based on the Housing First approach. Admission to all permanent supportive housing is to be:
 - a. Based on severity of need, with those most in need given priority for housing.
 - b. Not limited by factors such as sobriety, mental health treatment, minimum income, or credit history.
 - c. Not connected to service participation (i.e., participation in services is not to be required as a condition of housing).
1. For definitions of priority factors, this policy relies on the "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status," issued July 28, 2014 by the United States Department of Housing and Urban Development, Office of Community Planning and Development.
2. All permanent supportive housing projects will base their admissions on the following priorities (within the limits of the law and requirements from funding sources):
 - a. TOP PRIORITY: Persons experiencing chronic homelessness. Within this category, priority will be given in the following order:
 - i. First Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
 - ii. Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness.
 - iii. Third Priority–Chronically Homeless Individuals and Families with the Most Severe Service Needs.

- iv. Fourth Priority–All Other Chronically Homeless Individuals and Families.
- b. SECOND PRIORITY: Other persons experiencing homelessness. Within this category, priority will be given in the following order:
 - i. First Priority–Homeless Individuals and Families with a Disability with the Most Severe Service Needs.
 - ii. Second Priority–Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.
 - iii. Third Priority–Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
 - iv. Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		317		180			94	
1.2 Persons in ES, SH, and TH		421		228			141	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	0	0		0		0		0	
Exit was from TH	31	4	13%	0	0%	0	0%	4	13%
Exit was from SH	0	0		0		0		0	
Exit was from PH	24	0	0%	1	4%			1	4%
TOTAL Returns to Homelessness	55	4	7%	1	2%	0	0%	5	9%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	256	238	-18
Emergency Shelter Total	115	107	-8
Safe Haven Total	0	0	0
Transitional Housing Total	75	92	17
Total Sheltered Count	190	199	9
Unsheltered Count	66	39	-27

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons			
Emergency Shelter Total			
Safe Haven Total			
Transitional Housing Total			

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		315	
Number of adults with increased earned income		32	
Percentage of adults who increased earned income		10%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		315	
Number of adults with increased non-employment cash income		65	
Percentage of adults who increased non-employment cash income		21%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		315	
Number of adults with increased total income		97	
Percentage of adults who increased total income		31%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		351	
Number of adults who exited with increased earned income		57	
Percentage of adults who increased earned income		16%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		351	
Number of adults who exited with increased non-employment cash income		64	
Percentage of adults who increased non-employment cash income		18%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		351	
Number of adults who exited with increased total income		118	
Percentage of adults who increased total income		34%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		340	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		26	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		314	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		391	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		42	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		349	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		0	
Of persons above, those who exited to temporary & some institutional destinations		0	
Of the persons above, those who exited to permanent housing destinations		0	
% Successful exits			

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		225	
Of the persons above, those who exited to permanent housing destinations		59	
% Successful exits		26%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		79	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		79	
% Successful exits/retention		100%	