

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 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.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Not Applicable	No
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
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	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	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	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Not Applicable	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
N/A	Not Applicable	No
N/A	Not Applicable	No
N/A	Not Applicable	No

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

(1)Our CoC obtains a wide range of opinions from its large geographic area. IL-515 stretches 200 miles from the Illinois-Indiana state line to the Mississippi River, covering 18 rural counties. The CoC is organized into three regions with a lead organization in each region and one Coordinated Entry access point in each county.

To solicit opinions across this geography, we conduct topical focus groups for homeless subgroups. In the past year we hosted groups for at-risk youth, the LGBT community, school counselors, and school homeless liaisons. We held each group in a different county to gather opinions from as many people as possible. Additionally, current clients are given surveys via Survey Monkey that ask questions based on needs and service.

(2)We communicate to the public through semi-annual public meetings with educational and training sessions. In the past year we focused on rural poverty, domestic violence, equal access, LGBT challenges, and the dynamics of homelessness.

(3)We take input into consideration and take action to improve our work. Here are three examples: (i) As one example, at the suggestion of advocates, we developed a culturally appropriate tracking system for our Coordinated Entry access points. (ii) As a second example, we created an online crosswalk between school homeless liaisons and Coordinated Entry points (for each county and each school district) at the suggestion of a focus group of school liaisons. (iii) As a third example, we offered training in LBGT issues on the recommendation of an LBGT focus group conducted by the CoC.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

(1)Our invitation process for new members is open and inclusive. We invite all interested individuals, businesses, and nonprofit organizations in our geographic area to join the CoC. We have no restrictions on who can become a

member and vote; anyone who expresses interest or attends a CoC meeting can join instantly.

(2)To communicate this invitation process, we have a large email list. We use this list to notify community members of our semiannual CoC public meetings and other events. At these meetings we enroll new members on the spot and grant them immediate voting privileges. In addition to the email list, we announce meetings and events, and we invite persons and groups to join the CoC through our revamped CoC website (<http://www.scilcoc.org/>), our Facebook page (<https://www.facebook.com/South-Central-Illinois-Continuum-of-Care-941081195943042/>), and our blog (<https://scicontinuum.blogspot.com>). Also, our 18 county-level offices have monthly interagency meetings, where the CoC recruits and enrolls new members.

(3)We issue invitations at least two times per year. Solicitation occurs continuously via our website, Facebook page, and blog, and at each county outreach office.

(4)Our board members conduct individualized outreach to assure that homeless and formerly homeless persons serve at the highest level of the CoC. A formerly homeless person who survived domestic violence is an active and vocal member of our Board of Directors. Case managers and outreach staff also use inter-office referrals, for example to Head Start Parents, which include a personal invitation to join the CoC.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

(1)We have an open invitation process for projects. On June 29, 2018 the CoC announced the opening of the FY2018 application process. This announcement described the types of new projects allowed by HUD, the deadline for project submission, and the process for submitting applications. We posted the notice on our website, sent news releases to local newspapers, released announcements to the electronic media, and sent emails to all homeless providers in its geographic area. Simultaneously, the three regional lead organizations posted similar notices on their websites.

The announcements specifically encouraged project applications from entities that have not previously received CoC funding (see attachment 1E-5 Public Posting - Local Competition Deadline).

(2)The process for determining if projects are accepted is implemented by our Ranking Committee, which consists of persons not affiliated with any grantees or potential applicants. This neutral committee reviews all projects, whether from previously funded or unfunded entities. It uses HUD's threshold eligibility standards and our CoC's objective criteria (see attachment 1E-1 Objective Criteria-Rate, Rank, Review and Selection Criteria).

(3)The CoC publicly announced it was open to proposals on June 29, 2018.

(4)[This instruction does not apply to our CoC].

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

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
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

(1)IL-515 lies entirely within the Illinois Balance-of-State (BOS) ESG jurisdiction, and the Illinois Housing Development Authority (IHDA) is the sole recipient. IHDA is the state housing finance agency.

We interact with IHDA on ESG planning and allocations by advising it on local needs and evidence-based approaches. For example, our CoC successfully recommended to IHDA that it redirect a substantial portion of ESG funds in our geographic area to Rapid Re-Housing projects.

(2)To evaluate and report ESG subrecipient performance, we have an intensive and rigorous project monitoring system. This system is used for all ESG and CoC projects, and it occurs every three months. It focuses on System Performance Measures, project effectiveness, compliance, and positive client outcomes.

To assist IHDA in its planning and allocation process, we provide it with extensive data about our CoC, including all PIT homeless and subpopulation data, all HIC reports, HMIS coverage data, and System Performance Measures.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

**(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)**

(1)Our Coordinated Entry protocol requires intake staff to assure safety for persons affected by domestic violence, dating violence, sexual assault, and stalking. CE staff screen for safety concerns as the very first step. They conduct all intake interviews individually (no joint intakes with married/partnered families) in private locations and inquire about potential danger before asking about anything else. Anyone indicating domestic violence is warmly handed off to a victim service provider, with their permission. They exit the CE process, and no identifying information is recorded. We arrange for emergency transfers via law enforcement when appropriate and when permitted by the victim.

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. Working with the victim service provider, our CE system refers

persons to housing that is safe; two of the providers operate VOCA-funded transitional housing.

(2) Our CE Policy Manual and our Program Standards manual ensure that all housing and service referrals maximize participant choice while ensuring safety and confidentiality. When clients are referred to housing, staff help them assess safety risks and protections for each housing option while leaving the final decision up to the participant. No information that could identify victims is ever entered into HMIS.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

(1) We conducted two specific training sessions in the past year to address the needs of victims through best practices. First, a victim service provider, HOPE of East Central Illinois, conducted training for all CoC project staff and all CE staff. This training addressed screening for domestic abuse; dynamics of domestic violence, responding to domestic violence, accessing victim service providers, client confidentiality, and client data issues.

To assure that we respond effectively and sensitively, we hired an expert in trauma-informed care and victim-centered services, Christine Westerlund, to train all CoC and CE staff in March on trauma-informed care, victim-centered services, and motivational interviewing.

We offer refresher sessions annually.

(2) Both of the above training sessions were mandatory for all Coordinated Entry staff. Our CE Policy Manual mandates annual training in these topics.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

We use data from three sources to assess needs related to domestic violence and similar offenses. The three sources are: (1) The annual Point-in-Time count; (2) HMIS; and (3) Illinois Infonet. Illinois Infonet is a comparable database for victim service providers. It is operated by the Illinois Criminal Justice Information Authority.

The 2018 PIT indicated that persons fleeing domestic violence (including sexual assault, dating violence, and stalking) were the second largest special subpopulation in our CoC, with 16% of persons over age 18 reporting they were fleeing domestic abuse.

Our HMIS indicates that 20% of all adult participants reported domestic violence, with 82% of them females. The vast majority (77%) reported being victimized within the past 12 months.

Illinois Infonet reported 2,493 Orders of Protection in the CoC for 2015 (the latest year for which data were published). This is a rate of 63 per 10,000 residents.

**1C-4. DV Bonus Projects. Is your CoC Yes
applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input type="checkbox"/>
Joint TH/RRH	<input checked="" type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

(1) On average, the South Central Illinois Continuum of Care serves 23 families affected by domestic violence per month. Between July 1, 2017 and June 30, 2018, local organizations served 284 adults in domestic violence situations. Of these, non-CoC-funded victim services providers served 200 (134 at HOPE's Domestic Violence Shelter and 66 at Dove DV Services), and CoC-funded projects served 84.

(2) These calculations resulted from two data sources: (1) ServicePoint (Homeless Management Information System) and (2) De-identified information provided by the two victim services providers. This information is submitted quarterly for reporting purposes for the Emergency Solutions Grant.

(3) We collected the data via Coordinated Entry Points of Contact in each of our 18 counties. Point of Contact staff relayed the Prevention and Diversion tools to Case Managers who made data entry to HMIS data elements relative to collection of counting domestic violence survivors. Victim service providers provided de-identified counts and information via spreadsheets to the HMIS Lead.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and

**(3) how the CoC collected the data.
(limit 2,000 characters)**

(1)As of August 2nd, 2018, eight domestic abuse households in the continuum needed safe and affordable housing. While some may be served with other programs, this dedicated project will allow domestic violence victims to receive primary services, while opening other funding streams to serve non-DV clients that are currently not being served due to funding and unit limitations.

(2)The data source the CoC used for the calculations is from the HMIS and the Excel spreadsheets provided from the victim service providers.

(3) This information was collected from the Coordinated Entry Points at intake in each county. There is an outreach office in each of the 18 counties in the continuum, which serve as Coordinated Entry access points. We have trained the field workers at each of these locations in the safest and most efficient ways to identify, access, and refer domestic violence victims.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;

(2) quantify the unmet need for housing and services for DV survivors;

(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and

(4) describe how the CoC determined the unmet need for housing and services for DV survivors.

(limit 3,000 characters)

(1) The unmet need for housing and services for DV survivors in our 18-county continuum is large, partially because of the large geographic area, but also because of the lack of safe living quarters. HOPE of East Central Illinois, located in the Eastern Region, Stop Women Abuse Now, located in the Central and Eastern regions, and Dove, Inc. also located in the Central region are the three specialized providers in our geographic area. Because of the lack of funding and availability, many DV survivors are referred to other agencies for their housing needs. The critical unmet need for these survivors is immediate safe housing. Additional services required include legal assistance, emotional support, financial counseling, and life skills coaching to name a few. ERBA currently has a case manager on staff who has completed 40 hours of Domestic Violence training. Additional partnerships with community organizations help bridge the need for specialized services. ERBA already serves some Domestic Violence survivors, this grant would help us continue to provide the services they require and to have the availability to help more DV survivors that are referred to the organization who otherwise would be without safe housing.

(2) As of August 2nd, 2018, eight domestic abuse households in the continuum needed of safe and affordable housing. This is because of a lack of resources and unit availability. Typically, there is always a wait list of domestic violence survivors, who are referred to other agencies from the DV shelters when they are full.

(3) We use records from our Coordinated Entry Tracking Tool as well as HMIS to track information about current clients awaiting housing. Additionally, the DV

shelter provides the Continuum with de-identified information on DV survivors who are awaiting housing. We did additional research into previous cases through the HMIS to record the number of cases that were served in the past to find a trend.

(4) To calculate the total unmet need for housing and services for DV survivors in the CoC, we added numbers from each of the above data sources. We gathered data from DV and homeless shelters, as well as from the 18 field offices.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

This project will be located in the Eastern region of the South Central Illinois Continuum, which is divided into three regions. The CoC prioritized the Eastern region as most in need of this project, due to the only two large shelters –The Haven (Homeless Shelter) and HOPE (Domestic Violence Shelter) – both being located in the Eastern region. Overflow from both shelters falls to the applicant, Embarras River Basin Agency (ERBA), which is the local Community Action Agency. This project would allow us to house those persons.

ERBA is applying for the DV Bonus project because the region's victim services provider, HOPE of East Central Illinois, declined to apply due to changes in organizational structure. As the applicant for this project, ERBA is partnering with the specialized domestic violence providers SWAN, Dove, Inc. and HOPE, joining organizational strengths to provide the professional expertise with larger numbers for coverage to address current unmet domestic violence cases. ERBA has Point of Contact staff in each of the seven counties that partner with these agencies to house and counsel domestic violence survivors as quickly as possible.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

(1) Coordinated Entry data was analyzed to determine ERBA Domestic Violence survivors have a housing placement rate of 60%. Housing placement rates are challenged by a lack of funding, a lack of units, and the time it takes to serve clients because of the waitlist. The proposed project will improve the rate of housing placement by opening new units.

(2) The rate of housing retention of DV survivors for ERBA is 100%.

(3) We address safety concerns through ongoing staff training to include updated safety protocols placed in the Continuum Homeless Program

Standards Manual (January 2018) and the Coordinated Assessment Policies and Procedures. These protocols include the following: staff must fit the definition of "qualified" in regard to the safety of the program participants; when a shelter referral cannot be served because of concerns about resident and/or staff safety, shelter staff and project providers are obligated to work with the applicant to identify another housing/shelter option where safety can be accomplished; Housing First design must use housing focus concept where domestic violence households apply. ERBA Case Managers continuously assess for emerging and changing risks, then improve the survivor's safety plans accordingly. Our case management system includes safety tips, safety plans, and lethality risk assessments.

(4) Multiple barriers faced by DV survivors are addressed by ERBA's one on one Case Management and referral to DV specialists who address the mental and emotional trauma of the survivors. In the case of lack of job skills, case managers help participants with resume writing and basic skills for interviewing. ERBA partners with the Workforce Investment program for increasing income. Childcare provisions are through Child Care Resource and Referral, providing affordable, quality child care. ERBA's case managers and participants set budgets to achieve the participant's financial goals. Barriers such as a lack of credit history or recovery from bad credit are referred to ERBA's Housing Counseling Department. ERBA partners with local professionals to overcome barriers of mental illness, substance abuse, fear of violence, overwhelming anxiety, etc.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Montgomery County Public Housing	0.00%	No	No
Effingham County Public Housing	0.00%	No	No
Clay County Public Housing	0.00%	Yes-Public Housing	No
Coles County Public Housing	0.00%	No	No
Jersey County Public Housing	0.00%	No	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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

The South Central Illinois Continuum of Care includes 15 Public Housing Authorities. Almost all of them are small, rural one-county authorities. Only one PHA, Clay County, has a homeless preference. In the past few months we contacted each PHA to ask about their policies and offered assistance in helping them consider a homeless preference.

After contacting the PHAs, we consulted with Nora Lally of the HUD Chicago office's Community Planning and Development unit. Ms. Lally suggested we meet with Clay County to understand the process used in that PHA; then recreate the same process with others. South Central's Consultant is contacting Clay County to develop written steps. She will then approach the other 14 PHAs, demonstrate the process, and encourage them to replicate Clay County in adopting homeless admission preferences.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? Yes

Move On strategy description. (limit 2,000 characters)

We have Move On strategies underway with three types of housing providers: (1) LIHTC developers; (2) PHAs; and (3) private landlords.

For LIHTC developers, we work through the Illinois Housing Development Authority (IHDA), which is the state housing finance agency. It administers all federal tax credit financing for housing developments in Illinois. We work with IHDA to encourage LIHTC projects in our rural areas, and then work with the developers to encourage them to offer preference to persons exiting from PSH projects.

For PHAs, we employ a similar strategy as for homeless admission preferences. As described in 1C-5a above, we are currently making efforts to implement formal homeless admission preferences in local PHAs. As we talk with the 15 small PHAs in our geographic area, we will also encourage them to grant wait list preferences to persons emerging from permanent supportive housing projects. This will give formerly homeless households a higher position on wait lists, increasing their chances of obtaining move-on housing.

For private landlords, we work with them to allow tenants who "graduate" from PSH to remain in the same units, with the lease transferring from the project grantee to the tenant. The participant, instead of the grantee organization, becomes the leaseholder for the unit. This frees up a new slot for a new PSH participant, whom we then place in a different housing unit.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

We conducted a special focus group for LGBTQ persons in November 2017, in which we received advice on addressing the needs of gender and sex minority persons experiencing homelessness, including the need for training of staff at all CoC providers and all school homeless liaisons.

As one outcome, the persons in the LGBTQ focus group conducted training for all CoC staff, including all 18 CE access points, on implementing HUD's Equal Opportunity guidance papers, as well as how to respond to persons in a sensitive and appropriate manner. Three persons representing different sexes and gender identities presented the training. This took place April 11, 2018 and will be repeated annually.

The CoC adopted an anti-discrimination policy on January 24, 2018 and incorporated it into our CoC-wide Program Standards Manual. It was approved unanimously.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the 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 the 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

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>

No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

(1)Our Coordinated Entry system covers 100% of our 200-mile wide geographic area. We have a CE access point located in every one of the 18 counties in our CoC. These full-time field offices are operated by our three regional lead agencies.

(2)The CE system intentionally reaches those who are least likely to apply for assistance. In our rural CoC, there are four groups who are most unlikely to come to a CE access point. (i) First are those who live in the woods or in abandoned trailers. Local conservation officers and sheriff's departments regularly patrol remote areas. They identify such encampments and notify CE, which then contacts these persons. (ii) The second group are homeless seniors, and we reach out to them through a network of senior centers, all of which partner with CE. (iii) The third group are persons wandering the streets. Local municipal police departments immediately contact staff at a CE access point rather than arresting these individuals. (iv) The fourth group are persons with prior law enforcement involvement; and we find they are most likely to contact their probation or parole officers, who promptly refer them to the nearest CE access point.

(3)Our assessment process clearly and automatically prioritizes those most in need of assistance. Our CE Policy Manual requires CE to assess all persons experiencing homelessness using VI-SPDAT. This tool automatically awards more points to those with the most urgent need, and they move immediately to the top of the list for referrals to housing and services. As a further step in the assessment process, supervisors routinely review assessments and referrals to assure that those most in need are assisted in a timely manner.

(4)We have attached the VI-SPDAT (individual and family versions) (see attachment 1C-8 Centralized or Coordinated Assessment Tool).

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

(1) We take into account a wide range of needs and vulnerabilities as we review, rank, and rate projects. We use APRs and local data to generate measures of severity. The specific needs and vulnerabilities that we consider are:

- Victimization through domestic violence or other abuse
- Income status at entry
- Coming from place not meant for habitation
- Mental health
- Alcohol and drug abuse
- Chronic health condition
- HIV/AIDS
- Developmental disability
- Physical disability
- History of homelessness (length and duration of episodes)
- Residence in area with fewer resources for homeless

(2) Our ranking process takes needs and vulnerabilities into account through its scoring system. Two factors are among the highest scoring items: one pertains

to chronic homelessness, and the other pertains to health conditions, income status, and prior living conditions. This section uses HUD's Ranking Tool.

Additionally, our alternate review system for victim service providers awards priority consideration to projects serving victims of abuse.

As a tiebreaker, our Ranking Committee considers geographic balance by calculating the amount of HUD homeless assistance (CoC and ESG dollars) per homeless person in each of three geographic areas in the CoC.

- 1E-3. Public Postings. Applicants must indicate how the CoC made public:**
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
 - (3) attach documentation demonstrating the objective ranking, rating, 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, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Program Competitions.

Reallocation: Yes

- 1E-5. Local CoC Competition. Applicants must indicate whether the CoC:**
- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**
 - (2) rejected or reduced project application(s)—attachment required; and**

(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Did not reject or reduce any project
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your 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? Attachment Required. Yes

2A-1a. Applicants must: 6, Governance Charter
(1) 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, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

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

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	66	24	16	38.10%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	21	21	0	0.00%
Rapid Re-Housing (RRH) beds	138	0	138	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 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

(1)Our bed coverage rate for emergency shelters is 38%, which is well below the HUD benchmark of 85%. This is due to three independent shelters which did not enter data into HMIS: Edgar County Homeless Organization (ECHO) in Paris, Illinois; Hearts United in Litchfield, Illinois; and Shadow Home in Taylorville, Illinois. We have repeatedly invited these shelters to the CoC, but to date only one actively participates.

To increase this percentage, the CoC will send representatives to meet with the operators of each shelter at their locations, tour their facilities, compliment their work, and discuss the advantages of mutual cooperation. We will also point out how HMIS data can be used in their own fundraising and public relations efforts.

(2)The CoC will implement these steps by:

- Assigning specific individuals to contact each of the three shelters.
- Scheduling visits at time that are convenient for the shelters.
- Offering to enter data for the shelters if they lack the equipment or personnel.
- Designing low-or-no-cost options for HMIS participation.
- Offering to set up an information-sharing cooperative among the three shelters so they can see who is being sheltered where in real time.

**2A-6. AHAR Shells Submission: How many 10
2017 Annual Housing Assessment Report
(AHAR) tables shells did HUD accept?**

**2A-7. CoC Data Submission in HDX. 03/16/2018
Applicants must enter the date the CoC
submitted the 2018 Housing Inventory Count
(HIC) data into the Homelessness Data
Exchange (HDX).
(mm/dd/yyyy)**

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/25/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 03/20/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)**

Not applicable.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	27
Beds Removed:	27
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. 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 2018 sheltered PIT count? No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. Yes

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

(1) We did not change the methodology, but we did expand it. We continued to use the known location and service-based methods, but we added a significant number of locations and service locations.

We provided intensified training for staff in all 18 county field offices, who conducted the unsheltered count. The enhanced training session included exercises, role plays, and scenarios concerning how to identify locations, how to solicit support from other entities, how to train volunteers, and how to engage with potential homeless persons.

We also used a questionnaire that was designed by a team of faculty and students at Millikin University. It utilizes best practices from human services and information services.

(2) These changes resulted in a more accurate count and a surprising outcome. We expected these changes to lead to an increased count. But even with much more intense coverage, the number of unsheltered persons decreased by 31% from 2017 to 2018.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

(1) We engaged stakeholders intensively during the planning process for the

2018 PIT count. In the months prior to PIT we conducted three focus groups with stakeholders to gain their input: one with youth providers, one with school counselors, and the third with school homeless liaisons. We obtained their input on the dynamics of youth homelessness and on locations to canvass.

(2)As a direct result of these conversations with stakeholders, we included truck stops on interstate highways in our service-based count, and we visited after-school programs for high-risk youth in area high schools to interview participants. Both of these locations were suggested by stakeholders.

(3)Fortunately, even with these intense methods, we found no unaccompanied or parenting homeless youth in our geographic area. We interpret this as very positive data, even though our area does have a number of children and youth considered homeless under the Department of Education definition.

Because we have no homeless youth, we could not engage this group in the 2018 PIT process.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

- (1) individuals and families experiencing chronic homelessness;**
- (2) families with children experiencing homelessness; and**
- (3) Veterans experiencing homelessness.**

(limit 2,000 characters)

(1)We took three actions to improve our count of persons and families experiencing chronic homelessness. (i) First, we utilized a different questionnaire, which was designed by human services and IT professionals at Millikin University. (ii) Second, we trained our volunteers to use everyday language where adhering to HUD definitions. To identify those experiencing chronic homelessness, we gave volunteers specific examples of the confusing “4-in-3-adding-to-12” rule. (iii) And third, we carefully reviewed all completed questionnaires to double-check for chronic homeless status.

(2)We took three actions to improve our count of families with children experiencing homelessness.(i) We used the improved questionnaire to give more accurate identification of households with children. (ii) We provided enhanced training for volunteers. (iii) And we asked respondents if they were “responsible” for children – rather than asking if they were parents or legal guardians. This lessened suspicion that our volunteers were from child protective services.

(3)Our PIT was led by a veteran. Retired Sgt. Jarrick Honn directed the 2018 PIT for the CoC. He was also SSVF manager for our geographic area. He used the improved questionnaire and enhanced training to give more accurate identification of veterans. For example, this year our volunteers asked about branches of service.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	352
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3A-1a. Applicants must:

(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.
(limit 2,000 characters)

(1) Our CoC determined risk factors for first time homelessness by using the System Performance Measure Metric 5.2, finding 98 first-time homeless cases. Compiling data from these individual cases – including VI-SPDAT responses, HMIS files, case notes, and intake records – a CoC consultant has identified the highest risk factors. Risks that have been identified to date include economic stress, family violence, physical health factors, and behavioral health conditions.

(2) The consultant will share these identified risk factors with Coordinated Entry Task Force, which will identify the geographic regions involved and increase partnerships with appropriate providers.

With limited funds for prevention, we maximize resources by directing rent and utility assistance to those most at risk of becoming literally homeless, and intensifying case management and housing counseling funded from other sources. Our Coordinated Entry protocol requires that staff attempt to divert persons from the system using their own resources, and/or apply prevention resources in order to keep persons from entering the homeless system.

Among the techniques we use are mediation with landlords and layering assistance from various programs such as LIHEAP, CSBG, and local resources. Our CE access points can accept and process LIHEAP and CSBG applications on the spot, and each access point maintains a current list of local sources of food, financial assistance, and other emergency help.

At the systemic level, our CoC Board is working with the Chicago Coalition for the Homeless to advocate for increased flexibility in use of state prevention

funds, so that we can help persons before they teeter on the brink of literal homelessness.

(3)The Coordinated Entry Task Force is responsible for this strategy.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:

- (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);**
 - (2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;**
 - (3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
 - (4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

(1)We dramatically reduced the length of time homeless (LOT). The average LOT for persons in ES and SH went from 39 to 17, and the median from 15 to 7. For persons in ES, SH, and TH, the average dropped from 126 to 22 and the median from 59 to 7. Our 2-year decline in average LOT is 90%. For new System Performance Measure Metric 1b, the LOT average declined by 37 days and the median by 59.

(2)This success is due to two strategies: (1) full implementation of Housing First practices; and (2) a Coordinated Entry tracking tool that measures and rewards prompt housing. This tool records disposition of all homeless intakes. Housing First requires us to serve those with highest barriers first and refer them to housing as units become available. This means that those at high risk of long term homelessness are housed as quickly as possible; this has the impact of reducing average and median LOT.

(3)We use two methods to identify and house those with longest periods of homelessness. First, our HMIS tracks and records the LOT and automatically issues alerts when persons exceed specified increments (e.g., 15 days). Second, our CE tracking tool lists every household who has been "pending" (unresolved housing situation) for 30 days or more. This prompts an interagency discussion of the household, and it generally results in housing referrals.

(4)The HMIS Lead is responsible for this strategy.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:

- (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**
- (2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.**

Percentage

Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	46%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	100%

3A-3a. Applicants must:

(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

(1)Our System Performance Measure Metric 7b.1 (exits to PH from ES and RRH) dropped from 57% to 46%, and we have implemented a two-pronged strategy to reverse this trend.

First, we work to reduce the number of persons who exit the one ESG-supported emergency shelter without notifying the shelter. To accomplish this, we assign each person in the shelter to a CoC case manager, who meets with them and develops a permanent housing plan. When housing is available, we match the client with housing and refer them as promptly as we can.

Second, we are working to reduce data entry errors. Anecdotal evidence suggests that part of the problem lies in incorrect or missing exit destination data being entered into HMIS. We are training and retraining the shelter and CoC staff.

(2)Our System Performance Measure Metric 7b.2 (retention of PH and exits from PH to PH), increased from 97% to the maximum of 100%. Obviously, our strategy for this metric is working well. Our strategy for retention and positive exits from permanent housing relies on regular, client-centered case management. Case managers carefully adjust the frequency, duration, an intensity of services depending on individual circumstances and needs.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	6%

3A-4a. Applicants must:

(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the 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 the CoC's strategy to reduce the rate

**individuals and persons in families returns to homelessness.
(limit 2,000 characters)**

(1) To identify common factors, we do two things; First, HMIS identifies returns. When anyone presents as homeless, we instantly detect if they are a return by entering personal identifying data in HMIS, which informs us of the person has previously been homeless. Next, we look in HMIS to see if they previously exited to permanent housing (and are therefore a return). Second, we conduct a 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.

(2) To prevent future returns, we started a pilot program in 2018. This program uses trained faith-based volunteers to maintain contact with all participants who exit ES to PH. They will contact each household monthly to identify any situations that could lead to loss of housing and notify a provider to intervene. We hope to reduce the return rate from ES from 33% to 25%.

(3) The Operations Manager of Mattoon PADS is responsible for overseeing this effort.

It is noteworthy that the two-year rate of returns improved from 16% to 12% from FY 2017 to FY 2018.

3A-5. Job and Income Growth. Applicants must:

(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;

(2) describe how the 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 the CoC's strategy to increase job and income growth from employment.

(limit 2,000 characters)

(1) Helping individuals and families increase their cash income is one of the main priorities of South Central CoC's Strategic Plan. Our strategy is to concentrate one-on-one efforts with individual participants. We are creating a job search journal to be distributed to all program participants. It includes information on how to discover and use your skills and abilities in the workplace, samples on how to write a resume, and how to market yourself to a future employer. Additionally, we have established an Employment Task Force, consisting of CoC members who have experience working in the mainstream employment market. Finally, because of the large geographic area that our continuum covers, training is held with participant agencies on how to consistently enter income.

(2) We work with mainstream employment organizations by building relationships with our local temporary work agencies. By working in conjunction with these agencies, we have work options to pass along to our program participants. Additionally, we have relationships with the local unemployment offices, who also pass along staffing resources to our agencies.

(3) The CoC Employment Task Force is responsible for overseeing this effort.

The Task Force coordinates with the Planning and Assessment Committee of the CoC.

3A-6. System Performance Measures Data 04/10/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:

- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
- (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	9
Total number of beds dedicated to individuals and families experiencing chronic homelessness	4
Total	13

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written 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? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

(1) Our strategy to quickly rehouse homeless families has four elements: (1) We monitor every RRH project (CoC and ESG) for its speed in rehousing families with children every calendar quarter, and we report the results to grantees and the Monitoring, Review & Ranking Committee of the CoC. (2) We incorporated the Housing First Self-Assessment into project monitoring and ranking. (3) We trained staff members in our 18 Coordinated Entry access points how to promptly identify and place families with children. (4) We used reallocation to eliminate all SSO and TH projects and replaced them with RRH. We now have 138 RRH beds.

(2) To ensure that families maintain the housing after rental assistance ends, we employ two strategies. First, case managers conduct "successful completion" interviews with households before rental assistance ends. These interviews address future plans, household budgets and any circumstances unique to the particular case. Second, we follow up using non-HUD funded case management staff who are located in our 18 county field offices. Due to the structure of our field offices, all households have easy access to a nearby case manager for information and referral, even after program assistance ends.

(3) The CE Task Force is responsible for overseeing this strategy. Data clearly demonstrate the effectiveness of our selected strategies; our current timeframe is 6.9 days from project entry to rehousing, based on RRH project monitoring results for the two most recent quarters.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination 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.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth

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Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

Because our last several PIT counts have reported zero youth experiencing homelessness, our strategy is different from other CoCs. Our strategies are aimed at exploring the dynamics of youth housing issues in our rural area so that we can keep the youth homeless count at zero or near zero. We have two strategies: listening to youth and youth advocates, and training providers.

(1) To implement the first strategy, we conducted three distinct focus groups in the past 12 months: one with youth service agencies; one with education liaisons, and one with young LGBTQ persons.

We gained three important learnings. First, our PIT counts are accurate; youth facing homelessness leave our CoC and flee to larger population centers. Second, youth from our area are targeted by sex traffickers, who transport them from interstate highway truck stops to other areas of the country. Third, LGBTQ status is a major factor in youth leaving their homes – either running away or

being kicked out.

(2) Based on this, we implemented the second strategy of training. We trained over 60 persons in the past 12 months. These included providers, county-level Coordinated Entry staff, and community members. We provided training in the signs and dangers of trafficking and how to address issues faced by LGBTQ teens, especially transgendered youth.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.

(limit 3,000 characters)

(1) Our two strategies are: listening to youth and youth advocates; and training providers, county-level CE staff, and community members.

Evidence points to the success of these strategies. We used input from the focus groups to change several processes. As one example, we provided every school district homeless liaison with the contact information for their CE access points, and we provided every CE access point with the contact information for their school liaisons. As a second example, based on focus group input, we stationed PIT volunteers at interstate highway truck stops to scan for homeless youth.

As a third example, we asked persons in the LGBTQ youth group to design training. The training proved very successful, with over 60 persons in attendance. They came from CE access points, CoC staff, community provider organizations, churches, and the community at large.

(2) We measure the success of these strategies by the number of youth experiencing homelessness in our CoC, as determined by the annual PIT count

(3) The PIT count is the most appropriate measure, as it is the ultimate goal of every CoC to end homelessness. We will measure the effectiveness of our strategies based on maintaining the youth homeless count at zero or near zero.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

(1) youth education providers;

(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);

(3) school districts; and

(4) the formal partnerships with (1) through (3) above.

(limit 2,000 characters)

(1) We collaborate with youth education providers, McKinney-Vento liaisons at LEAs and SEAs, and with local school districts:

a. Youth education providers. In addition to the public school districts and SEAs, we work closely with preschool providers, especially Head Start. Each of our three regional lead agencies administers a local Head Start program. The Coordinated Entry staff people in all 18 CE access points enroll children in Head Start, and every family entering the CoC's homeless system is screened for Head Start eligibility.

b. McKinney-Vento liaisons. In Illinois, Regional Offices of Education serve as the SEA (State Educational Agency) for McKinney-Vento. An SEA McKinney-Vento liaison serves on our Board and on the Ranking Committee. She attends every meeting of the board and committee.

The CoC also participates in SEA and LEAs. In November 2017 the SEA hosted a focus group for the CoC. The group consisted of SEA and LEA (Local Education Agency) McKinney-Vento Liaisons.

c. School Districts (LEAs). As a result of the above focus group, we provided every school district homeless liaison with the contact information for their CE access points, and we provided every CE access point with the contact information for their school liaisons.

More importantly, we work with school districts closely to ensure that every child remains in school, preferably in their home school, and we work with districts to ensure they provide education, student support, alternative education, special education, transportation and other services as required by McKinney-Vento (see response below to 3B-2.7a).

(2) The CoC has formal partnerships with all the above. These partnerships are memorialized in MOUs. Our CoC lead agencies have formal partnerships with the SEA, LEAs, and several providers of early childhood education services (please see 3B-2.8 below).

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

Our policies and procedures guide this work. Our Program Standards Policy Manual states as follows:

"SCICoC homeless projects serving families with children of preschool and school age must inform individuals and families who become homeless of their eligibility for educational services. The procedures for this are as follows:

- SCICoC providers must collaborate with Local Education Agencies, (LEAs), principally through the McKinney Vento Act Local Education Liaisons (Local Liaisons), for the coordinated and continued identification of persons eligible for both homeless and educational services, and the continued effort in the provision of services.
- Each Coordinated Entry point must maintain a current listing of all local education providers, including Head Start early childhood programs, public school districts, special education districts, and community colleges.
- Whenever a family with children ages 3-18 seeks homeless services or

housing, the provider must inquire as to school enrollment and ensure that the family is informed of all educational programs for which the children may be eligible, including free or reduced-cost meals and transportation.

- The provider must coordinate with the family and educational institutions to assure that education is disrupted as little as possible; for example, children should remain in their original school when possible and safe.”

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	No
Early Head Start	Yes	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	Yes	No
Public Pre-K	Yes	No
Birth to 3 years	Yes	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

(1) We identify veterans experiencing homelessness through county Veterans Assistance Commissions, SSVF, the annual PIT, and Coordinated Entry access points. Whenever a person at any CE access point identifies as a veteran, CE notifies the VA Crisis Line. If the person is in one of the six counties served by SSVF, we notify the local SSVF Coordinator as well, and begin jointly managing the case with SSVF. Likewise, when veterans who are at risk of imminent homeless or who are homeless contact SSVF, the SSVF staff notifies the CE entry point in the appropriate county to coordinate all CE services. SSVF staff and organizations involved in CE meet monthly to discuss veterans who are homeless by name so the CoC can ensure they are rehoused quickly to prevent reoccurrence and work together so that veteran homelessness is rare.

(2) Within the 12 counties not served by SSVF, the CoC CE staff conducts assessments of veterans experiencing homelessness. Within the six counties served by SSVF counties, we jointly conduct all assessments and services:

screening, identification of interventions, prioritization, and referrals for housing and services.

(3) Our CE policies assure that veterans may be referred to housing either by the CoC or by VA. The policy states: "SSVF has housing options available to qualifying veterans that are not directly accessible through the CoC, and the CoC's CE system has housing options that are accessible only through the CE system."

This assures that veterans have access to all available housing and services, whether funded by VA or CoC resources. We are at functional zero; our 2018 PIT found only three veterans, and all were promptly enrolled in projects and obtained permanent 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 experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: Yes
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
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.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare.** Applicants must indicate, for each type of healthcare listed below, whether the CoC:
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:

- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
- (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)**

(1) Our CoC assures that participants apply for and receive mainstream benefits for which they are eligible, and we partner with others to minimize the amount of CoC funds that are used for this purpose. Our Coordinated Entry Policy Manual mandates this work: "CE screens persons for potential eligibility for mainstream services using a standardized protocol. As mentioned earlier, persons fleeing domestic violence and similar circumstances are promptly referred to a victim service provider. CE assists persons who appear to qualify for mainstream services with on-site and/or online applications when possible, with transportation to provider locations, and with help through the application process. Given its limited time and resources, CE devotes priority attention to those with the greatest risks and vulnerabilities."

At the CoC and local levels, we partner with the Social Security Administration, Illinois Department of Human Services, the Illinois Department of Employment Security, and Township Assistance Offices. Our case managers automatically assess new participants for presumptive eligibility and make warm hand-offs to benefit providers. The outreach workers who perform this function are SOAR trained and supported mostly (about 67%) by non-CoC funds.

(2) To keep abreast of current information about benefits and resources, these workers participate in monthly meeting of Interagency Councils, which include all mainstream providers.

(3) The Chair of the Planning and Assessment Committee oversees this strategy.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	8
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	8
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

(1) We operate a robust outreach system. Our outreach system is based on field offices in all 18 counties; these offices serve as outreach locations and as Coordinated Entry access points. Each field office is staffed with at least one person, and the staff has strong relations with local systems including government, hospitals and outpatient clinics, schools, law enforcement, faith institutions, social services, and informal community networks.

(2) The Street Outreach system covers 100% of the CoC's 200-mile-wide geographic area.

(3) Outreach is conducted on a daily basis.

(4) The staff persons in each field office reach out to persons facing homelessness, especially those who are least likely to ask for help – the individuals and families who hide in remote locations. To accomplish this, our field offices have formed close relationships with those who are the first to know about instances of homelessness, such as conservation police, local police and sheriff departments, schools, hospitals, urgent-care clinics, churches, township supervisors, and food pantries.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC 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; and

**(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)**

(1) Our CoC has implemented the following strategies: (1) We market through print materials, newspapers, radio, websites and Facebook. (2) Specialized outreach is used for populations least likely to apply (see 4A-3). (3) Our Non-Discrimination Policy prohibits discrimination, and we have ongoing non-discrimination training. (4) CoC staff inform all participants: "We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. (5) We give each participant a HUD Fair Housing Equal Opportunity for All booklet in English or Spanish.

(2) To reach those with disabilities and limited English proficiency, we do the following. (1) All CoC locations are fully accessible. (2) We conduct home visits when requested. (3) We encourage participants to bring personal assistants or other advocates. (4) we offer help from a person fluent in ASL. (5) We use translators or Google Translate.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	46	138	92

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	Attachment 1C-5 P...	08/21/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Attachment 1C-8 C...	08/20/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Attachment 1E-1 O...	08/20/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Attachment 1E-3 P...	08/21/2018
1E-4. CoC's Reallocation Process	Yes	Attachment 1E-4 C...	08/24/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Attachment 1E-5 N...	08/20/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Attachment 1E-5 N...	08/20/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Attachment 1E-5 P...	08/20/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	Attachment 2A-1 C...	08/23/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	Attachment 2A-2 -...	08/20/2018
3A-6. HDX–2018 Competition Report	Yes	Attachment 3A-6 H...	08/20/2018
3B-2. Order of Priority–Written Standards	No	Attachment 3B-2 O...	08/20/2018

3B-5. Racial Disparities Summary	No	Attachment 3B-5 R...	08/29/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Attachment 1C-5 PHA Administration Plan - Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Attachment 1C-8 Centralized or Coordinated Assessment Tool

Attachment Details

Document Description: Attachment 1E-1 Objective Criteria - Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description:

Attachment Details

Document Description: Attachment 1E-3 Public Posting - Local Competition Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description: Attachment 1E-4 CoCs Reallocation Process

Attachment Details

Document Description: Attachment 1E-5 Notifications Outside e-snaps - Projects Accepted

Attachment Details

Document Description: Attachment 1E-5 Notifications Outside e-snaps - Projects Rejected or Reduced

Attachment Details

Document Description: Attachment 1E-5 Public Posting - Local Competition Deadline

Attachment Details

Document Description: Attachment 2A-1 CoC and HMIS Lead Governance

Attachment Details

Document Description: Attachment 2A-2 - HMIS - Policies and Procedures Manual

Attachment Details

Document Description: Attachment 3A-6 HDX - 2018 Competition Report

Attachment Details

Document Description: Attachment 3B-2 Order of Priority - Written Standards

Attachment Details

Document Description: Attachment 3B-5 Racial Disparities Summary

Attachment Details

Document Description:

Attachment Details

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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	07/20/2018
1B. Engagement	08/29/2018
1C. Coordination	08/29/2018
1D. Discharge Planning	07/20/2018
1E. Project Review	08/16/2018
2A. HMIS Implementation	08/21/2018
2B. PIT Count	08/21/2018
2C. Sheltered Data - Methods	08/16/2018
3A. System Performance	08/22/2018
3B. Performance and Strategic Planning	08/27/2018
4A. Mainstream Benefits and Additional Policies	08/29/2018
4B. Attachments	Please Complete

FY2018 CoC Application	Page 50	08/29/2018
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Submission Summary

No Input Required

Attachment 1C-5

PHA Administration Plan – Homeless Preference

**South Central Illinois CoC
IL-515**

Page from Clay County PHA showing Homeless Preference

“Displaced person preference” – refers to Homeless Population

Hearing, the Authority reverses its decision to deny the applicant, no new application is required and the applicant will be returned to the appropriate spot on the Waiting List.

- G. If the applicant does not request a hearing within the designated period, he/she waives his/her right to a hearing.

XIII. TENANT SELECTION AND ASSIGNMENT

A. Policy

It is the Authority's policy that each applicant will be assigned his/her appropriate place on one Community-Wide Waiting List in sequence based upon selection preferences, date and time the application is received, and type and size of unit needed. Exceptions will be permitted only to comply with Court Orders, Settlement Agreements, or when approved in advance by Fair Housing and Equal Opportunity.

B. Method of Applicant Selection

1. The Authority will select families based on the following preferences within each bedroom size category:
 - A. Residency preference
 - B. Displaced person preference
 - C. Working preference
 - D. Veteran preference
 - E. Victims of Domestic Violence preference
 - F. All other applicants

Based on the above preferences, all families in preference A will be offered housing before any families in preference B, and preference B families will be offered housing before any families in preference C, etc.

The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

Attachment 1C-8

Centralized or Coordinated Assessment Tool

**South Central Illinois CoC
IL-515**

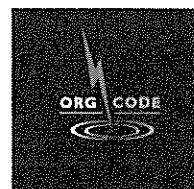
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdats/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____:____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ____/____/____	_____	_____
			Consent to participate
			<input type="radio"/> Yes <input type="radio"/> No
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ____/____/____	_____	_____
			Consent to participate
			<input type="radio"/> Yes <input type="radio"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: _____

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? ☒ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

0

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - ☒ Shelters
 - ☐ Transitional Housing
 - ☐ Safe Haven
 - ☐ Outdoors
 - ☐ Other (specify): _____
 - ☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

0

6. How long has it been since you and your family lived in permanent stable housing? _____ Years ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

0

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? ☐ Refused
- b) Taken an ambulance to the hospital? ☐ Refused
- c) Been hospitalized as an inpatient? ☐ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ☐ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

0

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

0

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

0

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

0

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ Y ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

0

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

0

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ Y ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ Y ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

0

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

0

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

0

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

0

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

0

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 / 2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 / 2	
B. RISKS	0 / 4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 / 4	
D. WELLNESS	0 / 6	
E. FAMILY UNIT	0 / 4	
GRAND TOTAL:	0 / 22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

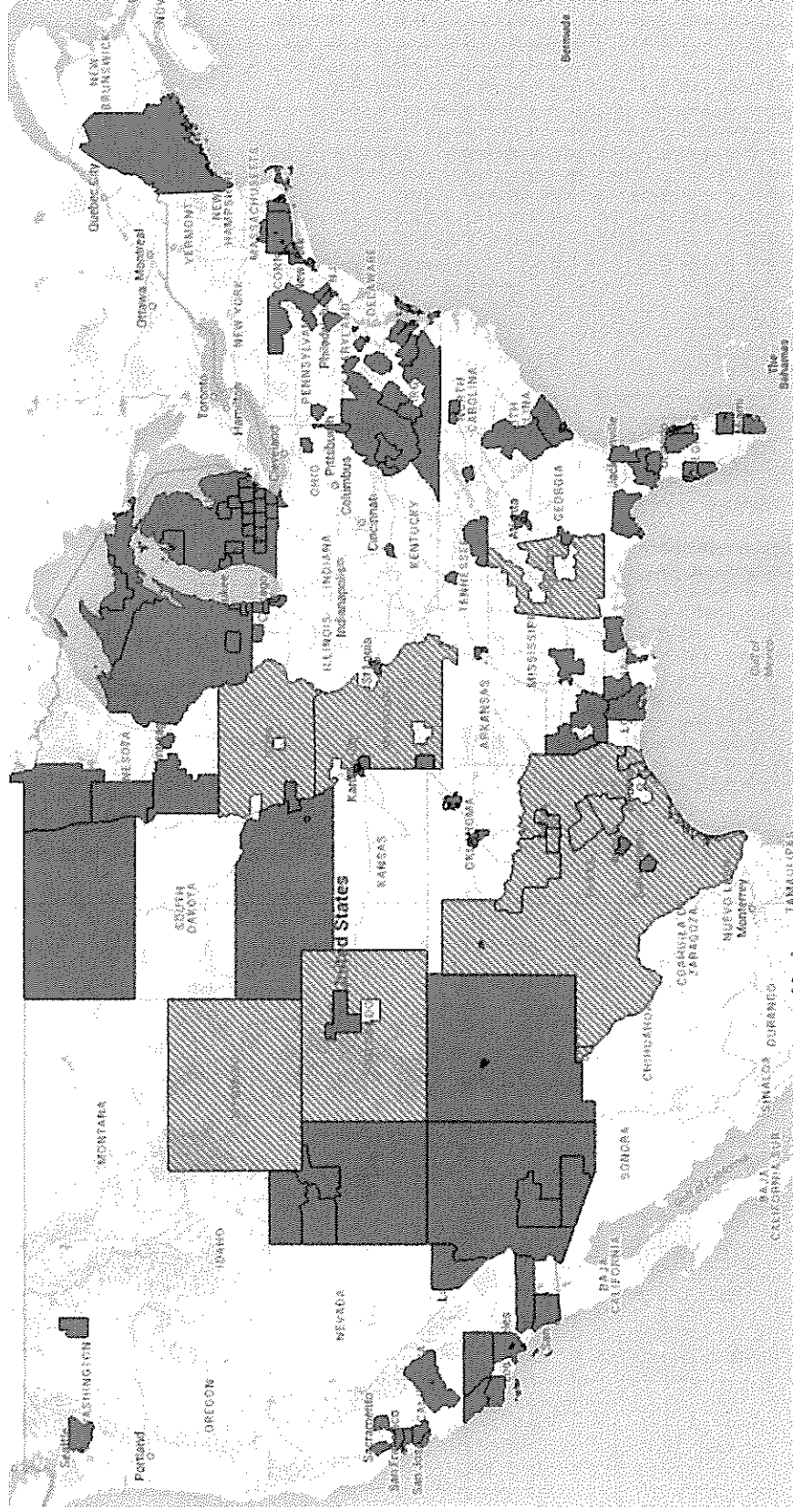
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties

- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties

- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Merion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide
- West Virginia
- Statewide
- Wyoming
- Wyoming Statewide is in the process of implementing

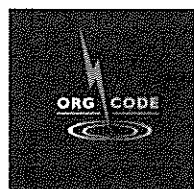
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdats/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____ Consent to participate <input type="radio"/> Yes <input type="radio"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

0

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:** 0

2. How long has it been since you lived in permanent stable housing? _____ Years ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:** 0

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ ☐ Refused
b) Taken an ambulance to the hospital? _____ ☐ Refused
c) Been hospitalized as an inpatient? _____ ☐ Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ ☐ Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:** 0

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:** 0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

0

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

0

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

0

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
GRAND TOTAL:	0 /17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

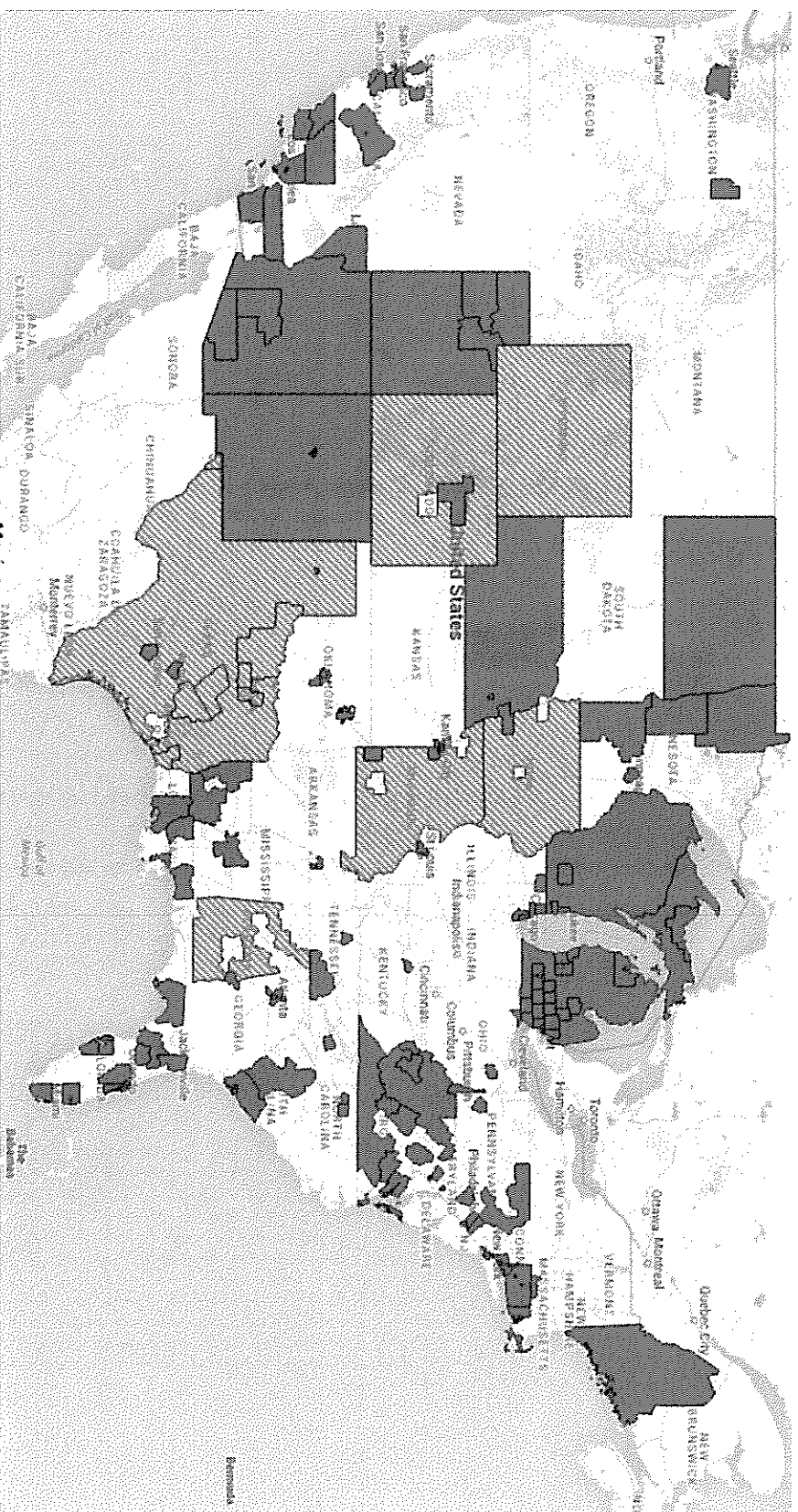
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

<ul style="list-style-type: none"> Alabama <ul style="list-style-type: none"> Parts of Alabama Balance of State Arizona <ul style="list-style-type: none"> Statewide California <ul style="list-style-type: none"> San Jose/Santa Clara City & County San Francisco Oakland/Alameda County Sacramento City & County Richmond/Contra Costa County Watsonville/Santa Cruz City & County Fresno/Madera County Napa City & County Los Angeles City & County San Diego Santa Maria/Santa Barbara County Bakersfield/Kern County Pasadena Riverside City & County Glendale San Luis Obispo County Colorado <ul style="list-style-type: none"> Metropolitan Denver Homeless Initiative Parts of Colorado Balance of State Connecticut <ul style="list-style-type: none"> Hartford Bridgeport/Stratford/Fairfield Connecticut Balance of State Norwalk/Fairfield County Stamford/Greenwich City of Waterbury 	<ul style="list-style-type: none"> District of Columbia <ul style="list-style-type: none"> District of Columbia Florida <ul style="list-style-type: none"> Sarasota/Bradenton/Manatee, Sarasota Counties Tampa/Hillsborough County St. Petersburg/Clearwater/Largo/Pinellas County Tallahassee/Leon County Orlando/Orange, Osceola, Seminole Counties Gainesville/Alachua, Putnam Counties Jacksonville-Duval, Clay Counties Palm Bay/Melbourne/Brevard County Ocala/Marion County Miami/Dade County West Palm Beach/Palm Beach County Georgia <ul style="list-style-type: none"> Atlanta County Fulton County Columbus-Muscogee/Russell County Marietta/Cobb County DeKalb County Hawaii <ul style="list-style-type: none"> Honolulu Illinois <ul style="list-style-type: none"> Rockford/Winnebago, Boone Counties Waukegan/North Chicago/Lake County Chicago Cook County Iowa <ul style="list-style-type: none"> Parts of Iowa Balance of State Kansas <ul style="list-style-type: none"> Kansas City/Wyandotte County Kentucky <ul style="list-style-type: none"> Louisville/Jefferson County 	<ul style="list-style-type: none"> Louisiana <ul style="list-style-type: none"> Lafayette/Acadiana Shreveport/Bossier/Northwest New Orleans/Jefferson Parish Baton Rouge Alexandria/Central Louisiana CoC Massachusetts <ul style="list-style-type: none"> Cape Cod Islands Springfield/Holyoke/Chicopee/Westfield/Hampden County Maryland <ul style="list-style-type: none"> Baltimore City Montgomery County Maine <ul style="list-style-type: none"> Statewide Michigan <ul style="list-style-type: none"> Statewide Minnesota <ul style="list-style-type: none"> Minneapolis/Hennepin County Northwest Minnesota Moorhead/West Central Minnesota Southwest Minnesota Missouri <ul style="list-style-type: none"> St. Louis County St. Louis City Joplin/Jasper, Newton Counties Kansas City/Independence/Lee's Summit/Jackson County Parts of Missouri Balance of State Mississippi <ul style="list-style-type: none"> Jackson/Rankin, Madison Counties North Carolina <ul style="list-style-type: none"> Gulf Port/Gulf Coast Regional Winston Salem/Forsyth County <ul style="list-style-type: none"> Winston Salem/Forsyth County Asheville/Buncombe County <ul style="list-style-type: none"> Asheville/Buncombe County Greensboro/High Point <ul style="list-style-type: none"> Greensboro/High Point 	<ul style="list-style-type: none"> North Dakota <ul style="list-style-type: none"> Statewide Nebraska <ul style="list-style-type: none"> Statewide New Mexico <ul style="list-style-type: none"> Statewide Nevada <ul style="list-style-type: none"> Las Vegas/Clark County New York <ul style="list-style-type: none"> New York City Yonkers/Mount Vernon/New Rochelle/Westchester County Ohio <ul style="list-style-type: none"> Toledo/Lucas County Canton/Massillon/Alliance/Stark County Oklahoma <ul style="list-style-type: none"> Tulsa City & County/Broken Arrow Oklahoma City Norman/Cleveland County Pennsylvania <ul style="list-style-type: none"> Philadelphia Lower Merion/Norristown/Abington/Montgomery County Allentown/Northeast Pennsylvania Lancaster City & County Bristol/Bensalem/Bucks County Pittsburgh/McKeesport/Penn Hills/Allegheny County Rhode Island <ul style="list-style-type: none"> Statewide South Carolina <ul style="list-style-type: none"> Charleston/Low Country Columbia/Midlands Tennessee <ul style="list-style-type: none"> Chattanooga/Southeast Tennessee Memphis/Shelby County Nashville/Davidson County 	<ul style="list-style-type: none"> Texas <ul style="list-style-type: none"> San Antonio/Bexar County Austin/Travis County Dallas City & County/Irving Fort Worth/Arlington/Tarrant County El Paso City and County Waco/McLennan County Texas Balance of State Amarillo Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties Bryan/College Station/Brazos Valley Beaumont/Port Arthur/South East Texas Utah <ul style="list-style-type: none"> Statewide Virginia <ul style="list-style-type: none"> Richmond/Henrico, Chesterfield, Hanover Counties Roanoke City & County/Salem Virginia Beach Portsmouth Virginia Balance of State Arlington County Washington <ul style="list-style-type: none"> Seattle/King County Spokane City & County Wisconsin <ul style="list-style-type: none"> Statewide West Virginia <ul style="list-style-type: none"> Statewide Wyoming <ul style="list-style-type: none"> Wyoming Statewide is in the process of implementing
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South Central Continuum of Care
Prevention and Diversion Screening Tool

Introductory Questions

1. **Are you homeless or do you believe you will become homeless in the next 3 days?**

☐ Yes ☐ No

HUD defines homeless as: living in a place not meant for human habitation, in an emergency shelter (including domestic violence shelter, in transitional housing or exiting and institution where they temporarily reside for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering the institution.

2. **Are you currently residing with, or trying to leave an intimate partner who threatens you or makes you fearful?**

☐ Yes ☐ No

3. **Are you a veteran**

☐ Yes ☐ No



If answers to questions 1, 2 AND 3 are no, refer to mainstream resources. If client is in need of Homeless Prevention assistance complete Homeless Prevention Screening Tool.

If the answer to question 2, refer to Domestic Violence resources, and do Not proceed with this assessment. If Yes to question 2 and clients are referred to DV resource and chooses not to use DV resource continue with this diversion screening.

If the answer to question 3 is Yes, continue with this diversion tool and all other assessments AND make information available to SSVF program. (If client does not consent to forwarding information to SSVF do not forward information.)

4. **Where did you sleep last night?** _____

5. **Was it a safe location?** ☐ Yes ☐ No

If no, ask "What made it unsafe" "Is there another place you can think of where you feel safe and could stay for a couple of nights?" If unsafe due to domestic violence, refer to DV services.

Prevention/Diversion Questions

6. **Why did you leave the place you stated last night?** _____
-

South Central Continuum of Care
Prevention and Diversion Screening Tool

7. Could you stay tonight at the same location? ☐ Yes ☐ No

a. What would you need to help you stay where you stayed last night again?

- ☐ Landlord Mediation
- ☐ Conflict resolution
- ☐ Rental assistance (Amount: \$_____)
- ☐ Utility assistance (Amount: \$_____)
- ☐ Other financial Assistance (Amount: \$_____, for _____
_____)
- ☐ Other assistance (Please Describe _____
_____)

b. Would it help if I contacted the person you stayed with? What is the best way to contact that person?

Name _____ Phone _____

Contact date and results _____

8. Is there anyone else you (and your family) could stay with? Friends, family, co-workers? ☐ Yes ☐ No *(If no skip to question 10)*

Counselor Comment Section

9. Is the assistance needed to prevent or divert this household from entering the homeless system available in the community?

☐ Yes ☐ No

10. If no, what was the result of this screening process for this household?

- ☐ Referral to Shelter
- ☐ Referred to DV Program
- ☐ Received Motel Voucher
- ☐ No assistance given
- ☐ Referred to Homeless Programs
- ☐ Other _____

Client (if DV and client accepts referral do not
Use client name)

Staff

Attachment 1E-1

**Objective Criteria – Rate, Rank, Review, and Selection Criteria
(e.g. scoring tool, matrix)**

**South Central Illinois CoC
IL-515**

Ranking Scales for CoC Projects – FY 2018

South Central Illinois CoC (IL-515)

NOTES:

1. All numbers and percentages are rounded to nearest whole number/percentage.
2. SAGE APR reports are generated from HMIS for all projects for a 12-month period ending in the most recently completed calendar quarter (e.g., April to March, or July to June).

RANKING FACTORS FOR RENEWAL PROJECTS	Maximum Points
<p>1. Needs and Vulnerabilities</p> <p>HOW MEASURED: Percentage of participants who entered the project with high barriers.</p> <p>SOURCE: APR</p> <p>CALCULATION:</p> <p>For RRH Projects, there are three factors:</p> <ul style="list-style-type: none"> • 50% or more adult participants had zero income at entry (from item Q16) • 50% or more adult participants with more than one condition at entry (Q13a2) • 50% or more adult participants entered project from place not meant for human habitation (Q15) <p>For PSH projects, there are three factors:</p> <ul style="list-style-type: none"> • 80% or more adult participants had zero income at entry (from item Q16) • 75% or more adult participants with more than one condition at entry (Q13a2) • 75% or more adult participants entered project from place not meant for human habitation (Q15) <p>SCALE:</p> <p>Projects meeting all three factors = 5 points Projects meeting two factors = 3 points Projects meeting one factor = 1 point Projects meeting zero factors = 0 points</p>	5
<p>2. Chronic Homelessness</p> <p>HOW MEASURED: Percentage of all persons served who were chronically homeless at entry.</p> <p>SOURCE: APR</p> <p>CALCULATION: Number of chronically homeless adults divided by total number of adults (from item Q05a).</p> <p>SCALE:</p> <p>Highest percentage among all projects = 5 points Second highest percentage = 4 points Third highest percentage = 3 points Fourth highest percentage = 2 points All other projects serving any chronically homeless = 1 point Any projects serving no chronically homeless = 0 points</p> <p>Ties: Tied projects receive full score, and the next highest project receives the full score for the next level. For example, if two projects are tied for highest percentage, they both get 5 points, and the project(s) with the next highest percentage gets 4 points.</p>	5

RANKING FACTORS FOR RENEWAL PROJECTS	Maximum Points
<p>3. Housing Stability</p> <p>HOW MEASURED: The percentage of participants remaining in or exiting to permanent housing.</p> <p>SOURCE: APR</p> <p>CALCULATION: The number of stayers in permanent housing, including RRH, at the end of the year (from item Q05a), plus the number who exited to permanent housing destinations during the year (from items Q23a and Q23b); divided by the total number of persons (Q05a)</p> <p>SCALE:</p> <ul style="list-style-type: none"> 92-100% = 5 points 84-91% = 4 points 76-83% = 3 points 68-75% = 2 points 60-67% = 1 point Less than 60% = 0 points 	5
<p>4. Housing First</p> <p>HOW MEASURED: Housing First Self-Assessment score</p> <p>SCALE:</p> <ul style="list-style-type: none"> 170-180 = 5 points 160-169 = 4 points 150-159 = 3 points 140-149 = 2 points 130-139 = 1 point Under 130 = 0 points 	5
<p>5. Employment Income</p> <p>HOW MEASURED: Percentage of adults who increased income from employment</p> <p>SOURCE: APR</p> <p>CALCULATION: From item Q19a3, line 1 (earned income). Number of adults in columns 4 and 5, divided by total adults (column 7).</p> <p>SCALE:</p> <ul style="list-style-type: none"> 20% or more = 4 points 13-19% = 3 points 6-12% = 2 points 1-5% = 1 point Less than 1% = 0 points <p>(All PSH projects will receive a minimum of 2 points, and may receive 3 or 4 points if their performance is 13% or higher based on the above scale.)</p>	4

RANKING FACTORS FOR RENEWAL PROJECTS	Maximum Points
<p>6. Non-Employment Income</p> <p>HOW MEASURED: Percentage of adults who increased non-employment income.</p> <p>SOURCE: APR.</p> <p>CALCULATION: From item Q19a3, line 3 (other income). Number of adults in columns 4 and 5, divided by total adults (column 7).</p> <p>SCALE:</p> <ul style="list-style-type: none"> 10% or more = 3 points 5-9% = 2 points 1-4% = 1 point Less than 1% = 0 points 	3
<p>7. APR Submission</p> <p>HOW MEASURED: If APR submitted within 90 days of project end date.</p> <p>SOURCE: Grantees provide evidence of submission date.</p> <p>SCALE:</p> <ul style="list-style-type: none"> APR submitted within 90 days of project end date = 3 points 91 or more days = 0 points Projects in their first year of operation for whom APR is not due by time of ranking will receive 3 points. 	3
<p>8. Spending</p> <p>HOW MEASURED: Percentage of funds expended at end of project term</p> <p>SOURCE: Grantee</p> <p>SCALE:</p> <ul style="list-style-type: none"> Project spent 90-100% of grant funds in most recent completed year = 4 points 80-89% = 3 points 70-79% = 2 points 60-69% = 1 points Less than 60% = 0 points 	4
<p>9. Data Quality and Security</p> <p>HOW MEASURED: Accuracy and completeness of HMIS client data, and security measures to protect client data</p> <p>CALCULATION:</p> <ul style="list-style-type: none"> (1) Average percentage of errors in 15 HMIS data fields (from Q06a, Q06b, and Q06c); (2) Completion of HMIS security checklist. <p>SCALE:</p> <ul style="list-style-type: none"> Up to 2 points for percentage errors in HMIS client data fields: <ul style="list-style-type: none"> 0.00% error rate = 2 points 0.01% to 3.99% error rate = 1 point 4.00% and above error rate = 0 points 	4

RANKING FACTORS FOR RENEWAL PROJECTS		Maximum Points
Up to 2 points for HMIS questionnaire: Follow all Core Elements plus at least 1 Advanced Element = 2 points Follow all Core Elements = 1 point Does not follow all Core Elements = 0 points		
10. Type of Project WHAT: Type of project (e.g., SSO, TH, RRH, PSH, HMIS). HOW MEASURED: Incentives for projects that provide permanent housing or meet critical local needs . SOURCE: Most recent project application. PSH = 5 points RRH = 3 points HMIS and SSO/Coordinated Entry = 2 points All other projects = 0 points		5
11. SOAR Training WHAT: Participation in SOAR training. SOURCE: Questionnaire for grantees. SCALE: Staff of grantee or designated referral agency completed SOAR training in past 24 months = 1 point Staff of grantee or designated referral agency did not complete SOAR training in past 24 months = 0 points		1
MAXIMUM TOTAL POINTS		44

Tie Breakers

If two or more projects receive the exact same score, the tie(s) will be broken as follows:

- Tiebreaker #1 – **Funds available per person by region.** We will compute this as follows: Take the total CoC and ESG funds currently available in each region, and divide it by the PIT count for the region. Projects in the region with the smaller amount of funds available per person win the tie. If projects are still tied because they are in the same region, we will move to Tiebreaker #2.
- Tiebreaker #2 - **Number of beds.** The project with the greater number of beds (from Project Application section 4B) wins the tie. If projects are still tied because they have the same number of beds, we will move to Tiebreaker #3.
- Tiebreaker #3 – **Budget.** The project with the higher total budget (from Project Application section 6I) wins the tie.

			Needs and Vulnerabilities	Chronic Homelessness	Housing Stability	Housing First	Employment Income	Non-Employment Income	APR Submission	Spending	Data Quality and Security	Type of Project	SOAR Training	Total
Grantee	Project	Max Points→	5	5	5	5	4	3	3	4	4	5	1	44
C.E.F.S.	PSH													
C.E.F.S.	RRH (from SSO Reallocation)													
C.E.F.S.	RRH (formerly TH)													
ERBA	Permanent Housing													
ERBA	Rapid Rehousing													
IVEDC	Rapid Rehousing													

SPECIAL RANKING FACTORS FOR FIRST-TIME RENEWAL PROJECTS WITH LESS THAN 12 MONTHS HISTORY	Maximum Points
<p>1. Chronic homelessness</p> <p>WHAT: Housing for persons who are chronically homeless.</p> <p>HOW MEASURED: Percentage of all beds that are designated or prioritized for chronically homeless.</p> <p>SOURCE: First-year project application (item 4B).</p> <p>SCALE:</p> <ul style="list-style-type: none"> 100% of beds dedicated or prioritized = 5 points 90-99% = 4 points 80-89% = 3 points 70-79% = 2 points 60-69% = 1 point Less than 60% = 0 points 	<p>5</p>
<p>2. Housing First</p> <p>HOW MEASURED: Housing First Self-Assessment score</p> <p>SCALE:</p> <ul style="list-style-type: none"> 170-180 = 5 points 160-169 = 4 points 150-159 = 3 points 140-149 = 2 points 130-139 = 1 point Under 130 = 0 points 	<p>5</p>

SPECIAL RANKING FACTORS FOR FIRST-TIME RENEWAL PROJECTS WITH LESS THAN 12 MONTHS HISTORY	Maximum Points
<p>3. Vulnerabilities</p> <p>HOW MEASURED: Types of vulnerabilities that are prioritized</p> <p>SOURCE: First year project application, Item 3B(4)</p> <p>SCALE: Up to 4 points maximum.</p> <ul style="list-style-type: none"> • Chronically homeless – 2 points • Veterans – 1 points • Youth (under 25) – 1 point • Families with children – 1 point • Domestic violence – 1 point • Substance use disorders – 2 points • Mental illness – 2 points • HIV-AIDS – 1 point 	<p>4</p>
<p>4. Data quality and security</p> <p>HOW MEASURED: Completion of HMIS security checklist.</p> <p>SOURCE: Questionnaire.</p> <p>SCALE:</p> <p>Follow all Core Elements plus at least 1 Advanced Element = 2 points</p> <p>Follow all Core Elements = 1 point</p> <p>Does not follow all Core Elements = 0 points</p>	<p>2</p>
<p>5. Type of project</p> <p>WHAT: Type of project (e.g., SSO, TH, RRH, PSH, HMIS).</p> <p>HOW MEASURED: Incentives for projects that provide permanent housing or meet critical local needs, based on scale to be created.</p> <p>SOURCE: First year project application Items 3a(5) and 3b(4).</p> <p>PSH = 5 points</p> <p>RRH = 3 points</p> <p>HMIS and SSO/Coordinated Entry = 2 points</p> <p>All other projects = 0 points</p>	<p>5</p>
<p>6. SOAR training</p> <p>WHAT: Participation in SOAR training.</p> <p>HOW MEASURED: Did grant staff, or staff of designated referral agency, attend SOAR training in past 24 months?</p>	<p>1</p>

SPECIAL RANKING FACTORS FOR FIRST-TIME RENEWAL PROJECTS WITH LESS THAN 12 MONTHS HISTORY		Maximum Points
SOURCE: Grantee.		
SCALE: Staff of grantee or designated referral agency completed SOAR training in past 24 months = 1 point Staff of grantee or designated referral agency did not complete SOAR training in past 24 months = 0 points		
MAXIMUM TOTAL POINTS		20

Adjustment Factor:

The initial scores for first-time renewal projects are multiplied by the maximum total points of the Renewal Project scales divided by the maximum total points of the First-time Renewal project scale. (Adjusted Score = Initial Score X 44/20). The effect of this is that the highest-scoring first-time renewal projects will land in the middle of the final rankings, and lower-scoring first-time renewals will be in the bottom half.

NEW PROJECTS:

All new projects that are eligible for HUD funding and pass threshold reviews are ranked at the bottom, listed in order of bed capacity.

Selection & Ranking for Projects Submitted by Victim Services Providers

Restrictions are in place that protect privacy and foster safety for victims of domestic violence, sexual assault, stalking, dating violence, and human trafficking. These restrictions prohibit the sharing of data that is used to select and rank projects that are submitted by organizations that do not serve victims of these crimes.

Therefore, the CoC Monitoring, Review, and Ranking Committee has developed this alternate system of selecting and ranking projects submitted by victim service providers.

Project Selection

The Monitoring, Review, and Ranking Committee selects projects submitted by victim services providers based on the following criteria:

1. Projects and applicants must meet threshold requirements as required by HUD and the CoC.
2. Projects must serve eligible populations.
3. Projects must be eligible for funding as new or renewal projects, as defined by HUD for the specific CoC competition year.
4. Project expenditures must consist of eligible costs.
5. Projects must adhere to principles of victim safety in all policies and practices, including at a minimum (a) victim-centered services, (b) client choice, and (3) protection of individual data.

Projects meeting the above criteria are selected and ranked.

Ranking Process

The Monitoring, Review, and Ranking Committee reviews projects submitted by victim services providers and assigns them to rankings in the CoC Project Priority Listing. It takes the following factors into consideration:

- Demonstration of need
- Demonstration of ability to address the need effectively
- Number of persons served
- Use of research-based practices
- Realistic and achievable goals
- Cost per client
- Internal evaluations conducted by or for the grantee
- Positive feedback on client satisfaction surveys
- Positive relationships with local networks, including (a) health care; (b) law enforcement and criminal justice; (c) CoC; (d) human services; (e) advocacy groups; and (f) education
- Standing with state and national associations
- Other factors relevant to the type of project proposed

After considering the above factors, the Monitoring, Review, and Ranking Committee places each project in appropriate order in the CoC rankings.

Attachment 1E-3

Public Posting – Local Competition Rate, Rank, Review, and Selection Criteria (e.g. RFP)

**South Central Illinois CoC
IL-515**

1E.3 Public Posting – Local Competition Rate, Rank, and Selection Criteria

Website: scicontinuum.blogspot.com

Posted date: 8/2/2018

The screenshot shows a web browser window with the address bar displaying "scicontinuum.blogspot.com". The page content is as follows:

PUBLIC NOTICE
South Central Illinois Continuum of Care (IL-515)
FY 2018 Continuum of Care Application
Objective Selection and Ranking of Projects
Open the link below for full information

Public Notice
Posted by L Sullivan at 11:08 AM No comments

Ranking Scale for CoC Projects
July (1)
2017 (6)
2016 (6)
2015 (3)
2014 (3)
2013 (3)
2012 (3)
2011 (1)

Ranking Scale for CoC Projects
Below is the Revised Ranking Scale for the South Central Coc.
Revised Ranking Scale
Posted by L Sullivan at 9:52 AM No comments

Solicitation for Grants
Notification and Solicitation
Availability of Grants for Homelessness
Please open the Link below for notice and solicitation of HUD available grants.
Notification and Solicitation
Posted by L Sullivan at 1:00 PM No comments

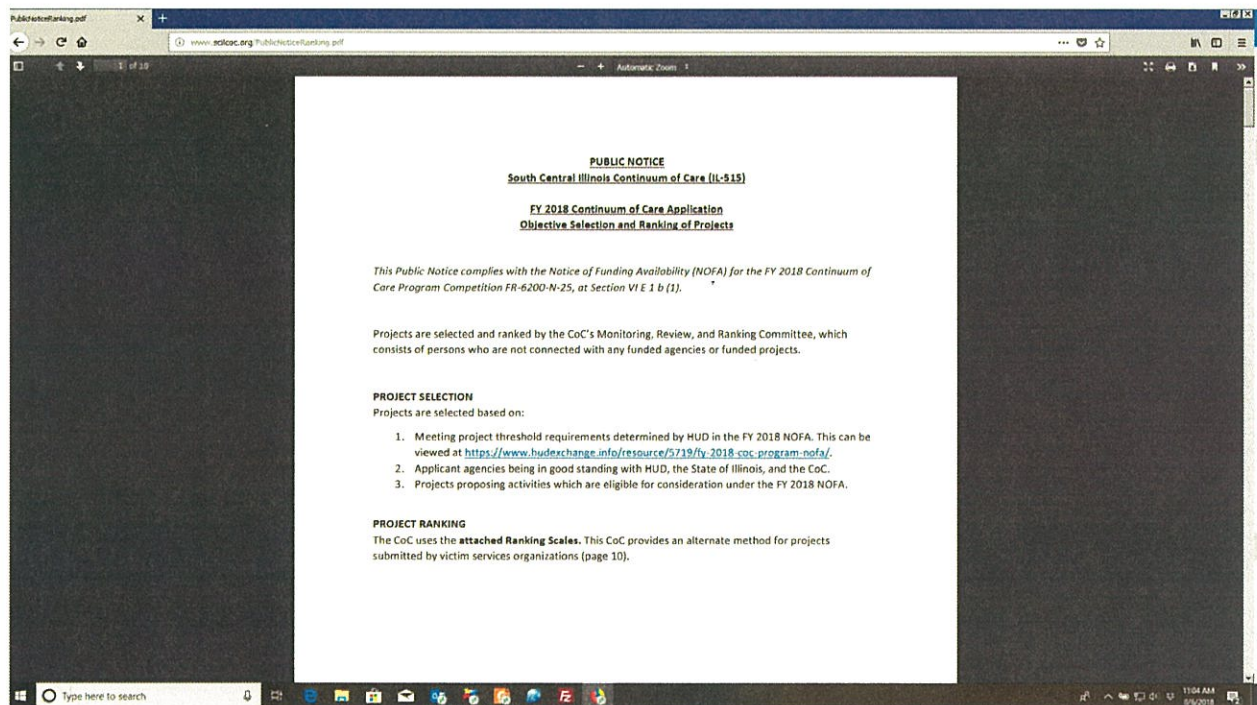
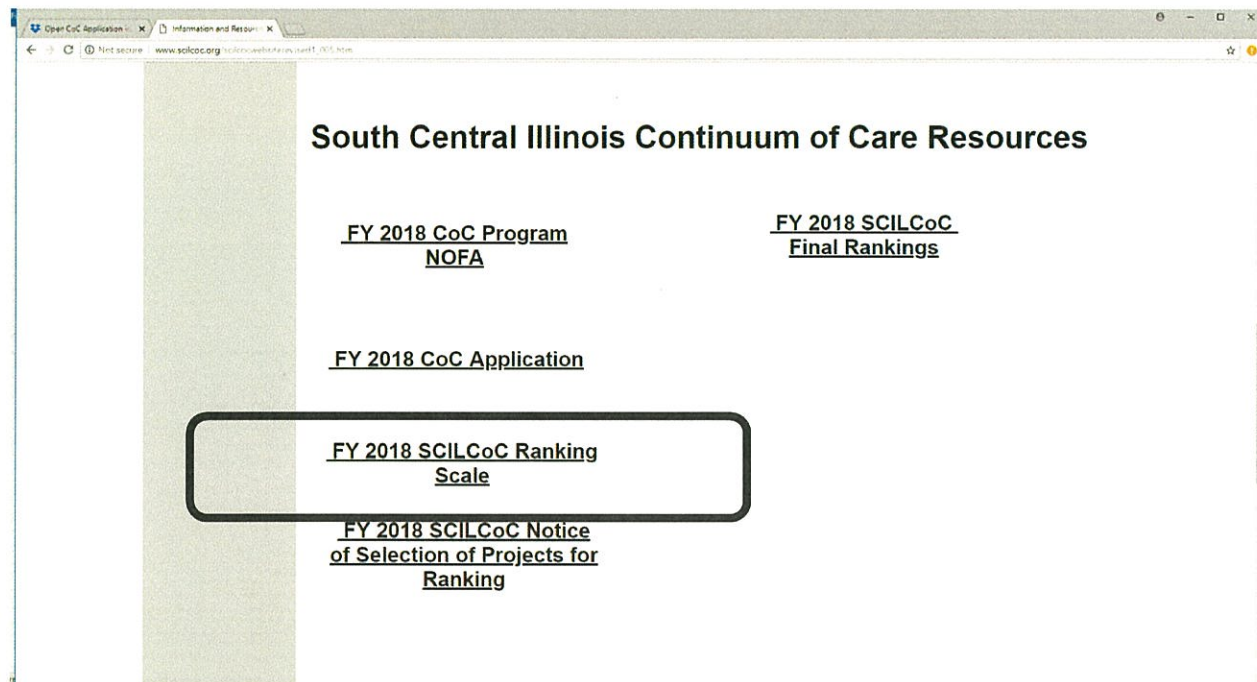
Final Ranking for 2017
Below is the final ranking for the 2017 CoC HUD Application
Final Ranking

The Windows taskbar at the bottom shows the time as 1:14 PM on 8/2/2018.

1E.3 Public Posting – Local Competition Rate, Rank, and Selection Criteria

Website: www.scilcoc.org (Continuum Website)

Posted date: 8/6/2018



1E.3 Public Posting – Local Competition Rate, Rank, and Selection Criteria

Website: www.cefseoc.org/so-il-continuum-of-care

Posted date: 8/6/2018

C.E.F.S. Economic Opportunity Corporation
1805 South Banker Street Effingham IL 62401 217.342.2193

**SC/CoC
SOUTH CENTRAL ILLINOIS CONTINUUM OF CARE**

Services for the Homeless

MISSION: To promote the goal of ending homelessness; provide support for efforts to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused. To promote access to and effective utilization of mainstream programs, and optimize self sufficiency among those experiencing homelessness.

The South Central Illinois Continuum of Care is committed to furthering fair housing by promoting fair and equal housing opportunities for all individuals.

The goals of the SC/CoC are:

- To develop a more comprehensive and understood method of referral among partners to assure dignified and efficient response to requests for service by the homeless.
- To further scrutinize the Continuum of Care, gaining a better understanding of needs and gaps in service, and soliciting projects to address unmet priorities.
- To emphasize longer-term needs of homeless individuals and families, focusing resources on root causes (rather than just presenting issues), and on development toward greater levels of self-sufficiency.
- To address the need for affordable housing through the development of affordable housing units and through full utilization of current inventory.

For Clay, Effingham, Fayette, Shelby, Christian, Montgomery, and Moultrie Counties contact:

*Calhoun
Christian*

SC/CoC Final Ranking
[SC/CoC Request for Application](#)
[Public Notice - Ranking/Selection Criteria](#)

Serving the homeless populations in the following counties:

PUBLIC NOTICE
South Central Illinois Continuum of Care (IL-515)
FY 2018 Continuum of Care Application
Objective Selection and Ranking of Projects

This Public Notice complies with the Notice of Funding Availability (NOFA) for the FY 2018 Continuum of Care Program Competition FR-6200-N-25, at Section VI E.1 b (1).

Projects are selected and ranked by the CoC's Monitoring, Review, and Ranking Committee, which consists of persons who are not connected with any funded agencies or funded projects.

PROJECT SELECTION
Projects are selected based on:

1. Meeting project threshold requirements determined by HUD in the FY 2018 NOFA. This can be viewed at <https://www.hudexchange.info/resource/5719/fy-2018-soc-program-nofa/>.
2. Applicant agencies being in good standing with HUD, the State of Illinois, and the CoC.
3. Projects proposing activities which are eligible for consideration under the FY 2018 NOFA.

PROJECT RANKING
The CoC uses the attached Ranking Scales. This CoC provides an alternate method for projects submitted by victim services organizations (page 10).

Page 1 of 10

1E.3 Public Posting – Local Competition Rate, Rank, and Selection Criteria

Website: www.ilvalley-edc.org

Posted date: 8/20/2018

The screenshot shows a web browser displaying the Illinois Valley Economic Development Corporation (IVEDC) website. The browser's address bar shows the URL www.ilvalley-edc.org. The website's header includes the IVEDC logo and navigation links: Home, About Us, Programs, IVEDC Events, Get Involved, and Employment. A contact number (317) 839-4431 and the website URL are also present.

The main content area features a large blue banner with the title "Ranking Scales for FY18 CoC Projects" in white text. Below the title, it says "by Katie Knudde | July 27, 2017 | Uncategorized | 0 Comments". The text continues: "Ranking Scales for FY 2018 CoC Projects. To learn more click the button below!" and includes a "Read More" button.

On the right side of the banner, there is a calendar for August 2017, with the 1st of August highlighted. Below the calendar are several buttons: "Senior Centers", "LDRAP", "Agency Holiday", "Rehabilitation Centers", and "All categories".

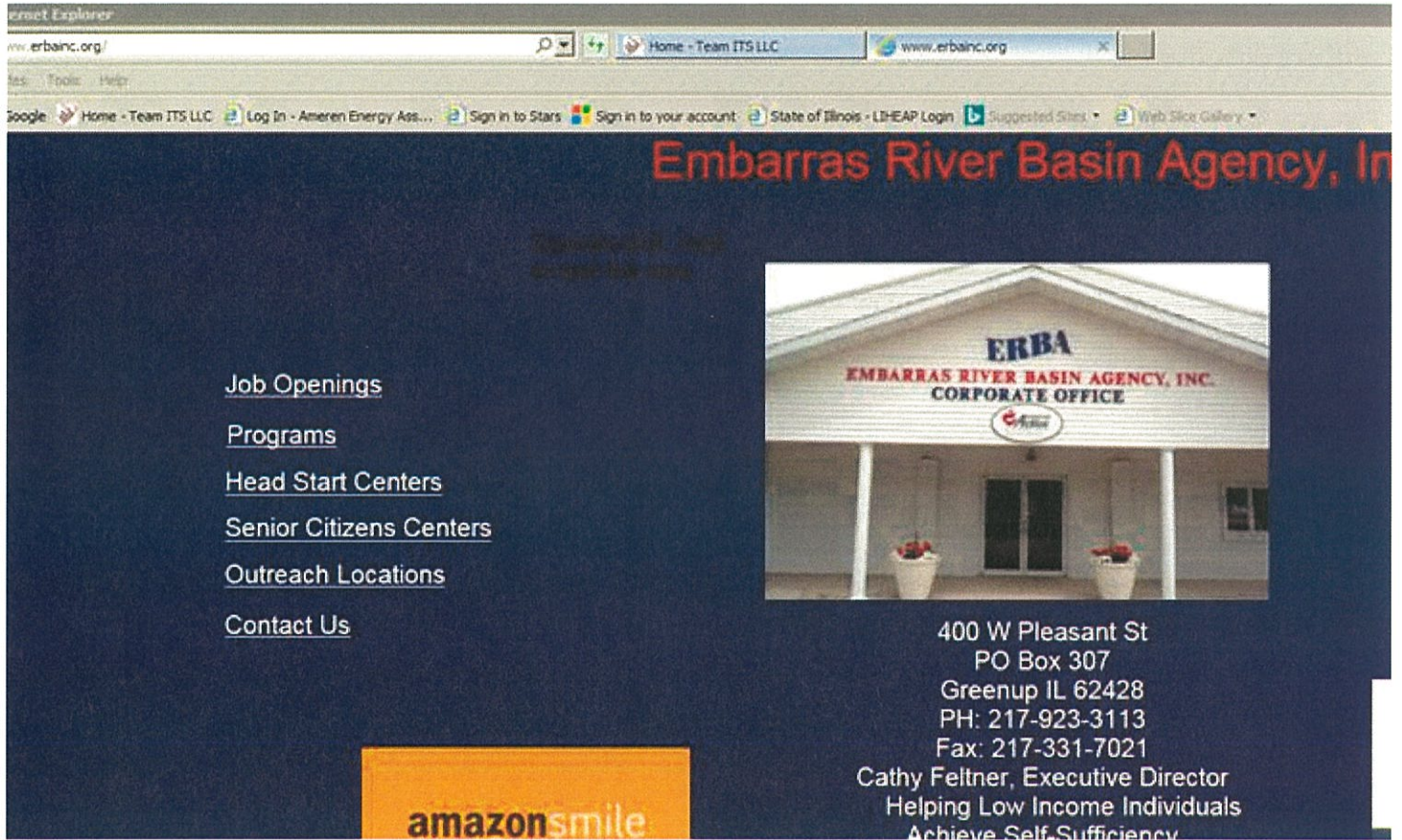
Below the banner, there is a section titled "Posts Page" with a link "Visit our Posts List".

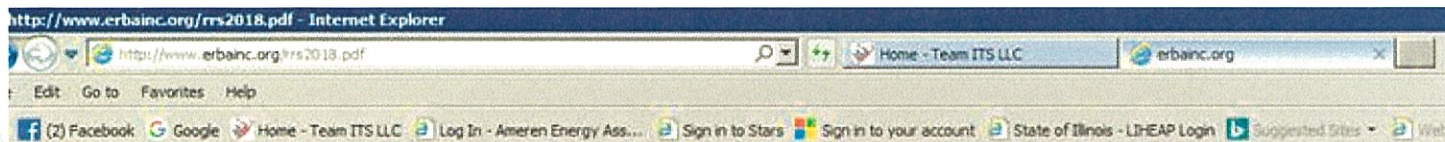
At the bottom of the page, there is a logo for Ameren Illinois and a text block that reads: "Thanks to Ameren's generosity, we can better support our network and delivery system to those in need of energy assistance, home weatherization, and other services. Ameren".

The Windows taskbar at the bottom of the screen shows the time as 12:09 PM on 8/20/2018.

Jessica Pauley

From: Mindy Browning
Sent: Monday, August 06, 2018 11:49 AM
To: Jessica Pauley
Subject: Ranking Scale published.





Ranking Scales for CoC Pro South Central Illinois C

+

NOTES:

1. All numbers and percentages are rounded to near
2. SAGE APR reports are generated from HMIS for all the most recently completed calendar quarter (e.g.

RANKING FACTORS FOR RENEW

1. Needs and Vulnerabilities



Embarras River Basin Agency

Published by Mindy Browning [?] · Just now ·

2018 Continuum of Care Ranking Scale

ERBAINC.ORG

www.erbainc.org

Boost Post



Like



Comment



Share



See All

Mindy Browning, CCAP

LIHEAP/Outreach/IT Coordinator
Embarras River Basin Agency, Inc.
Greenup, IL
217-923-3113 x235



Find us on
Facebook



Serving: Clark, Coles, Crawford, Cumberland, Douglas, Edgar, Jasper, Lawrence and Richland counties

You can help support our mission by shopping <https://smile.amazon.com/ch/37-0890281> and a portion of eligible purchases will be donated to ERBA.

This message may contain information that is privileged and confidential. If you are not the intended recipient of this message, please do not disclose, forward, distribute, copy, or use this message or its contents. If you have received this communication in error, please notify us immediately by return e-mail and delete the original message from your e-mail system. Thank you.



Consider the environment. Only print if necessary.

Notification and Solicitation Availability of Grants for Homelessness

Date: June 29, 2018

The South Central Illinois Continuum of Care (CoC) announces the availability of grants to prevent and end homelessness through the United States Department of Urban Development's "Notice of Funding Availability (NOFA) for the Fiscal Year 2018 Continuum of Care Competition." The CoC is open to, and it will accept and consider proposals from organizations that have not previously received CoC Program Grants.

*Applications must be submitted by **August 13, 2018.***

*The CoC will notify applicants of acceptance, rejection, or modification of their projects no later than **August 17, 2018.***

Organizations that have not received CoC funding in the past are encouraged to apply. All interested organizations are urged to contact the CoC and read the NOFA in its entirety **before** submitting an application. Select this [link](#) to download the NOFA. Select this [link](#) to access critical instructions and guidance from a HUD website.

Organizations with track records of serving victims of domestic violence are especially urged to consider applying for Domestic Violence Bonus funds (see below). Please contact the CoC for assistance.

Please understand that HUD has specific requirements for applicants, including:

- The Continuum of Care will carefully review the qualifications of the applicant and the proposed project to assure that they meet HUD's threshold requirements.
- Projects that (1) are eligible; and (2) that meet HUD's threshold requirements; and (3) that demonstrate need; and (4) that demonstrate organizational capacity, will be accepted and ranked in priority order using an objective process. The ranking process will be posted on this website.
- Individuals, for-profit organizations, and unincorporated entities are not eligible to apply.
- Under the Domestic Violence Bonus, organizations may apply for targeted projects serving victims of domestic violence, sexual assault, stalking, and/or trafficking. These projects may be: Rapid Rehousing; Joint Transitional Housing and Permanent Housing/Rapid Rehousing; and specialized Coordinated Entry.
- Only three types of projects are eligible: Rapid Rehousing; Permanent Supportive Housing for persons with disabilities who experience long-term or repeated homelessness; and Joint Transitional Housing and Permanent Housing/Rapid Rehousing. The NOFA provides details on each of these.
- Applicant organizations must use the e-snaps system to submit their proposals. If interested, you are strongly urged to create an "Applicant Profile" in e-snaps immediately. Select this [link](#) to access the log-in page for e-snaps. If you do not have an e-snaps user account, select "Create a Profile" from the e-snaps log-in page. The CoC will provide assistance with this step upon request.

Contact Jessica Pauley at jessicap@erbainc.org for more information.

PUBLIC NOTICE
South Central Illinois Continuum of Care (IL-515)

FY 2018 Continuum of Care Application
Objective Selection and Ranking of Projects

This Public Notice complies with the Notice of Funding Availability (NOFA) for the FY 2018 Continuum of Care Program Competition FR-6200-N-25, at Section VI E 1 b (1).

Projects are selected and ranked by the CoC's Monitoring, Review, and Ranking Committee, which consists of persons who are not connected with any funded agencies or funded projects.

PROJECT SELECTION

Projects are selected based on:

1. Meeting project threshold requirements determined by HUD in the FY 2018 NOFA. This can be viewed at <https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/>.
2. Applicant agencies being in good standing with HUD, the State of Illinois, and the CoC.
3. Projects proposing activities which are eligible for consideration under the FY 2018 NOFA.

PROJECT RANKING

The CoC uses the **attached Ranking Scales**. This CoC provides an alternate method for projects submitted by victim services organizations (page 10).

Ranking Scales for CoC Projects – FY 2018

South Central Illinois CoC (IL-515)

NOTES:

1. All numbers and percentages are rounded to nearest whole number/percentage.
2. SAGE APR reports are generated from HMIS for all projects for a 12-month period ending in the most recently completed calendar quarter (e.g., April to March, or July to June).

RANKING FACTORS FOR RENEWAL PROJECTS	Maximum Points
<p>1. Needs and Vulnerabilities</p> <p>HOW MEASURED: Percentage of participants who entered the project with high barriers.</p> <p>SOURCE: APR</p> <p>CALCULATION:</p> <p>For RRH Projects, there are three factors:</p> <ul style="list-style-type: none"> • 50% or more adult participants had zero income at entry (from item Q16) • 50% or more adult participants with more than one condition at entry (Q13a2) • 50% or more adult participants entered project from place not meant for human habitation (Q15) <p>For PSH projects, there are three factors:</p> <ul style="list-style-type: none"> • 80% or more adult participants had zero income at entry (from item Q16) • 75% or more adult participants with more than one condition at entry (Q13a2) • 75% or more adult participants entered project from place not meant for human habitation (Q15) <p>SCALE:</p> <p>Projects meeting all three factors = 5 points Projects meeting two factors = 3 points Projects meeting one factor = 1 point Projects meeting zero factors = 0 points</p>	5
<p>2. Chronic Homelessness</p> <p>HOW MEASURED: Percentage of all persons served who were chronically homeless at entry.</p> <p>SOURCE: APR</p> <p>CALCULATION: Number of chronically homeless adults divided by total number of adults (from item Q05a).</p> <p>SCALE:</p> <p>Highest percentage among all projects = 5 points Second highest percentage = 4 points Third highest percentage = 3 points Fourth highest percentage = 2 points All other projects serving any chronically homeless = 1 point Any projects serving no chronically homeless = 0 points</p> <p>Ties: Tied projects receive full score, and the next highest project receives the full score for the next level. For example, if two projects are tied for highest percentage, they both get 5 points, and the project(s) with the next highest percentage gets 4 points.</p>	5

RANKING FACTORS FOR RENEWAL PROJECTS	Maximum Points
<p>3. Housing Stability</p> <p>HOW MEASURED: The percentage of participants remaining in or exiting to permanent housing.</p> <p>SOURCE: APR</p> <p>CALCULATION: The number of stayers in permanent housing, including RRH, at the end of the year (from item Q05a), plus the number who exited to permanent housing destinations during the year (from items Q23a and Q23b); divided by the total number of persons (Q05a)</p> <p>SCALE:</p> <ul style="list-style-type: none"> 92-100% = 5 points 84-91% = 4 points 76-83% = 3 points 68-75% = 2 points 60-67% = 1 point Less than 60% = 0 points 	5
<p>4. Housing First</p> <p>HOW MEASURED: Housing First Self-Assessment score</p> <p>SCALE:</p> <ul style="list-style-type: none"> 170-180 = 5 points 160-169 = 4 points 150-159 = 3 points 140-149 = 2 points 130-139 = 1 point Under 130 = 0 points 	5
<p>5. Employment Income</p> <p>HOW MEASURED: Percentage of adults who increased income from employment</p> <p>SOURCE: APR</p> <p>CALCULATION: From item Q19a3, line 1 (earned income). Number of adults in columns 4 and 5, divided by total adults (column 7).</p> <p>SCALE:</p> <ul style="list-style-type: none"> 20% or more = 4 points 13-19% = 3 points 6-12% = 2 points 1-5% = 1 points Less than 1% = 0 points <p>(All PSH projects will receive a minimum of 2 points, and may receive 3 or 4 points if their performance is 13% or higher based on the above scale.)</p>	4

RANKING FACTORS FOR RENEWAL PROJECTS	Maximum Points
<p>6. Non-Employment Income</p> <p>HOW MEASURED: Percentage of adults who increased non-employment income.</p> <p>SOURCE: APR.</p> <p>CALCULATION: From item Q19a3, line 3 (other income). Number of adults in columns 4 and 5, divided by total adults (column 7).</p> <p>SCALE:</p> <ul style="list-style-type: none"> 10% or more = 3 points 5-9% = 2 points 1-4% = 1 point Less than 1% = 0 points 	3
<p>7. APR Submission</p> <p>HOW MEASURED: If APR submitted within 90 days of project end date.</p> <p>SOURCE: Grantees provide evidence of submission date.</p> <p>SCALE:</p> <ul style="list-style-type: none"> APR submitted within 90 days of project end date = 3 points 91 or more days = 0 points Projects in their first year of operation for whom APR is not due by time of ranking will receive 3 points. 	3
<p>8. Spending</p> <p>HOW MEASURED: Percentage of funds expended at end of project term</p> <p>SOURCE: Grantee</p> <p>SCALE:</p> <ul style="list-style-type: none"> Project spent 90-100% of grant funds in most recent completed year = 4 points 80-89% = 3 points 70-79% = 2 points 60-69% = 1 points Less than 60% = 0 points 	4
<p>9. Data Quality and Security</p> <p>HOW MEASURED: Accuracy and completeness of HMIS client data, and security measures to protect client data</p> <p>CALCULATION:</p> <ul style="list-style-type: none"> (1) Average percentage of errors in 15 HMIS data fields (from Q06a, Q06b, and Q06c); (2) Completion of HMIS security checklist. <p>SCALE:</p> <ul style="list-style-type: none"> Up to 2 points for percentage errors in HMIS client data fields: <ul style="list-style-type: none"> 0.00% error rate = 2 points 0.01% to 3.99% error rate = 1 point 4.00% and above error rate = 0 points 	4

RANKING FACTORS FOR RENEWAL PROJECTS		Maximum Points
Up to 2 points for HMIS questionnaire: Follow all Core Elements plus at least 1 Advanced Element = 2 points Follow all Core Elements = 1 point Does not follow all Core Elements = 0 points		
10. Type of Project WHAT: Type of project (e.g., SSO, TH, RRH, PSH, HMIS). HOW MEASURED: Incentives for projects that provide permanent housing or meet critical local needs . SOURCE: Most recent project application. PSH = 5 points RRH = 3 points HMIS and SSO/Coordinated Entry = 2 points All other projects = 0 points		5
11. SOAR Training WHAT: Participation in SOAR training. SOURCE: Questionnaire for grantees. SCALE: Staff of grantee or designated referral agency completed SOAR training in past 24 months = 1 point Staff of grantee or designated referral agency did not complete SOAR training in past 24 months = 0 points		1
MAXIMUM TOTAL POINTS		44

Tie Breakers

If two or more projects receive the exact same score, the tie(s) will be broken as follows:

- **Tiebreaker #1 – Funds available per person by region.** We will compute this as follows: Take the total CoC and ESG funds currently available in each region, and divide it by the PIT count for the region. Projects in the region with the smaller amount of funds available per person win the tie. If projects are still tied because they are in the same region, we will move to Tiebreaker #2.
- **Tiebreaker #2 - Number of beds.** The project with the greater number of beds (from Project Application section 4B) wins the tie. If projects are still tied because they have the same number of beds, we will move to Tiebreaker #3.
- **Tiebreaker #3 – Budget.** The project with the higher total budget (from Project Application section 6I) wins the tie.

			Needs and Vulnerabilities	Chronic Homelessness	Housing Stability	Housing First	Employment Income	Non-Employment Income	APR Submission	Spending	Data Quality and Security	Type of Project	SOAR Training	Total
Grantee	Project	Max Points→	5	5	5	5	4	3	3	4	4	5	1	44
C.E.F.S.	PSH													
C.E.F.S.	RRH (from SSO Reallocation)													
C.E.F.S.	RRH (formerly TH)													
ERBA	Permanent Housing													
ERBA	Rapid Rehousing													
IVEDC	Rapid Rehousing													

SPECIAL RANKING FACTORS FOR FIRST-TIME RENEWAL PROJECTS WITH LESS THAN 12 MONTHS HISTORY	Maximum Points
<p>1. Chronic homelessness</p> <p>WHAT: Housing for persons who are chronically homeless.</p> <p>HOW MEASURED: Percentage of all beds that are designated or prioritized for chronically homeless.</p> <p>SOURCE: First-year project application (item 4B).</p> <p>SCALE:</p> <ul style="list-style-type: none"> 100% of beds dedicated or prioritized = 5 points 90-99% = 4 points 80-89% = 3 points 70-79% = 2 points 60-69% = 1 point Less than 60% = 0 points 	<p>5</p>
<p>2. Housing First</p> <p>HOW MEASURED: Housing First Self-Assessment score</p> <p>SCALE:</p> <ul style="list-style-type: none"> 170-180 = 5 points 160-169 = 4 points 150-159 = 3 points 140-149 = 2 points 130-139 = 1 point Under 130 = 0 points 	<p>5</p>

SPECIAL RANKING FACTORS FOR FIRST-TIME RENEWAL PROJECTS WITH LESS THAN 12 MONTHS HISTORY	Maximum Points
<p>3. Vulnerabilities</p> <p>HOW MEASURED: Types of vulnerabilities that are prioritized</p> <p>SOURCE: First year project application, Item 3B(4)</p> <p>SCALE: Up to 4 points maximum.</p> <ul style="list-style-type: none"> • Chronically homeless – 2 points • Veterans – 1 points • Youth (under 25) – 1 point • Families with children – 1 point • Domestic violence – 1 point • Substance use disorders – 2 points • Mental illness – 2 points • HIV-AIDS – 1 point 	<p>4</p>
<p>4. Data quality and security</p> <p>HOW MEASURED: Completion of HMIS security checklist.</p> <p>SOURCE: Questionnaire.</p> <p>SCALE:</p> <p>Follow all Core Elements plus at least 1 Advanced Element = 2 points</p> <p>Follow all Core Elements = 1 point</p> <p>Does not follow all Core Elements = 0 points</p>	<p>2</p>
<p>5. Type of project</p> <p>WHAT: Type of project (e.g., SSO, TH, RRH, PSH, HMIS).</p> <p>HOW MEASURED: Incentives for projects that provide permanent housing or meet critical local needs, based on scale to be created.</p> <p>SOURCE: First year project application Items 3a(5) and 3b(4).</p> <p>PSH = 5 points</p> <p>RRH = 3 points</p> <p>HMIS and SSO/Coordinated Entry = 2 points</p> <p>All other projects = 0 points</p>	<p>5</p>
<p>6. SOAR training</p> <p>WHAT: Participation in SOAR training.</p> <p>HOW MEASURED: Did grant staff, or staff of designated referral agency, attend SOAR training in past 24 months?</p>	<p>1</p>

SPECIAL RANKING FACTORS FOR FIRST-TIME RENEWAL PROJECTS WITH LESS THAN 12 MONTHS HISTORY		Maximum Points
SOURCE: Grantee.		
SCALE: Staff of grantee or designated referral agency completed SOAR training in past 24 months = 1 point Staff of grantee or designated referral agency did not complete SOAR training in past 24 months = 0 points		
MAXIMUM TOTAL POINTS		20

Adjustment Factor:

The initial scores for first-time renewal projects are multiplied by the maximum total points of the Renewal Project scales divided by the maximum total points of the First-time Renewal project scale. (Adjusted Score = Initial Score X 44/20). The effect of this is that the highest-scoring first-time renewal projects will land in the middle of the final rankings, and lower-scoring first-time renewals will be in the bottom half.

NEW PROJECTS:

All new projects that are eligible for HUD funding and pass threshold reviews are ranked at the bottom, listed in order of bed capacity.

Selection & Ranking for Projects Submitted by Victim Services Providers

Restrictions are in place that protect privacy and foster safety for victims of domestic violence, sexual assault, stalking, dating violence, and human trafficking. These restrictions prohibit the sharing of data that is used to select and rank projects that are submitted by organizations that do not serve victims of these crimes.

Therefore, the CoC Monitoring, Review, and Ranking Committee has developed this alternate system of selecting and ranking projects submitted by victim service providers.

Project Selection

The Monitoring, Review, and Ranking Committee selects projects submitted by victim services providers based on the following criteria:

1. Projects and applicants must meet threshold requirements as required by HUD and the CoC.
2. Projects must serve eligible populations.
3. Projects must be eligible for funding as new or renewal projects, as defined by HUD for the specific CoC competition year.
4. Project expenditures must consist of eligible costs.
5. Projects must adhere to principles of victim safety in all policies and practices, including at a minimum (a) victim-centered services, (b) client choice, and (3) protection of individual data.

Projects meeting the above criteria are selected and ranked.

Ranking Process

The Monitoring, Review, and Ranking Committee reviews projects submitted by victim services providers and assigns them to rankings in the CoC Project Priority Listing. It takes the following factors into consideration:

- Demonstration of need
- Demonstration of ability to address the need effectively
- Number of persons served
- Use of research-based practices
- Realistic and achievable goals
- Cost per client
- Internal evaluations conducted by or for the grantee
- Positive feedback on client satisfaction surveys
- Positive relationships with local networks, including (a) health care; (b) law enforcement and criminal justice; (c) CoC; (d) human services; (e) advocacy groups; and (f) education
- Standing with state and national associations
- Other factors relevant to the type of project proposed

After considering the above factors, the Monitoring, Review, and Ranking Committee places each project in appropriate order in the CoC rankings.

Attachment 1E-4

CoC's Reallocation Process

**South Central Illinois CoC
IL-515**

SOUTH CENTRAL ILLINOIS CONTINUUM OF CARE
Reallocation Process
CoC IL-515

For the last several years, HUD has placed importance on the reallocating of funding from underperforming projects, projects that are underspending, or projects that no longer serve the needs of the populations within the CoC. These criteria are monitored by the Monitoring and Ranking Committee. The South Central Illinois Continuum of Care reallocates funding as needed to improve CoC performance, reduce homelessness and create and promote housing stability. Funds are reallocated on a voluntary or involuntary basis in accordance with the criteria below.

1. Voluntary Reallocation

Any current CoC grantee can voluntarily reallocate its existing project by reducing a project's annual renewal demand either in whole or in part. Any grantee wishing to reallocate funds must notify the South Central Illinois Continuum of Care within the timeline outlined in that year's competition process.

2. Involuntary Reallocation

Throughout the year, the Monitoring and Ranking Committee meets to monitor the ongoing results of the grants. The following tools and benchmarks are used to measure project performance in this process: Monitoring tool utilization rates, housing stability, eligibility, length of time homelessness, destination at exit, income growth, and utilization of main stream benefits. Additionally, review of applicable APR submissions and documentation of draws from eLOCCS are monitored for timeliness and accuracy.

If a project is deemed to be in need of reallocation due to low performance in these areas, the CoC begins a review using the Coordinated Assessment tracking tool to verify the next greatest need. A final reallocation process summary is submitted to the Continuum Board of Directors within the timeline outlined in that year's competition process.

All funding made available through either voluntary or involuntary reallocation is awarded via a competitive application process. Providers wishing to apply for funds made available through reallocation must submit a new project application in accordance with the CoC Competition instructions. New funding requests are considered by the Monitoring and Ranking Committee during the annual competition and are ranked as part of the CoC prioritization process.

This year, the South Central Illinois CoC Governing Board found that no reallocation was needed because all CoC projects were high-performing and meeting the critical needs of their jurisdictions.

In past years, the Board has faced difficult decisions, such as (1) reallocating a large portion of transitional housing to rapid rehousing in order to redirect the funding to serve an increased population need, and (2) reallocating supportive service grants to increase rapid rehousing units, again to serve an increased population need.

The Reallocation process and availability to apply are discussed yearly at the Board of Directors meeting in July.

Attachment 1E-5

Notifications Outside e-snaps – Projects Accepted

**South Central Illinois CoC
IL-515**

Jessica Pauley

From: Jessica Pauley
Sent: Wednesday, August 08, 2018 3:37 PM
To: kbushur@cefseoc.org; 'tkreipe@ilvalley-edc.org'; Cathy Feltner
Cc: bwaymire@cefseoc.org; 'Cindy Mayer'; 'Stephanie Stahlhut'; Fred Spannaus
Subject: Notice of Selection of Projects for Ranking
Attachments: Notice of Selection of Projects for Ranking.docx

Hello all!

Please see the attached Notice of Selection of Projects for Ranking.

Thank you!
Jess

Jessica Pauley

Embarras River Basin Agency, Inc.
Homeless Coordinator
400 W. Pleasant
Greenup, IL 62428
Phone: 217-923-3113 ext 225
Fax: 217-331-7021

August 8, 2018

To: Kevin Bushur, C.E.F.S.
Cathy Feltner, Embarras River Basin Agency
Tracey Kreipe, Illinois Valley Economic Development Corporation

This notice complies with HUD requirements at Section 1E-5 of the CoC Application. This is your formal notification that the following projects were selected for ranking and submission to HUD in the FY 2018 Continuum of Care competition.

Selected Projects:

- **C.E.F.S.**
 - *Permanent Supportive Housing*
 - *RRH1*
 - *RRH2*

Note : C.E.F.S. will be applying to consolidate the RRH1 and RRH2 projects.

- **Embarras River Basin Agency**
 - *Permanent Housing*
 - *Rapid Rehousing*
 - *HMIS*
 - *DV Bonus Joint TH-RRH*
- **Illinois Valley Economic Development Corporation**
 - *IVEDC PH Rapid Rehousing*
 - *Coordinated Entry Extension*

No projects were reduced or rejected.

Thank you,

*Fred Spannaus
Monitoring Review and Ranking Committee
South Central Illinois Continuum of Care (IL-515)*

Attachment 1E-5

Notifications Outside e-snaps – Projects Rejected or Reduced

**South Central Illinois CoC
IL-515**



EMBARRAS RIVER BASIN AGENCY, INC.

CATHY FELTNER, EXECUTIVE DIRECTOR

400 West Pleasant Street

P.O. Box 307

Greenup, Illinois 62428-0307

Phone: (217)923-3113

FAX Head Start: (217)331-7022

FAX All Other: (217)331-7021

Toll Free: (800)252-1152

www.erbainc.org

Serving: Clark, Coles, Crawford, Cumberland, Douglas, Edgar, Jasper, Lawrence
and Richland Counties

August 8, 2018

To Whom It May Concern:

We did not have any projects that were rejected or reduced for this year's CoC Application.

Thank you!

Jessica Pauley

CoC Lead

South Central Continuum of Care



Attachment 1E-5

Public Posting – Local Competition Deadline

**South Central Illinois CoC
IL-515**

Notification and Solicitation Availability of Grants for Homelessness

Date: June 29, 2018

The South Central Illinois Continuum of Care (CoC) announces the availability of grants to prevent and end homelessness through the United States Department of Urban Development's "Notice of Funding Availability (NOFA) for the Fiscal Year 2018 Continuum of Care Competition." The CoC is open to, and it will accept and consider proposals from organizations that have not previously received CoC Program Grants.

*Applications must be submitted by **August 13, 2018.***

*The CoC will notify applicants of acceptance, rejection, or modification of their projects no later than **August 17, 2018.***

Organizations that have not received CoC funding in the past are encouraged to apply. All interested organizations are urged to contact the CoC and read the NOFA in its entirety **before** submitting an application. Select this [link](#) to download the NOFA. Select this [link](#) to access critical instructions and guidance from a HUD website.

Organizations with track records of serving victims of domestic violence are especially urged to consider applying for Domestic Violence Bonus funds (see below). Please contact the CoC for assistance.

Please understand that HUD has specific requirements for applicants, including:

- The Continuum of Care will carefully review the qualifications of the applicant and the proposed project to assure that they meet HUD's threshold requirements.
- Projects that (1) are eligible; and (2) that meet HUD's threshold requirements; and (3) that demonstrate need; and (4) that demonstrate organizational capacity, will be accepted and ranked in priority order using an objective process. The ranking process will be posted on this website.
- Individuals, for-profit organizations, and unincorporated entities are not eligible to apply.
- Under the Domestic Violence Bonus, organizations may apply for targeted projects serving victims of domestic violence, sexual assault, stalking, and/or trafficking. These projects may be: Rapid Rehousing; Joint Transitional Housing and Permanent Housing/Rapid Rehousing; and specialized Coordinated Entry.
- Only three types of projects are eligible: Rapid Rehousing; Permanent Supportive Housing for persons with disabilities who experience long-term or repeated homelessness; and Joint Transitional Housing and Permanent Housing/Rapid Rehousing. The NOFA provides details on each of these.
- Applicant organizations must use the e-snaps system to submit their proposals. If interested, you are strongly urged to create an "Applicant Profile" in e-snaps immediately. Select this [link](#) to access the log-in page for e-snaps. If you do not have an e-snaps user account, select "Create a Profile" from the e-snaps log-in page. The CoC will provide assistance with this step upon request.

Contact Jessica Pauley at jessicap@erbainc.org for more information.

Greenup Press
6/29/2018

SBL Golf Benefit Raises \$55,000 for Heart Center

The 29th annual Sarah Bush Lincoln Golf Benefit experienced a successful year, reaching net proceeds of more than \$55,000 and attracting 268 golfers on June 8th at the Mattoon Golf & Country Club. Funds raised will support "Life . . . Nothing Beats It," the SBL Health Foundation's current campaign to raise funds for the cardiology expansion project that includes a new Heart Center and 21 new private patient rooms.

"We are extremely grateful for the generosity of our sponsors and the enthusiasm of the golfers," said Kim Lockart, special events officer for the Health Foundation. "Keeping the event fresh for our golfers can be a challenge, but the real reward is getting to share with them that they are responsible for record net proceeds raised for this outing." Lockart extended a special thank you to this year's title sponsors: BSA Life-Structures; CoBank; Coles-Moultrie Electric Cooperative; First Mid Bank & Trust; Hinshaw & Culbertson, LLP; Dale & Marilyn Hoots; and McCarthy Building Companies, Inc.

A \$200 cash prize was awarded to the top teams in each flight with the Meadowview Golf

Notification and Solicitation

Availability of Grants for Homelessness

Date: June 29, 2018

The South Central Illinois Continuum of Care (CoC) announces the availability of grants to prevent and end homelessness through the United States Department of Urban Development's "Notice of Funding Availability (NOFA) for the Fiscal Year 2018 Continuum of Care Competition." The CoC is open to, and it will accept and con-

18 holes. Hole winners and prizes were: Dale Boyer, Masterbuilt smoker and gift basket; Cainan Lilly, NASCAR tickets; Bob Lockart, golf package; Joe Pratt, Apple HomePod; John Parker, French Link resort golf package; Jeremy Morton, Cardinals baseball tickets; Matt Brown, Chicago Bulls tickets and gift basket; Mike Morton, Kirkwood National golf package; Brian Hayes, Mattoon Golf & Country Club social membership; Kristi Hutton, Yeti cooler and Effingham Performance Center gift certificate; Connor Greene, Cardinals baseball tickets; and Tom Bridwell, Cardinals baseball tickets and tailgate package. Twenty-one additional prizes ranging in value

consider proposals from organizations that have not previously received CoC Program Grants.

Applications must be submitted by August 13, 2018.

The CoC will notify applicants of acceptance, rejection, or modification of their projects no later than August 17, 2018.

Organizations that have not received CoC funding in the past are encouraged to apply. All interested organizations are urged to contact the CoC and read the NOFA in its entirety before submitting an application. Select this link to download the NOFA. Select this link to access critical instructions and guidance from a HUD website.

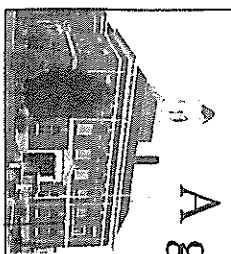
Organizations with track records of serving victims of domestic violence are especially urged to consider applying for Domestic Violence Bonus funds (see below). Please contact the CoC for assistance.

Please understand that HUD has specific requirements for applicants, including:

- The Continuum of Care will carefully review the qualifications of the applicant and the proposed project to assure that they meet HUD's threshold requirements.

- Projects that (1) are eligible; and (2) that meet HUD's threshold requirements; and (3) that demonstrate need; and (4) that demonstrate organizational capacity, will be accepted and ranked in priority order using an objective pro-

NT NUMBER	AMOUNT
	0.00
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	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
5265-00	15.20
	0.00
	0.00
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	0.00
	0.00
90-00	67.50
NT TOTAL	\$ 82.70
~~~~~	
8-0-18	



## A glimpse into Clark County History

Compiled by Sharon Durham

July 1968

Lowell Mason, noted as the smallest gospel singer in the world, will be featured nightly at the Revival Fires Tent Crusade at the Clark County Fairgrounds in Marshall. For seven years, Mr. Mason, who stands only forty-six inches tall, sang on the ABC Radio network.

Joe Welsh, president of the Marshall Board of Education, presented Wayne Lycan a plaque in appreciation of his service. Mr. Lycan has

resigned his position after serving one and two-thirds terms. R. D. Gustafson will fill out the unexpired term.

Mr. and Mrs. Lynnay Wallace wish to announce the arrival of a baby boy, Brian Neal, born July 11, 1968, weighing six pounds, 15 1/2 ounces.

Mr. and Mrs. Dale McConchie are the parents of a son, Timothy Scott, born July 13 at Union Hospital.

July 1978

Hazel Moore was the winner of the most blue ribbons in the baked goods division

at the Clark County Fair.

The old Darwin ferry, the only one of its kind left on the Wabash River, has been transporting farmers and sightseers across the waters to Indiana and back again to Illinois for 160 years. It's become an institution and way of life for Clarence Lathrop and his family. Lathrop has been operating the ferry for the past 17 years.

Star Scout Steve Hayes of Boy Scout Troop 276 has been awarded his God and Country Emblem.

Mrs. Blanche Baker will celebrate her 90th birthday at the West Union Community Center July 16.

Jessie Tingley of Marshall was selected as the State Fair delegate at the county Food Demonstration Contest out of a total of 10 contestants. Her demonstration was on Pretzels.

July 1988

The grand opening was

held for the new McDonald's restaurant at the Marshall Interstate Plaza. Ken Strieby directed the Marshall High School band as it played for the celebration. Mayor Dick Smitley joined in the ribbon-cutting ceremony.

New Marshall school superintendent Russel Ross took part in his first school board meeting.

The Marshall Chamber of Commerce elected two new board members, Fred Barth and Naomi Newton and re-elected Loretta Allen to the board. The following officers were elected: Mike Craig, president; Elizabeth Clark, vice president; Steve Milbourn, secretary; and Loretta Allen, treasurer.

July 1998

Friends and family of Dave and Mary Shotts gathered to celebrate the groundbreaking for the new Whipple

poorwill Antique Mall just off Interstate 70.

Kevin Robins, manager of Martin's IGA, spoke to the Marshall Rotary Club about how produce is processed and brought to retail markets. Rick Medsker is the new Marshall Rotary Club president.

An Open House is scheduled for Lion's Gate, Marshall's newest apartment home community.

Three area students were recognized by Indiana Business College in Terre Haute for academic achievement in the Spring 1998 quarter. They are Carrie Stout and Stacey Weller of Marshall and Autumn Jones of Denison.

July 2008

The "Dream" mule team, "Touch of Ear," will be making a stopover in Marshall on their way to Goshen, Indiana, where they will appear

at the Elkhart County Fair, the nation's largest county fair. The team is made up of blond sorrel draft mules. Each mule weighs 1800-2200 pounds. Hosting the hitch in Marshall will be Everett and Floie Lawrence of 1801 Archer Avenue.

The Marshall School Board hired Pete Manuel as assistant principal and athletic director. Manuel is a native of the Robinson area. Also hired were Todd Evers as head football coach and Melinda Allen as high school math teacher. Resignations were accepted from Melissa Malone as jr. high track coach and Steve Duzan as assistant principal, athletic director and football coach. Sarah Fitcher was hired as Malone's replacement.

# Grants to prevent and end homelessness available

The South Central Illinois Continuum of Care (CoC) announces the availability of grants to prevent and end homelessness through the United States Department of Urban Development's "Notice of Funding Availability (NOFA) for the Fiscal Year 2018 Continuum of Care Competition." The CoC is open to, and it will accept and consider proposals from organizations that have not previously received CoC Program Grants.

Applications must be submitted by August 13, 2018.

The CoC will notify applicants of acceptance, rejection, or modification of their projects no later than August 17, 2018.

Organizations that have not received CoC funding in the past are encouraged to apply. All interested organizations are urged to contact the CoC and read the NOFA in its entirety before submitting an application. Select this link to download the NOFA. Select this link to access critical instructions and guidance from a HUD website.

Organizations with track records of serving victims of domestic violence are especially urged to consider applying for Domestic Violence Bonus funds (see below). Please contact the CoC for assistance.

Please understand that HUD has specific requirements for applicants, including:

The Continuum of Care will carefully review the qualifications of the applicant and the proposed project to assure that they meet HUD's threshold requirements.

Projects that (1) are eligible; and (2) that meet HUD's threshold requirements; and (3) that demonstrate need; and (4) that demonstrate organizational capacity, will be accepted and ranked in priority order using an objective process. The ranking process will be posted on this website.

Individuals, for-profit organizations, and unincorporated entities are not eligible to apply.

Under the Domestic Violence Bonus, organizations may apply for targeted

Rehousing The NOI provides c

tails on each of these.

Applicant organizations must use the e-snaps system to submit their proposals. Interested, you are strong urged to create an "Applicant Profile" in e-snaps immediately. Select this link to access the log-in page for e-snaps. If you do not have an e-snaps user account select "Create a Profile" from the e-snaps log-in page. The CoC will provide assistance with this step upon request. Contact Jessica Paul at jessicap@erbainc.org for more information.

Only three types of projects are eligible: Rapid Rehousing; Permanent Supportive Housing for persons with disabilities who experience long-term or repeated homelessness; and Joint Transitional Housing and Permanent Housing/Rapid



## 1E.5 Public Posting – Local Competition Deadline

Website: [www.cefseoc.org](http://www.cefseoc.org)

Posted date: 7/2/2018

The screenshot shows a web browser window with multiple tabs. The active tab displays a PDF document from a Wixstatic link. The document is titled "Notification and Solicitation Availability of Grants for Homelessness" and is dated June 29, 2018. It is a notice from the South Central Illinois Continuum of Care (CoC) regarding the availability of grants to prevent and end homelessness through the United States Department of Urban Development's "Notice of Funding Availability (NOFA) for the Fiscal Year 2018 Continuum of Care Competition." The notice states that the CoC is open to, and it will accept and consider proposals from organizations that have not previously received CoC Program Grants. Applications must be submitted by August 13, 2018. The CoC will notify applicants of acceptance, rejection, or modification of their projects no later than August 17, 2018. Organizations that have not received CoC funding in the past are encouraged to apply. All interested organizations are urged to contact the CoC and read the NOFA in its entirety before submitting an application. Select this link to download the NOFA. Select this link to access critical instructions and guidance from a HUD website. Organizations with track records of serving victims of domestic violence are especially urged to consider applying for Domestic Violence Bonus funds (see below). Please contact the CoC for assistance. Please understand that HUD has specific requirements for applicants, including:

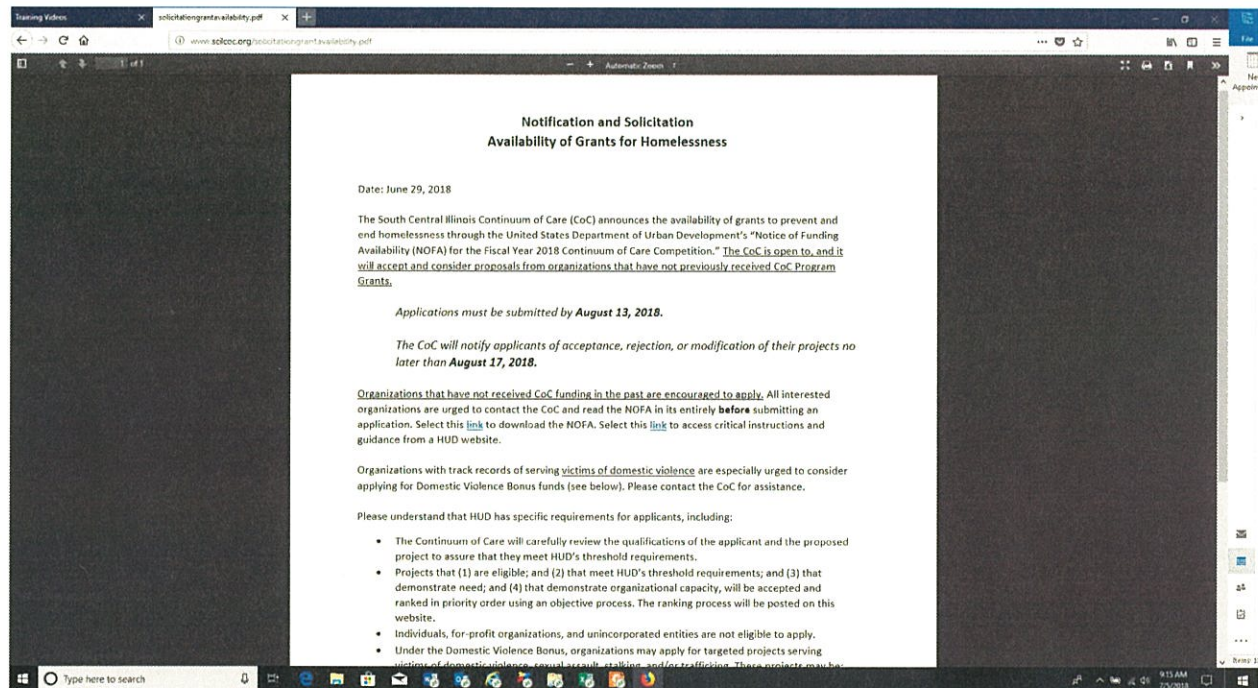
- The Continuum of Care will carefully review the qualifications of the applicant and the proposed project to assure that they meet HUD's threshold requirements.
- Projects that (1) are eligible; and (2) that meet HUD's threshold requirements; and (3) that demonstrate need; and (4) that demonstrate organizational capacity, will be accepted and ranked in priority order using an objective process. The ranking process will be posted on this website.
- Individuals, for-profit organizations, and unincorporated entities are not eligible to apply.
- Under the Domestic Violence Bonus, organizations may apply for targeted projects serving victims of domestic violence, sexual assault, stalking, and/or trafficking. These projects may be: Rapid Rehousing; Joint Transitional Housing and Permanent Housing/Rapid Rehousing; and specialized Coordinated Entry.
- Only three types of projects are eligible: Rapid Rehousing; Permanent Supportive Housing for persons with disabilities who experience long-term or repeated homelessness; and Joint Transitional Housing and Permanent Housing/Rapid Rehousing. The NOFA provides details on each of these.
- Applicant organizations must use the e-proposals system to submit their proposals. If interested, you

A system clock and calendar widget is visible in the bottom right corner, showing Monday, July 02, 2018, and 12:24:30 PM.

## 1E.5 Public Posting – Local Competition Deadline

Website: [www.scilcoc.org](http://www.scilcoc.org)

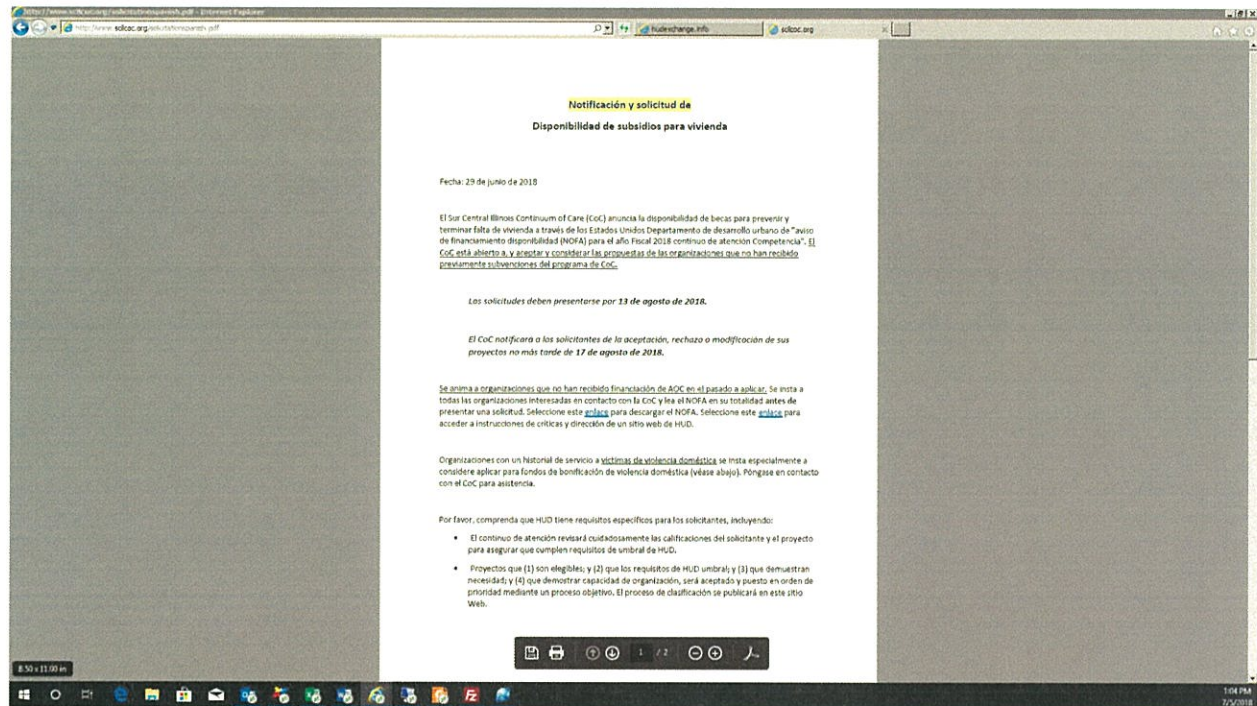
Posted date: 7/5/2018



## 1E.5 Public Posting – Local Competition Deadline

Website: [www.scilcoc.org](http://www.scilcoc.org) (Spanish Version)

Posted date: 7/5/2018

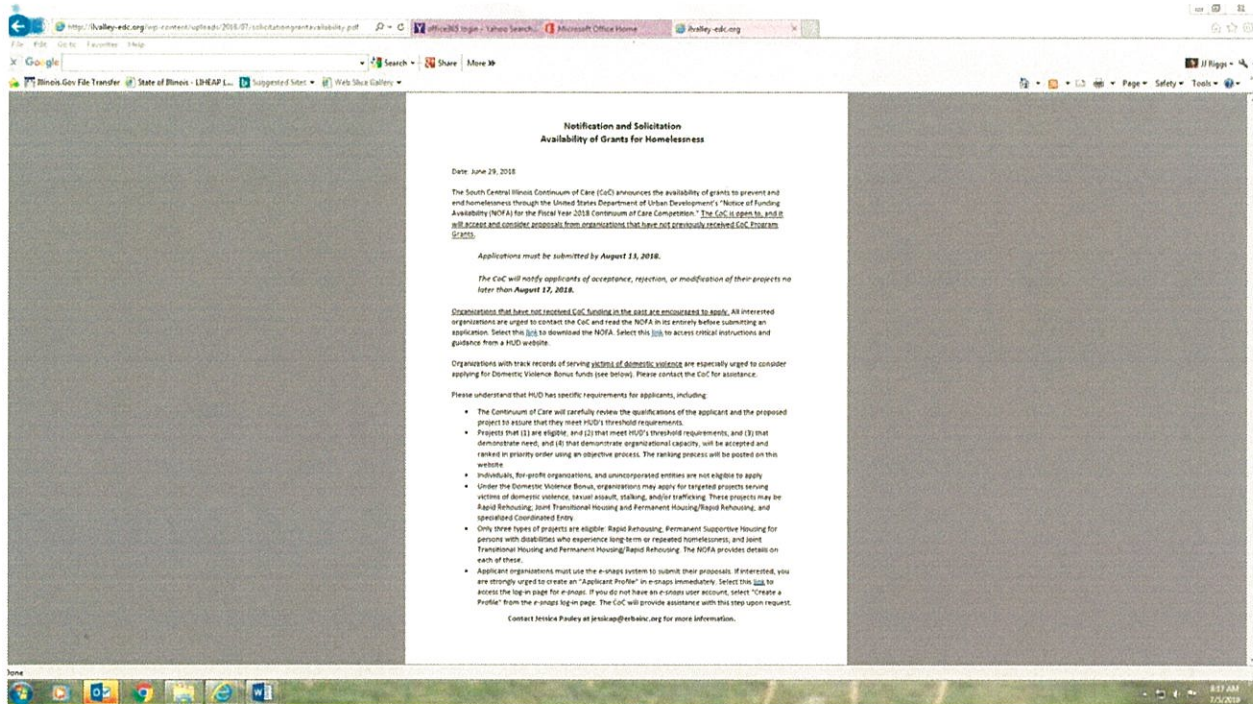




## 1E.5 Public Posting – Local Competition Deadline

Website: [www.ilvalley-edc.org](http://www.ilvalley-edc.org)

Posted date: 7/5/2018



The screenshot shows a web browser window with the address bar displaying <http://valley-edc.org/wp-content/uploads/2018/07/solicitation-grants-availability.pdf>. The browser's address bar also shows "Office365 login" and "Yahoo Search". The page title is "Notification and Solicitation Availability of Grants for Homelessness". The document content is as follows:

**Notification and Solicitation  
Availability of Grants for Homelessness**

Date: June 29, 2018

The South Central Illinois Continuum of Care (CoC) announces the availability of grants to prevent and end homelessness through the United States Department of Urban Development's "Notice of Funding Availability (NOFA)" for the Fiscal Year 2018 "Continuum of Care Competition." The CoC is open to, and it will accept and consider proposals from organizations that have not previously received CoC program grants.

Applications must be submitted by **August 13, 2018**.

The CoC will notify applicants of acceptance, rejection, or modification of their projects no later than **August 22, 2018**.

Organizations that have not received CoC funding in the past are encouraged to apply. All interested organizations are urged to contact the CoC and read the NOFA in its entirety before submitting an application. Select the [link](#) to download the NOFA. Select this [link](#) to access critical instructions and guidance from a HUD website.

Organizations with track records of serving victims of domestic violence are especially urged to consider applying for Domestic Violence Bonus Funds (see below). Please contact the CoC for assistance.

Please understand that HUD has specific requirements for applicants, including:

- The Continuum of Care will carefully review the qualifications of the applicant and the proposed project to ensure that they meet HUD's threshold requirements.
- Projects that (1) are eligible, and (2) that meet HUD's threshold requirements, and (3) that demonstrate need, and (4) that demonstrate organizational capacity, will be accepted and ranked in priority order using an objective process. The ranking process will be posted on this website.
- Individuals, for-profit organizations, and unincorporated entities are not eligible to apply.
- Under the Domestic Violence Bonus, organizations may apply for targeted projects serving victims of domestic violence, sexual assault, stalking, and/or trafficking. These projects may be Rapid Rehousing, Joint Transitional Housing and Permanent Housing/Rapid Rehousing, and specialized Coordinated Entry.
- Only three types of projects are eligible: Rapid Rehousing, Permanent Supportive Housing for persons with disabilities who experience long-term or repeated homelessness, and Joint Transitional Housing and Permanent Housing/Rapid Rehousing. The NOFA provides details on each of these.
- Applicant organizations must use the e-shops system to submit their proposals. If interested, you are strongly urged to create an "Applicant Profile" in e-shops immediately. Select the [link](#) to access the log-in page for e-shops. If you do not have an e-shops user account, select "Create a Profile" from the e-shops log-in page. The CoC will provide assistance with this step upon request.

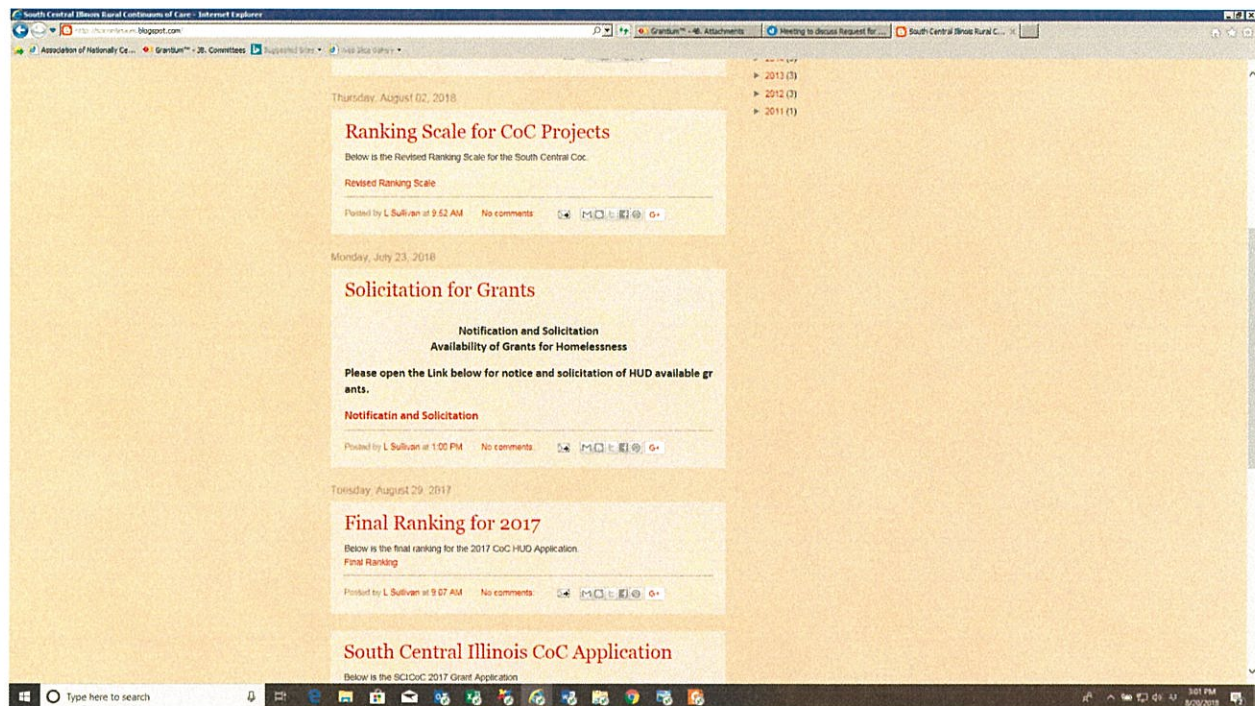
Contact Jessica Paley at [jessicap@tribstar.org](mailto:jessicap@tribstar.org) for more information.

The browser's taskbar at the bottom shows the time as 8:57 AM on 7/5/2018.

## 1E.5 Public Posting – Local Competition Deadline

Website: [www.scicontinuum.blogspot.com](http://www.scicontinuum.blogspot.com)

Posted date: 6/23/2018



## Jessica Pauley

**From:** Mindy Browning  
**Sent:** Friday, July 13, 2018 8:27 AM  
**To:** Jessica Pauley  
**Subject:** RE: CoC Solicitation

**Embarras River Basin Agency**Published by Mindy Browning [?] · Just now ·

### 2018 Notification & Solicitation Availability of Grants for Homelessness

ERBAINC.ORG  
**www.erbainc.org**

**Boost Post**

 Like     Comment     Share    

Here you go! 😊

M

*Mindy Browning*, CCAP  
LIHEAP/Outreach/IT Coordinator  
Embarras River Basin Agency, Inc.  
Greenup, IL  
217-923-3113 x235



*Serving: Clark, Coles, Crawford, Cumberland, Douglas, Edgar, Jasper, Lawrence and Richland counties*

You can help support our mission by shopping <https://smile.amazon.com/ch/37-0890281> and a portion of eligible purchases will be donated to ERBA.

*This message may contain information that is privileged and confidential. If you are not the intended recipient of this message, please do not disclose, forward, distribute, copy, or use this message or its contents. If you have received this communication in error, please notify us immediately by return e-mail and delete the original message from your e-mail system. Thank you.*





Consider the environment. Only print if necessary.

**From:** Jessica Pauley  
**Sent:** Friday, July 13, 2018 8:22 AM  
**To:** Mindy Browning <[mindyb@erbainc.org](mailto:mindyb@erbainc.org)>  
**Subject:** FW: CoC Solicitation

Hi Mindy,

Can you also post a link to this on ERBA's Facebook page? After speaking with Fred and Sus yesterday, it seems we will get more points on the app if we share it there as well.

Thanks,  
Jess

**From:** Jessica Pauley  
**Sent:** Friday, June 29, 2018 9:21 AM  
**To:** Mindy Browning <[mindyb@erbainc.org](mailto:mindyb@erbainc.org)>  
**Subject:** CoC Solicitation

Hi Mindy,

Can you please post this to ERBA's website when you get time? No rush.

Thanks!  
Jess

*Jessica Pauley*

Embarras River Basin Agency, Inc.  
Homeless Coordinator  
400 W. Pleasant  
Greenup, IL 62428  
Phone: 217-923-3113 ext 225  
Fax: 217-331-7021

## **Attachment 2A-1**

**CoC and HMIS Lead Governance  
(e.g. section of Governance charter, MOU, MOA)**

**South Central Illinois CoC  
IL-515**

2017

# South Central Illinois Continuum of Care

Governance Charter

Approved SCICOC Board  
10/11/2017





## PURPOSE and MISSION OF THE CoC

The purpose of South Central Illinois Continuum of Care (SCICOC) is to assist individuals and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability. The continuum's policies, strategies and activities toward ending homelessness includes the eighteen counties of Clark, Coles, Crawford, Cumberland, Douglas, Edgar, Jasper (Eastern Region), Moultrie, Shelby, Christian, Montgomery, Fayette, Effingham, Clay (Central Region) and Macoupin, Greene, Calhoun and Jersey (Western Region). Its mission is to provide comprehensive service coordination to achieve stability for those facing homelessness. The SCICOC work includes gathering and analyzing information to determine local needs of people experiencing homelessness, implementing strategic responses, educating the community about homelessness, providing advice and input on the operation of homeless services and measuring the CoC performance.

## RESPONSIBILITIES

The SCICOC is open to any community based organization and the structure of the continuum includes, a CoC Governing Board, a Collaborative Applicant Lead Agency and a Homelessness Management Information System (HMIS) Lead Agency.

The CoC will hold meetings of the full CoC membership at least semiannually. The SCICOC Governing Board will post the membership meeting date, time and location on the continuum websites, at least one month in advance to generate participation. Given the large SCICOC geography, arrangements will be made to ensure participation by those who cannot travel to the meeting location through the use of electronic means. The SCICOC may conduct membership meetings more often for the purposes of activity planning, ongoing communication, staff training, etc.

### Operating the Continuum of Care

- It is the responsibilities of the SCICoC Governing Board to periodically update the Governance Charter, including procedures and policies needed to comply with HUD requirements and with HMIS requirements. A code of conduct and recusal process (conflict of interest) for the SCICOC Governing Board, its officers and any person acting on behalf of the SCICOC Board shall be included in the process. Amendment of the Charter requires a majority vote of those present at a CoC regularly scheduled meeting, provided that notice of the meeting and vote was publicized at least one month prior to the CoC meeting.
- Provide oversight to a centralized or coordinated assessment system in consultation with ESG fund recipients. This system will provide an initial assessment of the needs of individuals and families for housing and services.

- Establish and consistently follow written standards for providing CoC assistance in consultation with ESG fund recipients.
- Consult with recipients and sub recipients to establish performance targets appropriate for the population and program type and in keeping with performance goals set by HUD.
- Monitor performance of CoC and ESG recipients and sub recipients as outlined by existing policies.
- Evaluate the outcomes of projects funded under ESG and CoC programs as outlined by existing policies.
- Take action against ESG and CoC projects that perform poorly.
- Report outcomes of ESG and CoC projects annually to HUD.
- Assign working committees as needed for continuum planning purposes

### MEMBERSHIP OF THE CoC BOARD

The SCICOC Governing Board is the lead decision making body of the SCICOC. The Board is comprised of between 11 and 17 member representatives. When adding members above the minimum number of 11, efforts will be made to maintain an odd number. The following agencies and community representatives will be recruited, as needed, to form a robust group of mainstream service providers. These agencies impact and are impacted by homelessness, provide access to critical resources and bring experience at ending homelessness and rehousing expertise. This Board structure will provide the CoC with the guidance and influence needed to effectively implement policies, strategies and activities toward ending homelessness.

- Community based organizations that are funded by SCICOC: no more than 40% of the total membership
- Workforce Development Agency: 1 member
- Veterans: 1 member
- Homeless or formerly homeless: at least 1 member
- Public Housing Authority: 1 member
- CoC non-funded agency representative: at least 1 member from relevant organizations listing
- Educational programs targeting homeless youth: 1 member
- Mental Health and/or Substance Use Disorder system: 1 or 2 members.
- Representatives from relevant organizations such as victim service providers, faith based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve formerly homeless individuals.



### **Term of CoC Board Membership**

Board members will serve a three (3) year term and may be re-nominated for additional terms upon written request by the member. Approval will be granted at the discretion of the Board of Directors.

### **Leadership of the CoC Board**

The SCICOC Board shall have a President, Vice President and Secretary who will be selected annually by a majority vote at the annual meeting of the Board in January and shall serve one-year terms. These officers serve as the CoC Executive Committee (EC) along with 2 Board Members representing non-funded CoC agencies. Any vacancies that occur may be filled at any meeting of the Board of Directors and will serve the remaining period of the position which is being filled. The EC will strive to have representation from all three geographic areas within the COC.

### **Leadership Responsibilities**

The President's duties will include:

1. Serve as leader of the SCICOC;
2. Engage in activities relevant and appropriate to the purpose, charge and powers
3. Preside over meetings of the SCICOC;
4. Assist in establishing an agenda for all meetings;
5. Appoint Committee Chair and members.

Vice President's duties will include:

1. Act as President, having all privileges and powers in absence of, or inability of, the President;

Secretary's duties will include:

1. Keep records of SCICOC Board meetings including delivery of minutes and attendance sheets to Lead, when needed.
2. Make minutes of each meeting available to CoC Lead to ensure all members have access to information at least two (2) weeks prior to each SCICOC meeting

### **Board Meetings and Member Responsibilities**

The SCICOC Board members will meet a minimum of four (4) times annually at a location chosen strategically for ease of membership attendance. The Annual Meeting to be held in January of each year. All Continuum Board meetings will be open to the public.

Meetings may be held by conference call or in person. Members will notify the chair of their expected absence in advance of scheduled meetings.

Members who fail to attend two (2) or more meetings during the course of a year, or who are deemed to be not meeting their responsibilities to the CoC, may be asked to step down. If a Board member wishes to resign, the Board member shall submit a letter of resignation to the President at least two weeks before the resignation date. The CoC Executive Committee will be responsible for finding a replacement for a person who is asked to step down or who resigns to fill the rest of the empty seat. If the vacancy is created within an agency who appoints their own member, that agency will be asked to provide a replacement.

Board members responsibilities include:

- Attend regular meetings and contribute to informed dialogue on actions the group undertakes
- Nomination and selection of Governing Board.
- Elect the Governing Board Officers
- Serve on at least one committee of the SCICOC
- Provide overall direction and leadership of the CoC process
- Provide strategic planning, goal-setting and decision making on behalf of the CoC
- Establish, monitor and evaluate system and program outcomes for evaluation purposes
- Establish priorities for and making decisions about the allocation of CoC resources
- Receive reports and recommendations from sub-committees and task groups
- Provide official communication from the CoC including advocacy, and public education events.

### **CoC Board Selection**

The Board selection process will occur at the January CoC Board Meeting. The selection process is as follows:

- a) - Community based organizations, government agencies or person currently or formerly homeless (See CoC Membership) are eligible for nomination by the CoC and/or the Board and selected by the CoC Board. The nomination process will be:
  - Any individual or organization interested in serving on the CoC Board shall be nominated either by self-nomination or through nomination by another person;
  - Nominations may be offered to Board President by December 31st.

- Board President will forward nominations to membership and marketing committee for review
- Membership and Marketing Committee will review and recommend to full board at January Meeting.
- Governing Board shall select from each category by majority vote.

### **Decision Making**

A quorum exists when at least 50% of the current seated CoC Governing Board members are present. A majority vote of members constitutes an act of the CoC Board. A quorum and votes may be reached by telephonic communication or in person.

### **Voting Privileges**

Proxy voting or telephonic voting will be allowed if it fosters greater involvement across the geographic area of the entire CoC.

## **CODE OF CONDUCT**

In accordance with Federal regulations (2 CFR part 200), SCI CoC enforces the following:

### **Conflict of Interest**

No member shall vote on or participate in the voting discussion of any matters that directly affect the financial interests of that member, his/her immediate family, his/her employer, or an agency or group for which s/he serves as trustee. Members may not vote on the funding or reallocation of funding in which they or a family member are employed or have a financial interest. In addition, no member shall participate during the voting discussion of any funding or reallocation of funding to the organization in which they or a family member are employed or have a financial interest.

It is the responsibility of each individual to disclose any conflict of interest before a discussion and vote occurs. Disclosure should occur at the earliest possible time. Individuals with a conflict of interest should abstain from voting on any issues in which they may have a conflict. An individual with a conflict who is the CoC Board co-chair shall yield that position during discussion and abstain from voting on the item.

All Board members will be asked to sign an annual agreement with the Conflict of Interest Policy Statement at the Annual Meeting.



Prohibits Continuum of Care Board, its chair(s), and any person acting on behalf of the board, the solicitation and acceptance of gifts and gratuities in excess of minimal value

#### **Designating and Operating a Collaborative Applicant for Funding**

- The SCICOC Governing Board will designate a collaborative applicant to coordinate and submit the required application information from all recipients and sub recipients for HUD CoC funding:
  - Produce planning materials
  - Assist board and committees in carrying out their duties
  - Coordinate needs/gaps analysis
  - Collect and report performance data
  - Monitor program performance
  - Facilitate collaboration
  - Facilitate the collaborative application for CoC funds

#### **Designating and Operating an HMIS Lead Agency**

The SCICOC Governing Board appoints the HMIS Lead Agency which is the only entity eligible to apply for HUD HMIS funding for the CoC. The HMIS Lead Agency has the following responsibilities:

- Annually update and implement an HMIS Governance Charter.
- Review, revise and approve an annual CoC HMIS data privacy plan, data security plan and data quality plan.
- Ensure that the HMIS is administered in compliance with HUD requirements.
- Provide support and make all efforts to ensure consistent and accurate HMIS participation by all CoC and ESG recipients and sub recipients.

#### **RELATIONSHIP BETWEEN SCICOC BOARD AND THE FULL CoC MEMBERSHIP**

SCICOC Board meetings will be open to the full membership and the public and the CoC website will post Governing Board Meeting minutes to raise awareness to all members of the CoC. Between CoC meetings the CoC Board Executive Officers will keep the full membership involved by ensuring that CoC members participate in workgroups/committees and task forces and by sharing information (including minutes of meetings, resources for homeless service

providers, data about homelessness in the region and funding opportunities) via email lists, website, or other electronic means.

### **CoC Planning**

- Work closely with all providers in the CoC to implement a housing and service system that includes outreach, engagement, assessment, shelter, housing, supportive services and homelessness prevention strategies.
- Plan for and conduct an annual point-in-time count (PIT) of persons experiencing homelessness across our full CoC that meets HUD requirements including a housing inventory of shelters, transitional housing, and permanent housing reserved for persons experiencing homelessness in general, and chronically homeless persons and Veterans specifically, as HUD requires.
- Conduct/contract with entity to conduct annual gaps analysis of the needs of people experiencing homelessness as compared to available housing and services with the CoC region.
- Coordinate with the area's Consolidated Plan.
- Consult/contract with entity to work with ESG recipients and those allocating the ESG funds and report on and evaluate the ESG recipient and sub recipient performance.

### **CoC MEMBERSHIP**

SCICOC membership is open to any community-based organization, government agency or person who is or has experienced homelessness and willing to actively 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.

All CoC members and Board members will be responsible for recruitment efforts to engage new CoC members. Recruitment efforts will be documented by the Membership and Marketing Committee. The SCICOC will identify and address membership gaps in essential sectors from key providers and other vital stakeholders. The CoC Governing Board, or its designee, will recruit members to ensure that membership requirements set forth in this Governance Charter, including representation of specific populations and organizations are represented. Specifically,



outreach will be conducted to obtain membership from the following groups as they exist within the SCICOC geographic areas and are available to participate in the CoC:

- Community Action Agencies
- Nonprofit Homelessness Assistance Providers
- Department of Human Services
- Sheriff's/Police Department
- Landlords
- Public Housing Authority
- Mental Health
- Veterans Service Organizations
- Workforce Agencies
- Local Government Officials
- Hospital Personnel
- Faith Based Organizations
- School Districts
- Universities
- Affordable Housing Developers
- Domestic Violence Providers
- Homeless Liaisons
- Formerly Homeless Persons
- Other relevant organizations which may include Substance Abuse Providers, Funders, Foster Care and Youth Providers.

#### **SCICOC MEMBER RESPONSIBILITIES**

It is the responsibility of all SCICOC members to assist the CoC in carrying out all of its duties by participating in meetings, collaborating with each other, engaging in discussions about homelessness in their local communities and participating in SCICOC committees and task forces.

#### **COC COMMITTEES AND WORK GROUPS**

The SCICOC Governing Board shall appoint committees, subcommittees or workgroups to fulfill the work of the CoC. Much of the CoC's work is conducted at committee and workgroup meetings. Standing committees may include: CoC Board Executive Committee, Rating and Ranking Committee, Data Leadership and Performance Measure Committee (formerly HMIS committee), Planning and Assessment Committee and the Membership and Marketing Committee.

The CoC Board will appoint committee and sub-committee chairs. Representatives of the CoC Board will be represented in each committee. Other committee members will include relevant CoC members and other interested stakeholders or experts. Each committee will have a clear purpose, goals, anticipated outcomes and overall timelines for addressing issues or problems that it was appointed to address. All committee meetings will be open to the public and will be held as necessary to accomplish their tasks. Committees and workgroups will present their progress to the CoC Board at each appropriate Board meeting and will make reports at the CoC meetings as scheduled.

The SCICOC may also create ad-hoc committees from time to time to develop recommended solutions to a specific issue for which they are created.

The **Executive Committee** responsibilities include:

- a. Conduct the CoC business between meetings;
- b. Vote on actions appropriate for membership approval;
- c. Prepare a yearly calendar for regular meeting dates; and
- d. In consultation with the collaborative applicant and the HMIS Lead Agency will develop, follow and periodically recommend needed changes to the Governance Charter. All changes to the governance charter will be submitted to the full CoC for a vote at a regularly scheduled meeting in October.
- e. Reappointment of a Governing Board replacement in the instances where an individual is asked to step down or who resigns to fill the rest of the appointment. If the vacancy is created within an agency who appoints their own member, that agency will be asked to provide a replacement.
- f. Other duties as assigned.

1. The **Membership and Marketing Committee** will be comprised of at least three (3) members. Responsibilities include:

- a. Ensure that event notices and information pertinent to members is distributed appropriately
- b. Actively promote general CoC membership participation from all regions of the CoC;
- c. Provide a quarterly report of activities as well as attendance reports of all CoC meetings to CoC Board meetings;
- d. Track member participation;
- e. Nomination review and recommendations.
- f. Other duties as assigned by CoC Governing Board.

2. The **Planning and Assessment Committee** will be comprised of at least 3 members. Responsibilities include:

- a. Ensure that an annual needs assessment process is conducted;
- b. Provide quarterly reports of activities to CoC board;
- c. Ensure that the annual Housing Inventory Chart and other HUD data collection and reporting requirements are met.
- d. Ensure that an annual Point-In-Time (PIT) survey is conducted pursuant to the HUD data collection notice.
- e. Other duties as assigned by CoC Governing Board

3. The **Data Leadership and Performance Measure Committee (formerly known as the HMIS Committee)** will be comprised of at least three (3) members.

Responsibilities include:

- a. Implement the Homeless Management and Information System (HMIS) to collect and report all data to HUD.
- b. Provide data quality review leadership to all HMIS agencies
- c. Provide leadership to the work of using data to make decisions about resource use within the CoC.
- d. Other duties as assigned by CoC Governing Board.



South Central Illinois Continuum of Care  
Homeless Management Information System

Agency Participation Agreement

By and between  
South Central Illinois Continuum of Care

and

Agency Name Embarras River Basin Agency

The SCICoC HMIS Participation agreement is made between the South Central CoC and Embarras River Basin Agency, an Illinois nonprofit corporation located at 400 W. Pleasant, Greenup, Illinois 62428. ("Agency").

Whereas, Agency participates in the SCICoC Homeless Management Information System (HMIS), for the collection of data concerning persons experiencing homelessness and those in imminent danger of homelessness in the service area covered by the CoC and the use of that data to insure that appropriate, non-duplicative services are provided to those persons: and

Whereas the SCICoC has chosen ServicePoint provided by Municipal Systems Incorporated (MSI), in collaboration with Pathways Compass to be used for case management, determining utilization of services and gathering information on client demographics as required by HUD and the CoC minimum Data Standards.

Now, therefore, in consideration of mutual promise contained in this agreement, SCICoC and Agency hereby agree as follows.

I. Definitions

- A. "Agency" means the agency that is party to this agreement.
  - B. "Client" means a consumer of services provided by or through Agency.
  - C. "Participating Program" Means a contributory program who records data elements regarding clients served and discloses these data elements through agreed upon means to the lead HMIS agency.
-

## II. ServicePoint Use and Data Entry

- A. Agency shall comply with the policies and procedures applicable to agencies participation in the HMIS and using ServicePoint. Modifications to the HMIS policies and procedures may be made by the SCICOC for the purpose of fulfilling the HUD requirements or as need to ensure the efficient collections of client data. Additional updates to this manual will be provided electronically by the HMIS Coordinator, or HMIS Committee Chair.
  - 1. All users of ServicePoint at or under control of Agency are required to have completed training designated by ServicePoint or Pathways Compass before using the database.
  - 2. Agency shall only enter individuals or households that are Clients, or individuals or households seeking assistance from the Agency. It is not required that individuals or households receive service to be entered in to the HMIS.
  - 3. Agency shall enter information into the HMIS in a consistent manner and strive for real-time, or close to real-time data entry. All data should be entered with two business days of services.
- B. Agency shall not alter information in the HMIS data base by another participating program. Exception is HMIS coordinator assisting agency with data issues.
- C. Agency shall not cause the corruption of HMIS database in any manner.
- D. Agency shall enforce all user policies to which it employees and agents are subject.
- E. Agency shall not include or transmit any material in violation of any federal or state law or regulation. This includes, but is not limited to, copyrighted material, material legally judged to be threatening or obscene, and material protected by trade secret.
- F. Agency shall not use the HMIS database for the purpose of defrauding federal, state, or local governments, individuals or entities, or to conduct illegal activity.

## III. Training and Technical Assistance.

- A. SCICOC shall assure that the HMIS training information is provided for the necessary training of Agency Staff. HMIS Coordinator will providing training updates as necessary and reasonable due to staff changes and changes in technology.
  - B. MISI will assure that HMIS technical personnel are available for agency administrators for technical issues regarding the HMIS.
-

#### IV. Confidentiality

- A. Agency shall comply with all applicable federal and state confidentiality regulations and laws that protect Client Information and records, and Agency shall only release Client Records with written consent by the Client or when required by law.
  - 1. Agency agrees to abide by all relevant state and federal confidentiality regulations relevant to the population served by the Agency
  - 2. Agency shall provide a verbal explanation of the HMIS database and the terms of consent to each adult Client and shall arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the consent form.
  - 3. Agency understands that data entered into ServicePoint is stored in a HIPPA compliant data center.
  - 4. Agency shall utilize a South Central Illinois CoC HMIS Consent form for all clients. Once signed, or verbal permission if phone consent, by the Client it authorizations Client data to be entered into or viewed in the HMIS.
  - 5. Agency shall ensure that all staff, volunteers, and other persons issued a user ID and password for Service Point receives information and training concerning the Confidentiality of Client information and signs the user policy in the form attached to this agreement as attachment.
    - a. A signed copy of the User Policy shall be forwarded to the HMIS Administrator for the purposes of system oversight.
- B. Agency understands that it is the owner of its own agency-specific Client Data and shall not be denied access to that Client data. Agency acknowledges that it does not own Client data entered by other Participating Programs, even if Agency has entered into a memorandum of Agreement ("MOA") with the other Participating Programs. In accessing Client data of other Participating Programs (with that Agency/Program's approval), Agency shall be bound by all restrictions placed upon the data by the Client of the other Participating Programs.
- C. Agency shall obtain the appropriate Client Release of Information signed by it Client before sharing any specific and identifiable Client Information with other Participating program(s). Agency shall not share any identifiable Client Information with other Participating Program(s) unless agency has executed a Coordinated Service Agreement with other Participating Programs(s) with which the information will be shared and the Coordinated Service Agreement conforms to the requirements of this agreement and the HMIS policies and Procedures Manual
  - 1. Agency shall keep signed copies of the Client Release of Information for a period of three years.

- 2.If a Client withdraws consent for release of information, Agency shall ensure that the Client's information that has not already been released under the prior consent will be unavailable to any other Participating Program(s) from the date of withdrawal of consent forward.

#### V. HMIS Security

- A. MISI, and Bowman Systems shall be responsible for the following:
  - 1.Overall System Administration and Maintenance
  - 2.Validating and establishing security clearances to participating agencies.
  - 3.Ensuring that security procedures are followed.
  - 4.Trouble shooting and technical assistance to agencies.
- B. Agency acknowledges and understands that he HMIS Provider and HMIS Coordinator will have access to identifiable Client data.
- C. Agency is obligated to ensure that within 24 hours of a change affecting Agency, the HMIS Coordinator has current and accurate information as to the Agency User information.
- D. Agency is obligate, once identified, to rectify any violations of this agreement.

#### VI. Access To Data

- A. Agency's access to data on Clients it does not serve shall be limited to non-identifying and statistical data unless sharing of identifiable Client data is allowable under an executed Coordinated Services Agreement that conforms to the terms of this Agreement.
- B. HMIS Coordinator or other staff may make aggregate data pertaining to services for homeless persons available to the CoC for funding or planning purposes. However such aggregate data shall not directly identify individuals Clients and shall not include any of the items identified as HUD defined Protected Personal Information.

#### VII. Other Terms and Condition

- A. SCICoC, HMIS Coordinator shall not be liable to Agency for any cessation, delay or interruptions of any HMIS services, nor for any malfunctions of HMIS hardware, software , or Equipment.
  - B. This Agreement shall be in force until terminated in writing by either party. Without limiting the generality of the forgoing or the right of SCICoC to terminate this Agreement for any
-

reason SCICOC may terminate this Agreement if funding for HMIS or any part thereof becomes unavailable or is restricted.

IN WITNESS WHEREOF, SCICoC and Agency have executed this Agreement by their respective authorized representatives.

By *Ken Bush* *Chairman* Date *8/23/18*  
SCICoC Representative

By *Angie Sullivan* Date *8-21-18*  
HMIS Coordinator

By *Cathy Feltner* Date *8-24-18*  
Agency Representative  
Printed Name *Cathy Feltner*  
Title or Capacity: *Executive Director*

## **Attachment 2A-2**

### **HMIS – Policies and Procedures Manual**

**South Central Illinois CoC  
IL-515**

# South Central Illinois Continuum of Care Homeless Management Information System

Policies and Procedures Manual

April 11, 2018

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## SCICOC HMIS Policies and Procedures Manual

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## Introduction

### General Information

The U.S. Department of Housing and Urban Development (HUD) has put forth rules regarding the requirement for recipients of HUD related funding and other providers of service for people experiencing homelessness to participate in a Homeless Management Information System (HMIS). This manual outlines policies and related information on the South Central Illinois Continuum of Care (SCICoC) HMIS.

The SCICoC HMIS is a collaborative effort between, Municipal Information Systems Inc. (MISI), Embarras River Basin Agency (ERBA) and the SCICoC.

The Continuum represented by the SCICoC Board and the HMIS Committee have an ongoing role to ensure the success of the HMIS system by giving input into the HMIS policy decisions within the parameters established by HUD.

The software used by the SCICoC is ServicePoint, supplied by MISI via Mediware formerly Bowman Systems. By HUD Regulation, Domestic Violence agencies funded through the CoC are required to gather the same level of data shared in ServicePoint in a comparable system.

This manual contains information and procedures related to the SCICoC HMIS. It is expected that the procedures document is not static and will be modified over time as needed.

### Key Terms

#### Term Definitions

- a. Aggregate Data – Any data not required by HUD, but possibly used in program or needed for evaluations.
- b. HMIS Provider- Municipal Information Systems Inc.
- c. HMIS Coordinator-person appointed to monitor HMIS policy, procedure and usage confirmation to policies and procedures manual.
- d. Contributing HMIS organization (CHO)-agency that inputs data in the HMIS system.
- e. Agency Administrator-person(s) selected by participating agency to monitor agency confirmation of the policies and procedures manual.

## Contact Information

For information regarding the SCICoC policies and procedures please contact the HMIS Coordinator or Agency Administrator listed in contact sheet (Exhibit 1).

## Management and Administration

### System Availability

The SCICoC HMIS, ServicePoint website is available to participating agencies 24 hours a day, 7 days a week. In case there is a planned outage or issues impacting availability users will be advised in advance if at all possible.

### ServicePoint Licenses

ServicePoint is a web-based database allowing any organization with internet access and authorization to be able to enter and report on their client information. ServicePoint is supplied by MISI. Agency must enter into an agreement with MISI to have authorization to use ServicePoint.

### HMIS/Agency and User Agreements

HMIS Coordinator and HMIS Agency Administrators will be able to add, modify, and view agency users. Agency administrators adding new users must ensure that the user has signed the user agreement and that it is submitted to HMIS Coordinator.

Each participating agency that accesses the SCICoC HMIS system must annually complete the following:

- The "Agency Information Form" – providing accurate and up-to-date information on the Agency name, primary contact for HMIS matters, and other descriptive information regarding the agency. This form should be updated whenever personnel or programmatic changes are made.
- The "Agency Participation Agreement"
- One or more "User Policy and Responsibility " documents - one for each user who will need access to the HMIS and /or who will be entering data in the SCICoC HMIS.

## HMIS User Activation

As soon as possible following the receipt of the completion of required training and appropriate signed user agreement forms from an agency participating in the SCICoC HMIS, the HMIS Provider or HMIS Coordinator will be activated and notified of their user name and opening password. The password must be changed upon initial use of the SCICoC HMIS.

## Updating SCICoC HMIS User Agreements

At any time, there is a significant change at the agency level it is the agency's responsibility to notify the HMIS provider or HMIS Coordinator.

Failure to provide notification of changes could expose confidential client information or negatively impact the SCICoC HMIS.

## Client Grievance

Neither the SCICoC nor ServicePoint intends to create or establish any unique grievance management process. All agencies are responsible for setting up an internal grievance process to handle client complaints related to HMIS, including grievances related to consent and release of information. Any grievance shall be reported to the Lead HMIS agency to insure the policies and procedures are being followed by HMIS users.

## Restricted User Access

The SCICoC Administrator or Provider reserves the right to deny or restrict user access as a result of the user not following the rules and guidelines in this manual or for any other inappropriate use of the HMIS Data:

- Intentionally entering or altering HMIS records to misrepresent dates, amounts, or types of services a client (s) received.
- Unauthorized access, alteration, destruction, removal and/or disclosure of data and/or information
- Disclosure of confidential passwords or personal identification numbers
- Failure to protect confidential/private client data
- Any other malicious or unethical use which violates federal laws.

## Reports

ServicePoint provides a set of standard reports. Agency specific reports are available to participating agencies. Continuum reports are available to the HMIS Coordinator.

## Data Export

Agency data may be exported to a spreadsheet for the use in locating information not contained in standard reporting or to verify standard reporting accuracy. Data that has been exported must be protected with regards to privacy or theft of the information.

## Other Reporting

Other reports may be requested from the HMIS provider with the understanding that there may be a cost to provide such reports.

## SCICoC HMIS Trainings

HMIS trainings are available online at <http://www.pathwaystraining.org/> . Other trainings may be planned by the Data Leadership and Performance Measure Committee or users group.

## Data Quality Training

Once a year the lead agency will provide training on the data elements required by HUD.

## Violation of agreement

If HMIS Provider, HMIS Coordinator, or Data Leadership and Performance Measure Committee suspect a violation of agreement, the SCICoC Board will appoint a task force to assess the situation and make a recommendation to the board. If there is a finding of a violation of the policies, the Board will notify the agency and/or individual: listed below are some of the possible consequences.

- Written notice to organization
- Loss of person's individual license
- Reflection in agency's score and ranking

## Participation Policies

### HMIS Assessment and custom reporting

The CoC and/or participating agencies may work with the HMIS provider to create additional custom assessments or reporting. Please note there may be additional fees assigned to this service, based on the complexity of the requested customization.

### Participating Agency Hardware and Software Internet requirements

Use of the SCICoC HMIS requires that the user have an internet capable device. PCs, Laptops, Tablets and Smart phones can access ServicePoint, however some functionality of ServicePoint may be limited with some devices. Internet speed (such as DSL or Broadband) will be more satisfactory than "dial up" or phone connections.

### Technical Support

MISI staff is available most days between 9am and 4pm to provide telephone or email support. It is preferable that users contact their Agency Administrator if a problem occurs and allow the Agency Administrator to contact support. For other general questions users may contact the HMIS Coordinator.

Participating agencies are responsible for providing their own technical support for all hardware and software systems used to connect to the HMIS system and for maintaining internet access.

### Email Communications

HMIS providers and Coordinator will use email to share information, announce training opportunities, and make users aware of any related information. Users need to insure that the HMIS Coordinator has their email address.

### SCICoC HMIS User Group

All active users of the SCICoC HMIS will form the HMIS Users Group. The group will have monthly call ins to discuss issues, changes and update users on available trainings.

### Client entry/Exit Data Requirements

All organizations, who receive funds through the SCICoC, with the exception of dedicated agencies who serve Domestic Violence Victims, are required to enter into the SCICoC HMIS. Individuals served by TH, PSH, PSH-RR, TH/RR, ESG RR, and ESG Shelter are required to be put into the SCICoC HMIS. Use with other programs is optional but encouraged to insure the continuum has available data to make program determinations. See section 6.0 for required data to be entered.

### Service Start/End Date Requirements

All organizations are required to enter at least one basic service. It is also good practice to maintain notes, goals and achievements in the HMIS.

All Clients being housed must be tied to a shelter/housing service with a start and end date.

Emergency Shelter Programs -	Service start date applies to the day The client occupies a bed. Service end date for all clients is the date the client no longer occupies bed.
Transitional Housing Programs	Service start date applies to the day the client has met the program eligibility and is offered a unit. Agencies must also enter the actual move in date that the client enters the actual unit. Service end date for all clients is upon termination of housing services.
Rapid Re-Housing	Service start date applies to the day the client has met the program eligibility and is offered a unit. Agencies must also enter the actual move in date that the client enters the actual unit. Service end date for all clients is upon termination of housing assistance.
Permanent Housing Programs-	Service start date applies to the day the client has met the program eligibility and is offered a unit. Agencies must also enter the actual move in date that the client enters the actual unit. Service end date for all clients is only upon death of client or termination of housing assistance





## Security

### Access to SCICoC HMIS

Access will be allowed only by authorized users. The location of access will be restricted to locations where confidentiality of the information can be maintained. Public Wi-Fi should not be used due to inability to control data security. Home use may be used but user should insure that family members do not have access to client data.

### SCICoC HMIS Security

Every effort must be made to assure that protected client data is handled securely, responsibly and in accord with the client's wishes.

The HMIS Coordinator along with Agency Administrator are responsible for validating, establishing and granting security permissions and making sure security procedures are followed as directed by the SCICoC Board or its authorized agent.

HMIS Coordinator and Administrators shall have necessary and appropriate access to data submitted by participating organizations as need to administer the HMIS software, resolve data issues, and assure data security and integrity.

HMIS users are responsible for assuring that client information in the HMIS system is handled responsibly.

### Security Procedures

- Each agency is responsible for administering its own users and assuring that they receive required training in the confidential handling of client information.
- ServicePoint providers or HMIS Coordinator are responsible for setting up SCICoC HMIS users, User IDs and passwords.
- It will be the Agencies' responsibility to inform HMIS Coordinator of any staff changes (Resignations, transfers, etc.) involving HMIS Users within 1 business day of the action taken.
- Any paper or other hard copy generated by or for the Agency or SCICoC that contains identifiable information must be under constant supervision by authorized user when in public area.
- When staff is not present, all users must be logged off so that information is not publicly accessible.

- Any printouts must be kept in a locked file and when no longer needed they shall be shredded or otherwise properly destroyed to maintain confidentiality.
- Written information, specifically pertaining to user access (user name and password) shall not be stored or displayed in any publicly accessible location.

### User IDs and Passwords

User passwords help to ensure that only authorized individuals access the SCICoC HMIS. The username and password also helps to determine accountability for all transactions and other changes made to the system resources, including data. Sharing a username or password is a violation of this policy.

The authorized user(s) will be held responsible if another individual uses their access privileges to damage the information on the system, or make unauthorized changes to the data or to release client information.

### Rules for Safe Computing and User IDs and Passwords

- DO NOT share your ID or Password with anyone
- DO NOT use someone else's ID or Password. If you need more access than you presently have or if you are having problems with your access, contact the Agency Administrator or HMIS Coordinator for assistance.
- DO NOT use obvious, trivial, or predictable passwords.
- BEWARE of "Shoulder Surfers". These are people who stand behind you and look over your shoulder while you are keying in your password or PIN, or while you are working with confidential information.
- DO NOT use your level of access to enable others to access information that they are not authorized to access, or to submit transactions that they are not authorized to submit.
- NEVER write down your passwords and post them on your terminal or other obvious places.
- ALWAYS change the initial password assigned to you by your administrator upon your first log on.
- If a user is going to be away from the office for an extended period, notify the Agency Administrator or HMIS Coordinator to have the user ID temporarily suspended.

### **ServicePoint HIPPA Compliance**

Data entered into the ServicePoint system is stored in a HIPPA compliant data center. Methods used to ensure that the system is fully compliant include:

- Network security includes firewalls, certification servers, VPN access and operating system authentication.
- Client Record Privacy Options allow or restrict access to all or part of a client file, including individual fields.
- Automatic timeout logs a user out of the system after a specified period of idle time, thereby decreasing the potential viewing or manipulation of client data by unauthorized individuals.

### **Data Availability and Disaster Recovery**

**ServicePoint has insured that copies of the database are backed up on a regular schedule and that the information is maintained to restore access to the SCICoC should a natural disaster or other issue impacts the availability of the primary database**

## Privacy/Confidentiality

### Protected Personal Information

HUD identifies certain HMIS data as Protected Personal Information (PPI). The Agencies, Continuum of Care, the HMIS Staff, and users must use special care when working with or printing out data involving Protected Personal Information such as:

- Names
- Social Security Numbers
- Date of Birth
- Date of program participation
- Any other unique identifying number or code

The intent is always to keep all client information private at all times, and to share any client information only when a Release of Information (ROI) has been signed by the client. Some situations are recognized in the HUD rules, and in Federal, or State law that make release of the information necessary or even mandatory.

### SCICoC requirement to place Protected Personal Information in HMIS

No PPI may be entered into the HMIS without authorization from the client. All adults must sign a South Central Continuum of Care Network Authorization Form. The Head of Household must sign a family ROI for children living in the household. For the purpose of this section an adult is anyone over 18.

Clients must be informed about the intended use of PPI at the time information is collected.

It is allowable when conducting a phone intake that Agency personnel obtain consent via the phone after explanation of the HMIS and receive their permission.

### Allowable uses and disclosures of Protected Personal Information

Under the HUD rules, the following is considered to be allowable uses of Protected Personal Information (PPI):

- To provide or coordinate services to an individual
- For functions related to payment or reimbursement for services
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management function uses and disclosures required by law.

Agency may use or disclose PPI when required by law to the extent that the use of disclosure complies with and is limited of the requirements of the law. A participating agency may, consistent with applicable law and standards of ethical conduct, use or disclose PPI if:

1. The Agency in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of an individual or the public; and
2. The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.

#### Release of Client Information

By participating in the Continuum of Care, and the HMIS, all participating agencies agree to the highest standards of confidentiality and to seek authority and permission from clients for release of any identifiable client information.

Understanding the client has the right to have access to their own data.

- A release of information form must be signed by a client before any PPI is released.
- Written interagency data sharing agreements (i.e., Memoranda of Agreement), if any, between particular agencies will have to be in place and on file with the HMIS Lead Agency prior to sharing of information with the HMIS.
- A Privacy Notice shall be prominently displayed in the program office where intake occurs. The content of the privacy notice shall be accordance with HMIS Privacy Standards in the Federal Register.

#### Right to Revoke

Explanation must be made to the client that they can at any time revoke consent for release of information or the authorization for viewing the information in the HMIS.

## Data Quality Plan

### Introduction

The following describes the HMIS data Quality Plan for the South Central Illinois CoC. It includes the data quality standards and expectations, as well as data quality components and protocols for ongoing data quality monitoring which meets the requirements set forth by HUD.

Data quality is the term that refers to the completeness, validity, and reliability of client level data entered into the HMIS. While no data system has a 100% quality rating, it is the SCICoC's intent to maintain as high of quality information on homelessness to assist the SCICoC Board in determining the appropriate funding and location for system components to best reach the continuum goal of ending homelessness.

### Data Elements

The data standards manual located at <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2017.pdf> and the data standards dictionary located at <https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf> are the basis for the required data collection and input into the HMIS System. These two documents are updated periodically and the latest version will be accepted as the criteria used to review the HMIS and the data completeness.

The HMIS Lead Agency will notify the HMIS users through the agency administrators of updates to the dictionary and data standards manual.

### Data Collection

With the use of data collection templates, it is the responsibility of each agency to monitor the collection of data to input into the HMIS. The templates will be updated yearly to ensure that any changes in HUD data elements are included.

Upon release of new data quality standards, a training will be held for either all agency administrators or all HMIS users to provide training on the new standards. The HMIS lead will provide the training.

### Data Quality Monitoring

To insure that the data is reliable and valid it is important to monitor the HMIS at both a programmatic and aggregate level. This will be the primary tool for tracking and generating information to identify the areas of data quality improvement.

Data quality monitoring is a plan that will outline a regular, and on-going process for analyzing and reporting the reliability and validity of data entered into the HMIS. The data is analyzed at a programmatic and aggregate system level.

Agencies will conduct monthly reviews of the data quality. This can be done by running the ARTs report 231 in the HMIS system and also running program APRs to check for missing or incorrect data. Should updates to the HMIS system change the reporting, the Lead HMIS agency will notify the SCICoC of appropriate reports.

The Lead HMIS agency will conduct quarterly review for all agencies on the completeness and accuracy of the HMIS data. The report will be shared with the agencies and also the SCICoC Executive Board.

The Executive Board shall determine if any action should be taken with agencies that fail to maintain the data quality and accuracy.

### Accurate and Timely

To reduce human error HMIS data must be regularly, completely and accurately entered into the HMIS system. The following schedule should be considered as the timeliness of data entry:

- Emergency Shelters: Universal Data Elements and Housing check-in/check-out must be entered within three business days.
- TH, PSH, PSH RR, and TH/RR: Universal data Elements, Program Specific Data Elements, project entry/project exit must be entered within two business days.
- ESG Rapid Rehousing and Homeless Prevention Programs: Universal and Program specific data elements must be entered within two business days.

Changes in client level data should be entered in to the HMIS within 5 business days after collection of the data.

As for program requiring annual updates completed within 30 days before to 30 days after the anniversary date of project entry shall be entered into the HMIS no later than 2 business days after collection of the data.

### Completeness

The goal is to collect and enter all of the required data elements into the HMIS. However, in situations where the data is not available, the following table is the acceptable range of missing (null) or unknown (Don't know/refused) responses by program type.

	TH, PSH, PSH RR, ESG RR, Emergency Shelter (program-reserved bed		Emergency Shelter night to night entry no reserved	
Data Element	Missing	Don't Know/Refused	Missing	Don't Know/Refused
First & Last Name	0%	2.5%	0%	2.5%

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Full SSN	0%	2.5%	NA	NA
Date of Birth*	0%	2.5%	0%	2.5%
Race	0%	2.5%	0%	2.5%
Ethnicity	0%	2.5%	0%	2.5%
Gender	0%	2.5%	0%	2.5%
Veteran Status	0%	2.5%	0%	2.5%
Disabling Condition	0%	2.5%	0%	20.0%
Prior Living Situation	0%	0.0%	0%	10.0%
Length of Stay	0%	2.5%	0%	30.0%
Continuously Homeless	0%	2.5%	0%	30.0%
Time Homeless	0%	2.5%	0%	30.0%
Family Type	0%	2.5%	0%	2.5%
Marital Status	0%	2.5%	0%	2.5%
Income & Benefits at entry **	0%	2.5%	0%	2.5%
Income & Benefits at exit **	0%	2.5%	0%	2.5%
Date actual Housed	0%	0.0%	0%	0.0%
Destination	0%	2.5%	N/A	N/A
Reason for Leaving	0%	2.5%	N/A	N/A
Health Insurance Entry	0%	2.5%	N/A	N/A
Health insurance Exit	0%	2.5%	N/A	N/A
Domestic Abuse	0%	2.5%	N/A	N/A

* If client is unaware of their DOB use their age and calculate the year and enter the DOB as 1/1/xxxx (which denotes the year associated with the age.)

** This denotes that each question within the category should be completed.

## Data Accuracy

While it is very difficult to ensure that the clients are providing accurate information, it is important that while working with client that information is gathered in a progressive process, that is by gaining the trust of the client over a period of time, rather than just gathering information to



complete the data elements. Data may be corrected if original information is found to be in error. Agencies may do a self-check by asking a client to review their information for accuracy.

### Agreement

As part of the agreement in participating in the HMIS, all agencies and users agree to the importance and implementation of the Data Quality Plan.

## **Appendix**

### **Attached Documents**

Exhibit 1-HMIS Contact Sheet

Exhibit 2-Summary of Universal Data Elements and Program Specific Data Elements

Exhibit 3-Agency ServicePoint Participation Agreement

Exhibit 4-SCICoC HMIS User Policy Agreement

Exhibit 5- South Central Continuum of Care Network Authorization Form

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Exhibit 1-HMIS Contact Sheet

Position	Agency	Contact Person	Phone	Ext
HMIS Provider	MISI	Deb Little	(800) 536-6474	
Lead Agency	Embarras River Basin Agency, Inc.	Susie Beaumont	(217) 923-3113	
HMIS Coordinator	Embarras River Basin Agency, Inc.	Larry Sullivan	(217) 345-4840	23
Participating Agency	CEFS Economic Development Corp	Cindy Mayer	(217) 342-2193	126
Participating Agency	Illinois Valley Economic Development	Stephanie Stahlhut	(217) 839-4431	
Participating Agency	Mattoon Area PADS	Michael Stopka	(217) 234-7237	
CoC Member	Hope of East Central Illinois	Angie Hunt	(217) 348-8815	

## Exhibit 2 – Summary of Data Standards

Summary of Data Standards Applicability and Collection Requirements					
The data standards establish uniform definitions for the types of information to be collected and protocols for when data are collected and from whom. The following tables group the HMIS data Elements by type (Program Descriptor, Universal, And Program Specific) and summarize the requirements regarding: 1) applicability of each data element: 2) From whom the data is collected (for client-specific data elements): and 3) when the data is collected.					
Universal Data Elements					
The Universal Data Elements establish the baseline data collection requirements for all participating HMIS Programs. The Universal Data Standards are the basis for producing unduplicated estimates of the number of homeless people accessing services from homeless assistance providers, basic demographic characteristics of people who are homeless, and patterns of service use including information on shelter stays and homelessness episodes over time.					
Universal Data Elements					
Data Standards	subjects		When Collected		
	All Clients	All Adults	Initial Program Entry Only	Every Program Entry	Every Program Exit
1 Name*	x		x		
2 Social Security Number*	x		x		
3 Date of Birth*	x		x		
4 Race*	x		x		
5 Ethnicity*	x		x		
6 Gender*	x		x		
7 Veteran Status		x		x	
8 Disabling Condition	x			x	
9 Residence Prior to Program Entry		x		x	
10 Zip Code of Last Permanent Address		x		x	
11 Housing Status	x			x	x
12 Program Entry Date	x			x	
13 Program Exit Date	x				x
14 Personal Identification Number	x		x		
15 Household Identification Number	x			x	
* Note that one or more of these personal identifiers may need to be asked on subsequent visits to find and retrieve the clients record. However, this information only needs to be recorded in HMIS on an initial program entry.					

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### Program-specific Data Elements

Program-specific data elements provide information about the characteristics of clients, services that are provided and client outcomes. Most of these data elements must be collected from all clients served by COC programs in order to complete Annual Performance reports (APRs) and to measure performance outcomes. Program Specific Data elements must be captured at program entry and exit. Some must be captured on a quarterly and annual basis.

#### Summary of Program Specific Data Elements

Data Standard	Program Applicable	Subject	At or Near Client Entry	At least once every three months	At least once annual	Every Exit
1. Income	all	All Clients	x	x	x	x
2 Non Cash Benefits	all	All Clients	x	x	x	x
3 Physical Disability	all	All Clients	x		x	x
5 Chronic Health Condition	all	All Clients	x		x	x
6 HIV/AIDS	all	All Clients	x		x	x
7 Mental Health	all	All Clients	x		x	x
8 Substance Abuse	all	All Clients	x		x	x
9 Domestic Violence	all	Adults and Youth	x			
10 Destination	all	All Clients				x
11 Date of Contact	all	All Clients	x			
12 Date of Engagement	all	All Clients	x			
13 Financial Assistance Provided	all optional	All Clients		x		
Housing Relocation Stabilization Services	ESG	All Clients		x		x

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Additional Program Specific Data Elements										
In addition to the data elements that are required for APR reporting, some additional program-specific data elements must be collected.										
Data Standard	Program Requirements	Subjects					When Collected			
		All Clients	All Clients or All Adults	All Females of Child-bearing Age	All Veterans	All Children	Every Entry	At Least Once Annually	When Services Provided	Every Exit
Employment	Required		x				x	x		x
Education	Optional		x				x	x		x
General Health Status	Optional		x				x	x		x
Pregnancy Status	Optional			x			x	x		x
Veteran's Information	Required				x		x			
Children's Education	Optional					x	x	x		x
Reason for Leaving	Required	x								x
Services Provided	Required								x	

Exhibit 3 – Agency Participation Agreement

South Central Illinois Continuum of Care  
Homeless Management Information System

Agency Participation Agreement

By and Between  
South Central Illinois Continuum of Care

and

Agency Name _____

The SCICoC HMIS Participation agreement is made between the South Central CoC and _____, an Illinois nonprofit corporation located at _____ (“Agency”).

Whereas, Agency participates in the SCICoC Homeless Management Information System (HMIS), for the collection of data concerning persons experiencing homelessness and those in imminent danger of homelessness in the service area covered by the CoC and the use of that data to insure that appropriate, non-duplicative services are provided to those persons: and

Whereas the SCICoC has chosen ServicePoint provided by Municipal Systems Incorporated (MISI), in collaboration with Pathways Compass to be used for case management, determining utilization of services and gathering information on client demographics as required by HUD and the COC minimum Data Standards.

Now, therefore, in consideration of mutual promise contained in this agreement, SCICOC and Agency hereby agree as follows.

I. Definitions

- A. “Agency” means the agency that is party to this agreement.
- B. “Client” means a consumer of services provided by or through Agency.

- C. “Participating Program” Means a contributory program who records data elements regarding clients served and discloses these data elements through agreed upon means to the Lead HMIS agency.

## II. ServicePoint Use and Data Entry

- A. Agency shall comply with the policies and procedures applicable to agencies participation in the HMIS and using ServicePoint. Modifications to the HMIS policies and procedures may be made by the SCICOC for the purpose of fulfilling the HUD requirements or as needed to ensure the efficient collections of client data. Additional updates to this manual will be provided electronically by the HMIS Coordinator, or HMIS Committee Chair.
  - 1.All users of ServicePoint at or under control of Agency are required to have completed training designated by ServicePoint or Pathways Compass before using the database.
  - 2.Agency shall only enter individuals or households that are Clients, or individuals or households seeking assistance from the Agency. It is not required that individuals or households receive service to be entered in to the HMIS.
  - 3.Agency shall enter information into the HMIS in a consistent manner and strive for real-time, or close to real-time data entry. All data should be entered within two business days of services.
- B. Agency shall not alter information in the HMIS database by another participating program. The exception is HMIS coordinator assisting agency with data issues.
- C. Agency shall not cause the corruption of HMIS database in any manner.
- D. Agency shall enforce all user policies to which it employees and agents are subject.
- E. Agency shall not include or transmit any material in violation of any federal or state law or regulation. This includes, but is not limited to, copyrighted material, material legally judged to be threatening or obscene, and material protected by trade secret.
- F. Agency shall not use the HMIS database for the purpose of defrauding federal, state, or local governments, individuals or entities, or to conduct illegal activity.

## III. Training and Technical Assistance

- A. SCICOC shall assure that the HMIS training information is provided for the necessary training of Agency Staff. HMIS Coordinator will provide training updates as necessary and reasonable due to staff changes and changes in technology.
- B. MISI will assure that HMIS technical personnel are available for agency administrators for technical issues regarding the HMIS.



#### IV. Confidentiality

- A. Agency shall comply with all applicable federal and state confidentiality regulations and laws that protect Client Information and Records, and Agency shall only release Client Records with written consent by the Client or when required by law.
  - 1. Agency agrees to abide by all relevant state and federal confidentiality regulations relevant to the population served by the Agency.
  - 2. Agency shall provide a verbal explanation of the HMIS database and the terms of consent to each adult Client and shall arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the consent form.
  - 3. Agency understands that data entered into ServicePoint is stored in a HIPPA compliant data center.
  - 4. Agency shall utilize a South Central Illinois CoC HMIS Consent form for all clients. Once signed, or verbal permission if phone consent, by the Client it authorizes Client data to be entered into or viewed in the HMIS.
  - 5. Agency shall ensure that all staff, volunteers, and other persons issued a user ID and password for Service Point receives information and training concerning the Confidentiality of Client information and signs the user policy in the form attached to this agreement as attachment.
    - a. A signed copy of the User Policy shall be forwarded to the HMIS Administrator for the purposes of system oversight.
- B. Agency understands that it is the owner of its own agency-specific Client Data and shall not be denied access to that Client data. Agency acknowledges that it does not own Client data entered by other Participating Programs, even if Agency has entered into a memorandum of Agreement (“MOA”) with the other Participating Programs. In accessing Client data of other Participating Programs (with that Agency/Program’s approval), Agency shall be bound by all restrictions placed upon the data by the Client of the other Participating Programs.
- C. Agency shall obtain the appropriate Client Release of Information signed by its Client before sharing any specific and identifiable Client Information with other Participating program(s). Agency shall not share any identifiable Client Information with other Participating Program(s) unless agency has executed a Coordinated Service Agreement with other Participating Programs(s) with which the information will be shared and the Coordinated Service Agreement conforms to the requirements of this agreement and the HMIS policies and Procedures Manual.
  - 1. Agency shall keep signed copies of the Client Release of Information for a period of three years.

2. If a Client withdraws consent for release of information, Agency shall ensure that the Client's information that has not already been released under the prior consent will be unavailable to any other Participating Program(s) from the date of withdrawal of consent forward.

## V. HMIS Security

- A. MISI, and Bowman Systems shall be responsible for the following:
  1. Overall System Administration and Maintenance.
  2. Validating and establishing security clearances to participating agencies.
  3. Ensuring that security procedures are followed.
  4. Trouble shooting and technical assistance to agencies.
- B. Agency acknowledges and understands that the HMIS Provider and HMIS Coordinator will have access to identifiable Client data.
- C. Agency is obligated to ensure that within 24 hours of a change affecting the Agency, the HMIS Coordinator has current and accurate information as to the Agency User information.
- D. Agency is obligate, once identified, to rectify any violations of this agreement.

## VI. Access to Data

- A. Agency's access to data on Clients it does not serve shall be limited to non-identifying and statistical data unless sharing of identifiable Client data is allowable under an executed Coordinated Services Agreement that conforms to the terms of this Agreement.
- B. HMIS Coordinator or other staff may make aggregate data pertaining to services for homeless persons available to the CoC for funding or planning purposes. However, such aggregate data shall not directly identify individuals Clients and shall not include any of the items identified as HUD defined Protected Personal Information.

## VII. Other Terms and Condition

- A. SCICoC, HMIS Coordinator shall not be liable to Agency for any cessation, delay or interruptions of any HMIS services, nor for any malfunctions of HMIS hardware, software, or Equipment.
- B. This Agreement shall be in force until terminated in writing by either party. Without limiting the generality of the forgoing or the right of SCICoC to terminate this Agreement for any

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reason, SCICOC may terminate this Agreement if funding for HMIS or any part thereof becomes unavailable or is restricted.

**IN WITNESS WHEREOF**, SCICoC and Agency have executed this Agreement by their respective authorized representatives.

By _____ Date _____

SCICoC Representative

By _____ Date _____

HMIS Coordinator

By _____ Date _____

Agency Representative

Printed Name _____

Title or Capacity: _____

Exhibit 4 – User Agreement

South Central Illinois Continuum of Care  
Homeless Management Information Systems  
User Policy Agreement

User _____  
Print Full Name of User

User Work Phone Number: _____

User Work E-Mail: _____

Agency: _____  
Print Name of Agency

**PRIVACY AND DATA ACCESS**

Consistent with client permission and restrictions, agencies using the SCICoC HMIS shall at all times have rights to the data pertaining to their clients entered by them. SCICOC HMIS the agency and any partner agencies with access to data through a Release of Information shall be bound by all restrictions imposed by the client pertaining to any use of that client's personal information.

SCICoC HMIS and ServicePoint are tools to assist agencies in focusing services, locating alternative resources to help people experiencing homelessness, and to meet State and Federal reporting requirements. Designated MIS staff will provide training, assistance and support for using ServicePoint and assist in resolving data and database issues.

**USER POLICY**

SCICoC HMIS, ServicePoint users will comply to the best of their ability, with both the procedures and policies of their agency and those HMIS policies and procedures relating to the SCICoC HMIS data. However, whenever there is a question, the HMIS policies and procedures must take precedence over agency policies. Minimum data entry on each consenting client will be the data in the HUD Universal Data Elements plus any additional data required by the agency or other commitments.

**USER RESPONSIBILITY**

Your user ID and Password give you access to your agency's data in the HMIS system. Initial each item following to indicate your understanding and acceptance of proper use of this access.

Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the SCICoC HMIS System.

- _____ My user ID and password are for my use only and will not be shared with anyone.
- _____ I will take all reasonable precautions to keep my password physically secure.
- _____ I will never let anyone else know my password, use my password, or access the SCICoC HMIS using my password.
- _____ I will only let individuals who are authorized to view information in the HMIS System (or Clients to whom the information pertains).
- _____ I will only view, obtain, disclose or use the database information that is necessary to perform my job.
- _____ I will not leave a computer, where I am logged into the HMIS unattended.
- _____ I will log-off the HMIS before leaving the work area even for a very short period of time.
- _____ I understand that failure to log off the HMIS appropriately may result in a breach in client confidentiality.
- _____ I will assure that any and all printouts/hard copies of HMIS information must be kept in a secure file.
- _____ I will assure that any printouts/hard copies from the HMIS will be shredded or otherwise properly destroyed or maintain confidentiality when no longer needed.
- _____ If I notice or suspect a security breach, I will immediately notify my Agency Administrator.

### **USER CODE OF ETHICS**

- A. Users must be prepared to answer client questions regarding SCICoC HMIS.
- B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within SCICoC HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.
- C. Users must allow client to change his or her information sharing preferences at the client's request.
- D. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into SCICoC HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via SCICoC HMIS.
- E. User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.

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- F. Users will not solicit from or enter information about clients into SCICoC HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.
- G. Users will not alter or override information entered by another Agency.
- H. Users will not include profanity or offensive language in SCICoC HMIS; nor will Users use SCICoC HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.
- I. Upon client request, users must allow a client to inspect and obtain a copy of the client's own information maintained within SCICoC HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
- J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within SCICoC HMIS. Client may file a written complaint with either the Agency or with the Lead Agency, Embarras River Basin Agency, 400 W. Pleasant, Greenup, IL 62428. Clients may *not* be retaliated against for filing complaints.

*I understand and agree to comply with all the statements listed above.*

_____  
**SCICoC HMIS User**

_____  
**Date**

_____  
**Agency Supervisor**

_____  
**Date**

**Additional Information**

**Date of Initial HMIS Training** _____

Exhibit 5 – South Central Continuum of Care Network Authorization Form

**CLIENT INFORMED CONSENT &  
RELEASE OF INFORMATION AUTHORIZATION**

For South Central Illinois Continuum of Care Homeless Management Information System

Agency: _____  
Agency Address _____  
(City, State, Zip) _____  
(Phone) _____

**What you are consenting to?** This Agency is a participating agency in the South Central Illinois CoC (SCICoC) Homeless Management Information System (HMIS). HMIS participating agency work together to provide services to persons or families experiencing housing instability. When you request services, data may be collected about you and your household that may be shared with other HMIS participating agencies.

**How the data will be used?** Your information will be used for statistics, such as number of persons that are homeless or at risk of homeless and reporting numerical information to funding providers as required by State or Federal Grants. The information may also be shared with other agency partners for the purpose of service coordination. The specific way in which your information will be used or disclosed is outlined in HMIS policy and procedures manual. You may request a copy of South Central Illinois CoC HMIS policy and procedures manual at any time.

**How is my data protected?** The data is stored in both hard copy and in an online database called ServicePoint. ServicePoint is a shared homeless and housing management information system administered by Municipal Information System, Inc. The ServicePoint system operates over the Internet and uses many security protections to help ensure confidentiality.

**How do you benefit by providing requested information and sharing it with other agencies?** By sharing your information you may be able to avoid being screened again, receive service faster, and minimize how many times you have to tell your story. If housing services are not available at time of original intake, you would be placed on a list so that as housing options become available, you can be contacted.

**What information is collected:** Primary information such as name, social security number, and date of birth, gender, race, ethnicity, and veteran status is collected. Also collected is housing status, assessments, and information on services provided.

By signing the form I agree that I have read or have had read to me the above information and agree to share the following level of information with other HMIS participating Agencies, partnering agencies and when applicable the Veteran's Administration:

- ☐ I agree to share all information with partnering agencies
- ☐ I agree to only share my primary information with participating agencies.
- ☐ I do not agree to share any of my information with other participating agencies.
- ☐ I am a veteran and do not want my information shared with the V.A.

I understand that I may cancel this authorization at any time by written request to the organization that I originally gave the authorization, but the cancellation will not be retroactive. I understand that this release is **valid for five (5) years** from the date of this document.

_____  
Printed Name(s)  
_____  
Child  
_____  
Child

_____  
Child  
_____  
Child  
_____  
Child

_____  
Signature of Client, Guardian      Date

_____  
Signature of Witness      Date

**Attachment 3A-6**

**HDX – 2018 Competition Report**

**South Central Illinois CoC  
IL-515**



# 2018 HDX Competition Report

## PIT Count Data for IL-515 - South Central Illinois CoC

### Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	133	108	92
Emergency Shelter Total	54	49	49
Safe Haven Total	0	0	0
Transitional Housing Total	67	27	21
Total Sheltered Count	121	76	70
Total Unsheltered Count	12	32	22

### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	5	5	5
Sheltered Count of Chronically Homeless Persons	5	3	1
Unsheltered Count of Chronically Homeless Persons	0	2	4

# 2018 HDX Competition Report

## PIT Count Data for IL-515 - South Central Illinois CoC

### Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	27	19	17
Sheltered Count of Homeless Households with Children	27	17	16
Unsheltered Count of Homeless Households with Children	0	2	1

### Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	1	1	3	3
Sheltered Count of Homeless Veterans	1	1	3	1
Unsheltered Count of Homeless Veterans	0	0	0	2

# 2018 HDX Competition Report

## HIC Data for IL-515 - South Central Illinois CoC

### HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	66	24	16	38.10%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	21	21	0	NA
Rapid Re-Housing (RRH) Beds	138	0	138	100.00%
Permanent Supportive Housing (PSH) Beds	46	0	46	100.00%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	271	45	200	88.50%



## 2018 HDX Competition Report

### HIC Data for IL-515 - South Central Illinois CoC

#### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	8	10	11

#### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	5	10	30

#### Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	19	46	138

# Summary Report for IL-515 - South Central Illinois CoC

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	156	240	39	17	-22	15	7	-8
1.2 Persons in ES, SH, and TH	274	244	126	22	-104	59	7	-52

- b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	157	240	52	93	41	16	9	-7
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	275	244	134	97	-37	68	9	-59



## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

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

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

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	60	9	15%	8	13%	3	5%	20	33%
Exit was from TH	20	0	0%	0	0%	0	0%	0	0%
Exit was from SH	0	0		0		0		0	
Exit was from PH	172	1	1%	8	5%	0	0%	9	5%
TOTAL Returns to Homelessness	252	10	4%	16	6%	3	1%	29	12%

#### Measure 3: Number of Homeless Persons

##### Metric 3.1 – Change in PIT Counts

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	133	108	-25
Emergency Shelter Total	54	49	-5
Safe Haven Total	0	0	0
Transitional Housing Total	67	27	-40
Total Sheltered Count	121	76	-45
Unsheltered Count	12	32	20

### Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	282	246	-36
Emergency Shelter Total	164	242	78
Safe Haven Total	0	0	0
Transitional Housing Total	118	4	-114



## 2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	20	22	2
Number of adults with increased earned income	0	1	1
Percentage of adults who increased earned income	0%	5%	5%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	20	22	2
Number of adults with increased non-employment cash income	6	4	-2
Percentage of adults who increased non-employment cash income	30%	18%	-12%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	20	22	2
Number of adults with increased total income	6	5	-1
Percentage of adults who increased total income	30%	23%	-7%

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	64	54	-10
Number of adults who exited with increased earned income	8	5	-3
Percentage of adults who increased earned income	13%	9%	-4%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	64	54	-10
Number of adults who exited with increased non-employment cash income	3	3	0
Percentage of adults who increased non-employment cash income	5%	6%	1%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	64	54	-10
Number of adults who exited with increased total income	10	7	-3
Percentage of adults who increased total income	16%	13%	-3%

## 2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	219	239	20
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	32	37	5
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	187	202	15

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	288	390	102
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	34	38	4
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	254	352	98

## 2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

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

**This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.**

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0
% Successful exits			

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



## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing destinations	312	308	-4
Of the persons above, those who exited to permanent housing	177	141	-36
% Successful exits	57%	46%	-11%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	38	42	4
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	37	42	5
% Successful exits/retention	97%	100%	3%

# 2018 HDX Competition Report FY2017 - SysPM Data Quality IL-515 - South Central Illinois CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

# 2018 HDX Competition Report

## FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach				
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	
1. Number of non-DV Beds on HIC	94	64	50	34	77	67	43		31	41	45	46									
2. Number of HMIS Beds	44	44	16	16	61	61	43		31	31	45	46									
3. HMIS Participation Rate from HIC ( % )	46.81	68.75	32.00	47.06	79.22	91.04	100.00		100.00	75.61	100.00	100.00									
4. Unduplicated Persons Served (HMIS)	123	170	164	239	115	127	118	4	53	49	39	44		38	128	86	193	0	0	0	0
5. Total Leavers (HMIS)	105	158	159	222	50	73	99	4	9	12	5	0		8	110	62	106	0	0	0	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	27	71	59	108	6	1	0	0	0	0	0	0		0	0	0	0	0	0	0	
7. Destination Error Rate (%)	25.71	44.94	37.11	48.65	12.00	1.37	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00				

## 2018 HDX Competition Report

### Submission and Count Dates for IL-515 - South Central Illinois CoC

#### Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/25/2018	

#### Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	3/20/2018	Yes
2018 HIC Count Submittal Date	3/16/2018	Yes
2017 System PM Submittal Date	4/10/2018	Yes



## **Attachment 3B-2**

### **Order of Priority – Written Standards**

**South Central Illinois CoC  
IL-515**

# **Priority Policy for Permanent Housing Referrals**

## **South Central Illinois Continuum of Care (IL-515)**

### **Preamble**

The South Central Illinois CoC Coordinated Entry System (CES) follows this policy when serving identified target populations. The purposes are to reduce and eliminate barriers to housing, and to target those with the highest barriers.

The South Central Illinois Continuum of Care recognizes that some persons – particularly those living on the streets or in places not meant for human habitation – require significant engagement prior to accepting housing. CES should not let units remain vacant indefinitely while waiting for a chronically homeless person to accept an offer of PSH. The Continuum Homelessness Action Team shall attempt to engage all persons that have declined offers of PSH. These persons are prioritized for PSH until they are housed.

CES honors funding restrictions of housing projects. For example, CES refers only persons with serious mental illnesses to a Permanent Supportive Housing (PSH) project that is restricted to homeless persons with serious mental illnesses.

### **1. Dedicated PSH Units for Persons and Families Experiencing Chronically Homeless**

CES prioritizes Permanent Supportive Housing units that are dedicated for persons and families experiencing chronic homelessness¹ based on:

- a) The length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter; and
- b) The severity of the individual's or family's service needs.

### **2. All Other PSH Units – Prioritized for Chronically Homelessness**

CES prioritizes Permanent Supportive Housing units that are not CH dedicated for persons and families experiencing chronic homelessness. Within the category of chronic homelessness, these units shall be prioritized based on:

- a) The length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter; and
- b) The severity of the individual's or family's service needs.

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¹ "Chronic Homelessness" is as currently defined by the US Department of Housing and Urban Development.

### 3. Priority for Non-Chronic Homelessness

When there are no chronically homeless individuals and families awaiting housing referrals through the Coordinated Entry System, CES follows the following order of priority for all permanent housing referrals:

- a) **First Priority: Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.
- b) **Second Priority: Homeless Individuals and Families with a Disability with Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
- c) **Third Priority: Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter without Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
- d) **Fourth Priority: Homeless Individuals and Families with a Disability Coming from Transitional Housing.** An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

### South Central Illinois Continuum of Care Governing Board

Updated: January 24, 2018

By: Kevin Bushur  
President

**Attachment 3B-5**

**Racial Disparities Summary**

**South Central Illinois CoC  
IL-515**

RACIAL AND ETHNIC DISPARITIES ASSESSMENT  
SOUTH CENTRAL ILLINOIS  
CONTINUUM OF CARE  
IL-515

A STUDY CONDUCTED BY:

SPANNAUS CONSULTING  
DECATUR, ILLINOIS



AUGUST 2018

## BACKGROUND

In the early summer of 2018, the South Central Illinois Continuum of Care asked for an assessment of possible racial and ethnic disparities on the provision of services to the homeless. This assessment has two components:

The **Quantitative Analysis** compares the racial and ethnic demographics of three entities:

- The population of the entire geographic area covered by the CoC.
- The population of persons experiencing homelessness in the CoC as determined by the 2018 Point-In-Time survey.
- Persons served by homeless assistance projects, as recorded in the CoC's Homeless Management Information System (HMIS).

The Quantitative Analysis also looked at outcomes by race and ethnicity, specifically:

- The rates at which persons of differing racial and ethnic groups achieved permanent housing when exiting from emergency shelters or transitional housing, or moved to another form of permanent housing from CoC-supported permanent housing.

Finally, the Quantitative Analysis looks at the racial and ethnic composition of the CoC's decision-making body and compares it with the demographics of the geographic area and the demographics of the population of persons experiencing homelessness.

The **Qualitative Analysis** looks at steps the CoC has taken or will take, to address disparities and/or prevent disparities from arising in the future. It looks at:

- How the CoC assures that its board reflects the population served.
- How the CoC conducts outreach to and communicates with underserved populations.
- How the CoC equips its staff, volunteers, and the larger community to understand the dynamics of racism as it applies to homelessness, and how it develops leadership.
- How the CoC utilizes its Coordinate Entry system to rectify disparities.
- How the CoC gathers and assesses data, and how it identifies and addresses disparities.

## QUANTITATIVE ANALYSIS

### Demographics

This section looks at three datasets:

- The racial and ethnic composition of the CoC's geographic area, estimated as of July 1, 2017 (source: U.S. Census Bureau Quick Facts at <https://www.census.gov/quickfacts/fact/table/>).
- The racial and ethnic composition of the CoC's homeless population, enumerated as of late January 2018 (source: Point In Time count at <https://hudhdx.info/Pit/Default.aspx>).
- The racial and ethnic composition of persons served by the CoC's homeless system for the year ending June 30, 2018 (source: CoC HMIS customized reports).

Tables 1 and 2 summarize these findings.

**TABLE 1: RACIAL COMPOSITION**

Racial Categories	CoC Geographic Area	Homeless Population	Persons Served
White alone	96.1%	83.7%	93.1%
Black or African American alone	1.9%	15.3%	5.7%
American Indian or Alaskan Native alone	0.3%	0.0%	0.4%
Asian alone	0.6%	0.0%	0.0%
Native Hawaiian or Other Pacific Islander alone	0.0%	0.0%	0.0%
Two or more races ¹	1.1%	1.1%	NA

**TABLE 2: ETHNIC COMPOSITION**

Ethnic Categories	CoC Geographic Area	Homeless Population	Persons Served
Hispanic or Latino	2.3%	15.3%	2.2%
Not Hispanic or Latino ²	76.3%	84.8%	96.9%

An analysis of these data shows large disparities between general population and homeless populations. African Americans are about eight times more likely to experience homelessness than other persons, and persons who identify as Hispanic or Latino are almost seven times as likely than others.

However, the CoC system does not serve minorities in proportion to their representation in the homeless population. African Americans made up 15.3% of the homeless population, but only 5.3% of the CoC client population. For persons identifying as Hispanic or Latino, the numbers were far worse; although they made up 15.3% of the homeless population, only 2.2% of the CoC client population was Hispanic or Latino.

¹ HMIS did not track "Two or more races."

² The Census Bureau reports this category as "White alone, not Hispanic or Latino," whereas the PIT and HMIS report it as "Not Hispanic or Latino." Therefore the Census Bureau percentages for the CoC Geographic Area do not add to an approximate 100%.

## Outcomes

This section looks at the rates at which persons of differing racial and ethnic groups achieved permanent housing when exiting from emergency shelters or transitional housing, or moved into another form of permanent housing when leaving CoC-supported permanent housing.

Tables 3 and 4 summarize these findings.

**TABLE 3: OUTCOMES BY RACE**

Racial Categories	Exits to Permanent Housing
White alone	60.9%
Black or African American alone	53.8%
American Indian or Alaskan Native alone	NA
Asian alone	100.0%
Native Hawaiian or Other Pacific Islander alone	NA
Two or more races	NA

**TABLE 4: OUTCOMES BY ETHNICITY**

Ethnic Categories	Exits to Permanent Housing
Hispanic or Latino	60.0%
Not Hispanic or Latino	56.4%

An analysis of these data shows very little differentiation of outcomes by racial or ethnic factors – about seven percent when studied by race, and less than four percent by ethnicity (with a slight advantage to the Hispanic/Latino group). Given the small numbers of persons of color served by South Central Illinois CoC projects, these variations are insignificant and well within expected tolerances.



## QUANTITATIVE ANALYSIS

### Board Composition

The governing body of the CoC is the South Central Illinois CoC Board of Directors. It has 10 total members, of whom none are persons of color. This compares with the total population of 3.9% persons of color, and with the persons served with 6.1% persons of color.

With a very small representation of Hispanic/Latino persons in the geographic area and among the persons served, it is not surprising, nor is it a concern, that Hispanic/Latino representation on the governing body is zero percent.

### Outreach and Communications

The CoC is taking the following steps to reach areas with higher concentrations of underrepresented groups and assure that its communication is culturally appropriate:

- It conducts specific outreach to those who are least like to ask for help – the individuals and families who hide in remote locations. To accomplish this, CoC field offices have close relationships with those who are the first to know about instances of homelessness, such as conservation police, local police and sheriff departments, schools, hospitals, urgent-care clinics, churches, township supervisors, and food pantries.
- It markets through print materials, newspapers, radio, websites and Facebook.
- Its Non-Discrimination Policy prohibits discrimination
- CoC staff informs all participants: “We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity.
- It gives each participant a HUD Fair Housing Equal Opportunity for All booklet in English or Spanish.
- To reach those with disabilities and limited English proficiency, it does the following.
  - All CoC locations are fully accessible.
  - It conducts home visits when requested.
  - It encourages participants to bring personal assistants or other advocates.
  - It offers help from a person fluent in ASL.
  - It uses translators or Google Translate.

### Professional Development and Training

The CoC provides annual training in discrimination and equal access and requires attendance from all CoC and ESG funded providers.

### Coordinated Entry

The CoC's Coordinated Entry (CE) policies contain the following provisions regarding racial and ethnic inclusion:

- CE is available to all eligible persons regardless of actual or perceived race, color, national origin, religion, sex, age, familial status, disability, sexual orientation, gender identify, or marital status.
- Materials are written so that they are easily understandable for persons with limited education or developmental disabilities, and are available in multiple languages. Translation services are available throughout the CE process.
- The CoC provides training for all CE staff. Training includes culturally competent CE practices and mitigating historical inequities among racial, ethnic, cultural, groups and gender and sexual minorities. Training should be designed and conducted by members of communities representing the specific culture or subpopulation impacted.
- The CoC and its CE system complies with all applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws.

### Data Analysis and Continuous Improvement

The CoC annually contracts with a team of consultants for planning purposes. The CoC has assigned the consultants to collect and analyze data on racial and ethnic disparities, including the following:

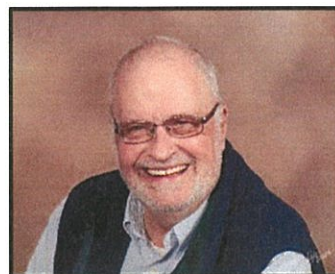
- Persons served
- Needs of persons of various races and ethnicities
- Outcomes
- Outreach and communications
- Program usage
- Policies, protocols, and practices

The consultants are charged with reporting their findings to the CoC Board on an annual basis and recommending actions to address disparities.

## QUALIFICATIONS

### **FRED W. SPANNAUS, PRINCIPAL SPANNAUS CONSULTING**

**Fred Spannaus** is an independent consultant with a practice that includes housing, homelessness, human rights, and strategic human resources management.



To help communities respond to homelessness, he has consulted with four Continuum of Care systems in Illinois and with the cities of St. Louis, Missouri and Tampa, Florida. He has assisted these communities in using best practices to address and end homelessness by creatively responding to federal initiatives. An experienced housing consultant, Fred has assembled funding packages for the development of supportive housing in central and southern Illinois and conducted special needs housing studies. As a grant writer, his proposals have raised more than \$90 million.

A certified Senior Professional in Human Resources, Fred has conducted numerous human rights investigations and presented seminars on diversity, inclusion, discrimination, sexual harassment, and other topics throughout the United States. He was the subject matter expert and co-author of an online diversity/inclusion training curriculum for an 11,000-employee financial services firm. He currently serves the City of Decatur, Illinois as its Human Rights Investigator. He is author of ***The Occasional Interviewer***, a guidebook for pre-employment interviews that is used nationally. Fred has a bachelor's degree from Valparaiso University and a master's degree from the University of Illinois at Springfield. He has also taken post-graduate studies at DePaul University.