

## 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 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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 2021 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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

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 of 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.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	No	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	No	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	No	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Nonexistent	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	No	No	Yes
24.	Organizations led by and serving people with disabilities	Yes	No	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Universities	Yes	Yes	Yes
34.	Early Childhood Development Agencies	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 the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

1.Our CoC communicated its invitation process to solicit new members through its YouTube channel, its website, the news media, regular emails, and through current board member communication. During COVID, we communicated invitations to our virtual public meetings. In the past year we added five additional organizations to our Board including a grassroots emergency services agency, the county mental health board, the Decatur Public Library (which is a gathering spot for persons experiencing homelessness), a workforce agency, and a legal services entity.

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.We conduct outreach to identify and solicit involvement from persons experiencing homelessness and formally homeless individuals through case managers and coordinated entry staff, who suggest clients to the Board. A

current Board member meets with potential members to explain the role and expectations of CoC leadership positions. A formally homeless individual currently sits on our Board.

4.To address gaps and ensure representation, our CoC recruits organizations serving culturally specific communities by specifically identifying such organizations and personally contacting their leadership and inviting them to join the CoC. Board members are reaching out to African American, Hispanic/Latinx, and disability groups. The list of groups invited includes NAACP, the African American Genealogical Society, the Greater Decatur Black Chamber of Commerce, Macon Resources, Inc. (MRI), Soyland Access to Independent Living (SAIL), and the Department of Rehabilitation Services (DORS).

<b>1B-3.</b>	<b>CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.</b>	
	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 2,000 characters)**

1.The Macon County CoC has three methods of obtaining opinions from the broader community: (1) a diverse Governing Board of community leaders; (2) a grassroots-level Advisory Council; and (3) two external consultants from the community. 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. 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. Due to COVID we stopped holding public meetings in March 2020 and hosted virtual meetings. The CoC communicates information about upcoming meetings with links to allow for remote participation. We make recordings available to the general public.

We created a YouTube presentation to acquaint the public with the CoC’s success in reducing homelessness by 67% since 2014. This presentation is posted online for civic organizations, faith groups, service clubs, and other groups.

3.The Governing Board of the CoC considers public input very seriously and takes action to improve our system. In the past few months, a consultant received feedback concerning some CoC organizations not using client-centered practices. The CoC engaged an intern at the University of Illinois to

conduct a study involving extensive interviews with participants and providers. This resulted in recommendations to provide orientations to new staff at all CoC provider agencies with periodic refreshers, and to conduct annual trainings in Housing First and client-centered, trauma-informed practices. The CoC adopted all recommendations.

<b>1B-4.</b>	<b>Public Notification for Proposals from Organizations Not Previously Funded.</b>	
	NOFO Section VII.B.1.a.(4)	

<b>Describe in the field below how your CoC notified the public:</b>	
<b>1.</b>	<b>that your CoC’s local competition was open and accepting project applications;</b>
<b>2.</b>	<b>that your CoC will consider project applications from organizations that have not previously received CoC Program funding;</b>
<b>3.</b>	<b>about how project applicants must submit their project applications;</b>
<b>4.</b>	<b>about how your CoC would determine which project applications it would submit to HUD for funding; and</b>
<b>5.</b>	<b>how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.</b>

**(limit 2,000 characters)**

1.The CoC issued a public notification that the local competition was open and accepting applications a day after HUD released the NOFO, August 19, 2021. We distributed this notice to all member agencies of the CoC, the news media including radio, newspaper, and television outlets as well as website, social media, email and through public meetings.

2.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.”

3.The notice informed the public of the types of new projects permitted by HUD, the application process, and deadlines. The communication instructed all potential applicants in submission procedures, encouraged interested parties to access HUD’s eligibility requirements and e-snaps resources via live links, and offered technical assistance to new applicants and new projects in working with e-snaps and preparing successful applications.

4.In the notification, we used the following criteria to determine whether project applications will be selected for inclusion and ranking including projects that (a) are eligible, (b) meet HUD’s threshold requirements as stated in the current NOFO, (c) demonstrate need, and (4) demonstrate organizational capacity.

5.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–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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 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 LGBT 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.	Faith-based emergency services	Yes
-----	--------------------------------	-----

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 2,000 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 working with providers to identify needs for activities 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 submits performance standard data to the recipient for review and consultation prior to anyone receiving an ESG allocation.

2. The CoC actively evaluates and monitors ESG subrecipient program performance. One example includes the CoC monitoring an ESG-funded emergency shelter that experienced serious performance deficiencies over the past 2 years. IDHS requested that the CoC Collaborative Applicant act as the interim subrecipient on behalf of the CoC while benchmarks were set and performance monitored. Upon meeting benchmarks, the CoC initiated the process to restore the shelter subrecipient status. Approval is pending with IDHS for the FY23 funding cycle.

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.

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 Neighborhood Services Division, which prepares and submits the Consolidated Plan and annual updates. The Manager of this 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 gender:

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.	Yes
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 AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

1. Our CoC collaborates with youth education providers, including BabyTALK, Head Start, and Decatur Public School District 61, and smaller school districts in Macon County through school liaisons and administrators who serve on the CoC's Board. Our collaboration is evident through efforts such as a presentation on youth homelessness, which the CoC gave to new teachers in public schools.

2. Our CoC has formal partnerships with youth education providers, McKinney-Vento SEA and LEA and school districts. Representatives from all these entities are members of the CoC Board and each has an MOU with the CoC. The CoC discusses educational needs of youth experiencing homelessness at monthly meetings. In addition, youth homeless providers participate in our Homeless Advisory Council.

3. In Illinois, the SEA is the Illinois State Board of Education, and it has Regional Offices of Education in each part of the state. Local school districts are the LEAs. The SEA and LEA are active participants in monthly CoC meetings, where they share information from the Macon Piatt Regional Office of Education (the SEA) and the Decatur Public School District (an LEA). A CoC member works with district school social workers, and another participates in SEA and LEA meetings and activities.

4. A formal partnership is in place with our SEA and LEA through MOU's with

the CoC.

5. We have strong collaboration with school districts (LEAs) throughout Macon County. The Decatur Public School Homeless Liaison is a member of the CoC Board, participates in our Homeless Advisory Council, and serves on the CoC's management information system subcommittee to assist in tracking homeless students and those at risk of homelessness. Collaboration with smaller districts throughout the county is managed through the Macon Piatt Regional Office of Education.

6. Formal partnerships are in place with school districts in Macon County through MOU's with the CoC.

1C-4a.	CoC Collaboration Related to Children and Youth—Educational Services—Informing Individuals and Families Experiencing Homelessness about Eligibility.	
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 2,000 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 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-4b.	CoC Collaboration Related to Children and Youth—Educational Services—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.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and 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 safety and 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 2,000 characters)**

1.The area’s victim service provider, Dove, Inc. (which is also the Collaborative Applicant) has trained 5 staff members - at least one in each CoC-funded project – with 40 hours of DV training. Dove’s DV Program provides trainings at least annually on best practice methods in serving survivors of domestic violence, dating violence, sexual assault, and stalking. The training specifically focuses on trauma-informed care and victim-centered services as well as other areas including dynamics, legalities, ethical issues, safety, historical perspectives, children’s needs, special populations, services, and program policies. We held one DV training for CoC projects on April 26 – May 12, 2021.

2.Dove, Inc. Domestic Violence Program staff provide annual training for all Coordinated Entry (CE) staff. Dove’s DV Program provides trainings at least annually on best practice methods in serving survivors of domestic violence, dating violence, sexual assault, and stalking. The training specifically focuses on trauma-informed care and victim-centered services as well as other areas including dynamics, legalities, ethical issues, safety, historical perspectives, children’s needs, special populations, services, and program policies. We held one DV training for CoC projects on April 26 – May 12, 2021. The CoC requires all CE staff members to complete 40 hours of DV training and attend annual update sessions.

<b>1C-5a.</b>	<b>Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Using De-identified Aggregate Data.</b>	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

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.

We supplement InfoNet data 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.

We share this information with the local Family Violence Coordinator Council 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. This information is communicated 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. As a direct result of this process, this year we are requesting an expansion of our successful Rapid Rehousing project for DV survivors.

<b>1C-5b.</b>	<b>Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.</b>	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

- |    |                                  |
|----|----------------------------------|
| 1. | prioritize safety;               |
| 2. | use emergency transfer plan; and |
| 3. | ensure confidentiality.          |

**(limit 2,000 characters)**

1. Our CE protocols identify client safety and confidentiality as paramount. Our policies and procedures assure victim centric, trauma-informed services. Our guiding principles (GP) state, “We promote participant-centered practices. Every homeless person is treated with dignity, prevention from experiencing further trauma; offered at least minimal assistance and participates in their own housing plan.”

Prioritizing and ensuring client safety is critical. Our GP address prioritization and safety for the most vulnerable stating “Our resources are first directed to persons and families who are most vulnerable.” 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. The question, “Are you injured, sick, or unsafe at this time?” is part of the assessment. Any yes response these areas prompts immediate contact with the appropriate agency.

2. Our CoC has 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. 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.

3. Our communication protocols ensure confidentiality. Data of persons referred for DV services are 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.

<b>1C-6.</b>	<b>Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.</b>	
	NOFO Section VII.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT 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 to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	Yes

<b>1C-7.</b>	<b>Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> 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 2020 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.	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
	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 2,000 characters)**

Our local PHA, the Decatur Housing Authority, has a limited preference for HCV units. The CoC Chair and other governing board members have met with the past PHA executive directors and been told a homeless admission preference is an issue of fair housing and that the only preference that exists is the limited preference for HCV units. The PHA has a new executive director, and we have scheduled a meeting with her along with our CoC Chair, a housing consultant, and a governing board member with legal expertise in housing issues. We will discuss how we can move the PHA to provide a homeless preference for admission to conventional public housing and a general homeless preference for HCV units, as is done by many other PHAs.

1C-7b.	<b>Moving On Strategy with Affordable Housing Providers.</b>	
	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 Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Local Landlord Association	Yes

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

**(limit 2,000 characters)**

1.The PHA notifies CE by email when vacancies occur that can be filled by persons who are experiencing homelessness. These units are then entered into our CE database and offered to the person(s) at the top of the prioritization list for the particular housing type and unit size.

2.We have a formal agreement with the PHA. Our CoC has an MOU with the PHA that states the PHA will offer housing choice vouchers (HCV) for clients in need of PSH in three housing projects within the community. This agreement focuses on individuals who are homeless, allowing for anyone experiencing homelessness to have access to an HCV. The CoC also has an informal agreement with the PHA that allows CE staff to complete applications for clients in need of public housing. CE and PHA staff work collaboratively to get these clients housed.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

Not applicable.

1C-7e.	<b>Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.</b>	
	NOFO Section VII.B.1.g.	

<b>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?</b>	No
---	----

1C-7e.1.	<b>Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.</b>	
	Not Scored–For Information Only	

<b>Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?</b>	No
--	----

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

<b>PHA</b>
This list contains no items



## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	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

1C-9.	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 2021 CoC Program Competition.	8
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 2021 CoC Program Competition that have adopted the Housing First approach.	8
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

The CoC strongly enforces its commitment to Housing First in policy and practice. By policy, all funded projects must not require service participation or place preconditions (other than HUD’s project eligibility standards). In practice, the CoC mandates that all providers attend the annual Housing First training. 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.

This same 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 permanent housing placement, as well as project-level data for permanent housing placement and retention.

Our Coordinated Entry (CE) referral process assures 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.

<b>1C-9b.</b>	<b>Housing First–Veterans.</b>	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
---	-----

<b>1C-10.</b>	<b>Street Outreach–Scope.</b>	
	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 2,000 characters)**

1.Our CoC conducts daily outreach through our Coordinated Entry staff and Continuum Homeless Action Team (CHAT). Through outreach, we identify and engage all persons experiencing unsheltered homelessness. 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. 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 the “Language Line” that allows individuals with limited English and/or disabilities to access information and services.

2.CE staff and CHAT outreach covers 100% of our geographic area for quick identification and engagement of individuals experiencing unsheltered homelessness. 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. Each January, we complete the Point-in-Time count with staff and volunteers combing the community for 24 hours.

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.

<b>1C-11.</b>	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC’s geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

<b>1C-12.</b>	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.I.	

	2020	2021
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.”	19	67

<b>1C-13.</b>	<b>Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.</b>	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing 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.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

**(limit 2,000 characters)**

1.CoC program staff keeps up to date regarding mainstream resources with an annual staff training that covers all resources available and defines utilization strategies. Crossing Healthcare and SIU School of Medicine participate in these sessions. Additionally, CoC staff actively participate in bimonthly service coordination meetings hosted by the University of Illinois Extension Office. At these meetings, all mainstream programs update local agencies.

2.The CoC disseminates the availability of mainstream resources and other assistance information to projects via email whenever changes are made, or new information becomes available.

3.The CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance by utilizing MOU relationships with both the FQHC and local community mental health center. They enroll participants on an as-needed basis.

4.The CoC actively 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.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC’s coordinated entry system:
1.	covers 100 percent of your CoC’s geographic area;

2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

**(limit 2,000 characters)**

1. Our Coordinated Entry (CE) system covers 100% of the CoC’s geographic area, which consists of the City of Decatur and surrounding rural communities in Macon County, Illinois. To reach the entire geography, CE relies on a stakeholder network. This year, the CoC disseminated a YouTube presentation to inform the community of the coordinated entry system.

2. In our CoC, the long-term unsheltered population is least likely to seek assistance. To reach this population, our outreach workers use a network of libraries, gas stations, police departments, food pantries, township offices, and churches who inform our team of unsheltered persons. Our outreach workers comb the streets, meet unsheltered persons where they are, and offer assistance. Through weekly meetings and their by-name list, we update the status of each unsheltered individual and track their level of readiness to engage with the homeless service system.

3. Our CE assessment protocol prioritizes those most in need. Starting with the first point of contact, CE staff obtain necessary household information and identify priority needs. Our protocol consists of a series of assessments to identify and prioritize those who have the highest needs and greatest vulnerabilities. The top priority is long-term unsheltered homeless persons with disabilities and severe service needs. The next priority is persons and families experiencing non-chronic homelessness including those with disabilities, episodic homelessness, and high service needs.

4. Our CoC ensures timely assistance to those most in need of assistance placing them at the top of the prioritization list for housing referrals. Those most in need – as measured by length of unsheltered homeless, disabling conditions, and barriers – have the first choice of housing when units become available.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
--	-----

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC’s most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

In addition to the areas mentioned above in 1C-15b, the CoC and its homeless providers have taken the following steps:

- We have shared a model racial equity plan with all providers. The model plan was implemented in 2018 by one provider. It mandates annual assessment of equity based on disaggregated data and requires the activation of specific corrective measures when inequities occur. It includes the use of benchmarking to measure the impact of the corrective measures. We have provided this plan to all providers and recommended that they develop similar equity plans tailored to the scale and functions of each agency.
- We have expanded the CoC by issuing personal invitations to the leaders of culturally specific groups, including African-American organizations, Hispanic American organizations, congregations of non-Christian faiths, and LGBTQ+ groups. We believe that the inclusion of these diverse groups will help the CoC maintain racial equity as a high priority.
- Our Strategic Planning Committee has been tasked with investigating if our Coordinated Entry assessment process is unconsciously biased. We are disturbed by studies that found racial bias embedded in the VI-SPDAT. We are closely following the efforts of other CoCs to implement nonbiased tools.
- Our consultants are continuing to monitor participant demographics and outcomes to spot any trends that might point to inequities. The Stella Performance Module has enabled us to obtain and analyze disaggregated data on an annual basis.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	1	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	1	1
3.	Participate on CoC committees, subcommittees, or workgroups.	1	1
4.	Included in the decisionmaking processes related to addressing homelessness.	1	1
5.	Included in the development or revision of your CoC's local competition rating factors.	1	2

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	No
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	



## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>1D-1.</b>	<b>Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</b>	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

**(limit 2,000 characters)**

1.To immediately address the safety needs of our unsheltered individuals and families, the CoC temporarily housed as many as possible in hotels. This decreased human contact and reduced transmission of disease. Within days of the first outbreak, the CoC organized an interagency COVID Response Team, which distributed more than 5,000 masks through our street outreach workers and on city busses, at food pantries and other central locations. CoC outreach workers also distributed sanitizers and personal hygiene supplies to unsheltered persons and those who were placed in hotels.

2.Operations in emergency shelters changed rapidly as the epidemic spread. The CoC's COVID Response Team organized the response and addressed immediate needs. Some shelters closed temporarily because they could not assure safe conditions or stop the spread of the disease, and the CoC placed all of their residents in hotels. Other shelters reduced their capacity to provide distancing, and the CoC placed the overflow residents in hotels. Shelters which remained in operation followed all CDC guidelines. The CoC arranged for a large Federally Qualified Health Center (FQHC) to advise all shelters on enforcing COVID-19 protocol guidelines regarding masking, social distancing, handwashing, sanitizing, and cleaning as well as contract tracing, rapid testing, and quarantining for clients and staff. When a men's shelter was unable to provide daytime supervision for its residents, within two days the CoC's COVID Response Team arranged to transport them every day to a drop-in center and have meals delivered to them so they did not wander the streets and endanger themselves and others.

3.The CoC has only three transitional housing units. The TH agency is a member of the COVID Response Team, and it promptly implemented the same safety protocols as those used in emergency shelters. This action kept the household members inside, isolated, and safe.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

Through COVID-19, our CoC prepared itself in ways that benefit unhoused persons as well as others who are endangered in public health emergencies.

We improved our readiness in at least five specific ways:

- (1) We learned to quickly galvanize the existing CoC framework. 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 met remotely 15 times between March and November of 2020 to coordinate local efforts and provide clear, unambiguous messaging to providers and the community. This team will be reactivated in future public health emergencies.
- (2) We learned to quickly identify and fill gaps in order to protect public health. Our flexibility allowed us to transfer resources, such as moving ESG funds to a previously unfunded family shelter so it could add round-the-clock staff and keep its residents indoors. Later, when the Illinois Housing Development Authority issued its RFP for eviction relief outreach, the team selected one agency to be the sole applicant for the entire community.
- (3) We learned to link the Federally Qualified Health Center 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.
- (4) We learned to expand our existing CoC’s outreach team to reach isolated seniors and others who lack social supports. Using local partners, our expanded outreach team went into senior housing and rural communities to locate persons, check on their well being, and arrange for food delivery.
- (5) We learned to plug into community volunteers, using senior volunteers from the Retired & Senior Volunteer Program to work in their homes packaging masks individually in plastic food storage bags.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

Our ESG recipient is the Illinois Department of Human Services (IDHS), which covers the balance of state. Our CoC kept in constant touch with IDHS and arranged for quick deployment of ESG-CV resources. Recognizing the crisis, IDHS personnel were very cooperative and flexible, often responding by phone or email to requests to reallocate funds where they were needed. ESG funds were among the first to arrive in the community. We used them in many ways including: paying for hotel rooms and food for homeless persons and for persons who needed to isolate and had no place to do so; expanding RRH resources; allowing shelters to hire additional staff so they could stay open 24 hours and keep residents inside; and purchasing PPE and cleaning supplies.

At the local level all ESG-CV grantees and subgrantees were on the COVID Response Team, and they kept other team members informed of their needs. It is important to note that while ESG-CV is an important resource, there were other resources that our COVID Team drew upon. We applied each resource where it was most needed. Thus, we did not prioritize eviction prevention for the CoC's COVID-CV funds, as we have larger resources through CDBG and Home funds and through other HUD funds administered by the Illinois Housing Development Authority.

ESG-CV funding led to permanent housing for several persons who had experienced long-term homelessness. Through its Coordinated Entry component, the CoC moved them into hotels, and then enrolled them in RRH and placed them in decent affordable housing.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

**(limit 2,000 characters)**

The CoC utilized its partnership with Crossing Healthcare, a large Federally Qualified Health Center (FQHC), to keep its providers and project participants apprised of effective measures to decrease the spread of COVID-19 and ensure safety for individuals. Crossing is a major partner in the CoC and is represented on our Board. A Crossing advisor on infectious disease served on the COVID Response Team.

1.To decrease the spread of COVID-19, Crossing provided on-site testing and consultation at shelters and other homeless housing facilities. Crossing advised CoC members on when closures were needed, and when providers could operate remotely or at decreased capacity. Crossing recommended specific protocols for operating emergency shelters and transitional housing projects, and for lodging in hotels. When the pandemic eased, Crossing gave advice on reopening offices and housing projects; this advice included restricted access, sign-in logs for contact tracing, temperature checks, and mandatory face coverings.

2.To ensure that providers adopted and rigorously followed safety measures, the CoC made sure all providers received state restrictions and offered support. The CoC hosted a Zoom Q&A session with Crossing Healthcare so providers would ask questions about how best to protect the safety of their participants and staff with distancing, regular hand washing, and constant use of PPE. In addition, our CoC coordinated with local providers for contact less daily meal pickup and delivery and food box distribution. Catholic Charities, a member of the COVID Response Team, set up a free remote counseling service to help people who struggled with the pandemic's impact.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

**(limit 2,000 characters)**

Our COVID Response Team organized channels to communicate quickly with homeless service providers. All major providers took part in weekly meetings and/or emails.

1.The Federally Qualified Health Center, Crossing Healthcare, took the lead in recommending safety measures. These were disseminated in emails and the virtual meetings. At one point when providers were anxious about the rapidly changing advice, the CoC hosted an open Q&A session for all providers in Zoom, giving providers an opportunity to directly obtain professional guidance from a trusted local source.

2.The City of Decatur and Macon County governments did not impose any precautions in excess of those required by the State of Illinois. The Illinois Department of Public Health and the Macon County Health Department notified the CoC and all providers when restrictions changed. Crossing Healthcare was extremely helpful in offering personal consultation to providers in how to comply with restrictions and how to maximize safety for staff and project participants.

3.As soon as vaccines became available, Crossing Healthcare notified the CoC and all homeless providers, and opened a walk-in and drive-through vaccination site on its campus. CoC providers immediately contacted all participants and urged them to get vaccinated. It offered to schedule appointments and provide

transportation. The CoC’s outreach teams conducted similar work with the unsheltered population and those housed temporarily in hotels.

<b>1D-6.</b>	<b>Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.</b>	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

The COVID Response Team assured that our CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccinations. Our COVID Team has continuous ongoing communication with homeless providers through emails, telephone calls, and remote meetings. When vaccines became available, the CoC intensified its street outreach efforts and identified unhoused persons who were eligible for the COVID-19 vaccination. At first, vaccines were only available to those over age 60 and those with serious health conditions. We used providers and HMIS to identify and contact these persons. As the state loosened eligibility standards, we used the same process to locate and contact persons who qualified for the vaccines.

We encouraged those who were eligible to receive the vaccine through Crossing Healthcare, a large Federally Qualified Health Center which opened a free-standing walk-in and drive-through vaccination clinic. CoC providers offered to schedule appointments and drive persons to the vaccination site. We partnered with the Illinois Department of Human Services (IHDA), the Illinois Continuum of Care Discussion Group, and the Illinois Department of Public Health to ensure vaccine equity and access.

<b>1D-7.</b>	<b>Addressing Possible Increases in Domestic Violence.</b>	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

The Dove Domestic Violence Program (DVP) saw a significant increase in the number and severity of cases. For the time period of March 2020 through September 2021 DVP provided shelter to 175 and hotel rooms to 105 clients. COVID precautions resulted in a temporary shutdown of the shelter on March 17, 2020 and an adjusted service delivery plan. For four months, DVP sheltered clients in a hotel, operated the hotline from a cell phone that was rotated among staff, and offered individual and crisis counseling over the telephone. Legal

Advocates coordinated schedules during the stay-at-home order and were available 24 hours a day.

Many victims reported difficulties in contacting law enforcement and a lack of transportation and community resources. DVP advocates worked with partner to meet needs and provide resources.

Upon re-opening the shelter and staff returning to work from their offices, DVP enforced strict guidelines for social distancing, sanitation, and mask requirements. DVP reduced shelter capacity by half and placed victims in a local hotel, providing food cards and services as needed by telephone, 24 hours a day.

ESG-CV and other funding was very beneficial. DVP purchased 3 air purification units for the shelter to remove virus level contaminants from the air for up to 1200 square feet. DVP also invested in a chemical mist distributor that is used in conjunction with new water based liquid disinfectant solutions over entire rooms and buildings. The program expanded resources for direct services to adult and child clients by adding capacity for streaming, and it purchased laptops to be used while staff were working remotely.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

Our CoC adjusted its coordinated entry (CE) system in several ways to account for rapid changes related to the onset and continuation of the COVID-19 pandemic. Even when it operated remotely, the CoC’s CE system because the recognized “go-to” place for persons facing housing crises due to COVID. This included many people who needed a place to isolate, and CE received incoming referrals from many community agencies.

With its expanded role, CE organized temporary housing resources for unhoused persons as well as those needing a place to quarantine and isolate. It utilized hotels and motels to respond to the “shelter in place” order. CE adopted a referral system into the process to accommodate both situations. It also created a new pathway from homelessness to permanent housing, a pathway that runs through temporary hotel lodging and RRH.

Meanwhile, CE continued its 24-hour hotline and instructed callers on where to obtain PPE and provided updates on both testing and vaccination information. CE staff worked remotely but did accommodate special requests to meet on-site. It expanded its daily street outreach to connect with isolated seniors and other individuals in need of services. CE staff made regular visits to persons lodged in hotels and arranged to provide food and other supportive services. We conducted all in-person contact in accordance with recommended safety

measures, including the wearing of PPE, social distancing and proper sanitation.

## 1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/19/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/07/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
--------	--	--



NOFO Section VII.B.2.d.
-------------------------

Describe in the field below how your CoC reviewed, scored, and selected projects based on:
--

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

**(limit 2,000 characters)**

1. The CoC’s ranking criteria gave specific and measurable advantages to projects that serve persons with severe needs and vulnerabilities. Specifically, the criteria gave points to projects with higher percentages of participants with the following needs and vulnerabilities:

- Persons with histories of or currently fleeing domestic violence, including stalking, sexual abuse, dating violence, and human trafficking
- Persons who were chronically homeless
- Persons with the following types of conditions: mental health issues, alcohol/substance abuse, HIV/AIDS, chronic health conditions, physical disabilities, and developmental disabilities
- Persons with little or no income
- Persons coming from places unfit for human habitation

To determine how each project scored, the committee used objective data from the SAGE APR project-level performance reports for the period from July 1, 2020 to June 30, 2021. The criteria provided graduated scales for each factor. Projects serving higher percentages of each group received more points.

2. The CoC took into account the fact that projects serving high-need populations may have lower performance outcomes. Of 175 maximum points in the project ranking scale, 50 points (29% of the total) were based entirely on whether a project served large proportions of person with severe needs and vulnerabilities.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
-------	--	--

NOFO Section VII.B.2.e.
-------------------------

Describe in the field below how your CoC:
---

1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

**(limit 2,000 characters)**

1. The local homeless population has become more white and less Black in the past three years, going from about 55% African American to 30% since 2018, while whites now make up 7 in 10 of those unhoused. In determining the ranking criteria, the Ranking Committee received most of its input from the CoC’s Governing Board. Of the 24 members of the Governing Board, 9 (38%) are African American. The racial makeup of the Governing Board closely

approximates that of the homeless population. The other major source of input into rating factors was HUD, via its NOFO scoring criteria and its FY 2021 Rating and Ranking Tool.

2.The Ranking Committee was solely responsible for review, selection, and ranking of all projects, new and renewal. Of the four members of this committee, one (25%) is African American.

3.Racial Equity was a scored criteria in the CoC's project rankings. In determining rankings, the Ranking Committee considered whether applicants had underrepresented groups in its leadership and board, if they disaggregated data by race and ethnicity, if they had assessed for inequities in participation and outcomes, and if they had taken specific and meaningful steps to address racial inequities.

1E-4.	Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

**(limit 2,000 characters)**

1.The CoC's written process for reallocation has two elements: rigorous project monitoring, and decision-making by the CoC Board.

The CoC determines whether a project is low-performing through a quarterly monitoring process. The monitoring tool assesses program compliance as well as utilization rates, housing stability, eligibility, length of homelessness, destination at exit, income growth, and mainstream benefits. With this process, there are no surprises; we identify performance issues at regular three-month intervals throughout the year. Based on monitoring results, the Board determines if any projects are low-performing or address needs that are no longer high-priority concerns. As an example, in 2019 the Board reallocated all funds from our last remaining transitional housing project into a new Joint TH and PH-RRH project.

2.No projects were identified as low performing or less needed in this year's local competition. In terms of performance, all projects except a first-time renewal scored in a narrow band between 57% and 69% of maximum points, and the first-time renewal was only slightly lower at 51%. We view this as evidence that our quarterly monitoring process is working as intended. In terms of need, we have eliminated all less needed projects – transitional housing for families – in past CoC competitions. All remaining projects address either high-need populations or high-priority groups.

- 3.The CoC did not reallocate any projects this year.
- 4.The reason we did not reallocate is that we had no low performing or less-needed projects.
- 5.The reallocation process was approved by the CoC Board in 2019 and distributed to project applicants.

<b>1E-4a.</b>	<b>Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.</b>	
	<b>NOFO Section VII.B.2.f.</b>	

<b>Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?</b>	No
---	----

<b>1E-5.</b>	<b>Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.</b>	
	<b>NOFO Section VII.B.2.g.</b>	

<b>1.</b>	<b>Did your CoC reject or reduce any project application(s)?</b>	No
<b>2.</b>	<b>If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.</b>	

<b>1E-5a.</b>	<b>Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	<b>NOFO Section VII.B.2.g.</b>	

<b>Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.</b>	10/22/2021
--	------------

<b>1E-6.</b>	<b>Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	<b>NOFO Section VII.B.2.g.</b>	

<b>Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included:  1. the CoC Application;  2. Priority Listings; and  3. all projects accepted, ranked where required, or rejected.</b>	
---	--

**You must enter a date in question 1E-6.**

## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Social Solutions
--	------------------

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
--	------------

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	04/21/2021
---	------------

2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- |    |   |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and             |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

**(limit 2,000 characters)**

1. We collect data elements equivalent to the 2020 HMIS data standards. The primary victim service providers in IL-516, the Dove Domestic Violence Program and Growing Strong Sexual Assault Center, use Illinois InfoNet as their client database. Used by the vast majority of victim service providers in the state, InfoNet was developed and is maintained by the Illinois Criminal Justice Information Authority, a state agency. Infonet is capable of capturing de-identified HUD data elements.

InfoNet data elements include basic demographics, health insurance, employment, education, marital status, income sources, referral source, and special needs. It also captures health conditions, veteran status, household composition, entry and exit dates, and exit destination. The type of victimization and severity of abuse is also captured, as well as victim interactions with legal and health care systems. Information is added to a client's record over time, creating a history of housing, services and events. Information that could be used to identify a client, such as name or birth date, is not entered into InfoNet. Rather, a unique number is used to track each client (<http://www.icjia.state.il.us/systems/infonet>).

2. Dove, Inc. is the HMIS lead as well as the largest victims service provider in the CoC. This structure ensures close cooperation and sharing of de-identified data between the DV wing and the HMIS wing of the agency.

We have one project that is aimed at serving and housing DV survivors. For this project we created a separate fire-walled database using the Efforts to Outcomes (ETO) software from Social Solutions. This database is completely de-identified and is used to obtain aggregate data for this project.

<b>2A-5.</b>	<b>Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.</b>	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	80	13	64	95.52%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	11	0	11	100.00%
4. Rapid Re-Housing (RRH) beds	67	10	57	100.00%
5. Permanent Supportive Housing	83	0	83	100.00%
6. Other Permanent Housing (OPH)	65	0	65	100.00%

<b>2A-5a.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.</b>	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

Not applicable.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
---	---------

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

Not Applicable.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
---	-----

## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
---	-----

2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
--	-----

## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

**(limit 2,000 characters)**

1.The CoC determined risk factors for becoming homeless for the first time by reviewing VI-SPDAT assessments of first-time homeless persons and analyzing the factors that led to homelessness. We held fact-finding meetings with schools and community planning groups to identify common factors that cause loss of housing. Several partners worked with us in identifying the at-risk population, including Decatur Housing Authority, Coordinated Entry, Crossing Healthcare, Heritage Behavioral Healthcare, the Community Action Agency, Decatur Jobs Council, school homeless liaisons, and privately-funded homeless prevention programs.

2.We utilize two strategies to address individuals and families at risk of becoming homeless. First, we coordinate with local prevention programs including The Salvation Army, Dove Financial Assistance, and Northeast Community Fund as part of our coordinated entry intake process. Second, we identify and build upon any assets the person/family possesses (e.g., employment, social structure, family support, working car). Several examples include addressing past-due utility bills by connecting individuals to our LIHEAP program which is housed in a CoC partner agency, accessing mental health and/or substance use services by collaborating with providers to discuss individuals needs and agency service availability as well as obtaining appointments, all through a warm handoff process. A last example: The PHA works with people at risk for eviction and refers them to life skills classes offered by Homeward Bound, a homeless services program.

3.The Director of the Coordinated Entry center with Dove, Inc. Homeward



Bound is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time.

<b>2C-2.</b>	<b>Length of Time Homeless–Strategy to Reduce.</b>	
	NOFO Section VII.B.5.c.	

Describe in the field below:

<b>1.</b>	<b>your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;</b>
<b>2.</b>	<b>how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and</b>
<b>3.</b>	<b>provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.</b>

**(limit 2,000 characters)**

1. The CoC uses two strategies to reduce the duration of time individuals and families remain homeless. First, we have fully implemented Housing First. For example, clients in ESG-funded shelters work with our Coordinated Entry team to develop permanent housing plans upon admission to the shelter. Second, every year we apply for additional funding through HUD to increase the number of units available for persons experiencing long-term homelessness.

2. We utilize PIT surveys and HMIS data to identify persons experiencing long-term homelessness. Our CoC identifies and houses individuals and families with the longest length-of-time homeless by utilizing HMIS to track the length of time persons remain homeless, automatically flagging them for needed attention, and referring them for services and housing. CE staff evaluates the client’s CE files every 30 days to update information and to follow-up on progress with housing. These updates are staffed with the shelters on a monthly basis. Our planning process involves analyzing client-level HMIS data to identify issues among subgroups. We use these data to identify participants with long term homelessness and address barriers that extend their homelessness, and work to match participants to appropriate housing.

3. The CoC Board Coordinated Entry Task Force subcommittee is responsible for overseeing the CoC’s strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.

<b>2C-3.</b>	<b>Exits to Permanent Housing Destinations/Retention of Permanent Housing.</b>	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

<b>1.</b>	<b>emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and</b>
<b>2.</b>	<b>permanent housing projects retain their permanent housing or exit to permanent housing destinations.</b>

**(limit 2,000 characters)**

1. The vast majority of exits to nonpermanent destinations occur at the emergency shelter level. In FY 2020 only 15% of exits from shelters were to

permanent destinations (Source: Stella Performance Module). The CoC works to increase the rate of exits to permanent housing on two fronts: data quality and case management. We found that one cause of the low rate was a large number of destination errors (failure to record exit destinations). We created and filled a fulltime HMIS Specialist position, and this person has focused on training shelter staff and monitoring HMIS entries. On the case-management side, we continue to stress client-centered care. We analyze causes of unsuccessful exits and increased the frequency and intensity of shelter case management. To this end, our largest emergency shelter hired a supervisor who has an MSW degree, expertise in client-centered care, and prior experience working with hard-to-serve populations.

2. We traditionally retain over 90% of permanent housing residents (including those who exit PSH to other permanent destinations. In FY 2020 our rate was 93%. We will continue to implement our successful strategies, which are: 1) analyzing the cause for each unsuccessful exit; 2) increasing the frequency and intensity of in-home case management with the intentional deployment of staff; and 3) offering opportunities to enhance skills and employment – jobs club, fast-tracking WIOA referrals, and peer support.

<b>2C-4.</b>	<b>Returns to Homelessness–CoC’s Strategy to Reduce Rate.</b>	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

**(limit 2,000 characters)**

1. To identify persons returning to homelessness, we utilize our HMIS database in three ways. First, at the point of entering client-level data, our HMIS system alerts users whenever a person with similar properties exists in the database. Second, we generate a monthly report for all providers that identifies all persons who have returned into the database in the past month. Third, HMIS records returns to homelessness by any participant who exits RRH, TH, or PSH.

2. To maintain our high performance and reduce the rate of additional returns to homelessness, we rely on intensive case management with a specific goal of attaining the greatest possible level of self-sufficiency. We accomplish this through our intentional deployment of staff to engage with individuals and assess any needs to remain housed. Staff advocate with service providers on behalf of the people who are housed to ensure that they receive the services they need in a timely fashion. For those who need and want to participate in services such as mental health and health care, staff assist clients in multiple ways including making appointments, following up with providers, and working with clients to help them understand how they will meet their needs. Further, we offer life skills class to assist persons with individual decision-making skills that can support individuals in remaining housed. This class includes topics such as being a good neighbor, housekeeping, budgeting, and bill paying.

3. Dove, Inc.’s Homeward Bound Program is responsible for overseeing the

CoC's strategy to reduce the rate of individuals and person in families returns to homelessness.

<b>2C-5.</b>	<b>Increasing Employment Cash Income-Strategy.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

**(limit 2,000 characters)**

1. Our strategy to increase employment income centers around a subcommittee of the CoC called the Decatur Jobs Council (DJC). DJC is a client-centric interagency network. It works with front line employment specialist staff to identify barriers from the client's point of view such as criminal records, and mandated drug drops and court appearances during work hours. Once these barriers are identified, the DJC addresses them. For example, we connect clients with free legal assistance for record expungement. CoC workers go to the public library to help unhoused persons complete online job applications, and CoC members offer computer literacy courses at multiple locations. On a quarterly basis, the DJC tracks the employment and income growth in all projects (SPM #4) from data collected and entered into HMIS.

2. Through a partnership with the CoC, the WIOA administrative agency fast-tracks all CoC referrals into a Boot Camp for job readiness, résumé building and interview skills. This particular strategy increases the chances of gaining employment and thereby increasing their cash income.

3. The Decatur Jobs Council is responsible for overseeing the CoC's strategy to increase job and income growth from employment.

<b>2C-5a.</b>	<b>Increasing Employment Cash Income–Workforce Development–Education–Training.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

**(limit 2,000 characters)**

1. Our collaborative applicant sponsors a Job Club with two weekly meeting times. It is open to anyone who is at risk of homelessness or currently experiencing homelessness. It provides access to employment opportunities

with private employers and employment organizations. During Jobs Club meetings, staff assist participants with résumé development, interview skills, job searching strategies, online application completion, and real-time online job interviews. Staff meet with participants on an as needed basis to address individual needs. We have engaged diverse employers including retail and fast-food establishments as well as skilled trades. Our partnerships with staffing agencies such as Manpower and Innovative Solutions have increased access to employment opportunities.

2. Education and training are paramount in assisting individuals in increasing their employment cash income. The CoC’s employment specialist works with public and private organizations to provide meaningful education and training opportunities for program participants. We have active collaborations with Workforce Investment Solutions (the county WIOA agency), and the Decatur Public Library.

<b>2C-5b.</b>	<b>Increasing Non-employment Cash Income.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC’s strategy to increase non-employment cash income;
2.	your CoC’s strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

**(limit 2,000 characters)**

1. Our strategy to increase non-employment cash income consists of two parts. The first part involves a continued assessment of participants’ needs, and complete awareness of non-employment income. For all projects, case managers assess each participant upon project entry and at least annually to determine if the participant meets qualifications for non-employment cash income. The second part involves awareness by our case managers to continually be informed about all potential sources of non-employment cash and to not limit their assessment to the most common sources such as TANF, SSI and SSDI.

2. Client-centered care is rooted in our strategy to increase participants access to non-employment cash sources. Case managers work with our participants in navigating and applying for benefits from the many available sources including Social Security through our SOAR-trained team (for SSI, SSDI, pension and survivor benefits); the [abe.illinois.gov](http://abe.illinois.gov) website (for TANF, AABD, and Refugee Resettlement); our SSVF workers (for VA benefits); Township Offices (for General Assistance); Legal Aid (for child support and spousal support); the Illinois Department of Employment Security (for unemployment); and Community Services Block Grant (for cash scholarships for education and training opportunities).

To ensure program participants receive all non-employment cash income they are entitled to, our case management staff screen participants on an ongoing basis. Once we identify a participant who meets eligibility for a non-employment cash income source, staff offer a range of personal assistance to ensure accurate and timely application.

3.Dove, Inc., Homeward Bound program is responsible for overseeing this effort.

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Resources.</b>	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
---	----

<b>3A-1a.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

<b>3A-2.</b>	<b>New PSH/RRH Project—Leveraging Healthcare Resources.</b>	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

<b>3A-2a.</b>	<b>Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.b.	

<b>1.</b>	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
<b>2.</b>	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

<b>3A-3.</b>	<b>Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.</b>	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Housing Opportuni...	PSH	9	Healthcare
DVP Housing Expan...	RRH	10	Healthcare

### **3A-3. List of Projects.**

**1. What is the name of the new project?** Housing Opportunity Program

**2. Select the new project type:** PSH

**3. Enter the rank number of the project on your CoC's Priority Listing:** 9

**4. Select the type of leverage:** Healthcare

### **3A-3. List of Projects.**

**1. What is the name of the new project?** DVP Housing Expansion

**2. Select the new project type:** RRH

**3. Enter the rank number of the project on your CoC's Priority Listing:** 10

**4. Select the type of leverage:** Healthcare



### 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:	
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,000 characters)**

Not applicable.

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
- 24 CFR part 578

<b>3C-1.</b>	<b>Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.</b>	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

<b>3C-2.</b>	<b>Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- |    |   |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.   |

**(limit 2,000 characters)**

Not applicable.

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

**You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.**

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	962
2.	Enter the number of survivors your CoC is currently serving:	699
3.	Unmet Need:	263

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

**(limit 2,000 characters)**

1. For element 1 we calculated the number of domestic violence survivors needing housing or services by obtaining the total number of domestic violence arrests in Decatur and Macon County, Illinois over a 12-month period. For element 2 we calculated the number of survivors our CoC is currently serving by using the total number of adult survivors served in the same year. We obtained these statistics from the only domestic violence victim service organization in our CoC, the Dove Domestic Violence Program.

2. The data sources for element 1, the number of DV survivors needing housing or services, are external databases maintained by the Decatur Police Department and the Macon County Sheriff's Office. The data source for element 2, is the InfoNet database used by the Dove Domestic Violence Program. InfoNet was developed and is maintained by the Illinois Criminal Justice Information Authority, a state agency. Infonet captures de-identified HUD data elements.

3. Our major barriers are lack of housing and a shortage of case management resources. Beyond our shelter, we currently have only 4 units of Rapid Rehousing dedicated to domestic violence survivors. As a result, our coordinated entry system often has to place survivors on priority lists or in permanent supportive housing units that are intended for persons with more severe disabilities.

It is worth noting that not everyone who is a survivor contacts us for housing and services. We serve every survivor who contacts us. However, we do not always have stable housing units or sufficient case management resources to serve them in the manner we want to.

To address these barriers, the CoC is requesting HUD to approve an expansion of the existing DVP Housing Project to double to number of housing units and add a 0.65FTE case manager.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

<b>Applicant Name</b>
Dove, Inc.

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Dove, Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	67.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	99.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,000 characters)**

1. We calculated the placement rate in element 2 by dividing the number survivors who obtained safe housing (86) by the total number of survivors whose destination was known (129). We calculated the retention rate in element 3 by dividing those who maintained safe housing for at least 6 months (128) by the total number whose residence was known (129).

2. We used a comparable database. The data source for placement and retention rates was an HMIS platform that we use for the current DVP Housing project. To create this database, we used the Efforts to Outcomes (ETO) HMIS software from Social Solutions as the platform and added a separate fire walled database for the existing DVP Housing project. This database is de-identified and does not store any personally identifiable information (PII) on participants. We use this database to aggregate data for this project.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
----	--

2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

**(limit 2,000 characters)**

1. We quickly move DV survivors into housing. This is possible 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 DV. 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.

2. DVP refers survivors who can safely leave the shelter to CE. 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. 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 might help the participant assess the units in terms of location and safety features such as locked entrances, visibility, and exterior lighting.

3. The Domestic Violence Program offers each client a wide range of trauma-informed supportive services including individual and group counseling, peer support, legal advocacy, parenting support, and specialized service for children who have been traumatized by violence.

4. From the time they are referred to CE, clients begin working towards safe permanent housing which they can sustain after the 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.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

**(limit 5,000 characters)**

The applicant, the Dove Domestic Violence Program (DVP), has taken many measures to provide the highest possible level of safety for DV survivors.

1.All DVP and CE staff must complete at least 40 hours of required DV training before having client with DV survivors. This training includes at least 10 hours of safety-related training. In addition, all supervisors must be certified Domestic Violence Professionals. To obtain this certification, they must demonstrate a thorough understanding of safety planning. Requirements include completing an additional 40 hours of training, working 150 hours at an approved “supervised site,” and passing a rigorous examination. They must recertify every two years by completing at least 30 CEU hours.

2.DVP conducts all intakes in private staff offices, with doors closed and white-noise machines operating to assure that no sounds leak into the hallways. Each DVP staff member has their own private office with window coverings.

3.If survivors bring relatives or friends, they are advised to wait outside the office while our staff conducts the interview and completes an intake with the survivor. We offer to talk to the accompanying person separately. If the survivor insists that the person be present for the interview, we require them to sign a release and insist that they remain silent during the actual interview.

When two persons contact us as victims of the same abuser, we interview them separately. We conduct separate intakes, we assign them to different case managers, and we work with them individually on case planning and goal setting.

Abusers are never allowed to enter DVP offices, so separate interviews with couples are not an issue.

4.The current RRH scattered site units are in a privately-owned multifamily complex immediately behind the DV offices and shelter. Case managers from DVP and CE present each client with housing options, helping the participant assess the units in terms of location and safety features such as locked entrances, visibility, and exterior lighting. DVP works with the client in continued safety planning. When a survivor requests a change due to safety concerns, we implement our CoC’s Emergency Transfer Plan, which can lead to a move to a safer unit or to a different neighborhood (using a unit in a different CoC project), or even to another community.

5.The DVP office and shelter is well protected for safety. No one can gain entrance to a reception area unless screened by the receptionist on the intercom and admitted through an electronic lock system. A second lock system separates the DV shelter from the reception area. All exterior doors automatically lock after each use. An auto-alarm system notifies law enforcement if anyone enters without being admitted by staff. We have video cameras throughout the interior and exterior, and we have motion-activated security lights on all levels and all around the outside of the building. Security personnel are on duty 24 hours a day.

6.The location is not confidential. We are located in an attractive, large building that formerly was a senior living facility. It is in a residential neighborhood near

the center of the city, where it would be impossible to maintain secrecy. It houses other programs in addition to DVP. Even if we decided to keep this location confidential, we could not do so.

When it first started, DVP had a confidential shelter. Decatur is a small city, and the secret soon got out. After much research and study, we decided in 1987 to not keep our shelter location confidential. Our experience since then has demonstrated that it deters abusers who may consider causing coming to the shelter, as it would publicly expose them as abusers. Additionally, our neighbors know who we are and keep a watchful eye.

<b>4A-4c.1.</b>	<b>Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.</b>
	NOFO Section II.B.11.

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

We evaluate our ability to ensure safety the same way we do everything – by listening to survivors. We routinely ask survivors to complete surveys regarding our services and our safety. We focus on our five major components: shelter, support groups, supportive services/advocacy, legal advocacy, and counseling. We enter their responses into our database, which generates statistical reports each calendar quarter. We summarize the results for our funders and our statewide DV network, the Illinois Coalition Against Domestic Violence.

In the most recent reporting year, our clients said the following:

- 346 of 353 (98%) were better equipped with safety planning.
- 338 of 351 (96%) knew more about community resources.
- 183 of 188 (97%) were more hopeful about the future.
- 141 of 142 (99%) learned how abuse affected their lives.
- 139 of 143 (97%) were more aware of how abuse impacted their children.

From these objective data, it is beyond doubt that our Dove Domestic Violence Program enhances the safety of the survivors whom we are privileged to serve.

<b>4A-4d.</b>	<b>Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.</b>
	NOFO Section II.B.11.

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;



4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

The Dove Domestic Violence Program (DVP) is fully committed to trauma-informed care and client-centered care. We understand that domestic violence is often among many traumatic experiences that our participants have encountered. We fully integrate these approaches into every aspect of our work:

1.Housing: Starting on the day of intake, and lasting through housing placement and into permanent housing, we respect survivors’ experiences. We understand the effects that trauma has had on them. We intentionally designed our interview protocol to be nonjudgmental, to put clients at ease so they feel free to express their realities and their feelings. Working with trauma-informed staff in CE, we offer participants a choice of housing. We encourage participants to assess potential units in view of their own desires, needs, and safety concerns. Final choices are always up to the participant.

2.Organizational Environment: We support; we do not punish. Our staff members are trained to be trauma-informed and to understand that survivals are their equals. Our counselors understand the common effects of trauma and the importance of being sensitive to survivors. We reassure them that they are safe and not alone by offering calming words, practicing deep breathing and using other grounding techniques. We allow the client to voice their own triggers so that we are able to help them plan their responses.

No survivor is ever punished, period. For example, when a participant faces eviction, we do all we can to help them maintain housing. If they are evicted, we promptly offer them other housing options. As another example, if participants maintain relationships with their abusers, we continue to work with them where they are. We do not blame them.

3.Access to Information on Trauma: All DVP and CE staff have completed training in trauma-informed and client-centered approaches from the Southern Illinois University School of Medicine, the Illinois Coalition Against Domestic Violence, and Heritage Behavioral Health Center. The Illinois Department of Human Services and the Illinois Coalition Against Domestic Violence recently revised their DV service manual to stress the important of client-centered counseling and trauma awareness. Our well-trained staff comfortably share their knowledge of trauma with participants to help persons understand how past traumatic experiences can impact their health, emotions, behavior, and decisions.

We provide our clients with detailed information about trauma. We created and implemented a voluntary course for clients (“Domestic Violence 101”), which explores in depth the impact of trauma on survivors and their children. This course has proven to be very popular.

4.Asset-Based Approach: All of our assessment tools are designed to find and

build on assets and strengths. We use a point scale to identify and rate the impact of each person’s assets in five dimensions: education, work and income, benefits, ability to meet basic needs, and interests. For example, if a person has a job or has skills that are in demand, we build on them. If a person has a strong network of supportive friends, we encourage them to utilize it. Our staff has been trained to discover the positive that is in every human.

5.Cultural Responsiveness and Inclusivity: All Dove staff in every department are required to complete nondiscrimination training as part of on-boarding. Our policy is clear; a person’s gender identity is defined by that person and no one else. The Illinois Coalition Against Domestic Violence has trained DVP staff members in gender and sex diversity. The CoC trains all in HUD’s Equal Access and Gender Identity rules every year, and providers abide by them. Dove stocks hair products and foods for all cultural groups, including kosher, halal and vegan options. All posters and literature are multicultural. We have translation services for 340 languages, as well as for persons with hearing impairments.

6.Connections: DVP offers voluntary groups for a wide range of interests, including art therapy, spirituality, nutrition, and peer-to-peer support. DV survivors serve as volunteers and as decision-makers on the agency’s Board of Directors, the CoC’s Governing Board, and on committees and advisory groups. One survivor recently volunteered to speak to the news media about her experiences and publicly promote the Domestic Violence Program.

7.Parenting and Childcare: To offer support to parents and children, our DVP staff includes a full-time parenting specialist and a full-time children’s specialist. All programming for parents and children utilizes the trauma-informed and client-centered approach. We use the Nurturing Parenting Program, which is described as “a family-centered trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices.”

<b>4A-4e.</b>	<b>Meeting Service Needs of DV Survivors–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

**(limit 5,000 characters)**

1.The Dove Domestic Violence Program has a wide range of trauma-informed services for survivors. Our large and attractive shelter has 13 beds in 6 bedrooms (capacity has been reduced during COVID-19), and we offer motel rooms for those who cannot be housed in the shelter due to COVID-19 precautions. We offer our services to all survivors no matter where they live – in the shelter, in rapid rehousing, in permanent housing, and those who have not yet left an abuser. Working with Dove’s CE program, we offer a range of permanent housing options: a limited number of RRH units, several permanent

supportive housing projects, and two Dove-managed permanent housing projects which welcome DV survivors.

Our of our services are all client-centered and voluntary. We offer services; we do not require them. Our services include: our 24-hour telephone hotline; individual and group counseling; legal advocacy (to obtain Orders of Protection and assist in criminal cases when desired); education advocacy (to assure that students received all benefits to which they are entitled and stay in their home schools when desired); parenting classes; children's activities; and a 34-hour course in the dynamics of domestic violence. We have specialized groups for parenting, spiritual needs, overcoming trauma, and overcoming addictions, In cooperation with other Dove programs, we offer life skills, employment advocacy, and a jobs club.

By partnering with other agencies, we expand our services. A child advocacy agency, Child First Center, has private interview rooms for abused children to meet with law enforcement, and professional therapy for children traumatized by exposure to violence. Heritage Behavioral Health Center offers client-centered mental health and substance use disorder treatment. Crossing Healthcare provides physical health services. Liaisons in the police and sheriff's departments give us a direct path to law enforcement officers trained in DV. Land of Lincoln Legal Aid works with our legal advocates for Orders of Protection, divorces, and child custody services.

2.An example: A client and her 4-year-old child fled from her violent partner in the Chicago area to Dove's domestic violence shelter in Decatur, Illinois in the spring of 2021. For several weeks, the client hesitated to trust staff and was very guarded in her interactions with others. She did not seek out support, was visibly uncomfortable in group activities, and did not offer much detail about her trauma beyond what she disclosed in the initial intake.

Over time through rapport-building, trust-building, and advocacy, the client began to open up to her advocate about her trauma history and her needs. She had a history of mental health diagnoses and asked about obtaining counseling in Decatur. At her request, the advocate referred her to Heritage Behavioral Health Center for professional therapy.

However, the client's preschooler struggled with serious behavioral issues that frustrated the client. DVP staff listened to the client and at her request collaborated with other agencies to assess the child for autism and trauma and arranged for healthcare and counseling for the child.

Our advocate also obtained childcare during the mother's counseling sessions, which addressed a major stressor in the client's life and allowed her to be fully present and attentive during counseling sessions. The client has since continued counseling and now has medication to treat her symptoms.

Meanwhile we worked with the client to address her child's issues, which had escalated. Our advocate accompanied the child to initial counseling sessions to offer support and establish a team atmosphere with the counselor. An assessment and the child's pediatrician confirmed a diagnosis of autism. When the child struggled with behavioral challenges in school, the advocate intervened with the Special Education District, which then developed an IEP (Individualized Educational Plan).

DVP continued to work with the client and assisted her in moving into safe permanent housing. Understandably, new issues and stressors arise from time to time, but the family is much more stable in their new home in Decatur. They continued to utilize and put trust in Dove and their advocate for support. Both the client and her child now maintain regular appointments with their doctors and their counselors.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

We are requesting to expand an existing project by adding 4 units of rapid rehousing and a 0.65FTE Case Manager position. This will provide badly needed housing resources, allowing clients to exit the shelter into stable housing more quickly and freeing up shelter beds for other survivors. The project will provide more staff resources for the project and increase the time case managers can devote to each client. However, this expansion will not alter the general nature or approach of the project, which is trauma-informed and victim-centered.

1.Housing. This expansion will add 4 units and 8 beds to the RRH project, housing 4 additional adults and 4 of their children. As with the current project, participants will be offered a choice whether or not to use RRH resources or to pursue other housing options consistent with their permanent housing plans. We anticipate that the additional units will be in a housing complex located immediately behind our offices and shelter. If any participant feels the RRH housing is unsafe, we will activate our Emergency Transfer Plan to secure another unit or transfer the participant to a different CoC housing project where they feel safe.

2.Organizational Environment. With added staff resources for case management, the project will devote more hours to trauma-informed counseling. Survivors come with a host of very diverse needs. Our Case Managers respect victims, and inform and empower them throughout their journey of healing from

abuse. Our trauma-informed services promote empowerment and hope. Staff persons listen to the client as they disclose the trauma inflicted on their lives. All reinforcements are positive ones.

3. Access to Information on Trauma. The new Case Manager will be fully trauma-trained before having any direct contact with clients. This person will complete a 40-hour state-approved training curriculum that includes safety planning, trauma, motivational interviewing, and client-centered counseling. The Case Manager will receive ongoing trauma training from the Illinois Coalition Against Domestic Violence, the Illinois Department of Human Services, the Corporation for Supportive Housing, and the Illinois Criminal Justice Information Authority. We will equip this staff person to share information on trauma with project participants.

4. Asset-Based Approach. The new Case Manager will utilize the same tools as in the existing project to identify and maximize individual assets. This will assist in guiding persons towards personal, educational, and career growth based on their interests and strengths. Client-centered counselors understand that people do best when building on their assets rather than focusing on their deficits.

5. Cultural Responsiveness and Inclusivity. The new project will strictly adhere to the Equal Access and Gender Identify rules. Furthermore, it will share its inclusive approach with its clients. All project participants will have the opportunity to enroll in the DV 101 course, which takes 34 hours over 23 weeks. The course directly addresses cultural responsiveness by including sessions on these topics: religious and spiritual abuse; immigrant vulnerabilities and challenges; DV and persons with disabilities; same-sex partner abuse; and rural v. urban domestic abuse.

6. Connections. Peer support will continue to be a keystone of the project. As in the present project, we will offer every participant the choice to join any of several peer-support groups including DV victimization, addiction, trauma, spirituality, and parenting. We will encourage participants to volunteer in agency events to the extent they feels safe doing so.

7. Parenting and Childcare. With more case management time, we will bulk up our parenting counseling and children's programming. We will increase our work with children, which already has a strong foundation. Using therapeutic games, we will emphasis cooperative group play, conflict resolution skills, understanding underlying emotions behind anger, and personal safety.

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	10/30/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/30/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	10/30/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	10/30/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting -P...	10/30/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting -P...	10/30/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/30/2021
3C-2. Project List for Other Federal Statutes	No		