

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/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

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Bi-Monthly

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Volunteer, Community Advocate
Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1				
1C-1.2				
1C-1.3				
1C-1.4				
1C-1.5				

**1C-2 Describe how the CoC 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 when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

At annual intervals and when a new committee is, the CoC sends a “call for committees” via email to every person and organization who is a member or attends CoC meetings (including committee meetings). This requests volunteers to serve on committees, task forces, and other workgroups.

In addition, the CoC may personally invite others to participate in order to ensure that every committee has representation of a variety of viewpoints and interests. The CoC is especially committed to making sure that under-represented and under-utilized groups are fully represented. Likewise, the CoC takes steps to avoid over-representation of any organization or interest on committees and workgroups.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

ATTACH SCORECARD!!!

The CoC appoints a project review committee to review all projects and make decisions about rankings. The review process is ongoing throughout the year, and it ramps up in two significant ways as soon as the CoC NOFA is published: (1) HUD's priorities are added to the objective local criteria already in place; and (2) exact dollar amounts are applied, especially in the last two cycles, when tiering has been implemented by HUD.

Local criteria address three factors: (1) Severity of need and nature of the target population; (2) Effectiveness and efficiency of project operations; and (3) Addressing unmet gaps in the continuum of care system. The review and ranking scorecard is attached.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

ATTACH REPORT FORMAT!!!

Data on project performance is collected throughout the year. Every quarter, each project is required to submit a report to the CoC office. Importantly, the CoC office is also the HMIS Lead agency and the centralized intake point for the coordinated assessment system. The director of the CoC office performs an analysis of the data and transmits the reports and analysis to the members of the CoC Governing Board so it can be discussed at the next meeting.

Specific data elements and metrics INCLUDE.... The report format is attached.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

The CoC obtains input from providers interested in applying for HUD funds and gives feedback to them in four specific ways:

- (1) When a provider expresses interest, a CoC representative meets on-site with the provider to assess the level of interest and eligibility.
- (2) If the concept is not HUD eligible (more than 90% are not HUD-eligible, e.g., creating shelters, conducting outreach or awareness events), the CoC urges the provider to cooperate with other entities and avoid duplication of effort.
- (3) The CoC reviews the concept at an open meeting and offers feedback.
- (4) If the concept is eligible and meets an identified need, the provider is encouraged to apply for funds and informed of HUD threshold requirements.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/21/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

Not applicable.

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

Not applicable.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC has contracted with Dove Inc. to be the HMIS Lead Agency. Dove is also the Collaborative Applicant for IL-516. Dove employs a full-time HMIS Specialist to oversee the HMIS system-wide, monitor the quality and timeliness of data entry, and generate and analyze reports.

The person in this position is required to be knowledgeable about the HMIS Data Standards, related HUD Notices, and the pertinent HEARTH Act regulations. She also reports to the CoC Governing Board on a regular basis, and reviews HMIS policies and procedures to ensure full compliance with all HUD standards.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes
If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The Privacy Plan is ensured through a Confidentiality Agreement that is reviewed and signed by all authorized HMIS users. All users must complete training. Only Administrators are granted full access; all other licenses are limited to specific parameters.

The Security Plan is included in the same document as part of the Privacy Plan, ensuring, for example, that all users have unique User IDs and Passwords, and that they are stored in secure locations (e.g., not on corkboards).

The HMIS Specialist is the only user who has access to privacy and security settings. The Privacy Plan and Security Plan are reviewed annually.

The Data Quality Plan is reviewed quarterly at the time when programs submit their data reports to the HMIS Lead Agency (see 1D-2).

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? ETO Software
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Social Solutions
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

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

2B-2 Select the CoC(s) covered by the HMIS: IL-516 - Decatur/Macon County CoC
 (select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$35,747
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$35,747

2B-3.2 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-3.3 Funding Type: State and Local

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

2B-3.4 Funding Type: Private

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

2B-3.5 Funding Type: Other

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

2B-3.6 Total Budget for Operating Year	\$35,747
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)

Not Applicable

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	65-75%
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	Housing type does not exist in CoC
* Permanent Supportive Housing (PSH) beds	86%+

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

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Not applicable.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

In the FY2012 CoC Application we reported HMIS coverage at the Emergency Shelter type was 54%; in the next 12 months it increased to more than 64%. This was the result of closer monitoring by the HMIS Specialist and training for provider staff, especially at the Salvation Army shelter.

We still face problems with two shelters operated by Decatur Cares Rescue Ministry, a faith-based group. While the group agreed in principle during calendar 2013 to participate in HMIS, they have not entered any data. This may lower our coverage percentage in future years, since the Decatur Cares Rescue Ministry is now retrofitting a former prison into a large shelter that will add a large number of non-HMIS beds to the local inventory.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	58
Transitional Housing	10
Safe Haven	5
Permanent Supportive Housing	27
Rapid Re-housing	0

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	3%
Ethnicity	3%
Race	3%
Gender	3%
Veteran status	0%
Disabling condition	6%
Residence prior to program entry	5%
Zip Code of last permanent address	4%
Housing status	6%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS directly generates the all APRs. HMIS generated data is used for CAPER and all HUD required reports.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Quarterly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

Two parallel processes are used to provide strong controls over data quality:

(1) The HMIS Lead agency and HMIS Specialist meet with the CoC Governing Board on a regular basis – not less than quarterly. This session is devoted to a review of data quality, and it is based on a data quality report, which uses HMIS generated data to assess quality, both on a project-by-project basis and on an aggregated basis covering the entire continuum.

(2) The HMIS Specialist is in communication with all user organizations to assure that input is completed accurately and on a timely basis, and to provide ongoing training.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Quarterly

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Quarterly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. No

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Not applicable.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/24/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/26/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters				
Transitional Housing	100%	100%	100%	100%
Safe Havens				

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The number of sheltered persons increased from 158 to 190 from the 2012 to the 2013 point-in-time count. We feel this was the result of our area's deteriorating local economy. The Decatur MSA has lost a greater proportion of its jobs than any other MSA in the United States over the past two years, and the local unemployment rate has remained well over 12%.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

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

2H-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

We used two methods to guarantee accuracy of the sheltered count: Survey Providers and HMIS.

(1) During the annual PIT/HIC training session, each provider was given thorough instructions and a stack of survey questionnaires to complete for all persons sleeping in the shelter or transitional housing project on PIT night.

(2) Following the return of surveys, we ran an HMIS report of all persons living in each shelter and transitional housing project, and compared this report against the completed and coded surveys. When a few inconsistencies were disclosed, the staff contacted providers to determine the exact count (see 2I-3, below).

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 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"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2I-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

We used two methods to assure accuracy of subpopulation data: Interviews and HMIS.

(1) The questionnaires were designed to collect subpopulation data through interviews with participants. The data from surveys was entered and independently calculated using Excel, with separate subtotals for each subpopulation and each provider.

(2) At the same time, we generated reports from HMIS on subpopulation data elements (e.g., disability, veteran status), again aggregated by each provider. From there, it was a simple step to compare the Excel results with those from HMIS, and finally to reconcile any differences by re-contacting the provider.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

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

2J-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

We used three methods to ensure data quality: training, follow-up, and HMIS.

(1) We trained all shelter and transitional providers in a 90-minute lunch session a few weeks prior to PIT. They were instructed on the purposes of the survey questionnaire, how to complete it for each household, and how to transmit completed surveys to the PIT Coordinator.

(2) The afternoon following PIT, the PIT Coordinator contacted all providers who had not returned surveys that morning and in a few cases picked up the surveys to assure 100% coverage.

(3) Finally, the data were entered in the Excel spreadsheet, and compared with existing client data in HMIS, as explained in 2I-3.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/24/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/26/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

The number of unsheltered persons experiencing homelessness increased from 52 to 57 from the 2013 point-in-time to the 2013 count. As with the increase in the sheltered population, this reflected the rapid deterioration in the local economy, which is still mired in the 2009 recession. Three major manufacturing employers reduced over 1,500 jobs in 2012, with many positions permanently eliminated.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

We used two methods to accurately count unsheltered homeless persons: Public Places with Interviews, and Service-Based Count.

(1) We recruited and trained volunteers to station themselves at public places during the day and overnight. Sites included encampments under bridges, police station, library, bus station, and health providers. Volunteers asked each person a few questions to ascertain homeless status. If the person was homeless, the provider conducted brief interviews and completed survey forms.

(2) Another set of workers was placed at key service providers during the same 24-hour period and used the same protocol as above. Providers included Salvation Army, soup kitchen, drop-in center, and food and clothing rooms.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

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

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

Not Applicable

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

We used four methods for accuracy and de-duplication: Training, Blitz Count, Survey Questions, and Unique Identifiers.

- (1) We trained volunteer similarly to that described in 2J-3 above.
- (2) During PIT, volunteers were deployed along with agency staff at places where homeless are known to gather and at key providers. Each incoming person was asked if s/he had been interviewed at another location.
- (3) The survey had several items which taken together eliminated the chances of duplication: initials, date/year of birth, race, and gender.
- (4) The questionnaires were assigned unique identifiers, allowing the PIT Coordinator to visually inspect the Excel spreadsheet for suspicious similarities. None was discovered.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		24	24	24
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	72	50	50	50
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		24	24	24
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)

As a small community, Macon County has a relatively low number of chronically homeless, with 15 adult individuals, and 16 persons in families identified as CH in the 2013 PIT. In addition, the Decatur community has a large number of supportive housing units for a city our size.

Taken together, these factors call for a nontraditional approach to ending chronic homelessness. The problem is not lack of bedspace, so we do not need to create more CH beds. That is reflected in our flat projections above. Our customized 24-month strategy has two prongs.

(1) We will identify CH families with children and place them immediately into safe and secure housing. In fact, after 6 families were counted in PIT, 3 of them were housed within days.

(2) Because the remaining CH adult individuals have repeatedly declined housing offers, we will use evidence-based "stages of change" and harm reduction" models to engage them, trusting that this approach will lead them to accept housing.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

Hilda Margerum, Client Services Coordinator for the Homeward Bound SSO, is responsible for this strategy.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	105	105	115
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	94	96	105
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	90%	91%	91%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

Our housing stability percentage of 90% exceeds HUD's national target of 80%. Our strategy is focused on maintaining a high percentage of tenants who remain in permanent supportive housing or relocate into other permanent housing.

Doing this over the next 24 months entails three efforts:

- (1) Maintaining contact with tenants to identify incipient needs which might later become housing-threatening problems.
- (2) Assuring that tenants continue to apply for and obtain mainstream benefits and make income gains.
- (3) Identifying those tenants who no long need intensive support and making plans to move into non-supportive housing, thereby opening units for those in greater need.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

Kendra Warnsley and Yolanda Johnson, Case Managers for the Homeward Bound SSO, are responsible for maintaining our continuum's high level of housing stability.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 325

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	41%	41%	41%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	37%	40%	41%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	93	28.62 %
Unemployment Insurance	14	4.31 %
SSI	24	7.38 %

SSDI	14	4.31	%
Veteran's disability	1	0.31	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	38	11.69	%
General Assistance	8	2.46	%
Retirement (Social Security)	0		%
Veteran's pension	0		%
Pension from former job	0		%
Child support	17	5.23	%
Alimony (Spousal support)	0		%
Other Source	1	0.31	%
No sources	144	44.31	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

Currently we have increased non-employment income from entry to exit (or last report) among 37% of our adult participants. Our two-year plan to increase non-employment income revolves around three specific forms of assistance:

- (1) Aggressive pursuit of state-run benefit programs. At our coordinated intake & assessment center, we will continue to screen all incoming persons for presumptive eligibility for TANF and LINK (food stamps), SSI, SSDI, and General Assistance. We will complete online applications and/or take them to the benefit provider's office.
- (2) We will be vigilant in assisting participants obtain child support, taking clients to the courthouse or state Department of Human Services to file claims.
- (3) We will more assertively help veterans claim benefits to which they are entitled, working in conjunction with Lutheran Child & Family Services and D&O Properties (see 3D-6).

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

We have a strong relationship with the Local Workforce Investment Agency (LWIA), having worked with them to create and maintain the Decatur Jobs Council, and launched a pilot project with the LWIA last year to jointly serve homeless, unemployed persons. The LWIA provides our clients with job training, job coaching, resumé building, interviewing skills, and job searches.

At the same time, our CoC has a Life Skills Specialist who works on-site with participants on soft skill development, and we can provide transitional jobs to participants. Over the next two years we will (1) maintain and strengthen our relationship with the LWIA; and (2) implement best practices with our internal programming.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Kim Fickes, Life Skills Specialist, is responsible for increasing income from all sources.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 325 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	77%		

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	229	70.46 %
MEDICAID health insurance	140	43.08 %
MEDICARE health insurance	8	2.46 %
State children's health insurance	0	%
WIC	3	0.92 %

VA medical services	0		%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	10	3.08	%
Other Source	0		%
No sources	76	23.38	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The Homeward Bound SSO project is the hub of our centralized coordinated intake and assessment system. As such, it bears primary responsibility for assuring that all persons – whether ongoing clients or walk-ins – receive the mainstream benefits to which they are entitled.

All persons are screened at intake for presumptive eligibility for benefit programs. Our two -year plan calls for the staff to make preliminary determinations of eligibility for all mainstream program. Then we will pursue benefits:

- If applications are online, we will assist the person in completing an application.
- If application is in-person, we will transport the person to the benefit office and complete the application.
- If the application is denied for reasons that appear weak, we will refer the client for advocacy services to appeal.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0		
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0		
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0		

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-1.1a If other, please explain.
(limit 750 characters)**

Not applicable.

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Illinois Department of Children and Family Services (DCFS) provides housing to wards of the state until age 21 through foster care, Independent Living Programs, Transitional Living Programs, and other programs. Wards enrolled in the Youth in College program can receive payments until their 23rd birthday. A study by Chapin Hall shows dramatically fewer instances of homelessness for persons enrolled in these programs.

Youth who choose to exit foster prior to age 21 (and those adopted after age 16) are assisted with housing advocacy and cash assistance to age 21. Cash assistance includes security deposit and move-in expenses, rent or utility arrears, and a rental subsidy up to \$250 per month. Youth aging out of care can get help via DCFS' Independent and Transition Living Programs.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Locally, Webster-Cantrell Hall operates two programs, a Transitional Living and Independent Living Options. In the Decatur-Macon County CoC, housing advocacy and cash assistance is provided by the Youth Advocate Program, which is an active member of the CoC. Three foster care providers are major stakeholders. They are DCFS, Lutheran Child & Family Services, and Webster-Cantrell Hall.

Upon discharge, persons discharged from foster care routinely go to one of these state funded programs or into apartments, or they live with friends or relatives. None of these forms of assistance use any McKinney-Vento funds.

The Illinois Collaboration on Youth recently received a planning grant from the United States Department of Health and Human Services to work with DCFS to develop new strategies to prevent youth who are or were once involved in the child welfare system from becoming homeless.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-2.1a If other, please explain.
(limit 750 characters)

Not applicable.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The Illinois Administrative Code for hospitals specifies that persons released to another level of care have a discharge plan that ensures that all their needs will be met. The Illinois Administrative Code for health care institutions specifies that skilled nursing and intermediate care facilities complete a comprehensive assessment of patient needs, and ensure that all persons with psychiatric disabilities receive discharge planning that ensures appropriate housing or community placement upon release. A specific, individualized post-discharge plan must be developed by the IDT 30 days before the planned discharge. The plan must identify an alternative living site that will ensure a continuation of care appropriate to the individual's needs.

The state has a comprehensive policy. It is fully implemented. It would be duplicative for the CoC to create its own policy. Any such CoC-created policy would be unenforceable concerning non-HUD-funded entities.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Local stakeholders include the two hospitals: Decatur Memorial and St. Mary's. We meet with the social work department of St. Mary's Hospital, which is part of the Hospital Sisters Health System, Inc.

Upon discharge, persons discharged from health care institutions routinely go to private homes, independent living facilities, skilled nursing, intermediate care, or into subsidized housing. None of these forms of assistance use any McKinney-Vento funds.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-3.1a If other, please explain. (limit 750 characters)

Not applicable.

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Heritage Behavioral Health Center, our community nonprofit mental health and substance abuse provider, has a discharge policy. Heritage is the largest community-based behavioral health care agency in Macon County, and it is a leader in providing supportive services to homeless persons, along with its popular Oasis Drop-In Center. Its CEO is on the decision-making group for the CoC.

Its protocol delineates the importance of securing stable housing options prior to discharge in order to avoid immediate homelessness. The protocol discusses placement in appropriate residential settings. The provider is mandated to secure appropriate housing at discharge. The protocol requires a housing plan and notes strongly that it is unacceptable to discharge into homelessness. The policy is fully implemented.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The major stakeholders are Heritage Behavioral Health Center and St. Mary's Hospital, which has a behavioral health department.

Upon discharge, persons discharged from behavioral health care routinely go to private homes, shelters, skilled nursing, hospital psychiatric wards, correctional institutions, or state mental health facilities, depending on individual circumstances. None of these forms of assistance use any McKinney-Vento funds.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

Not applicable.

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Illinois Department of Corrections has had a Discharge Protocol since 2002. The Protocol requires IDOC not to discharge any inmate into immediately homelessness. The Protocol required that a release plan be developed and approved for each offender prior to release. The approved plan shall include the address where the released offender will reside and may address drug or alcohol counseling or treatment, education, employment, and medical or mental health needs. The Protocol also provides for supervision and services for released persons. It is designed to assure that releases are followed up by parole officers as well as contracted providers. These steps also lessen the chances than released prisoners will fall into homelessness soon after release from incarceration.

The state has a comprehensive policy. It is fully implemented. It would be duplicative for the CoC to create its own policy. Any such CoC-created policy would be unenforceable concerning non-HUD-funded entities.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Major stakeholders include the Illinois Department of Corrections and the Macon County Sheriff. Others include post-release programs such as BI/Spotlight, Promise Center, and the Safer Foundation.

Upon discharge, persons discharged from correctional institutions routinely go to family homes, homes of friends, or non-HUD housing provided by the Salvation Army and Dove. None of these forms of assistance use any McKinney-Vento funds.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness?

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

3C-15.1 If yes, 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 1000 characters)

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?

3C-16.1 If 'Yes', 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)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
(limit 1000 characters)**

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)**

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)**

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)**

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)**

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals?
(limit 1000 characters)**

**4A-2 How does the CoC assist project recipients to reach HUD-established performance goals?
(limit 1000 characters)**

**4A-3 How does the CoC assist recipients that are underperforming to increase capacity?
(limit 1000 characters)**

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	
* Homeless assistance providers use a single application form for four or more mainstream programs.	
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes		
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No		
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes		
FY2013 Rank (from Project Listing)	No		
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

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Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/17/2014
1C. Committees	Please Complete
1D. Project Review	01/17/2014
1E. Housing Inventory	01/14/2014
2A. HMIS Implementation	01/17/2014
2B. HMIS Funding Sources	01/14/2014
2C. HMIS Beds	01/17/2014
2D. HMIS Data Quality	01/17/2014
2E. HMIS Data Usage	01/17/2014
2F. HMIS Policies and Procedures	01/17/2014
2G. Sheltered PIT	01/14/2014
2H. Sheltered Data - Methods	01/17/2014
2I. Sheltered Data - Collection	01/17/2014
2J. Sheltered Data - Quality	01/17/2014
2K. Unsheltered PIT	01/14/2014
2L. Unsheltered Data - Methods	01/17/2014
2M. Unsheltered Data - Coverage	01/17/2014
2N. Unsheltered Data - Quality	01/17/2014
Objective 1	01/17/2014
Objective 2	01/17/2014
Objective 3	01/17/2014
Objective 4	Please Complete
Objective 5	Please Complete
3B. CoC Discharge Planning: Foster Care	01/17/2014
3B. CoC Discharge Planning: Health Care	01/17/2014

3B. CoC Discharge Planning: Mental Health	01/17/2014
3B. CoC Discharge Planning: Corrections	01/17/2014
3C. CoC Coordination	Please Complete
3D. Strategic Plan Goals	Please Complete
3E. Reallocation	Please Complete
4A. Project Performance	Please Complete
4B. Employment Policy	01/14/2014
4C. Resources	Please Complete
Attachments	Please Complete
Submission Summary	No Input Required