

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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. Coordination and Engagement-Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation-Participation In Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted-including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated In CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	No	No	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
10.	Law Enforcement	Yes	No	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Nonexistent	No	No
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	No	No	Yes
19.	Organizations led by and serving people with disabilities	Yes	No	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	No	No	No
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Colleges and Universities	Yes	Yes	Yes
35.	Early Childhood Development Providers	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. Our CoC invitation process is open and very visible throughout the CoC's geography. We communicated our open invitation process through our YouTube channel, our website, the news media, and regular emails. In the past two years we have added seven additional organizations to our CoC, including two African-American organizations (see #3 below), a grassroots emergency services agency, the county mental health board, the Decatur Public Library (which is a gathering spot for persons experiencing homelessness), the WIOA administrative agency, and the county's legal assistance provider.

2. We issue all open invitations for members in accessible electronic formats, such as PDF documents, and webpages that can be easily read by persons who use adaptive devices. We hold all CoC meetings in accessible locations and on Zoom.

3. Organizations that represent and serve culturally specific populations are prominently represented on the CoC's membership. To address gaps and ensure representation, our CoC recruits organizations serving culturally specific communities by identifying such organizations and personally contacting their leadership and inviting them to participate in the CoC. Since to last CoC competition, two such groups have joined the CoC – the Greater Decatur Black Chamber of Commerce and Sista Girls & Friends.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	
	Describe in the field below how your CoC:	
	1. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
	2. communicated information during public meetings or other forums your CoC uses to solicit public information; and	
	3. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1.The Macon County CoC has three methods of obtaining opinions from the broader community: (1) a diverse Governing Board of community leaders solicits opinions from leaders in government, culturally specific groups, human services, healthcare, and education; (2) a grassroots-level Advisory Council gathers input from the community-at-large and frontline workers; and (3) two external consultants from the community offer research and connections to persons with specific expertise. The Governing Board consists of persons with lived experience and the top leadership of 24 organizations in local government, housing, healthcare, education, human services, behavioral health, and emergency services. The Advisory Board is made up of front-line and supervisory staff along with individuals and representatives from faith communities. The consultants include a university social work professor and a community activist who specializes in homelessness and human rights. Concerns raised at all three levels are channeled to the Governing Board.

2.The CoC uses a variety of public meetings and forums to solicit information. In March 2022 we resumed holding meetings in-person, and we have used a hybrid format since then. The Governing Board formed a speakers' bureau to reach out to civic organizations, faith groups, service clubs, and other groups. Speakers can make use of a YouTube video presentation to acquaint the public with the CoC's success in reducing homelessness by 67% since 2014. This presentation is also posted online.

3.The Governing Board of the CoC considers public input very seriously and takes action to improve our system. In the spring and summer of 2022, we received information that some community agencies were apparently unaware of the CoC's street outreach and coordinated entry projects, and were responding inappropriately to persons experiencing homelessness. We launched a public awareness blitz, using local media and conducting trainings for direct-care workers in hospitals. We advertised our 24-hour telephone line that community members can use to relay reports of new encampments and of unhoused persons in crisis situations. Our street outreach team immediately investigates all such reports.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
	1. that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
	2. about how project applicants must submit their project applications—the process;	
	3. about how your CoC would determine which project applications it would submit to HUD for funding; and	
	4. how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

1.The CoC issued a public notification that the local competition was open and accepting applications on August 8 2022. We distributed this notice to general circulation newspapers, radio and television outlets as well as websites, social media, email and through public meetings.

The public notification included a specific appeal to organizations that have not previously received CoC funding. It said, "The CoC is open to, and it will accept and consider proposals from organizations that have not previously received CoC Program Grants. Organizations that have not received CoC funding in the past are encouraged to apply." It included an email link where previously unfunded organizations could receive free technical assistance from an experienced consultant on how to complete registration in e-snaps and prepare a project application.

2.The notice informed the public of the exact types of new projects permitted by HUD, the application process, how and where to submit applications, and all deadlines. The communication instructed all potential applicants in submission procedures. It encouraged interested parties to access HUD's eligibility requirements and e-snaps resources via live links.

3.The public notification stated the criteria which the Ranking Committee uses to determine whether project applications will be selected for inclusion and ranking. The criteria are that a new project must (a) be eligible under HUD's NOFO, (b) meet HUD's threshold requirements as stated in the current NOFO, (c) proposed eligible expense items; (d) demonstrate need, and (e) demonstrate organizational capacity. The notification stated how and when the Ranking Committee would notify potential applicants if their project was accepted for ranking. It further stated when the ranking process would take place, and when the Ranking Committee would make the rankings public.

4.This notification was effectively communicated with individuals with disabilities and was in accessible electronic formats with PDF attachments to emails, and on webpages that were easily readable by person who use adaptive devices. We included disability advocates and disability organizations on the email list.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	No
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Colleges and Universities, Faith-Based Communities	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-In-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1.Our CoC is part of the Illinois balance-of-state; the recipient is Illinois Department Human Services (IDHS). We consult with IDHS in planning and allocating ESG funds. We determine allocations and performance standards by identify needs for emergency lodging and services. Providers submit budgets for ESG allocations to our CoC Board for review. If the request aligns with our identified service needs, it is approved. If the request does not align with our current service needs, the CoC and provider negotiate the allocation request. Our CoC requires all recipients to follow performance standards prior to receiving an ESG allocation.

2.The CoC evaluates and monitors ESG subrecipient program performance. On a quarterly basis, the CoC's Ranking Committee reviews all ESG projects using objective criteria such as exits to permanent housing, length of time homeless, and data quality. The committee shares results with each project and takes corrective action when appropriate.

One example is an ESG-funded emergency shelter with serious performance deficiencies. IDHS requested that the CoC Collaborative Applicant act as the interim subrecipient on behalf of the CoC, set benchmarks and monitor the shelter's performance. The CoC did so. The shelter met the benchmarks and asked the CoC to recommend that it be reinstated as a subrecipient. The CoC agreed and IDHS restored the funding. In the spring and summer of 2022, IDHS reduced ESG funds. The CoC quickly reallocated all available funds to the same shelter.

3.The Point-in-Time (PIT) Coordinator provided PIT count and Housing Inventory Count (HIC) data to the City of Decatur, which is the Consolidated Plan jurisdiction within the CoC's geographic area. The City's Community Development Department uses this data in local planning work. One result is that the City has offered the CoC two former group homes for repurposing as permanent supportive housing projects.

4.The CoC ensures local homelessness information is communicated and included in the Consolidated Plan and updates. The CoC has a strong relationship with the City of Decatur Community Development Department, which prepares and submits the Consolidated Plan and annual updates. The manager of the Neighborhood Services Division is a member of the CoC Board, assuring that we communicate homeless data to the City, including a monthly report on long-term homelessness and an annual Gaps Report.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAGs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The IL-516 Continuum of Care has formal partnerships and written agreements in place with youth education providers, the LEA, and school districts. The CoC also has formal MOUs in place with the Regional Office of Education and the Decatur Public School District #61. These agreements cover the CoC and all of its projects that serve families and young people. They spell out in detail the duties of the CoC and the education providers/school districts, and they specify the positions responsible for these duties.

In Illinois, the SEA is the Illinois State Board of Education, and it has Regional Offices of Education (ROEs) throughout the state. The ROEs and local school districts are both legally considered LEAs. Our CoC operating manual provides that an ROE representative and a representative of the largest public school district, Decatur Public School District #61, both serve on the CoC Board. In reality, the ROE and the Decatur Public Schools are each represented by their McKinney-Vento liaisons

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC's policy and procedures require all projects to inform individuals and families who become homeless of their eligibility for education services. This policy states: "Students who are homeless remain in one school if it is in their best interest; schools provide transportation; access to the full range of opportunities including extracurricular activities, pre-school and early childhood development, and special education; and school liaisons and homeless case managers jointly develop and review plans."

We work closely with all our area school districts to inform parents and guardians of their rights and eligibility. When homeless youth are identified, school district counselors work one on one with CoC Coordinated Entry staff member to keep the length of time homeless at a minimum. When a CoC provider encounters a family with children, the provider contacts the educational liaison and the home school. This ensures that every child remains in school (preferably their home school), and that the child is provided all needed education, student support, transportation, and other services as required by law. Likewise, educational systems refer all homeless families to the Coordinated Entry (CE) center for assessment and eligibility. The Public-School Homeless Liaison and Parent Liaisons both work directly with the CoC's CE Children's Specialist to assure eligible families are served.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	Yes	No
2. Child Care and Development Fund	Yes	No
3. Early Childhood Providers	Yes	No
4. Early Head Start	Yes	No
5. Federal Home Visiting Program--(Including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6. Head Start	Yes	No
7. Healthy Start	No	No
8. Public Pre-K	Yes	No
9. Tribal Home Visiting Program	No	No
Other (limit 150 characters)		

10.			
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1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:	
	1. update CoC-wide policies; and	
	2. ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.	

(limit 2,500 characters)

1.The structure of the CoC ensures close collaboration between the CoC and victim service providers. Dove, Inc., which is the collaborative applicant for IL-516, is also the designated domestic violence victim service provider violence for the CoC's entire geographic area. Dove's two largest program divisions are homelessness and domestic violence. The program directors for domestic violence and homelessness meet regularly to discuss common issues including safety, security, and confidentiality.

Cooperation is intense at the governing and project levels. At the governing level, the CoC's Board receives regular reports on the needs of victims and services available. At the project level, Dove administers a CoC-funded DV Bonus project that provides rapid rehousing and supportive services for survivors.

We also collaborate with the area's sexual assault service provider, Growing Strong Sexual Assault Center. Growing Strong was started by Dove and later spun off as a separate entity. The CoC and the Dove Domestic Violence Program have MOUs with Growing Strong and regularly refer clients for counseling and assistance. Similarly, Growing Strong refers clients who are facing or experiencing homelessness to the CoC's Coordinated Entry system.

2.Services throughout the CoC are trauma-informed. The CoC requires all providers to attend training in client-centered, trauma-informed care on an annual basis (see 1C-5a). In addition to these trainings, trauma-informed care for victims is integrated into all aspects of the CoC's work. The CoC Governing Board assesses proposed policies in light of past trauma experienced by participants. For example, our Emergency Transfer policy goes beyond HUD's model policy in recognizing that trauma from sexual assault can impact victims for extended periods of time. Therefore, we do not place a limit on the number of days after an assault when a victim can request an emergency transfer from a location where the assault occurred (the model policy suggests a 90-day limitation).

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

1.Services throughout the CoC are trauma-informed. The CoC requires all providers to be trained in client-centered, trauma-informed care on an annual basis. Dove's DV Program conducts these trainings. The sessions cover best practice methods in serving survivors of domestic violence, dating violence, sexual assault, and stalking. The training focuses on trauma-informed care and victim-centered practices as well as other topics including dynamics of interpersonal violence, cultural appropriateness, legal considerations, ethical issues, safety planning, historical perspectives, children's needs, special populations, services, and program policies. This year, we are conducting this training from September 19 to October 5.

2.All Coordinated Entry staff must successfully complete a 40-hour state-approved domestic violence training curriculum before engaging in any direct client contact. Completion of this training makes them eligible for Certified Domestic Violence Professional status. Dove's DV Program conducts these trainings. The training is an intensified version of the training mandated for all providers (see above). It has a strong focus on trauma-informed care and victim-centered services as well as other topics including dynamics of interpersonal violence, cultural appropriateness, legal considerations, ethical issues, safety planning, historical perspectives, children's needs, special populations, services, and program policies. The sessions cover best practice methods in serving survivors of domestic violence, dating violence, sexual assault, and stalking. In addition to completing the 40-hour mandated training, CE staff must complete the annual training sessions for providers, which are considered refreshers and updates.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1. We use de-identified aggregate data from Illinois InfoNet to address needs related to domestic violence and similar offenses. Illinois InfoNet is operated and maintained by the Illinois Criminal Justice Information Authority. It is used by the vast majority of victim service providers in the state. Infonet captures de-identified HUD data elements. Our CoC's sole DV provider, the Dove Domestic Violence Program, is a program arm of the Collaborative Applicant, and it reports de-identified, aggregated InfoNet data directly to Dove and then to the CoC Board.

The Dove DV Program is currently transitioning to the Osnium database platform. According to its creators, "Osnium is an HMIS/HUD comparable database, meaning our database is consistent with HMIS Data and Technical Standards and meets HPRP reporting requirements. The database is equipped with both the ESG Caper and APR reports exportable in CSV format for uploading to the SAGE portal."

We supplement the data from the comparable database with information from other sources to construct a full assessment of the community-wide needs related to persons fleeing domestic violence, dating violence, sexual assault, stalking, and trafficking. We gather additional data from our HMIS system and Macon County criminal justice records. This data captures the calls local law enforcement agencies receive, as well as victims who request assistance from the criminal justice system.

2. We communicate this information to the CoC through our monthly Governing Board meetings as well as our bi-monthly Homeless Advisory Council meetings. It spurs ongoing discussion related to service needs and potential program expansion to address the needs of domestic violence, dating violence, sexual assault, and stalking survivors. We also share this information with the local Family Violence Coordinator Council, which is the key network for family violence in our community. We also provide these data to funders, grantees, and the general community to raise awareness about domestic violence. As a direct result, last year we expanded our DVP Housing project, a DV Bonus RRH project, by creating additional rapid rehousing units for survivors of domestic violence.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. the emergency transfer plan policies and procedures; and	
	2. the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1. Our CoC has a continuum-wide Emergency Transfer Policy. It covers coordinated entry and all HUD-assisted providers. Our emergency transfer plan is modeled after HUD's sample plan, but it has fewer restrictions on who can request a transfer and the time limits for doing so. We made these changes to account for the long-term trauma experienced by victims.

The policy reads, in part: "The CoC allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation ... A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises."

2. It provides that any participant living in a CoC assisted unit who feels unsafe or threatened due to domestic violence, sexual assault, dating violence, or stalking may request a transfer to another location, and that the CoC and its providers must respond to that request.

The process reads: "To request an emergency transfer, the tenant shall notify the CoC's management office and submit a written request for a transfer to Dove Homeward Bound. The CoC will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either: (1) A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the CoC's program; OR (2) A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises."

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

We assure that survivors are given equal access to housing and services. We quickly offer all DV survivors access to housing. This process is streamlined because the CoC's Coordinated Entry system (CE) is under the same organizational umbrella as the DV project. Dove, Inc. (which is a Collaborative Applicant) is the grantee for both CE and state domestic violence project funds. The Dove Domestic Violence Program (DVP) works hand-in-glove with CE to assure that survivors are assisted to move into permanent housing as quickly as they can safely do so.

DVP conducts assessments to determine which survivors they will offer to refer to CE for housing placements. DVP describes the options to the survivors, who have the choice to accept or decline. DVP then refers survivors who can safely leave the shelter to CE. As soon as they are referred to CE, CE conducts a housing assessment, assigns a housing case manager, and places the survivor on priority lists for the appropriate type of permanent housing (i.e., RRH, PSH, or OPH). The assessment protocol gives DV survivors high priority.

Case managers from DVP and CE work with the client to present client-centered options. For example, CE might identify units, and DVP helps the participant assess the units in terms of location and safety features such as locked entrances, visibility, and exterior lighting.

From the time they are referred to CE, clients begin working towards safe permanent housing which they can sustain, even after an RRH subsidy terminates. Working with case managers, they create individualized housing plans which can include budgeting, credit repair, applying for Housing Choice Vouchers, and other steps.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

(limit 2,500 characters)

1.Our CE protocols identify client safety and confidentiality as paramount. CE assesses the crisis level jointly with our DV program. The first step gets the person to safety, and the second step focuses on the housing crisis.

Our policies and procedures assure victim-centric, trauma-informed services. Our CE protocols state, in part, "When any person comes to the CE center or a secondary access point, and presents with a problem, the staff escorts the person to a private area for the initial interview, asks them to have a seat, and attempts to make them comfortable (e.g., offers a drink of water)."

We never interview couples together. One of the first questions in the CE protocol is this: "Is anyone abusing or attempting to control or coerce you?" Any yes response prompts an immediate call to the DV program, and a trained DV counselor talks with the person.

2.Participants co-create their own housing and service plans with guidance and support from staff in CE and the Dove DV Program. CE and the DV Program work together with the participant to identify the best and safest options for services and housing. Consistent with Housing First, all services are voluntary.

3.Our communication protocols ensure confidentiality. Our CE protocols read, "Persons needing emergency services or fleeing domestic violence are connected immediately with Dove's Domestic Violence Program, and no demographic information is collected but a tally of service provision is kept of the action for purposes of reporting CE activities. The DV Program takes the lead on further processes including assessment, diversion, prioritization, and referral to CoC for housing support as needed. Work done by the DV Program is not documented in the HMIS system except in the aggregate to meet with legal requirements." The personally identifiable information of persons referred for DV services is never entered in HMIS. Likewise, when the DV program refers a client to CE, participant information is entered into HMIS without identifying the case as a DV referral.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1.The CoC has a strong anti-discrimination policy, which is updated based on stakeholder feedback. For example, based on stakeholder guidance, the CoC strengthened its policies on gender identity when it appeared that HUD might loosen its regulations in 2019 and 2020. We keep all providers and participants apprised of the policy and updates. The CoC conducts annual training for the Governing Board and all providers. The trainer is the Human Rights Investigator for the City of Decatur, who is responsible for enforcing the City's Unlawful Discrimination Ordinance and serves as a consultant to the CoC.

2.All CoC providers have anti-discrimination policies in place. Each provider has policies to ensure that persons receive all services regardless of sex, gender identity or sexual orientation. The Human Rights Investigator for the City of Decatur is available to assist any provider – and all CoC members – in developing effective antidiscrimination policies. In reality, all of our CoC providers are under the direct control of HUD or other federal and state agencies that mandate them to have antidiscrimination policies that assure fair and equal access and treatment for LGBTQIA+ individuals and families. There has been no need for them to ask the CoC to help develop such policies.

3.We integrate compliance with antidiscrimination policies into our evaluation and ranking process. The CoC Ranking Committee is responsible for assuring compliance. All CoC Providers must complete and submit an "Equity Questionnaire" to the Ranking Committee on an annual basis. This questionnaire asks the following, among other questions: "Do you disaggregate program data by race, ethnicity, gender identity, or age? In the past 3 years, have you assessed your program for racial/ethnic equity in participation and outcomes? In the past 3 years, has your organization adopted written plans to address inequities? In the past 3 years, has your organization taken any specific steps to address inequities?" We require written documentation.

4.The process for addressing noncompliance with CoC policies is clear. The Ranking Committee notifies the provider that it is out of compliance. If the issue is not resolved, the Governing Board will conduct an investigation and ultimately has the power to terminate the provider and transfer their projects (with HUD approval). We have never had an issue of noncompliance with antidiscrimination policies.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section VII.B.1.g.	
	You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Decatur Housing Authority	3%	Yes-HCV	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

Our CoC has one PHA, the Decatur Housing Authority. Its geographic area is identical to that of the CoC: all of Macon County, Illinois. This PHA currently has a limited homeless admission preference for HCV units, and is adding a question to the HCV application form to ascertain whether the applicant is currently housed. The CoC Chair and other governing board members have met with the PHA's Executive Director to urge the authority to consider adding a homeless admission preference for conventional public housing and a general homeless preference for HCV units, as is done by many other PHAs. To date, these meetings have not been successful.

It would be most helpful to us if HUD would exert direct influence on local PHAs to adopt such preferences. A local PHA would likely be more responsive to HUD pressure than to appeals from a CoC that exerts no authority over it.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	

5.	Landlord Association	Yes
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1C-7c.	Include Units from PHA Administered Programs In Your CoC's Coordinated Entry. NOFO Section VII.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section VII.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program. Not Scored-For Information Only	
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	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No
	If you select yes to question 1C-7a.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
PHA		
This list contains no items		

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	7
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	7
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1.The CoC evaluates every project for fidelity to the evidence-based Housing First model. To assure compliance, the CoC's Ranking Committee requires every project to complete the HUD Housing First Self-Assessment tool every year. The committee uses the results from the Self-Assessment as a ranking criterion for new and renewal projects.

We enforce fidelity to Housing First in policy and in practice. The CoC's policy is clear that all funded projects must not require service participation or place preconditions (other than HUD's project eligibility standards). Our Coordinated Entry (CE) referral process mandates that projects do not place preconditions on acceptance of referrals. CE is the gateway to all housing projects, and it refers those who have the greatest needs and highest vulnerabilities without regard to preconditions. The CoC also mandates that all providers attend the annual Housing First training.

2.In our annual evaluation and ranking process, we use the following Housing First factors: low-barrier access; prompt attachment to permanent housing; no discrimination on basis of sexual orientation, gender identity or familial status; cultural appropriateness; person-centered approach; participant choice and input; voluntary services; no unnecessary denial of housing; and eviction avoidance.

We use the following Housing First performance indicators: length of time from project entry to move-in date; percentage of participants with high barriers; percentage of participants coming from uninhabitable locations; and percentage of participants with zero income at entry.

3.The CoC Ranking Committee monitors each project every three months for adherence to Housing First. This monitoring includes reviewing each project's length of time from project entry to move-in date, as well as analyzing project-level data for permanent housing placement and retention.

1D-3.	Street Outreach-Scope.	
	NOFO Section VII.B.1.J.	
	Describe in the field below:	
	1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
	2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
	3.	how often your CoC conducts street outreach; and
	4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1.Our CoC conducts daily outreach through our Coordinated Entry staff and Continuum Homeless Action Team (CHAT). CHAT is a team of street outreach workers from behavioral health, emergency shelters, CE, and health care. We use a person-centered approach to relationship building with consistent contacts over time. Through outreach, we identify and engage all persons experiencing long-term unsheltered homelessness. With a by-name list, we develop relationships from a foundation of dignity and respect for individual choice. Further, we utilize interagency consultation and service referrals to ensure success.

The CoC advertises housing and support services with website postings, newsletter distribution, online housing search websites, 2-1-1 program, and social media. The CoC uses a "Language Line" that allows individuals with limited English and/or disabilities to access information and services. All materials related to the CoC's housing and services make clear that housing and services are available to all who are eligible regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability.

2.Our street outreach covers 100% of our geographic area for quick identification and engagement of individuals experiencing unsheltered homelessness. One new member of the outreach team is a social worker at the public library, where unhoused persons hang out.

Agencies, businesses, churches, and community members contact our CE Hotline when they become aware of someone who may be experiencing homelessness. From that contact, we deploy staff to make a connection and offer support and services. The CE outreach staff, and CHAT meet weekly to review information, and they report to the CoC Board.

3.Outreach workers comb the streets daily and visit places where homeless persons may be found. When persons are not ready to engage, the workers build trust and chart progress using the Stages of Change model.

4.The CoC tailors its outreach for those least likely to seek assistance. With its by-name list, regular contact, relationship building, and interagency meetings, CHAT uses a person-centered, off-site approach. For example, the outreach team regularly visits encampments where persons are reluctant to accept assistance. They make acquaintances, check in on people, and deliver food and other necessities – building trust and establishing bridges.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	
<div>Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:</div>		

		Ensure Homelessness Is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		
	Conducted community awareness campaign	Yes	

1D-5.	Rapid Rehousing--RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC--only enter bed data for projects that have an inventory type of "Current."	67	50

1D-6.	Mainstream Benefits--CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI--Supplemental Security Income	Yes
3.	TANF--Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	General Assistance Program	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. Every month the CoC disseminates the availability of mainstream resources and other assistance information to projects at CoC meetings, and more often via email when new information becomes available. CoC program staff and providers keep up to date regarding mainstream resources with an annual staff training that covers all resources and defines utilization strategies. We held our recent training on January 19, 2022. Two major primary care providers, Crossing Healthcare and SIU School of Medicine, participate in these sessions. Additionally, CoC staff take part in bimonthly service coordination meetings hosted by the University of Illinois Extension Office. At these meetings, mainstream programs update local agencies.

Our CoC works with the Illinois Department of Human Services (IDHS), which administers food stamps, TANF, and Medicaid. Our CoC's CE case managers assist in online applications for mainstream benefits and transport clients to appointments with providers. This process assures that all participants apply for and receive all benefits for which they are eligible

2. A large Federally Qualified Health Center, Crossing Healthcare, is a leading member of the CoC. Crossing assures that all program participants have access to quality healthcare services. Crossing enrolls participants on an as-needed basis. In addition, the community behavioral healthcare provider, Heritage Behavioral Health Center, is now offering primary care to its clients to "treat the whole person." Many of Heritage's clients are CoC program participants.

3. The Decatur/Macon County CoC was a pilot target for enhanced SOAR training in 2016. As a result of this effort, the CoC and all providers keep current with SOAR training. The CoC project ranking scales use SOAR training as a scoring criteria; projects that do not have a person who has been SOAR-trained in the past 24 months receive fewer points and are ranked lower.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

Our CoC has taken three steps to increase non-congregate sheltering in the past two years. Two of these steps involve government support, and the third is supported by private resources.

(1) Using ESG-CV support, channeled through the Illinois Department of Human Services (IDHS), our CoC and its partners housed 232 persons in non-congregate lodging during 2020 and 2021. This approach prevented the spread of COVID-19 and allowed us to provide shelter for persons who had previously been in congregate shelters, as well as others who needed to isolate due to COVID-19 infections.

(2) Using the same model and additional support from IDHS, we dramatically increased our ability to provide non-congregate lodging in motels and hotels in 2022. Our CoC received \$110,000 for this purpose (and emergency food) from IDHS. At negotiated rates, we anticipate this could cover well over a thousand room-nights of non-congregate emergency shelter.

(3) At the same time, the private sector has increased its capacity to lodge persons in non-congregate settings. Three local organizations – two of them faith-based – have increased their ability to use privately-funded motel and hotel vouchers.

We have taken these steps to prevent infections from spreading, especially to persons with pre-existing conditions that compromise their protection against infectious diseases. Additionally, we find that persons who have private accommodations for themselves and their families not only feel safer, but they are more apt to accept long-term housing assistance and build more trusting relationships with coordinated entry staff.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.a.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
	1. develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
	2. prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1.From our experience with COVID-19 in 2020 and 2021, we developed several systems that have become permanent parts of our response to outbreaks of infection diseases. The two most prominent components of this collaboration are the CoC Emergency Response Team and the partnership with public health agencies.

In the spring of 2020, the CoC quickly formed a COVID Response Team consisting of all local organizations receiving COVID relief funds from any source – federal, state, and private. This group coordinated local response efforts and provided clear, unambiguous messaging to providers and the community. We will reactivate this team in future public health emergencies.

We rely on our large Federally Qualified Health Center, Crossing Health Care, to guide our approach. With more than 10,000 patients and a campus spreading over four city blocks, Crossing is by far the large public health agency in the CoC, and it is a major partner on the CoC's Board. We linked Crossing directly to homeless providers, giving them a personal connection to expertise in public health advice and how to implement protocols. This helped providers far more than merely distributing lists of restrictions.

2.To decrease the spread diseases among persons experiencing homelessness, Crossing conducts on-site testing and consultation at shelters and other homeless housing facilities. Crossing advises CoC members when closures are needed, what steps to take to lessen disease spread, and if providers should operate remotely or at decreased capacity. Crossing recommends specific protocols for operating emergency shelters and transitional housing projects, and for lodging in hotels.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.a.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
	1. sharing information related to public health measures and homelessness, and	
	2. facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1.The CoC shares information about public health measures with all providers, and it encourages direct communication between providers and public health agencies. In specific, the CoC gave every homeless service provider an electronic copy of the excellent guide from the Illinois Department of Public Health, "Updated Interim COVID-19 Guidance for Shelters." This well-written 6-page document "includes recommendations for testing strategies and is intended to support response planning by shelters and homeless service providers in coordination with public health authorities and emergency management officials."

Although its title indicates it is intended for shelters, it makes clear that it is targeted at all homeless service providers including shelters, drop-in centers, and meal stations. The guidance includes sections on prevention of spread, design and layout, screening, testing, response and vaccinations. The CoC advised all providers to follow the instructions in this guide.

2.To ensure straightforward communication, the CoC put all homeless service providers in direct contact with Crossing Healthcare, the large Federally Qualified Health Center. With more than 10,000 patients and a campus spreading over four city blocks, Crossing is by far the large public health agency in the CoC, and it is a major partner on the CoC's Board. Crossing takes the lead in recommending safety measures. These are disseminated in emails and the virtual meetings.

The Illinois Department of Public Health and the Macon County Health Department notify the CoC and all providers when restrictions change. Crossing Healthcare is extremely helpful in giving personal consultation to providers in compliance with restrictions and maximizing safety for staff and project participants.

1D-9.	Centralized or Coordinated Entry System-Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)