Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

 2. Ensuring all questions are answered completely.

 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: IL-515 - South Central Illinois CoC

1A-2. Collaborative Applicant Name: Embarras River Basin Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Embarras River Basin Agency

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	No	No
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	No
Affordable Housing Developer(s)	No	No
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	No	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)

Our CoC obtains a wide range of opinions despite its challenging geography. IL-515 stretches 200 miles from the Illinois-Indiana state line to the Mississippi river, covering 18 rural counties in south central Illinois. To obtain a full range of opinions we organized the CoC geographically and by population characteristic. IL-515 has three regions with a lead organization in each region, and 18 field offices, one in each county. The lead organizations sit on our Board along with representatives of various community interests such as veterans, domestic violence, education, health care, emergency services, and mental health. Public meetings are a critical component in gathering input. We hold semi-annual open meetings, and this spring we hosted a Summit on Homelessness that attracted over 75 persons and organizations. At the summit we gathered and used input – for example, modifying our Coordinated Entry protocols to get a more accurate inventory of personal strengths and assets.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)

Soliciting new members is inclusive. Our growing email list generates invitations to meetings and includes every person/organization that has expressed interest in combatting homelessness.

At semi-annual CoC meetings, we enroll new members and grant them immediate voting privileges. Several counties have monthly interagency meetings, where CoC members recruit/enroll new members.
We do not have restrictions on who can become a member and vote. Our Governance Charter says "membership is open to any community-based organization, government agency or current/formerly homeless person willing to participate in a comprehensive and long term collaborative planning and outcome-based process focused on issues of the needs of individuals and families experiencing homelessness or at risk of homelessness in our communities." South Central does special outreach in each of the eighteen counties where the point of entry staff have personal relationships with homeless/formerly homeless members.

1B-3. Describe how the CoC notified the public that it will accept and

consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)

On July 27, 2017, the CoC posted a notice on its website and sent an email to all homeless providers in its geographic area announcing the opening of the FY2017 application process, the types of new projects allowed by HUD, and the process for submitting applications. Simultaneously, the three regional lead organizations posted similar notices on their websites.

Any new project, whether from previously funded or unfunded entities, is reviewed based on HUD's threshold eligibility standards and our CoC's objective criteria (see Attachments 03 and 04). The CoC's Board of Directors used a cooperative process to determine which applications were included in the FY 2017 HUD Competition. This process included a wide-ranging and frank discussion of community needs and challenges and an open invitation to submit projects. As in past years, every project was accepted.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	No
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)

IL-515 lies entirely within the Illinois Balance-of-State (BOS) ESG and Consolidated Plan jurisdiction, and the Illinois Housing Development Authority (IHDA) is the sole recipient.

We interact with IHDA on ESG allocations and performance plans by advising IHDA on local needs and evidence-based approaches. As one example, our CoC successfully recommended that IHDA redirect a substantial portion of ESG funds in our geographic area to Rapid Re-Housing projects. To evaluate ESG subrecipient performance, we have developed monitoring standards that apply equally to ESG and CoC projects.

We provide IHDA with extensive data, including PIT homeless and subpopulation data, HMIS coverage, and System Performance Measures.

We interact on Con Plan issues through teleconferences with IHDA and other CoCs in the BOS jurisdiction. These contacts involve planning for the BOS Consolidated Plan and Annual Action Plans, as well as other topics of mutual concern among IHDA and CoCs in BOS areas.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)

Illinois has well-defined "catchment areas" for certified DV and sexual assault providers, with each county "assigned" to a specific DV and sexual assault provider. Our CoC's geographic area covers 18 rural counties served by ten different victim service providers. To manage this complex system and direct victims to the appropriate resource, each of our 18 county-level field offices knows who provides DV services and who provides sexual assault services for that specific county, and they make immediate referrals for services and safe housing. HOPE of East Central Illinois, an Illinois Domestic Violence Professional from Coles county is an active participant via Board of Directors, Planning and Assessment Committee and Coordinated Entry System development. All SCICoC victim service providers adhere to state (Illinois Domestic Vilence Act) and federal (VAWA) law.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)

Beth's Place (Tuscola)and HOPE of East Central Illinois (Illinois Domestic Certified Professional), provide annual best practice for serving survivors training to our point of entry staff. HOPE of East Central Illinois database uses statistics to assess effectiveness. The continuum relies on specialized domestic violence providers for CoC safety and planning protocols; such as the Emergency transfer Plan of Response, which is being developed.   The CoC's Planning and Assessment Committee is in the process of designing and

implementing a Gaps Analysis/Service Needs Survey that includes the scope of domestic violence.   Coordinated Entry policies are specific with safety protocols regarding victims of domestic violence. Upon identification as a victim/survivor, assessments halt and the survivor is referred to the local victim service provider of survivor choice.   No identifying information is entered into HMIS or the CE System.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Montgomery County Public Housing	0.00%	No
Effingham County Public Housing	0.00%	No
Clay County Public Housing	0.00%	Yes-Public Housing
Coles County Public Housing	0.00%	No
Macoupin County Public Housing	0.00%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

We have 15 PHAs in our CoC, and almost all of them are small, rural one-county authorities. Only one has a homeless preference. Given the inherent difficulties in this dispersion, we elected to try to work though PHA peer groups, reasoning that small PHAs were more likely to listen to other PHAs that to a CoC.

First, we utilized the Illinois CoC Google Group to identify "model" PHAs in smaller Illinois communities that have preferences. We contacted these authorities, and a few of them agreed to help by making a presentation to other PHAs. We then contacted the Illinois Association of Housing Authorities (IAHA) and offered to arrange a brief presentation at their upcoming conference, featuring PHAs who had successfully implemented preferences. Two PHA directors also contacted the IAHA supporting our offer. Unfortunately, the IAHA did not allow us on their conference agenda

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)**

In conjunction with the implementation of the Coordinated Entry System, the CoC is working on formalizing an anti-discrimination policy to ensure the needs and rights of Gender and Sexual Minorities are met with respect and quality of service.   Trainings on Equal Access and serving special populations will be provided on an annual basis. Currently, staff review the Customer Agreement/Program Disclosure Form with those seeking services. The Disclosure states: We serve all clients regardless of income, race, color, religion/creed, sex national origin, age, family status, disability, or sexual orientation/gender identity. All providers will receive a copy of the Equal Access to Housing Rule.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 50 characters)	

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs.
(limit 1000 characters)

does not apply

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X

Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities
CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

We considered needs and vulnerabilities through three stand-alone criteria in our prioritization system.
To accomplish this we rated all projects based on: (1) acceptance of persons with low or no income, criminal records, current or past substance usage, and high utilization of emergency services; (2) actual percentage of chronic homeless served, which includes significant physical and mental disabilities; and (3) multiple barriers in the project's current service population – mental illness, chronic health conditions, physical disabilities, HIV/AIDS, developmental disabilities, and substance use disorders.

Projects serving these populations received special consideration in the ranking, review, and selection process. Specifically, three factors accounted for 18 of 52 possible points, or 34.6% of every project's score.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	X

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.
Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 2

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.

08/17/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.

08/17/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?

Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.

6, Governance Charter

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.

Yes

2A-3. What is the name of the HMIS software vendor?

Bowman

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.

Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	74	40	16	47.06%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	28	28	0	0.00%
Rapid Re-Housing (RRH) beds	46	0	46	100.00%
Permanent Supportive Housing (PSH) beds	46	0	46	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)

HMIS coverage is in compliance in all areas except one. In the Emergency Shelter type, it is under 85 percent. For the coming 12 months we are focusing on the Hearts United shelter, located in Litchfield, Illinois. It is a non-HUD-funded faith-based project. Within the past few months Hearts United has become very active in the CoC, and it has even hosted the CoC's Summit on Homelessness.

Our Board and HMIS Committee will implement the plan to engage Hearts United. The HMIS Committee is currently working with this organization to demonstrate the value of the regional database which identifies, assesses, refers, and tracks persons experiencing homelessness. If Hearts United agrees to participate by entering client-level data, we will significantly increase our HMIS coverage.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 4

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 03/20/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.   01/24/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)   03/20/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)

We made no changes in methodology, but we made two changes that improved data quality. The first was the creation of an Excel spreadsheet that mimicked the required HUD report formats in the HDX (HUD Exchange) website. This provided an instantaneous check on data sets that did not match (e.g., the number of CH adults has to be equal to or fewer than the total number of adults).

The second change was the institution of tracking by region. With a large, sparsely populated area, we have divided our geography into three regions, each with a lead agency. Sorting our PIT data into regions allows us to pinpoint data quality issues more promptly – and to track persons in the system more effectively.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?   No

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?   No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

No

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information.
(limit 1000 characters)

Although we used the "known location" methodology in both 2016 and 2017, we greatly expanded its use in 2017. This year we gathered a much larger list of known locations, especially in Coles County, which has the largest population in our 18-county CoC geography. This change resulted in a higher count of unsheltered homeless.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count?

Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified.
(limit 1000 characters)

The CoC has no "runaway youth" specific providers; therefore, we scanned schools, the child welfare system, justice system, Head Start, ROE and HOPE for homeless youth count and assessment. There are few youth experiencing homelessness at any given time. PIT forms do, however, include questions specific to youth. SCICoC uses prevention and diversion strategies whenever possible by connecting and/or reunification with family. HOPE of East Central Illinois had recently housed 3 homeless youth. Using ROE liaisons referrals were problematic due to the difference in homeless definitions. ROE 12 liaison actively participates in planning by serving on the board and planning

committee.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

The PIT was conducted dividing the geography into three regions. Each region lead was responsible for communicating with their providers to convey PIT instructions and support. Instructions were provided to each agency emphasizing the need to gather sub population information with regards to Chronically Homeless youth, veterans and families. Forms were adapted to ease collection and encourage participation.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

The number of first-time homeless decreased from 204 to 187 for non-permanent housing entries (metric 5.1), but it increased from 224 to 254 for all entries (metric 5.2).

To identify specific risk factors, our three regional lead agencies surveyed over 500 economically challenged families. These surveys identified factors that led individuals and families to homelessness in our rural area, including unemployment and underemployment, physical health conditions, unsafe or unaffordable housing, and loss of transportation (e.g., no car to drive to work).

Strategies in place revolve around our three regional lead agencies, which are state and federally funded prevention providers. To prevent households from becoming homeless, we assist with rent and utilities, employment and job training referrals, and diversion counseling. We incorporated a diversion tool into our coordinated entry protocols.

The CoC's Coordinated Entry Task Force is responsible for overseeing this strategy.

3A-2. Performance Measure: Length-of-Time Homeless.
 CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

The length of time homeless (LOT) was reduced. The average LOT for persons in ES and SH went from 135 to 39 bed-nights and the median from 32 to 15. For persons in ES, SH, and TH, the average declined from 232 to 126 and the median from 136 to 59.

To reduce the duration, we took action to enforce Housing First practices. Our policies prioritize housing and services for long-term homeless. In 2016, we used reallocation to eliminate every SSO and TH project and created four RRH projects.

To identify and house those most in need, HMIS tracks and records the length of time that specific households remain homeless, measuring intervals from intake to placement in emergency shelters and to placement in PH. We can conduct in-depth analysis of data used to generate System Performance Measure #1 and create queries to understand the characteristics of households experiencing longer than average durations.

Mattoon PADS is responsible for overseeing this strategy.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention
  Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

The numbers were basically unchanged, with a 3% decline on both SPM 7b.1 and 7b.2.

In the past 12 months, we implemented a strategy to increase the placement and retention rate by analyzing the data project-by-project, and component-by-component. We discovered that our largest challenges are placing persons from the emergency shelter component into permanent housing, and retaining housing for persons who were in emergency shelters (see response to item 3A-4).

We will implement this strategy in two ways: (1) Add capacity through a new Joint TH and PH-RRH project, proposed in this application; and (2) utilize housing counseling to promote retention. Two of our three regional lead agencies are HUD-certified Housing Counseling providers, and they offer financial literacy and rental counseling components.

3A-4. Performance Measure: Returns to Homelessness.
  Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.

(limit 1000 characters)

Total two-year returns to homelessness increased from 13% to 16% from FY2015 to FY2016, with the largest increase in ES (from 14% to 34%, mostly in less than 6 months). On the other hand, TH went from 13% to 0%, and PH stayed at 0%.

Two strategies are now in place: HMIS and case management. Our robust HMIS identifies, records, monitors, and tracks returns. When anyone presents as homeless, we instantly detect if they are a return and tag them for specialized attention. We provide intensive case management in every PSH project.

To prevent future returns, in the next 12 months we will conduct post-incident analysis of returns – looking at what factors precipitated the loss of housing, where the person lived in the interim, and if any natural supports were used. We will focus on the ES population.

Mattoon PADS is responsible for overseeing this strategy.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

Strategies focus on increasing employment, and eligibility for disability payments, food assistance, and child care.

To implement our strategy for employment income, our CoC Program-funded projects partner with a One-Stop center, the Lake Land College Workforce Development Center (WDC). Each project has streamlined access to employment services.

To implement our strategy for mainstream benefits, all case managers received SOAR technical assistance to assist clients applying for SSI and SSDI. Our Coordinated Entry staff screens incoming households for eligibility for SNAPS food assistance, child care, and other non-cash resources, assist in completing online applications, and advocate in case of denials.

The percentage of adult system stayers who increased total income grew from 11% in FY2015 to 30% in FY2016. However, only 16% of adult system leavers gained income in FY2016, contrasted with 33% in FY2015.

WDC is responsible for overseeing this strategy.

3A-6. Did the CoC completely exclude a   No

geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

not applicable

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy)   05/31/2017

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	8	10	2

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	14
Total number of beds dedicated to individuals and families experiencing chronic homelessness	4
Total	18

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	☐
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)

Our strategy to quickly identify and house homeless families focused on training all staff members in our 18 county-level coordinated entry points in utilizing system-wide protocols, our diversion tool, and the family VI-SPDAT. We blanketed the entire 200-mile wide CoC with staff who identify families and place them in housing as promptly as possible. We enhanced our capacity to track homeless families with HMIS and reinforced it with consistent application of Housing First practices. We incorporated a Housing First questionnaire into project monitoring and review; this questionnaire suggests advanced practices as well as basic core elements.

We maximized the use of CoC-funded and ESG-funded RRH. Starting in the FY2015 funding cycle, we used reallocation to eliminate all SSO and TH projects and replace them with RRH. We now have 46 RRH beds. County-level Field Offices are responsible for overseeing this strategy.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	5	10	5

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)

 SCICOC prohibits discrimination based on age, sex, gender, LGBT status,

marital status, or disability; enforcement with written policies adopted by permanent supportive housing and rapid re-housing in the 18-county region. The largest emergency shelter is an ESG project and there is no transitional housing.

The CoC has a strong anti-discrimination policy, stating in part: "SCICoC homeless projects cannot discriminate against a family based on the composition of the family, the age of any member's family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity. Projects must serve families, regardless of the marital status or sexual orientation of the adults."

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

2017 South Central studied youth data from HMIS and discussed with ROE 12, McKinney Vento liaison the potential of writing a grant to HUD for Youth Homelessness, but adequate evidence was not available. The Homeless definition differences made it impossible to conclude specifics on unsheltered homelessness. At present, SCICOC uses the VISPDAT method to determine unsheltered youth vulnerability measure. HMIS reports are used to calculate the effectiveness of efforts.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)

We work closely with McKinney-Vento liaisons in the school systems. A regional school liaison serves on our Board and on the Ranking Committee.

Formal partnerships are through MOUs: (1) school liaisons assure enrollment and transportation to school along with social services, nursing, and other school services; (2) our three regional lead agencies operate Head Start; and (3) Coordinated Entry field office staff directly enroll children in Head Start.

Our policies and procedures guide this work. Coordinated entry protocols require every household with children be informed of eligibility for educational services and immediately linked to the school liaison. Our field office staff informs the parent or guardian of eligibility for services and transportation, alternative education, special education, and social services. Likewise, when school liaisons encounter homeless families, they contact their regional liaison and/or CoC coordinated entry.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start	Yes	
Early Head Start	Yes	
Child Care and Development Fund		
Federal Home Visiting Program		
Healthy Start	Yes	
Public Pre-K	Yes	
Birth to 3	Yes	
Tribal Home Visting Program		
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

Point in Time committee and coordinated entry staff identified locations to find Veterans.SSVF representative for Coles, Shelby, Douglas, Moultrie, Edgar and Christian counties conducted assessment/referral street outreach at the mall, railroad tracks, libraries, soup kitchens, walked north side of town, outlying Charleston and walked bike trail. South Central has no VASH, or Grant and Per Diem programs. Individuals open to moving are supplied telephone numbers, addresses and transportation to potential providers (Marion, Illinois is example.) The SSVF program covers six of the eighteen counties, leaving Clark, Crawford, Cumberland, Jasper, Green, Jersey, Calhoun, Effingham, Macoupin, Fayette, Clay and Montgomery with few Veterans Affairs services. South Central continuum has created a subcommittee to insure ongoing identification, assessment and service delivery measures of the Veteran population. Veterans are given priority when determining availability of housing.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?   Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?   Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?   Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	No
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits.
(limit 1000 characters)

CoC projects are supplemented by: Medicaid paying medical bills, TANF and local food pantries providing food, townships assist with General Assistance,Affordable Care Rep assists applicants. SCICoC has staff trained to assist with SSI/SSDI applications.Outreach Offices and customers complete applications and mail/enter online, customer choice. This process applies to LINK, TANF/AABD services. Each county has an Outreach representative or Housing Counselor responsible for mainstream benefits applications. Crawford county's Township General Assistance. Clark county food pantry bridges the gap when food stamps are not enough. Housing Authorities supplement the CoC funds when openings are available. Monthly meetings among service agencies keeps program staff up-to-date regarding any new resources.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	8.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	8.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	8.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	8.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance.
(limit 1000 characters)

In our 18 county rural area Street Outreach is not a usual method to reach the homeless. Statistics from HMIS describe locations for connecting with the homeless to be predominantly emergency shelters. Gas stations, convenience stores etc. make referrals to our point of entry locations which are centrally located to the community amenities who do referring. Special efforts are made during Point In Time study in an effort to report accurately, however, communities do not have enough staff for ongoing street outreach.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.
Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency.
(limit 1000 characters)

SCICoC Coordinated Entry Policies describe Marketing strategies that include handout materials, newspapers, radio, web sites and Facebook. Special door to door outreach is used for populations least likely to apply. Non-Discrimination Policy prohibits discrimination of any program participants and those seeking assistance.Non-Discrimination training is ongoing,as during interview, staff review the Customer Agreement/Program Disclosure Form which states: "We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. Each customer receives a HUD,Fair Housing Equal Opportunity For All booklet.(available in Spanish) Home visits are available. Customers can bring assistants with them and all buildings are handicap accessible. SCICOC has a person available that is fluent in ASL. For those with limited English proficiency, translators or Google Translate will be used.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	19	46	27

4A-7. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).   No

Attachment Details

Document Description: Attachment 01 - CoC's Communication with Projects

Attachment Details

Document Description:

Attachment Details

Document Description: Attachment 03 - CoC Rating & Review (RFP)

Attachment Details

Document Description: Attachment 04 - CoC Rating & Review (Public Posting)

Attachment Details

Document Description: Attachment 05 - Reallocation Process

Attachment Details

Document Description: Attachment 06 - CoC Governance (HMIS)

Attachment Details

Document Description: Attachment 07 - HMIS Policy & Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: Attachment 09 - PHA Homeless Preference

Attachment Details

Document Description: Attachment 10 - CoC-HMIS MOU

Attachment Details

Document Description: Attachment 11 - Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: Attachment 13 - HDX System Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/22/2017
1B. Engagement	08/22/2017
1C. Coordination	08/24/2017
1D. Discharge Planning	08/22/2017
1E. Project Review	08/28/2017
2A. HMIS Implementation	08/22/2017
2B. PIT Count	08/24/2017
2C. Sheltered Data - Methods	08/28/2017
3A. System Performance	08/24/2017
3B. Performance and Strategic Planning	08/28/2017
4A. Mainstream Benefits and Additional Policies	08/28/2017
4B. Attachments	Please Complete

Submission Summary   No Input Required