

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 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 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:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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1A-1. CoC Name and Number: IL-516 - Decatur/Macon County CoC

1A-2. Collaborative Applicant Name: Dove, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Dove, Inc.

1B. Continuum of Care (CoC) Engagement

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1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	Yes
Local Jail(s)	No	No	No
Hospital(s)	Yes	No	Yes
EMS/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	No	No	No
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	No	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Colleges and Universities	Yes	Yes	Yes
Early Childhood Development Agencies	Yes	Yes	Yes

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
 - 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
 - 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
 - 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.**
- (limit 2,000 characters)**

(1)The Macon County CoC solicits input and guidance from a broad spectrum of groups and individuals. The CoC Board is a source of opinions and input; it consists of a formerly homeless person and sixteen leaders in housing, healthcare, behavioral health, education, government, prevention, emergency services, and human services. The Board meets monthly. The advisory council, consisting of providers and individual members, meets quarterly.

(2)The CoC uses a variety of public meetings and forums to solicit information. This year, we hosted a 2-day Homeless Institute for providers throughout Illinois to improve approaches to homelessness. We hosted a well-attended public forum during National Hunger and Homelessness Awareness Week. In March, the CoC's annual breakfast attracted more than 80 community leaders and gathered their input.

The CoC communicates its meetings to ensure engagement by publishing quarterly advisory council meeting notices via email, in the local news media, on an electronic listserv, and on the CoC's lead agency's website.

(3)The CoC utilizes public input from meeting and forums to improve our approach to homelessness. As one example, Homeless Advisory Council members stressed the need for low barrier housing options. We responded by increasing the number of RRH units. Second, domestic violence providers advocated for increase TH units, and we included a second DV Bonus project. Third, when the largest local shelter closed due to financial issues, another agency provided critical overflow beds through the end of the winter.

(4) The CoC provides all printed materials, including invitations and notices of meetings, in PDF formats and online to that persons with hearing and visual challenges can access our information with their assistive devices. We hold all meetings in accessible locations.

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 the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
 - 4. how often the CoC solicits new members; and**
 - 5. 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 CoC has a well-developed process to invite new members. Our Board meetings to identifies gaps in representations and suggests potential members to fill the gaps. Board members speak to civic and faith-based groups and invite their participation in the CoC. We encourage volunteers in the Point-in-Time count to attend CoC meetings and serve on committees. We make a concerted effort to invite new members at the annual CoC Community Breakfast each March.

(2)The CoC communicates its invitation process to solicit new members through the news media, through its website, through regular emails as well as at public and individual meetings. As an example of communicating at public meetings, approximately 80 persons attend the annual CoC Breakfast, where we issued a public invitation for attendees to join the CoC.

(3)We issue all open invitations for new members in accessible electronic formats, such as PDF documents and webpages that can be easily read by persons who use adaptive devices. Every time we issue a public invitation in a meeting, the meeting is in an accessible location.

(4)We issue specific invitations at quarterly Advisory Council meetings and annually at the CoC Community Breakfast. However, the solicitation process is

ongoing throughout the year.

(5)We have a formally homeless individual on our CoC Board. We identify and solicit involvement by homeless and formerly homeless individuals through case managers and coordinated entry staff, who suggest clients to the Board. A current Board member meets with potential members to explain the role and expectations of CoC leadership positions.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
 - 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
 - 3. the date(s) the CoC publicly announced it was open to proposal;**
 - 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
 - 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**
- (limit 2,000 characters)**

(1)The CoC issued an annual notification for project applications within a week after HUD released the CoC NOFA. This public notice informed the public of the types of new projects that are permitted by HUD, the application process, and deadlines. It included a specific appeal to organizations that have not previously received CoC funding, encouraging them to apply. The communication instructed all potential applicants in submission procedures, and it encouraged interested parties to access HUD's eligibility requirements and e-snaps resources via live links. We distributed this notice through news media, websites, Facebook, emails, and at public meetings.

(2)We used the following criteria to determine whether project applications will be selected for inclusion and ranking: (a) whether the project and the applicant met HUD Threshold standards as stated in the current NOFA; (b) whether the project activities were eligible under the current NOFA; and (c) whether the applicant agency was in good standing with the state of Illinois and the CoC.

(3)The CoC publicly announced it was open to proposals on July 8, 2019.

(4)The notification was in accessible electronic formats: in PDF attachments to emails, and on webpages that were easily readable by persons who use adaptive devices. We made sure to include disability advocates and disability organizations on the email list.

(5)This instruction is not applicable.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

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)	Yes
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)	
Faith-based emergency services	Yes

Federally Qualified Health Center	Yes
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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;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

(1)Our CoC is part of the Illinois balance-of-state; the recipient is Illinois Department Human Services (IDHS). We consult with IDHS in planning and allocating ESG funds. As one of many CoC geographies in this jurisdiction, we determine allocations and performance standards by working with providers to identify needs for activities and services. Providers submit budgets for ESG allocations to our CoC Board for review. If the request aligns with our identified service needs, it is approved. If the request does not align with our current service needs, the CoC and provider negotiate the allocation request. Our CoC submits performance standard data to the state for review and consultation prior to anyone in our area receiving an ESG allocation.

(2)The CoC actively evaluates and monitors ESG project performance. As an example, this year the CoC is addressing serious performance deficiencies in an ESG-funded emergency shelter operated by the Salvation Army (SA). IDHS requested that Dove (the CoC Collaborative Applicant) continue to act as the interim sub-recipient on behalf of the CoC due to continuing problems with the SA.

Dove staff monitors performance, with the goal of having the SA resume the sub-recipient role next year. The CoC is currently enforcing time-phased benchmarks for destination errors, length of stay, and data quality. The CoC will submit performance results to IDHS. Next year, the CoC Board will decide whether to recommend that SA resume the sub-recipient role.

(3)The CoC ensures that local homelessness information is communicated and addressed in the Consolidated Plan updates through its strong relationship with the City of Decatur Neighborhood Services office. Several leaders on the CoC Board directly communicate necessary data on homelessness.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Yes

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

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 protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)**

(1)Our CoC's protocols for coordinated entry and emergency transfers assure that client needs are paramount. Our policies and procedures assure victim centric, trauma-informed services. Our guiding principles (GP) require consistent practices for the entire CoC system. They state, we "promote participant-centered practices. Every homeless person is treated with dignity, prevention from experiencing further trauma; offered at least minimal assistance, and participates in their own housing plan."

Prioritizing and ensuring safety is critical. Our GP's address prioritization and safety as well. We prioritize the most vulnerable stating "Our resources are first directed to persons and families who are most vulnerable. Less vulnerable persons and families are assisted as resources allow." GP also address safety and emergency transfer plans, stating "We ensure the safety for all individuals and families seeking assistance including assuring rapid linkage to emergency and victim services." Our Collaborative Applicant is also the area's recognized DV provider resulting in cross-trained staff, and practices and protocols directed toward victim safety, trauma-informed care and participant choice.

(2)We ensure client choice for housing options and services throughout the entire process. As stated in our policies, "Participants are offered choice whenever possible." We offer three specialized forms of safe housing: state-funded domestic violence shelter, a new CoC-funded domestic violence focused transitional housing project, and a DOJ/VOCA funded transitional housing project for DV survivors. Communication protocols assure safety and confidentiality. Persons referred to the DV program are never entered in HMIS. Likewise, when the DV program refers a homeless client to the CoC for housing through the Coordinated Entry process, staff enters participant information into HMIS but does not identify the case as a DV referral.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:

- 1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and**
 - 2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.**
- (limit 2,000 characters)**

(1)The area's victim service provider, Dove, Inc. (which is also the Collaborative Applicant), has trained nine staff members – at least one in each CoC-funded project – with 40 hours of DV training. Dove's DV Program provides training at least annually, focusing on best practice methods in servicing survivors of domestic violence, dating violence, sexual assault, and stalking. The training specifically focuses on trauma-informed care and victim centered services as well as other areas including dynamics, legalities, ethical issues, safety, historical perspectives, children's needs, special populations, services, and program policies. We held one DV training for CoC projects this year on April 29 - May15, 2019 and will hold another in October 2019.

(2)Dove, Inc, Domestic Violence Program staff provide annual training for Coordinated Entry (CE) staff along with CoC project staff, as described above. All CE staff are required to completed 40 hours of DV training and annual updates. 5 staff completed 40 hour DV staff. Required for CE staff to have 40 hour DV training and you are certified as a DV advocate

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)

We use de-identified aggregate data from three sources to address the needs related to domestic violence and similar offenses. The three sources are: (1) Macon County criminal justice statistics; (2) HMIS; and (3) Illinois Infonet.

Our CoC covers all of Macon County, Illinois. In the 12-month period ending May 31, 2019 local law enforcement agencies reported over 4,000 calls for domestic violence, and they made 817 arrests for domestic battery and aggravated domestic battery. The State's Attorney's Office reported 556 charged offenses, and the Illinois Criminal Justice Information Authority (ICJIA) reported 1,830 DV related offenses in Macon County. All data from these sources is de-identified and aggregated.

Our HMIS indicates that 16% of all adult participants reported domestic violence. Eight-three percent of those were female, and 33% reported being victimized within the past 12 months.

Illinois Infonet reported that in 2016 (the last year for which data was published), 753 Orders of Protection were obtained in Macon County (the CoC's geographic area), which is a rate of 711 per 100,000 people. For the same year,

Illinois Infonet documented 1,830 reported domestic related offenses in Macon County, which is a rate of 1,729 per 100,000 people. Illinois Infonet is operated and maintained by ICJIA, and it is a comparable database.

***1C-4. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 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., Moving On
Decatur Housing Authority	3.00%	Yes-HCV	No

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:

1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or

2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

Not applicable.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

The CoC works with three types of providers: the PHA, private landlords, and subsidized housing developers.

1C-5. Protecting Against Discrimination.

**Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.
(limit 2,000 characters)**

The CoC actively addresses all forms of unlawful discrimination to ensure fair and equal housing and services for all participants. A strong CoC-wide anti-discrimination policy applies to all projects, regardless of their funding sources. The CoC reinforces its policy with annual anti-discrimination training, which is mandatory for all housing and service providers. On June 21, 2019, the Human Rights Investigator for the City of Decatur's Human Relations Commission delivered training on how to effectively address discrimination based on all protected class, as well as the enforcement of HUD's Fair Housing and Equal Access rules.

Our coordinated entry and project staff inform all participants of their fair housing and equal access rights and tell participants where and how to file official charges of discrimination if they feel they need/want to do so.

As a result of these measures, the CoC has not received any concerns or allegations of discrimination.

***1C-5a. Anti-Discrimination Policy and Training.**

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

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 address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

***1C-6. Criminalization of Homelessness.**

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

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

5. No strategies have been implemented:	<input type="text"/>
6. Other:(limit 50 characters)	
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

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 for homelessness assistance in the absence of special outreach; and**
 - 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner.**
- (limit 2,000 characters)**

(1)Our Coordinated Entry (CE) system covers the entire CoC geographic area of Macon County, Illinois. CE contacts entities that encounter individuals who are homeless or at risk for homelessness, including libraries, gas stations, police departments, food pantries, and churches.

(2)Our CE system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach. In our CoC, the long-term unsheltered population is the group least likely to ask for assistance. Our Continuum Homeless Action Team (CHAT) reaches out to these individuals. CHAT consists of street outreach workers who know our homeless population and contact them daily. CHAT members continually update the status of homeless individuals and identify their needs, using the Stages of Change to assess individuals' change readiness.

(3)Our CE system prioritizes people most in need of assistance in a timely manner following our guiding principles of "prioritization of the most vulnerable...participant-centered practices...and low barriers." All cases are prioritized in this order:

1. "Persons and families experiencing chronic homelessness
 - 1.1. Those with the longest time in a place not meant for human habitation, a safe haven, or an emergency shelter
 - 1.2. Those with severe service needs
2. Persons and families experiencing non-chronic homelessness
 - 2.1. Those with a disability with long periods of episodic homelessness and severe service needs
 - 2.2. Those with a disability with severe service needs
 - 2.3. Those with a disability coming from places not meant for human habitation, safe haven, or emergency shelter without severe service needs
 - 2.4. Those with a disability coming from transitional housing

2.5.All others

The length of time that a person or family has been waiting for housing is taken into consideration only when two or more persons (or families) within the same priority group are waiting for a housing placement.”

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. 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. Local CoC Competition

Instructions

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***1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.**

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

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Applicants must describe:

- 1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and**
 - 2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.**
- (limit 2,000 characters)**

(1) We used the FY 2019 HUD Rating and Review tool to consider severity of needs and vulnerabilities. This tool included consideration of zero income at entry, multiple disabilities, and entering a project from a place not meant for human habitation. Specific disabilities considered included mental health problems, substance use, chronic health conditions, HIV/AIDS, intellectual disabilities, and physical disabilities.

(2) Each area of severity of need and vulnerability is assigned a weighted percentage factor/goal worth 10 points for both RRH and PSH, using the following scale: a) zero income at entry - 45% or greater, b) more than one disability - 27% or greater, and c) entering project from a place not meant for human habitation - 25% or greater. We utilized project APR data to determine if the project met the benchmark for awarding points.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:

- 1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or**
- 2. check 6 if the CoC did not make public the review and ranking process; and**
- 3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or**
- 4. check 6 if the CoC did not make public the CoC Consolidated Application.**

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input checked="" type="checkbox"/>	2. Mail	<input checked="" type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input checked="" type="checkbox"/>	4. Advertising on Radio or Television	<input checked="" type="checkbox"/>

5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 19%

1E-5a. Reallocation—CoC Review of Performance of Existing Projects.

Applicants must:

- 1. describe the CoC written process for reallocation;**
 - 2. indicate whether the CoC approved the reallocation process;**
 - 3. describe how the CoC communicated to all applicants the reallocation process;**
 - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
 - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

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

In early 2017, the CoC Board implemented a quarterly project monitoring system for all CoC and ESG projects. Monitors report their results to the CoC Board, which determines if any projects are low-performing or address needs that are no longer high-priority concerns. As an example, in 2018 the Board reallocated all funds from our last remaining transitional housing project into a New Joint TH to PH-RRH project.

2)The CoC Board has approved the written process.

3)The CoC has only two applicants for current projects, and both are well aware of the process reallocation process. One applicant is the Collaborative Applicant, and the other is the county PHA. Both are active members of the CoC Board, and both participated in creating and adopting the written process.

4)As described above, the CoC determines whether a project is low-performing through a quarterly monitoring process. The monitoring tool assesses program compliance as well as utilization rates, housing stability, eligibility, length of homelessness, destination at exit, income growth, and mainstream benefits. Monitors review APR submissions for timeliness and accuracy, and they inspect documentation of draws from eLOCCS. With this process, there are no surprises; we identify performance issues at regular three-month intervals

throughout the year.

5)The CoC Board makes reallocation determinations based on performance monitoring and need for the project. Providers are not allowed to vote on reallocation recommendations.

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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1F-1 DV Bonus Projects.

**Applicants must indicate whether the CoC is Yes
requesting DV Bonus projects which are
included on the CoC Priority Listing:**

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	<input checked="" type="checkbox"/>
2. Joint TH/RRH	<input type="checkbox"/>
3. SSO Coordinated Entry	<input type="checkbox"/>

Applicants must click “Save” after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

Need Housing or Services	817.00
--------------------------	--------

the CoC is Currently Serving	402.00
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1F-2a. Local Need for DV Projects.

Applicants must describe:

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**
(limit 500 characters)

1.We calculated the number of DV survivors needing housing or services by obtaining the total number of domestic violence arrests in Decatur (the largest city) and rural Macon County, Illinois over a 12-month period.

2.The data sources for the number of DV survivors needing housing or services are external databases maintained by the Decatur Police Department and the Macon County Sheriff's Office.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

Applicant Name	DUNS Number
Dove. Inc.	119848653

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	119848653
Applicant Name:	Dove. Inc.
Rate of Housing Placement of DV Survivors–Percentage:	64.00%
Rate of Housing Retention of DV Survivors–Percentage:	98.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

1. We calculated the placement rate by dividing the number of post-shelter survivors who obtained safe housing by the total number of survivors whose destination was known. We calculated the retention rate by dividing those who maintained safe housing for at least 6 months by the total number whose residence was known after 6 months.

2. The data source for placement was a comparable database. The data source for retention was HMIS.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

The applicant, the Dove Domestic Violence Program (DVP), works hand-in-glove with the CoC Coordinated Entry project (CE) to assure that survivors are assisted to move into permanent housing as quickly as they can safely do so.

DVP refers survivors who can safely leave the shelter to CE. CE protects their confidentiality and safety. All CE staff have completed 40 hours of DV training. CE conducts a housing assessment using VI-SPDAT, assigns a housing case manager, and places the survivor on priority lists for the appropriate type of permanent housing (RRH, PSH, or OPH). As DV survivors, the participants are given high priority.

From that point forward, CE and DVP uses joint case management to assure that participants are offered a range of housing options. Case managers from DVP and CE meet together with the client to present client-centered options. For example the CE staff might identify units, and the DVP case manager might help the participant assess the units in terms of location and safety features such as locked entrances, visibility, and exterior lighting.

This close coordination between the applicant and CE provides that participants cannot only move quickly into permanent housing, but that they can do so with maximum choice and with full consideration of safety issues.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

- 1. ensured the safety of DV survivors experiencing homelessness by:**
 - (a) training staff on safety planning;**
 - (b) adjusting intake space to better ensure a private conversation;**
 - (c) conducting separate interviews/intake with each member of a couple;**
 - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
 - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
 - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
 - 2. measured its ability to ensure the safety of DV survivors the project served.**
- (limit 2,000 characters)**

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

a.All DVP staff have completed at least 40 hours of required training, including several units on safety planning. The CoC requires all Coordinated Entry staff to complete the same training curriculum.

b.DVP conducts all intakes in private offices, with doors closed and white-noise machines operating to assure that no sounds leak into the hallways.

c.Abusers are never allowed to enter DVP offices, so separate interviews are not an issue. If survivors bring relatives or friends, they are advised to wait outside the office, and if they insist, they are required to sign a release.

d.Case managers from DVP and CE present each client with housing options, helping the participant assess the units in terms of location and safety features such as locked entrances, visibility, and exterior lighting.

e.The DVP office and shelter has automatically locking doors and an auto-alarm system that notifies law enforcement if anyone enters without being admitted by staff. Security staff is on duty 24 hours a day.

f.The location is not confidential. We are located in an attractive, large building near the center of the city, where it would be impossible to maintain secrecy. Thirty years ago, DVP had a confidential location, but because this is a small city, the confidentiality was soon lost. We feel it is better to let people know what we do and where we do it, and not hide.

2.The best measure of safety if that, in 15 years in this location and 15 years in a prior (also non-confidential) location, no one has ever gained unauthorized entry to DVP facilities.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

- 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
- 2. how, if funded, the project will utilize trauma-informed, victim-centered**

approaches to meet needs of DV survivors by:

- (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
 - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
 - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
 - (d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
 - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
 - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
 - (g) offering support for parenting, e.g., parenting classes, childcare.**
- (limit 4,000 characters)**

1.The applicant, the Dove Domestic Violence Program (DVP), has implemented the approaches of trauma-informed care and client-centered services for several years. All DVP and Coordinated Entry (CE) staff have completed training in trauma-informed and client-centered approaches from the Southern Illinois University School of Medicine, the Illinois Coalition Against Domestic Violence, and Heritage Behavioral Health Center. These approaches are fully integrated into every aspect of DVP's work. We understand that domestic violence is often among many traumatic experiences that our participants have encountered.

2.We utilize a trauma-informed, client-centered approaches throughout our program:

a.Housing: Working with CE, we offer participants a choice of housing, helping participants assess potential units in view of their own desires, needs, and safety concerns. Final choices are always up to the participant.

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

c.Access to Information: Our well-trained staff comfortably share their knowledge of trauma with participants to help persons understand how past traumatic experiences can impact their health, emotions, behavior, and decisions.

d.Asset-Based Approach: All of our assessment tools, including the VI-SPDAT used in CE, are designed to find and build on assets and strengths. For example, if a person has a job or has skills that are in demand, we build on them. If she has a strong network of supportive friends, we encourage her to utilize it. Our staff has been trained to dig for the positive that is in every human.

e.Cultural Responsiveness and Inclusivity: All Dove staff in every department are required to complete nondiscrimination training as part of onboarding. Our policy is clear; a person's gender identity is defined by that person and no one else. We stock hair products and foods for all cultural groups, including kosher,

halal and vegan options. All posters and literature are multicultural. We have translation services for 340 languages, as well as those with hearing impairments.

f.Connections: DVP offers voluntary groups for a wide range of interests, including art therapy, spirituality, nutrition, and peer-to-peer support. DV survivors serve as volunteers and as decision-makers on the agency's Board of Directors, the CoC's Governing Board, and on committees and advisory groups.
g.Parenting and Childcare: To offer support to parents and children, our DVP staff includes a full-time parenting specialist and a full-time children's specialist, both of whom utilize the trauma-informed and client-centered approach to guide their work.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

The applicant, the Dove Domestic Violence Program (DVP), meets service needs and helps persons move quickly into safe permanent housing. DVP provide some services internally, others in conjunction with the CoC, and others in partnership with local resources.

- Child Custody and Legal Services: Land of Lincoln Legal Assistance Foundation provides assistance in this area, and DVP has a contract with a private attorney for cases that the Foundation cannot accept. DVP also has a Legal Advocacy unit that include 1.5 FTE positions located at the County Courthouse.
- Criminal History: Through the CoC, participants can take part in a Life Skills curriculum which links persons to assistance for expungement and/or sealing of criminal records.
- Credit: The CoC helps cure credit issues with Skills classes and a Financial Counselor.
- Education: DVP partners with GED programs, the community college and 4-year institutions to create individualized education plans.
- Job Training and Employment: The local WIOA office give homeless person's top priority for Boot Camps, and the CoC offers job-skills classroom training and specific training for culinary arts, vegetable farming, and forklift operations. The CoC also has pipelines to local employers, including a manufacturer and a hotel.

-Physical/Mental Health Care and Drug/Alcohol Treatment: A CoC partner agency, Crossing Health Care, provides free or low-cost physical care. Another CoC partner, Heritage Behavioral Health Care, provides free or low-cost care for mental health and substance use disorders.
-Childcare: The DVP staff includes a full-time parenting specialist and a fulltime children's specialist, and childcare is offered to all participants.

HIDDEN_APPLICANT_DUNS 119848653

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

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2A-1. HMIS Vendor Identification. Software Solutions

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	104	30	71	95.95%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	48	11	37	100.00%
Rapid Re-Housing (RRH) beds	27	0	27	100.00%
Permanent Supportive Housing (PSH) beds	79	0	79	100.00%
Other Permanent Housing (OPH) beds	65	0	41	63.08%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

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

**1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)**

1)We are at 63% coverage for our OPH beds. Specifically, this bed coverage issue relates entirely to North Street Commons veteran housing, which has 24 beds. This non-CoC project has been problematic for the past several years. Over the next 12 months, the CoC will take the following steps to include this project's beds in HMIS: (1) offer assistance with data entry, either by the project or by HMIS staff; (2) host meetings with North Street Commons managers to communicate the need for HMIS bed coverage; and (3) delegate CoC Board members to meet with the North Street Commons management to reinforce the importance of HMIS bed coverage.

2)The CoC will implement these steps by setting deadlines for each step and assigning tasks to specific persons. The CoC Board will receive reports on progress each month. For example, Step 1 above has been assigned to the HMIS Specialist. Step 2 has been assigned to the SSO/CE Program Director. Step 3 has been assigned to selected members of the CoC Board who will report back to the Governing Board.

***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

***2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)** 04/30/2019

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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2B-1. PIT Count Date. 01/24/2019

Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/30/2019

Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:

1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and

2. how the changes affected the CoC's sheltered PIT count results; or

3. state "Not Applicable" if there were no changes.

(limit 2,000 characters)

1) We made no changes in methodology, but we did change the data quality methodology. This is a process that has stretched over the past 4 years.

Using a special grant from Millikin University, a team of four student research fellows and their professors continued efforts with their designed software package that instantly translates questionnaire responses into data summary forms that mimic HDX report screens. We continued this work to provide real time/instant data results for evaluation of accuracy prior to submission to HUD.

We made minor changes to our survey instrument, and the PIT Coordinator met with each housing provider to ensure a full and accurate understanding of the importance of the annual count. We also improved our training for agency staff, students, and community volunteers ensure effective and accurate data collection.

For our more tech-savvy providers, this year we collected data from shelter staff instead of completing questionnaires for each household. We entered the data directly into the database application.

To ensure accuracy, we pre-tested the above systems using mock data provided by our student research fellows. This exercise allowed us to de-bug the system several weeks prior to PIT night.

- 2) These changes in data quality did not impact our sheltered PIT count results.
- 3) Not applicable.

***2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

Applicants must select whether the CoC added or removed 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 2019 sheltered PIT count. No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
 - 2. how the changes affected the CoC's unsheltered PIT count results; or**
 - 3. state "Not Applicable" if there were no changes.**
- (limit 2,000 characters)**

(1) We did not change our methodology, but we did improve data quality. We revised our survey to reflect changes made by HUD. For gender categories, we added an option of gender non-conforming. We also added a question regarding domestic violence, asking if the individual is homeless because they are currently fleeing domestic violence. We made other changes to reduce confusion for those administering the survey, including the addition of the physical addresses of all TH/ES facilities. Further, we adapted the question concerning the responsible parties for households. In years past, we used varied terminology including parent, child, and /or caregiver relationships. In 2019 we simply asked if the person was responsible for anyone listed on the survey.

We updated our volunteer PIT training curriculum so our volunteers would feel more confident about the count. We required all volunteers to sign a job description outlining their roles and commitments. Further, we required all volunteers to complete training, where we provided detailed survey guidelines and expectations, gave examples of how to engage individuals, and conducted role-play exercises.

As with the sheltered count, we pretested the database system using mock survey data completed by our student research fellows. This process allowed us to de-bug the system several weeks prior to PIT night.

(2) These changes in data quality did not impact our unsheltered PIT count results.

(3) Not applicable.

***2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

Applicants must:

Indicate whether the CoC implemented Yes
specific measures to identify youth
experiencing homelessness in their 2019 PIT
count.

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

- 1. plan the 2019 PIT count;**
 - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
 - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

(1) To engage stakeholders serving youth experiencing homelessness during the planning process for the PIT count, we involved two school liaisons, one of whom serves the Decatur Public Schools (our area's only urban district), and the other of whom covers private schools and rural districts outside Decatur. We trained both in HUD-CoC definitions of homelessness, youth, parenting youth, and unaccompanied youth. The two liaisons then examined data on all youth that were homeless under the Department of Education's McKinney-Vento definition and identified those who also fit under HUD CoC's McKinney-Vento definition. They provided the CoC's PIT team with the names of entities that assisted us in identifying homeless youth data, including the Child Advocacy Center, Youth Advocate Program, and Decatur Public Schools.

(2) We selected locations where youth experiencing homelessness were most likely to be found by working with our school liaisons several months prior to the PIT count to gain their insights.

(3)We engaged a formerly homeless youth in the PIT survey process. However, we did not involve any youth who were currently experiencing homelessness on the date of the 2019 PIT count.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 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)To better count individuals and families experiencing chronic homelessness, we utilized our Continuum Homeless Action Team (CHAT), consisting of street-level outreach workers. CHAT checked PIT records against its by-name list of all known individuals and families experiencing long-term homelessness. This list originated after the 2016 PIT when we first asked for names during the count. At that time we instituted CHAT as a response to increased levels of chronic homelessness.

(2)To better count families with children experiencing homelessness in our geographical area, we tweaked our survey and data collection process. Specifically, we modified our database structure to assure that each family member has a separate record and was linked to the proper family. Further, we trained all volunteers in techniques to ask survey questions effectively and elicit correct responses. Eliminating the language of “guardian” from the survey made it less threatening for parent/family members to respond, as they did not see the survey as a threat from protective services or perceive that we had control over their role with a child.

(3)To better count Veterans experiencing homelessness, our Continuum Homeless Action Team (CHAT) worked with VA providers to compare PIT records with our ongoing by-name list. We tracked all persons on the list and attempted to make contact with each of them at least weekly, and daily with those living in shelters or transitional housing. As a result, it was relatively easy to locate all Veterans and include them in the PIT count. This greatly improved our accuracy. The SSVF staff member for Macon County joined the CoC Board and provided invaluable information regarding veterans experiencing homelessness.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.
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3A-1a. First Time Homeless Risk Factors.

Applicants must:

1. describe the process the CoC developed to identify 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)The CoC identified risk factors for becoming homeless for the first time by reviewing VI-SPDAT assessments of first-time homeless persons and analyzing the factors that led to homelessness. We held fact-finding meetings with schools and community planning groups to identify common factors that cause loss of housing resulting in homelessness. Common risks factors that we identified through these efforts include financial barriers, mental health and addiction issues, physical health issues, and unemployment. Several partners worked with us in identifying the at-risk population, including Decatur Jobs Council, school homeless liaisons, and privately-funded homeless prevention programs. Specifically, the local housing authority works with people at risk for

eviction and refers them to Homeward Bound for life skills groups.

(2)We use these factors to identify persons who are at risk of first-time homelessness. In the initial meeting, CE staff learn what the individuals' immediate presenting problem is. As soon as CE addresses the immediate problem, they review specific risk factors and make linkages to resources to assist the household in reducing the risk of becoming homeless.

(3)We utilize two strategies to address individuals and families at risk of becoming homeless. First, we coordinate with local prevention programs as part of our coordinated entry intake process; and second, we identify and build upon and assets the person/family possesses (e.g., employment, social structure, family support, working car).

(4)The Director of the Coordinated Entry center with Dove, Inc. Homeward Bound is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.

***3A-2. Length of Time Homeless as Reported in HDX.**

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.

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3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:

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

(2)Our CoC identifies and houses individuals and families with the longest length-of-time homeless by utilizing HMIS to track the length of time persons remain homeless, automatically flagging them for needed attention, and referring them for services and housing. We generate monthly reports for each ES and TH provider identifying participants with the longest stays. Our planning process involves analyzing client-level HMIS data to identify issues among subgroups. We use these data to identify participants with long term homelessness and address barriers that extend their homelessness, and work

to match participants to appropriate housing.

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

***3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	41%
2. Report 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 as reported in HDX.	94%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

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;
 2. provide the organization name or position title responsible for overseeing 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;
 3. 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; and
 4. provide the organization name or position title responsible for overseeing 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)To increase the rate at which individuals and persons in families exit to permanent housing destinations, we implemented a new strategy in last year. We analyzed the reasons for each unsuccessful exit and increased the frequency and intensity of in-home case management with the use of outreach. We also aggressively monitored one shelter to reduce its destination error rate. These strategies proved effective, as we increased our percentage of successful exits from 26% in FY 2017 to 41% in FY 2018, a 15% increase.

(2)The Director of the Coordinated Entry center with Dove, Inc. Homeward Bound is responsible for overseeing 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.

(3)We successfully maintained a very high retention rate at 94% in FY 2018. We will continue to implement our successful strategies, which are: 1) analyzing the cause for each unsuccessful exit; 2) increasing the frequency and intensity of in-home case management with the intentional deployment of staff; and 3) offering classes to enhance skills and opportunities – jobs club, employment rate in permanent housing.

(4)The Director of the Coordinated Entry center with Dove, Inc. Homeward is responsible for overseeing 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.

***3A-4. Returns to Homelessness as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	1%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	0%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:

- 1. describe the strategy the CoC has implemented to identify 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 return to homelessness.**
- (limit 2,000 characters)**

(1)We identify common factors of individuals and persons in families who return to homelessness through three uses of our HMIS database. First, at the point of entering client-level data, our HMIS system alerts users whenever a person with similar properties exists in the database. Second, we generate a monthly report for all providers that identifies all persons who have returned into the database in the past month. Third, HMIS monitors and records returns to homelessness by any participant who exits RRH, TH, or PSH.

(2)To maintain our high performance and reduce the rate of additional returns to homelessness, we rely on intensive case management with a specific goal of attaining the greatest possible level of self-sufficiency. We accomplish this through our intentional deployment of staff.

(3)The Continuum Homeless Action Team (CHAT), an interagency team of

outreach personnel, is responsible for overseeing The CoC's strategy to reduce the rate of individuals and person in families returns to homelessness.

***3A-5. Cash Income Changes as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	24%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	28%

3A-5a. Increasing Employment Income.

Applicants must:

- 1. describe the CoC's strategy to increase employment income;**
 - 2. describe the CoC's strategy to increase access to employment;**
 - 3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - 4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.**
- (limit 2,000 characters)**

(1)Our strategy to increase employment income centers around the CoC's sponsorship of the Decatur Jobs Council (DJC). As an interagency network, DJC oversees homeless-related training programs in food production, food service, lawn care, housekeeping, and retail sales in small family-owned businesses.

These nontraditional training programs were developed with the goal of addressing two barriers faced by many participants: criminal backgrounds and substance use. These programs focus on careers which often accept persons who cannot get jobs in large companies.

(2)To increase access to employment, DJC works with mainstream organizations, especially WIOA, to enroll individuals in traditional job training programs. These programs are most effective for participants who do not have criminal records or histories of substance abuse, and they lead to employment with large local firms such as Caterpillar and Archer-Daniels-Midland.

(3)Through a partnership with the CoC, the WIOA administrative agency fast-tracks all CoC referrals into a Boot Camp for job readiness, resume building and interview skills. This particular strategy allows participants to increase their odds of gaining employment and thereby increasing their cash income.

(4)The Decatur Jobs Council is responsible for overseeing the CoC's strategy to

increase job and income growth from employment.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:

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

1)Our strategy for increasing non-employment cash sources is to maximize all non-employment cash resources, including linkages with the social security administration and township offices. CE staff work very closely with benefit programs such as SNAP, SSI, SSDI, TANF, and General Assistance through case management services.

2)We have ready access to non-employment cash sources. SNAP and TANF are administered in this community by the County Office of the Illinois Department of Human Services (IDHS). This office is located immediately behind our CE access point, where we screen incoming persons for presumptive eligibility. This allows us to make immediate referrals, and even to walk persons to the IDHS office.

We have a specialized SOAR effort to work with individuals and families to access necessary non-employment cash sources that are available through the Social Security Administration. Two Coordinated Entry case managers are trained in the SOAR model.

3)The Coordinated Entry program is responsible for overseeing the CoC's strategy to increase job and income growth from employment

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:

- 1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
 - 2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.**
- (limit 2,000 characters)**

1)The CoC provides transportation to job fairs, employment interviews, and meets with private employers to link participants to employment opportunities. The CoC sponsors the Decatur Job Council, an interagency collaborative that focuses on resolving issues to barriers to employment. The Jobs Council consists of employment training projects, employers, educators, and other

interested parties. In addition, the CoC links participants with staffing agencies such as Labor Ready and Innovative Staff Solutions.

2)A CoC partner organization, Heritage Behavioral Health Center, provides employment opportunities to residents of permanent supportive housing that support their recovery and well-being. Using the evidence-based Individual Placement and Support (IPS) model, Heritage offers on-the-job training and related classroom instruction where participants learn how to obtain a job and practical aspects of a skilled occupation. Additionally, Dove, Inc. has an employability staff person who offers linkages to employment opportunities for PSH residents. Dove trains residents in specific skills throughout an 18-week process and links them with employers upon completion. The participants receive follow up services, including regular retention meetings with employers that focus on resolving barriers to maintaining employment.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

3A-6. System Performance Measures 05/31/2019 **Data–HDX Submission Date**

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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

Instructions

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<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

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

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and

3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.

(limit 2,000 characters)

(1) Our strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless relies on prompt identification, convenient screening, and Housing First. To identify families with children, we conduct daily outreach to sites where they can be found – meal sites, schools, and food pantries. Our outreach team follows coordinated entry protocols in the field – and conduct immediate safety check, triage, and possible diversion. Along with off-site screening, we apply Housing First principles with fidelity, prioritizing families who are most at risk. We work with public and private landlords to increase housing availability. We use CoC and ESG funding for Rapid Rehousing to the fullest possible extent. Last year we reallocated \$84,773 from TH to Joint TH and PH/RRH and asked for more RRH dollars in ESG and received \$10,000 from IDHS.

(2) The CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends by providing wraparound services for up to 6 months of follow up. Specifically, we link participants to support resources including continuing education, employment services and life skills. Case managers, and housing and financial counselors maintain contact to identify and intervene with any issue that may put the family at risk for returning to homelessness. Contact with school personnel is essential, and our CoC has direct link to our homeless liaison, ensuring children receive all school services such as transportation, special education, free or reduced meals, and other supportive resources.

(3) The Homeward Bound case managers are responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.

3B-1b. 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 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 any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	<input checked="" type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input checked="" type="checkbox"/>
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input checked="" type="checkbox"/>

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.

☒

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

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

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

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

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
- (limit 3,000 characters)

(1)The CoC increased availability of housing and services for all youth experiencing homelessness by ensuring collaborative efforts between the lead homeless services provider (Dove, Inc.) and the Decatur School District. The CoC's children's specialist works directly with the school district's homeless liaison to address issues resulting from homelessness, including absences, lack of transportation, and academic/behavioral problems. When the district homeless liaison is aware of a homeless youth in need of services and specific referrals, she utilizes her wide bank of resources and contacts CE for linkage.

(2)Our strategy to increase the availability of housing and services for youth experiencing unsheltered homelessness is to provide new resources and more effectively utilize existing resources. YAP operates an emergency shelter for youth. We work with public school liaisons to identify unsheltered youth and immediately refer them to YAP.

Over the last several years we have reported no homeless youth. Yet to ensure the availability of housing and services for unsheltered youth, we s work with local child welfare agencies such as schools, Youth Advocate Program (YAP), the Illinois Department of Children and Family Services, Webster-Cantrell Hall (WCH), and BabyTALK. These entities are represented on our governing board and participate in our Homeless Advisory Council.

Several members of the CoC Board helped facilitate a merger of YAP and WCH, which will increase resources for the youth shelter and services for homeless youth.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. 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 both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)**

(1)Over the past several years, we have not experienced youth homelessness in our CoC. Our strategy is not to create housing but to ensure that the effective services stay in place.

(2) The measure we use to calculate is the PIT youth count.

(3) The PIT count measures youth homelessness and unsheltered youth homelessness every year. Ultimately, it is the most accurate and meaningful measure of the effectiveness of the CoC's strategies.

3B-1e. Collaboration–Education Services.

Applicants must describe:

- 1. the formal partnerships with:**
 - a. youth education providers;**
 - b. McKinney-Vento LEA or SEA; and**
 - c. school districts; and**
- 2. how the CoC collaborates with:**
 - a. youth education providers;**
 - b. McKinney-Vento Local LEA or SEA; and**
 - c. school districts.**

(limit 2,000 characters)

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

(2)Our CoC collaborates with youth education providers, including BabyTALK, Head Start, and Decatur Public School District 61, through school liaisons and administrators, all of whom serve on the CoC's Board. Our collaboration is evident through community efforts including a presentation on youth homelessness, which the CoC gave to new teachers in public schools. In another effort, St. Teresa High School students engaged in beautification of the Homeward Bound facility and while there learned about homelessness and available services.

Both the SEA and LEA are active participants in monthly CoC meetings, where they share information from the Macon Piatt Regional Office of Education and Decatur Public School (DPS) System. A CoC member works actively with district school social workers, and another is active in SEA and LEA meetings and activities.

We have strong collaboration with school districts. The Decatur Public School Homeless Liaison is on our CoC Board, participates in our Homeless Advisory Council, and serves on the CoC's management information system sub-committee to assist in tracking homeless students or those at risk of homelessness.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

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

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

development, and special education; and school liaisons and homeless case managers jointly develop and review plans.”

We work closely with all our area school districts to inform parents and guardians of their rights and eligibility. When a CoC provider encounters a family with children, the provider contacts the educational liaison and the home school. This ensures that every child remains in school (preferably their home school), and that the child is provided all needed education, student support, transportation and other services as required by law. Likewise, educational systems refer all homeless families to the Coordinated Entry (CE) center for assessment and eligibility. Parent liaisons work directly with the CoC’s CE center to assure eligible families are served.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

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

Applicants must select Yes or No for all of the agreements listed in 3B-1e.2.

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC Yes
uses an active list or by-name list to identify
all veterans experiencing homelessness in
the CoC.

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is Yes
actively working with the U.S. Department of
Veterans Affairs (VA) and VA-funded

programs to achieve the benchmarks and criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC Yes
has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input type="checkbox"/>
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input checked="" type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input checked="" type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>

5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

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

Instructions:

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4A-1. Healthcare—Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and 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 systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;

4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and

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

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

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

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

(5) The Homeward Bound Program Director is responsible for overseeing the CoC's strategy for mainstream benefits.

4A-2. Lowering Barriers to Entry Data:

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 has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	8
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	8
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:

1. describe the CoC's street outreach efforts, including the methods it

uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
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) Our CoC has successful outreach efforts through our Continuum Homeless Action Team (CHAT). This team consists of street outreach workers from behavioral health, emergency shelters, coordinated entry, health care, food resources, and the faith community.

(2) Continuum Homeless Action Team (CHAT) outreach covers 100% of our geographic service area. The team meets formally each week to review information and provides a comprehensive report at the monthly CoC Board meetings.

(3) On a daily basis, Continuum Homeless Action Team (CHAT) team members comb the streets and visit places where homeless persons are found. When engagement is not imminent, CHAT members build trust and chart progress using the Stages of Change model.

(4) The CoC tailors its outreach for those least likely to seek assistance: persons experiencing long-term unsheltered homelessness who are often resistant to engagement with services. With its by-name list, regular contact, relationship building, and interagency meetings, Continuum Homeless Action Team (CHAT) uses a person-centered, off-site approach.

4A-4. RRH Beds as Reported in 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 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	23	17	-6

4A-5. Rehabilitation/Construction Costs–New No Projects.

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes. No

Applicants must indicate whether the CoC is 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
FY 2019 CoC Competition Report (HDX Report)	Yes	FY 2019 CoC Compe...	09/12/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No		
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA Administratio...	09/11/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	CE Assessment Tool	09/11/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Projects Accepted...	09/11/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Projects Rejected...	09/11/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Local Competition...	09/11/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Local Competition...	09/11/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No	Local Education o...	09/11/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	State or Local Wo...	09/11/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity ...	09/11/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No		
Other	No		

Other	No		
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Attachment Details

Document Description: FY 2019 CoC Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan Preference

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Projects Rejected Reduced Notification

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Public Announcement

Attachment Details

Document Description:

Attachment Details

Document Description: Local Education or Training Organization Agreement

Attachment Details

Document Description: State or Local Workforce Agreement

Attachment Details

Document Description: Racial Disparity Assessment Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

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	09/04/2019
1B. Engagement	09/04/2019
1C. Coordination	09/04/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/04/2019
1F. DV Bonus	09/04/2019
2A. HMIS Implementation	09/04/2019
2B. PIT Count	09/04/2019
3A. System Performance	09/11/2019
3B. Performance and Strategic Planning	09/04/2019
4A. Mainstream Benefits and Additional Policies	09/04/2019
4B. Attachments	Please Complete

FY2019 CoC Application	Page 57	09/12/2019
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Submission Summary

No Input Required

2019 CoC Consolidated Application Attachment:

FY 2019 CoC Competition Report

Decatur/Macon County CoC

IL -516

2019 HDX Competition Report

PIT Count Data for IL-516 - Decatur/Macon County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	157	130	161	169
Emergency Shelter Total	83	90	87	117
Safe Haven Total	0	0	0	0
Transitional Housing Total	67	24	53	41
Total Sheltered Count	150	114	140	158
Total Unsheltered Count	7	16	21	11

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	23	23	16	25
Sheltered Count of Chronically Homeless Persons	21	21	13	18
Unsheltered Count of Chronically Homeless Persons	2	2	3	7

2019 HDX Competition Report

PIT Count Data for IL-516 - Decatur/Macon County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	18	10	18	16
Sheltered Count of Homeless Households with Children	18	10	17	16
Unsheltered Count of Homeless Households with Children	0	0	1	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	18	12	11	4	6
Sheltered Count of Homeless Veterans	15	12	9	4	6
Unsheltered Count of Homeless Veterans	3	0	2	0	0

2019 HDX Competition Report

HIC Data for IL-516 - Decatur/Macon County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	104	30	71	95.95%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	48	11	37	100.00%
Rapid Re-Housing (RRH) Beds	27	0	27	100.00%
Permanent Supportive Housing (PSH) Beds	79	0	79	100.00%
Other Permanent Housing (OPH) Beds	65	0	41	63.08%
Total Beds	323	41	255	90.43%

2019 HDX Competition Report

HIC Data for IL-516 - Decatur/Macon County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	37	38	31	38

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC		2	8	6

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC		7	23	27

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for IL-516 - Decatur/Macon County CoC

Measure 1: Length of Time Persons Remain Homeless

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 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	183	202	74	77	3	38	26	-12
1.2 Persons in ES, SH, and TH	247	283	133	142	9	57	48	-9

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.

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	186	224	204	293	89	76	52	-24
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	250	253	248	307	59	101	61	-40

2019 HDX Competition Report

FY2018 - 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 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	0	0		0		0		0	
Exit was from TH	0	0		0		0		0	
Exit was from SH	0	0		0		0		0	
Exit was from PH	0	0		0		0		0	
TOTAL Returns to Homelessness	0	0		0		0		0	

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report

FY2018 - 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 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	130	161	31
Emergency Shelter Total	90	87	-3
Safe Haven Total	0	0	0
Transitional Housing Total	24	53	29
Total Sheltered Count	114	140	26
Unsheltered Count	16	21	5

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	251	294	43
Emergency Shelter Total	187	214	27
Safe Haven Total	0	0	0
Transitional Housing Total	64	81	17

2019 HDX Competition Report

FY2018 - 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 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	27	20	-7
Number of adults with increased earned income	4	2	-2
Percentage of adults who increased earned income	15%	10%	-5%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	27	20	-7
Number of adults with increased non-employment cash income	6	3	-3
Percentage of adults who increased non-employment cash income	22%	15%	-7%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	27	20	-7
Number of adults with increased total income	10	5	-5
Percentage of adults who increased total income	37%	25%	-12%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	7	29	22
Number of adults who exited with increased earned income	1	7	6
Percentage of adults who increased earned income	14%	24%	10%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	7	29	22
Number of adults who exited with increased non-employment cash income	1	8	7
Percentage of adults who increased non-employment cash income	14%	28%	14%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	7	29	22
Number of adults who exited with increased total income	2	14	12
Percentage of adults who increased total income	29%	48%	19%

2019 HDX Competition Report

FY2018 - 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 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	196	230	34
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.	36	47	11
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)	160	183	23

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	245	308	63
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.	81	118	37
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.)	164	190	26

2019 HDX Competition Report

FY2018 - 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 FY2018 (Oct 1, 2017 - Sept 30, 2018) 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 2017	FY 2018	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

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	203	244	41
Of the persons above, those who exited to permanent housing destinations	52	99	47
% Successful exits	26%	41%	15%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	91	118	27
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	86	111	25
% Successful exits/retention	95%	94%	-1%

2019 HDX Competition Report

FY2018 - SysPM Data Quality

IL-516 - Decatur/Macon County 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.

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	94	49	62	70	195	166	47	56	115	150	153	125			7	23				
2. Number of HMIS Beds	40	30	35	67	83	66	37	56	111	122	125	97			6	23				
3. HMIS Participation Rate from HIC (%)	42.55	61.22	56.45	95.71	42.56	39.76	78.72	100.00	96.52	81.33	81.70	77.60			85.71	100.00				
4. Unduplicated Persons Served (HMIS)	331	412	189	214	102	84	64	54	110	100	111	143	0	2	20	56	0	0	0	982
5. Total Leavers (HMIS)	166	382	156	194	50	52	34	22	35	34	19	53	0	0	5	23	0	0	0	729
6. Destination of Don't Know, Refused, or Missing (HMIS)	45	160	103	103	7	8	5	0	8	5	2	2	0	0	0	0	0	0	0	508
7. Destination Error Rate (%)	27.11	41.88	66.03	53.09	14.00	15.38	14.71	0.00	22.86	14.71	10.53	3.77			0.00	0.00				69.68

2019 HDX Competition Report

Submission and Count Dates for IL-516 - Decatur/Macon County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/24/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/30/2019	Yes
2019 HIC Count Submittal Date	4/30/2019	Yes
2018 System PM Submittal Date	5/31/2019	Yes

2019 CoC Consolidated Application Attachment:

PHA Administration Plan Preference

Decatur/Macon County CoC

IL -516



Telephone: (217) 423-7711
(217) 423-7745
Fax: (217) 423-7771

1806 East Locust Street * Decatur * Illinois * 62521

June 30, 2017

Ms. Christine Gregory, Chairperson
Decatur/Macon County Continuum of Care (IL-516)
c/o Dove, Inc.
302 S. Union St.
Decatur, IL 62522

Dear Christine:

Decatur Housing Authority actively engages in efforts to reduce and eliminate homelessness in our community and support CoC's efforts. This letter is to certify that the Decatur Housing Authority offers a preference to persons experiencing homelessness for certain designated permanent supportive housing units.

For eight units at Elmwood Apartments, eight units at Macon Street Apts., and eight units at Harbor Place, DHA provides Housing Choice Vouchers to eligible applicants who are homeless and referred by the CoC. These clients bypass DHA's HCV wait list and are given preference. Staff persons at the CoC's Homeward Bound document applicant eligibility, coordinate entry, complete specialized applications, and provide data to DHA for processing and approval. DHA provides expedited processing and issuance of HCV vouchers to these homeless applicants.

Sincerely,


James Alpi
Executive Director

2019 CoC Consolidated Application Attachment:
CE Assessment Tool
Decatur/Macon County CoC
IL -516

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

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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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 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

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

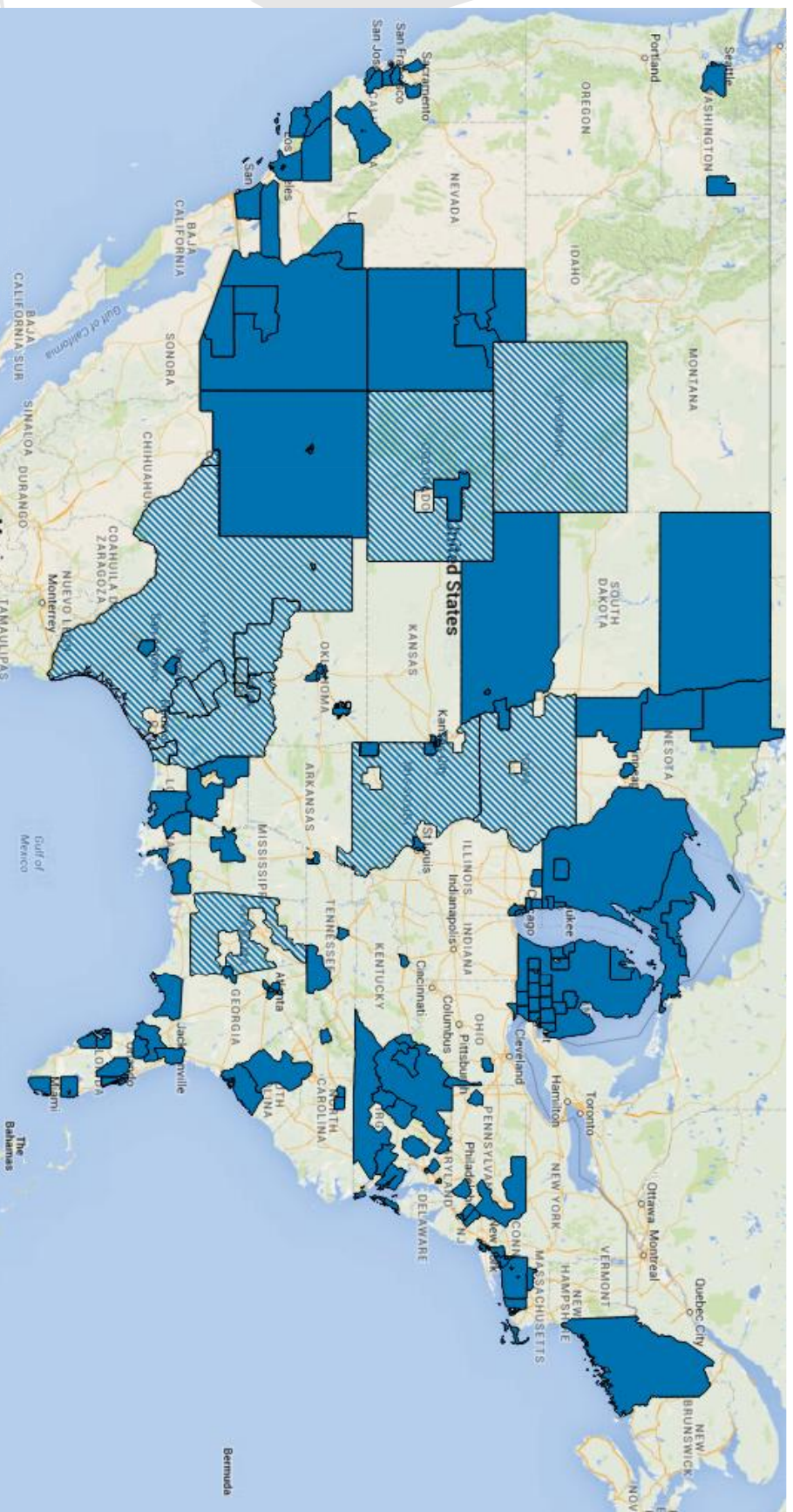
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further 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:

- 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

- | | | | |
|---|--|---|--|
| <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 Asheville/ Buncombe County 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 |
|---|--|---|--|

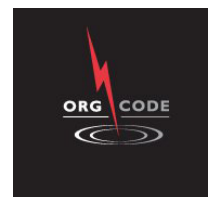
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

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-spdatt/

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 DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> 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 DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>

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**.

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:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ 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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/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	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/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
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

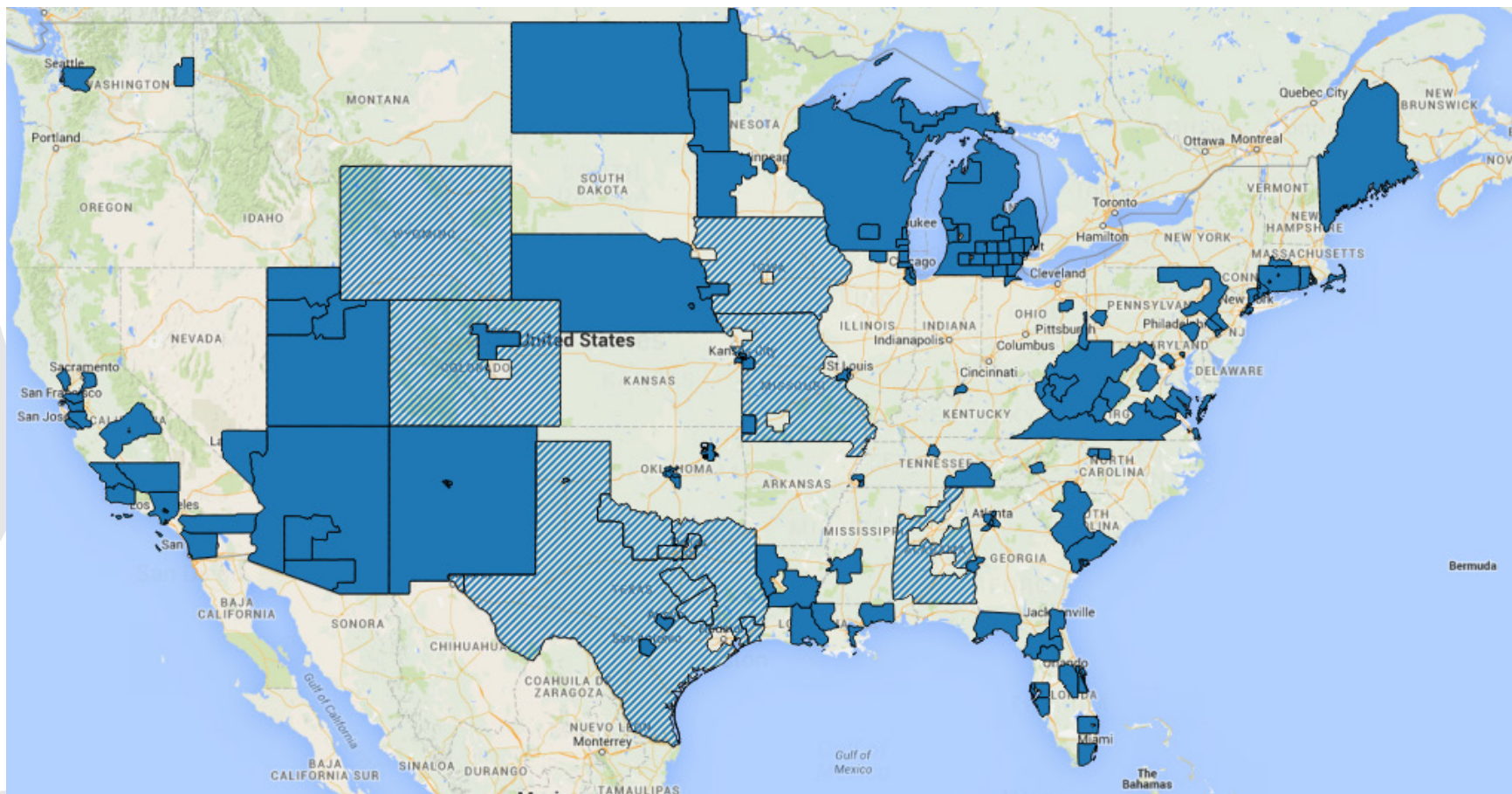
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further 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.



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 Marion/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

2019 CoC Consolidated Application Attachment:
Projects Accepted Notification
Decatur/Macon County CoC
IL -516

Notification: Projects Selected for Ranking

Mary Garrison

Sat 8/24/2019 8:57 AM

To: Tara Murray <tmurray@dmcoc.org>; Tamara Wilcox <twilcox@doveinc.org>; 'jalpi@decaturhousing.com' <jalpi@decaturhousing.com>; Jody Pallone <jpallone@decaturhousing.com>

Cc: Mary Garrison <mgarrison@millikin.edu>

Dear Tammy, Tara, Jim and Jody:

This notice complies with HUD requirements at Section 1E-1 of the CoC Application. This is your formal notification that the following projects were selected for ranking and submission to HUD in the FY 2019 Continuum of Care competition.

Selected Projects:

- **Decatur Housing Authority**
 - CH Leasing 07
 - Decatur CoC Rental Project
- **DMCOC**
 - Solid Ground
- **Dove, Inc.**
 - Decatur RRH
 - DVP Housing FY 2019
 - Homeward Bound
 - Decatur Joint TH and PH-RRH
 - Macon County HMIS
 - Permanent Housing Consolidation
 - DVP Housing

Thank you,

Mary E. Garrison, Chair
Selection and Ranking Committee
Decatur Macon County Continuum of Care

Mary E. Garrison, LCSW, ACSW
Professor of Social Work
Millikin University
1184 W. Main Street
423D Shilling Hall
Decatur, IL 62522
mgarrison@millikin.edu
217-424-5074

2019 CoC Consolidated Application Attachment:
Projects Rejected/Reduced Notification
Decatur/Macon County CoC
IL -516

RE: Notification of Projects Rejected or Reduced

Jody Pallone <jpallone@decaturhousing.com>

Mon 8/26/2019 8:25 AM

To: Mary Garrison <mgarrison@millikin.edu>

Thank you

Jody Pallone HCV Coordinator

Decatur Housing Authority

1808 E Locust Street

Decatur, Illinois 62521

Phone: (217) 423-7711 Ext. 3018

Fax: (217) 423-7771

Email: jpallone@decaturhousing.com

From: Mary Garrison [mailto:mgarrison@millikin.edu]

Sent: Saturday, August 24, 2019 3:56 PM

To: Tara Murray <tmurray@dmcoc.org>; Tamara Wilcox <twilcox@doveinc.org>; Jim Alpi <jalpi@decaturhousing.com>; Jody Pallone <jpallone@decaturhousing.com>

Cc: Mary Garrison <mgarrison@millikin.edu>

Subject: Notification of Projects Rejected or Reduced

Dear Tammy, Tara, Jim and Jody:

This notice complies with HUD requirements at Section 1E-1 of the CoC Application. This is to formally notify you that no projects were rejected or reduced for the FY 2019 Continuum of Care competition. All projects were accepted and ranked.

Thank you,

Mary E. Garrison, Chair

Selection and Ranking Committee

Decatur Macon County Continuum of Care

Mary E. Garrison, LCSW, ACSW

Professor of Social Work

Millikin University

1184 W. Main Street

423D Shilling Hall

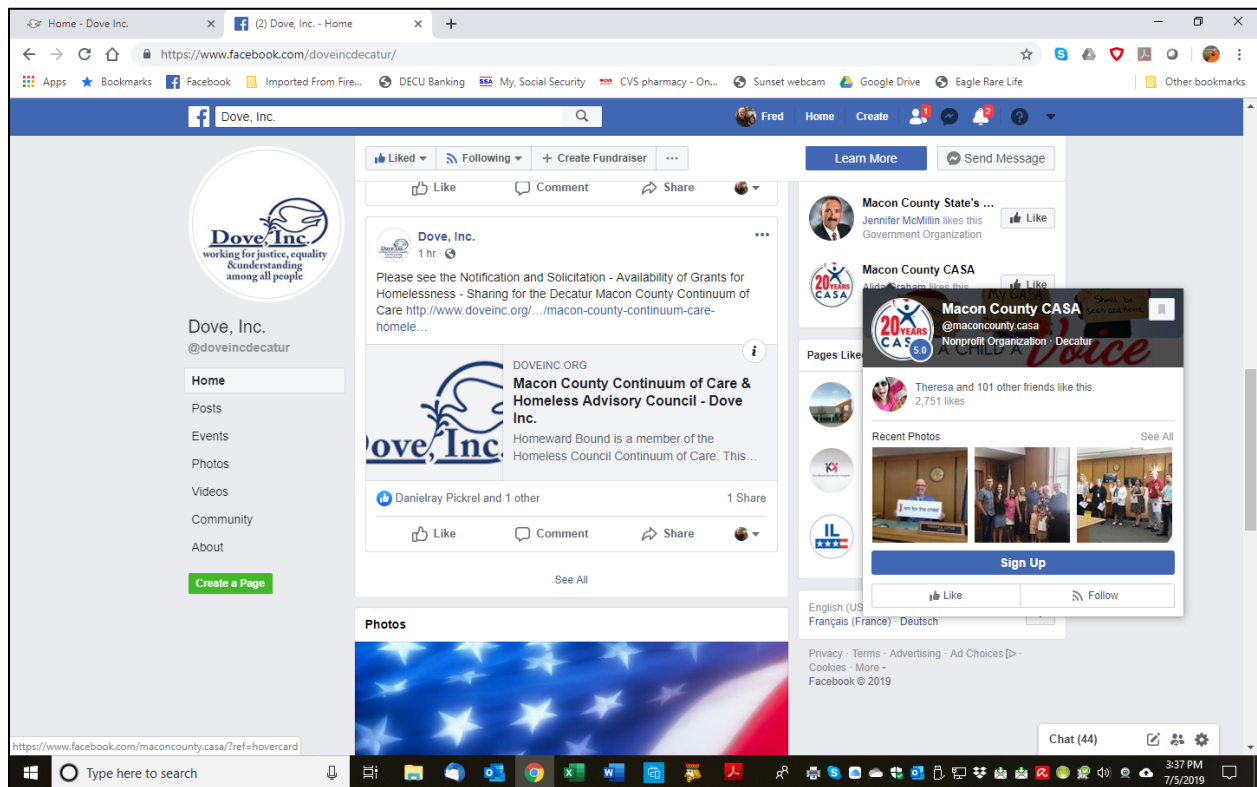
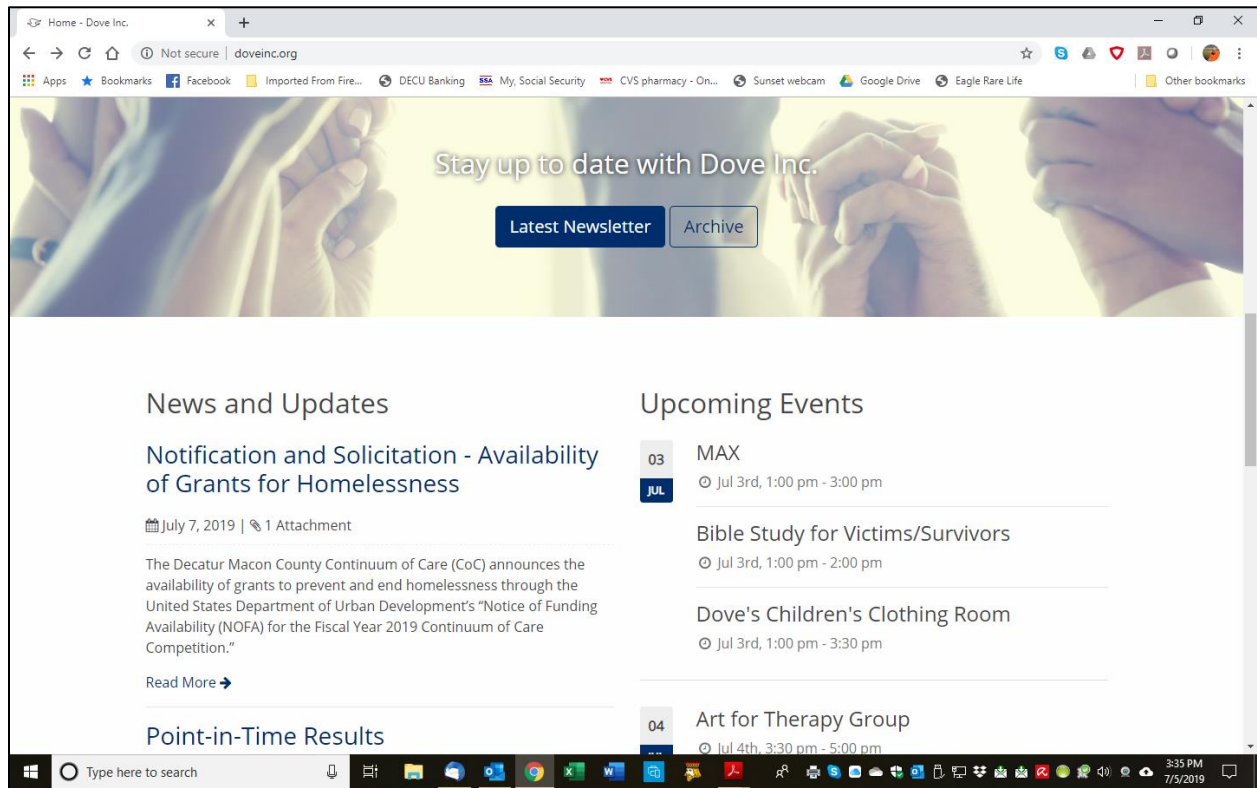
Decatur, IL 62522

mgarrison@millikin.edu

217-424-5074

2019 CoC Consolidated Application Attachment:
Local Competition Deadline
Decatur/Macon County CoC
IL -516

Screenshots – Solicitation Announcement



Home - Dove Inc. x (2) Dove, Inc. - Home x Dove Inc (@DoveInc_IL) | Twitter x

https://twitter.com/DoveInc_IL

Apps Bookmarks Facebook Imported From Fire... DECU Banking My, Social Security CVS pharmacy - On... Sunset webcam Google Drive Eagle Rare Life Other bookmarks

Home Moments Notifications Messages Search Twitter Tweet

to make 2019 brighter for many in need

Dove, Inc.
working for justice, equality & understanding among all people

Tweets 1,816 Following 492 Followers 433 Likes 896 Following

Dove Inc
@DoveInc_IL
Central Illinois
doveinc.org
Joined June 2012

Tweet to Dove Inc

1 Follower you know

542 Photos and videos

Tweets Tweets & replies Media

Dove Inc @DoveInc_IL · 2h
Please see the "Notification and Solicitation - Availability of Grants for Homelessness" - sharing for the Decatur Macon County Continuum of Care doveinc.org/information/ma...

Dove Inc @DoveInc_IL · Jul 3
Registration is now open (a bit early) on the website

Domestic Violence Symposium: Journey to Justice
Featuring Guest Speakers:
Mark Wynn
Kit Gruelle
Save the Date!

Who to follow · Refresh · View all

United Way of Decatur & ...
Follow

Macon County Env Mgt ...
Follow

Beautify Decatur @beauti...
Follow

Find people you know

Trends for you · Change
Coco Gauff

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3:41 PM 7/5/2019

Notification and Solicitation - Availability of Grants for Homelessness

Date: July 8, 2019

The Decatur Macon County 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 2019 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. Organizations that have not received CoC funding in the past are encouraged to apply.

NEW PROJECTS

- Three basic types of new 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. The maximum amount for these projects is \$42,332, plus any amount made available through reallocation.
- Under a separate 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. The minimum amount for a housing project is \$25,000, and the maximum amount for all projects is \$50,000. Organizations with track records of serving victims of domestic violence are especially urged to consider applying for Domestic Violence Bonus funds.

Applicants for all new projects must submit a letter of intent including the project type and estimated amount of request to Mary Garrison at mgarrison@millikin.edu by July 31, 2019. All interested organizations are urged to contact the CoC and read the NOFA in its entirety before submitting a letter of intent. Select [this link](#) to download the NOFA. Select [this link](#) to access critical instructions and guidance from the HUD website

New projects that have been accepted must complete applications in HUD's e-snaps electronic grants systems by August 21, 2019.

RENEWAL PROJECTS

Applicants for renewal project must indicate their intent to renew and any plans for voluntary reallocation by July 17, 2019.

Renewal projects must complete e-snaps applications by August 7, 2019

ALL PROJECTS

The CoC will notify all applicants of acceptance, rejection, or modification of their projects no later than August 14, 2019.

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.
- 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 Mary Garrison at mgarrison@millikin.edu for more information.

2019 CoC Consolidated Application Attachment:
Local Competition Public Announcement
Decatur/Macon County CoC
IL -516

Key Considerations for CoCs in C... X Home - Dove Inc. X +

Not secure | doveinc.org

Apps Bookmarks Facebook Imported From Fire... DECU Banking My, Social Security CVS pharmacy - On... Sunset webcam Google Drive Eagle Rare Life Other bookmarks

News and Updates

PUBLIC NOTICE
Decatur-Macon County Continuum of Care (IL-516)
FY 2019 Continuum of Care Application
Objective Selection and Ranking of Projects
This Public Notice complies with the Notice of Funding Availability (NOFA) for the FY 2019 Continuum of Care Program Competition FR-6200-N-25.

see the Customize Rating Criteria from the link in the Macon County Continuum of Care box

Projects are selected and ranked by the CoC's Ranking Committee, which consists of persons who are not connected with any funded agencies or funded projects.
The CoC uses the HUD Project Rating and Ranking Tool. This Project Rating and Ranking Tool is an optional tool that can be used by CoCs to evaluate projects and set ranking priorities within the CoC. It uses objective, performance-based scoring criteria and selection priorities that are approved by the CoC to determine the extent to which each project addresses HUD's policy priorities. We customized features to employ rating factors that are most relevant to our CoC and the priorities our CoC has adopted to inform system (re)design. The customization is shown on pages 3-5.
The tool can be viewed at <https://www.hudexchange.info/resources/documents/project-rating-and-ranking-tool.xlsb>.
In addition to the HUD Project Rating and Ranking Tool, this CoC

Upcoming Events

30 JUL
Food Pantry
Jul 30th, 10:00 am - 2:00 pm

Dove's Children's Clothing Room
Jul 30th, 1:00 pm - 2:00 pm

MAX
Jul 30th, 1:00 pm - 3:00 pm

DV 101 Group
Jul 30th, 1:30 pm - 2:30 pm

Domestic Violence Victim/Survivor Support Group
Jul 30th, 5:30 pm - 7:00 pm

31 JUL
Healthy Families Group
Jul 31st, 9:00 am - 10:00 am

MAX

Type here to search

3:19 PM 8/23/2019

Key Considerations for CoCs in C... X Key Considerations for CoCs in C... X Macon County Continuum of Care X +

Not secure | doveinc.org/information/macon-county-continuum-care-homeless-advisory-council

Apps Bookmarks Facebook Imported From Fire... DECU Banking My, Social Security CVS pharmacy - On... Sunset webcam Google Drive Eagle Rare Life Other bookmarks

Council

Definition of Homelessness:

"The state or condition of having no home, of living in the streets, under viaducts, in emergency shelter, or being foreclosed upon or evicted from dwelling."

Homeward Bound is a member of the Homeless Council Continuum of Care. This umbrella organization is made up of more than 70 agencies and individuals who cover the spectrum of services to assist families and individuals toward permanent housing. The continuum meets bi-monthly to exchange information and address gaps in services, current legislative issues, and public awareness.

Point-in-Time Reports

2019 PowerPoint Presentation from the Community Breakfast

2019 Solicitation Announcement
PUBLIC NOTICE
Decatur-Macon County Continuum of Care (IL-516)
FY 2019 Continuum of Care Application
Objective Selection and Ranking of Projects
PUBLIC NOTICE

Macon County Continuum of Care Governing Board

Baby Talk
City of Decatur, Dept. of Development Services
Community Investment Corporation of Decatur
Crossing Healthcare Center
Decatur Housing Authority
DMCOC

Type here to search

2:48 PM 8/23/2019

PUBLIC NOTICE
Decatur-Macon County Continuum of Care (IL-516)

FY 2019 Continuum of Care Application
Objective Selection and Ranking of Projects

This Public Notice complies with the Notice of Funding Availability (NOFA) for the FY 2019 Continuum of Care Program Competition FR-6200-N-25.

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

The CoC uses the **HUD Project Rating and Ranking Tool**. This Project Rating and Ranking Tool is an optional tool that can be used by CoCs to evaluate projects and set ranking priorities within the CoC. It uses objective, performance-based scoring criteria and selection priorities that are approved by the CoC to determine the extent to which each project addresses HUD's policy priorities. We customized features to employ rating factors that are most relevant to our CoC and the priorities our CoC has adopted to inform system (re)design. The customization is shown on pages 3-5.

The tool can be viewed at <https://www.hudexchange.info/resources/documents/project-rating-and-ranking-tool.xlsb>.

In addition to the **HUD Project Rating and Ranking Tool**, this CoC provided an alternate method for projects submitted by victim services organizations (page 2).

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 Ranking Committee has developed this alternate system of selecting and ranking projects submitted by victim service providers.

Project Selection

The 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 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:

-) Improving victim safety
-) Data from a database comparable to HMIS
-) 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 Ranking places each project in appropriate order in the CoC rankings.

CUSTOMIZE RATING CRITERIA

NAVIGATION

- Customize Threshold Requirements
- Customize Renewal/Expansion Project Rating Tool
- Customize New Project Rating Tool

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements

(Delete the X in the box next to any requirements you do not wish to include.)

- ☒ Coordinated Entry Participation
- ☒ Housing First and/or Low Barrier Implementation
- ☒ Documented, secured minimum match
- ☒ Project has reasonable costs per permanent housing exit, as defined locally
- ☒ Project is financially feasible
- ☒ Applicant is active CoC participant
- ☒ Application is complete and data are consistent
- ☒ Data quality at or above 90%
- ☒ Bed/unit utilization rate at or above 90%
- ☒ Acceptable organizational audit/financial review
- ☒ Documented organizational financial stability

(The first five requirements are process either as Threshold Requirements or as CoC Requirements)

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Using the drop-down menu on the left customize rating factors for each project type or delete the type to view all factors at once.

Delete the X in the box besides any rating factor you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.

Performance Measures

Length of Stay

- ☒ RRH - On average, participants spend XX days from project entry to residential move-in
- ☒ PSH - On average, participants stay in project XX days
- ☐ TH - On average, participants stay in project XX days

Factor/Goal

Max Point Val

15	days	20	points
180	days	20	points

Exits to Permanent Housing

- ☒ RRH - Minimum percent move to permanent housing
- ☒ PSH - Minimum percent remain in or move to permanent housing
- ☐ TH - Minimum percent move to permanent housing

90	%	25	points
90	%	25	points

Returns to Homelessness (if data is available for project)

- ☒ RRH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing
- ☒ PSH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing
- ☐ TH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing

15	%	15	points
15	%	15	points

New or Increased Income and Earned Income

- ☒ RRH - Minimum new or increased earned income for project stayers
- ☒ PSH - Minimum new or increased earned income for project stayers
- ☐ TH - Minimum new or increased earned income for project stayers
- ☒ RRH - Minimum new or increased non-employment income for project stayers
- ☒ PSH - Minimum new or increased non-employment income for project stayers
- ☐ TH - Minimum new or increased non-employment income for project stayers
- ☐ RRH - Minimum new or increased earned income for project leavers
- ☐ PSH - Minimum new or increased earned income for project leavers
- ☐ TH - Minimum new or increased earned income for project leavers
- ☐ RRH - Minimum new or increased non-employment income for project leavers
- ☐ PSH - Minimum new or increased non-employment income for project leavers
- ☐ TH - Minimum new or increased non-employment income for project leavers

8	%	10	points
8	%	10	points
10	%	10	points
10	%	10	points

Serve High Need Populations

(select from drop-down menu)

- ☒ APR data on: 50% disability/zero income/unsheltered
- ☒ RRH - Minimum percent of participants with zero income at entry
- ☒ RRH - Minimum percent of participants with more than one disability
- ☒ RRH - Minimum percent of participants entering project from place not meant for human habitation
- ☒ PSH - Minimum percent of participants with zero income at entry

45	%	10	points
27	%	10	points
25	%	10	points
45	%	10	points

CUSTOMIZE RATING CRITERIA

<input checked="" type="checkbox"/>	PSH - Minimum percent of participants with more than one disability	27 %	10 points
<input checked="" type="checkbox"/>	PSH - Minimum percent of participants entering project from place not meant for human habitation	25 %	10 points
<input type="checkbox"/>	TH - Minimum percent of participants with zero income at entry		
<input type="checkbox"/>	TH - Minimum percent of participants with more than one disability		
<input type="checkbox"/>	TH - Minimum percent of participants entering project from place not meant for human habitation		

Project Effectiveness

<input type="checkbox"/>	RRH - Project has reasonable costs per permanent housing exit as defined locally		
<input type="checkbox"/>	PSH - Project has reasonable costs per permanent housing exit as defined locally		
<input type="checkbox"/>	TH - Project has reasonable costs per permanent housing exit as defined locally		
<input checked="" type="checkbox"/>	RRH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	20 points
<input checked="" type="checkbox"/>	PSH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	20 points
<input type="checkbox"/>	TH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)		
<input checked="" type="checkbox"/>	RRH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10 points
<input checked="" type="checkbox"/>	PSH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10 points
<input type="checkbox"/>	TH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures		

Other and Local Criteria

(select from drop-down menu)

<input checked="" type="checkbox"/>	CoC Monitoring Score	Project is operating in conformance with CoC Standards		
<input checked="" type="checkbox"/>	RRH - Bed Utilization rate	90+%	10	points
<input checked="" type="checkbox"/>	PSH - Bed Utilization Rate	90+%	10	points
<input checked="" type="checkbox"/>	RRH - Data Quality		10	points
<input checked="" type="checkbox"/>	PSH - Data Quality		10	points

Total Maximum Score

RRH projects:	160	points
PSH projects:	160	points
TH projects:	0	points

CUSTOMIZE NEW PROJECT RATING TOOL

Experience

Factor/Goal	Max Point Value
<input checked="" type="checkbox"/> A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	15 points
<input checked="" type="checkbox"/> B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	10 points
<input checked="" type="checkbox"/> C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	5 points

Design of Housing & Supportive Services

<input checked="" type="checkbox"/> A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.	15 points
<input checked="" type="checkbox"/> B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	5 points
<input checked="" type="checkbox"/> C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	5 points

Timeliness

<input checked="" type="checkbox"/> A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	10 points
---	-----------

Financial

<input checked="" type="checkbox"/> A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.	5 points
--	----------

CUSTOMIZE RATING CRITERIA

B. Organization's most recent audit:

<input checked="" type="checkbox"/>	1. Found no exceptions to standard practices	5	points
<input checked="" type="checkbox"/>	2. Identified agency as 'low risk'	5	points
<input checked="" type="checkbox"/>	3. Indicates no findings	5	points
<input checked="" type="checkbox"/>	C. Documented match amount meets HUD requirements.	5	points
<input checked="" type="checkbox"/>	D. Budgeted costs are reasonable, allocable, and allowable.	20	points

Project Effectiveness

<input checked="" type="checkbox"/>	Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	95	%	5	points
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Other and Local Criteria

Total Maximum Score

All projects: 115 points

2019 CoC Consolidated Application Attachment:
Local Education or Training Organization Agreement
Decatur/Macon County CoC
IL -516

Continuum of Care

A consortium of agencies serving the homeless population in the Macon County Area.

Agreement

This Agreement is between The Good Samaritan Inn and the Decatur/Macon County Continuum of Care (CoC).

The CoC and its participating projects agree to refer persons experiencing homelessness and food insecurities to The Good Samaritan Inn for their job skills training program.

The Good Samaritan Inn agrees to prioritize access to these services for persons referred by the CoC and its participating projects.

Signed:

Rev. Stacey Brohard

Executive Director of The Good Samaritan Inn

By (Print name): Rev. Stacey Brohard

(Title): Executive Director

8/22/2019

Date

Darsonya Switzer

Decatur/Macon County Continuum of Care

By (Print name): Darsonya Switzer

(Title): Program Director/CoC Chair

08/29/2019

Date

2019 CoC Consolidated Application Attachment:
State or Local Workforce Agreement
Decatur/Macon County CoC
IL -516



"Workforce development professionals for Macon & DeWitt counties"

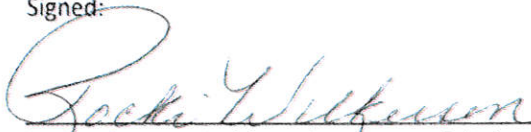
Agreement

This Agreement is between the DeWitt & Macon County Workforce Investment Solutions Board (Local Illinois WorkNet Center) and the Decatur/Macon County Continuum of Care (CoC).

The CoC and its participating projects agree to refer persons experiencing homelessness to the WorkNet Center in Decatur, Illinois for employment assessments, assistance, workshops and other related services.

The Local Illinois WorkNet Center agrees to prioritize access to these services for persons referred by the CoC and its participating projects.

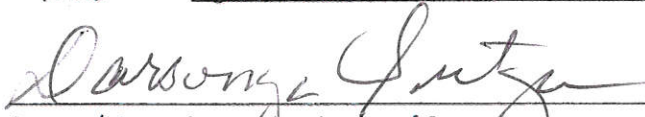
Signed:



Macon County Workforce Investment Solutions Board
By (Print name): Reeki Wilkerson
(Title): Director

8/15/19

Date



Decatur/Macon County Continuum of Care
By (Print name): Darsonya Switzer
(Title): Program Director/CoC Chair

8/16/19

Date

**2019 CoC Consolidated Application Attachment:
Racial Disparity Assessment Summary
Decatur/Macon County CoC
IL-516**

FY2019 Racial and Ethnic Disparities Assessment Decatur/Macon County Continuum of Care IL-516

Background

In compliance with guidance from the United States Department of Housing and Urban Development (HUD), the Decatur/Macon County Continuum of Care conducted this FY2019 assessment of racial and ethnic disparities in the provision of housing and services to those experiencing homelessness.

This summary reports our analyses of racial or ethnic disparities in the following two factors:

- Likelihood of receiving homeless assistance.
- Likelihood of obtaining positive outcomes.

HUD did not offer a specific numerical definition of disparity. In the absence of such parameters, this report used the “80% rule.” This rule is used by the U.S. Equal Employment Opportunity Commission to determine if an employment practice results in a disparate outcome. This rule states that the selection rate of a protected group should be at least 80% of the selection rate of the non-protected group. Differences of less than 20% are not sufficient to demonstrate disparity.

Key Question #1: Are persons of differing races or ethnicities more or less likely to receive homeless assistance?

To assess this issue, we conducted two comparisons. First, we compared the population below the federal poverty line within the entire CoC geographic coverage area with the population of those experiencing homelessness, using data provided by HUD’s Racial Equity Analysis Tool (see chart on page 3). The source for poverty data is the U.S. Census, and the source for homelessness data is the annual Point-in-Time count (PIT).

This is not a perfect methodology, as it assumes that all persons in poverty are equally likely to experience homelessness regardless of income levels. It seems far more likely that extreme poverty (e.g., 10% or 20% AMI) would be more associated with homelessness than poverty alone. However, we did not have data on extreme poverty.

Second and more to the point, we compared the proportion of each group experiencing homelessness with the proportion of the same group receiving assistance (as measured by enrollment in all HMIS projects). The following findings emerged:

- Macon County was slightly more white and much less Hispanic than Illinois as a whole, with 79% of the CoC white American (versus 72% statewide), and only 2% of the county Hispanic (versus 16% statewide). See data highlighted in blue in the CoC Data Chart.
- The number of Hispanic/Latino persons experiencing homelessness was very low (only 2 persons), and therefore this group could not be analyzed statistically.

- African Americans represented 30% of those living at or below the poverty limits, and yet they represented 51% percent of the homeless population. By contrast, whites represented 60% of those living at or below the poverty limits and only 44% of the homeless population. See data highlighted in rose in the CoC Data Chart.
- African Americans represented 51% of the overall sheltered homeless population, African American families with children constituted 83% of the sheltered homeless family population. See data highlighted in green in the CoC Data Chart.
- These data demonstrate that African Americans tend to experience homelessness in greater proportions than they experience poverty.
- These data demonstrate that when African American families experience homelessness, they tend to receive shelter.
- According to PIT and HMIS records, African Americans made up 51% of the homeless population, and they also constituted 51% of those served by the CoC. Whites made up 44% of the homeless population, and they constituted an almost identical 43% of those served by the CoC. Thus, the CoC provided homeless assistance to both racial groups in proportion almost exactly identical to their presence in the homeless population.¹

Based on the above, we conclude that there are no racial disparities in the likelihood of receiving homeless assistance.

¹ See Outcomes chart on page 4 for the percentages of racial groups receiving homeless assistance from the CoC.

CoC Racial Equity Analysis Tool

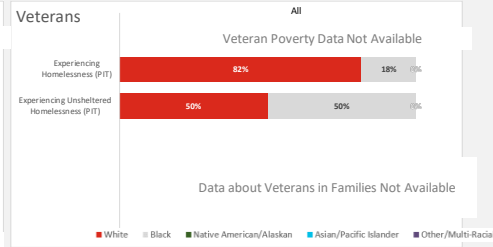
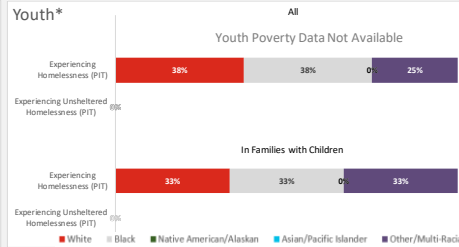
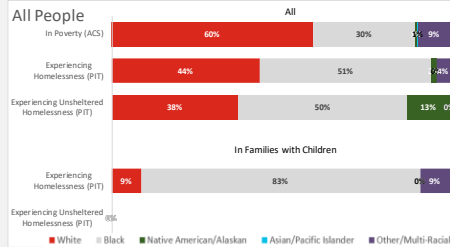
Homelessness and poverty counts at the CoC and State level

Select your CoC:

IL-516

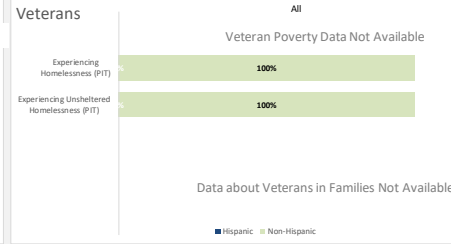
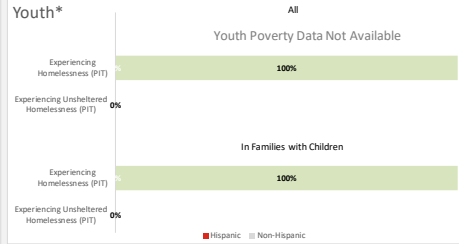
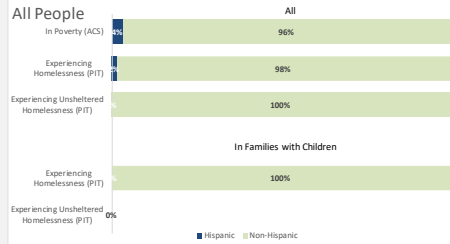
Decatur/Macon County CoC

Distribution of Race



*Youth are individuals under the age of 25 who are unaccompanied or parenting.

Distribution of Ethnicity



*Youth experiencing homelessness is limited to unaccompanied and parenting youth persons under 25.

CoC Data

Race and Ethnicity	All (ACS) ¹				In Poverty (ACS) ¹				Experiencing Homelessness (PIT) ²				Experiencing Sheltered Homelessness (PIT) ²				Experiencing Unsheltered Homelessness (PIT) ²			
	All		In Families with Children		All		In Families with Children		All		In Families with Children		All		In Families with Children		All		In Families with Children	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
All People	109,193		84,952		19,411		14,162		130		23		114		23		16		0	
Race																				
White	85,850	79%	68,445	81%	11,570	60%	8,441	60%	57	44%	2	9%	51	45%	2	9%	6	38%	0	0%
Black	16,088	15%	11,813	14%	5,861	30%	4,276	30%	66	51%	19	83%	58	51%	19	83%	8	50%	0	0%
Native American/Alaskan	224	0%	147	0%	111	1%	0	0%	2	2%	0	0%	0	0%	0	0%	2	13%	0	0%
Asian/Pacific Islander	1,341	1%	1,178	1%	102	1%	74	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other/Multi-Racial	5,690	5%	3,369	4%	1,767	9%	1,370	10%	5	4%	2	9%	5	4%	2	9%	0	0%	0	0%
Ethnicity																				
Hispanic	2,247	2%	1,323	2%	682	4%	498	4%	2	2%	0	0%	2	2%	0	0%	0	0%	0	0%
Non-Hispanic	106,946	98%	83,629	98%	18,729	96%	13,664	96%	128	98%	23	100%	112	98%	23	100%	16	100%	0	0%
Youth <25	34,785		NOT AVAILABLE		NOT AVAILABLE		NOT AVAILABLE		8		3		8		3		0		0	
Race																				
White	23,908	69%	--	--	--	--	--	--	3	38%	1	33%	3	38%	1	33%	0	0%	0	0%
Black	6,936	20%	--	--	--	--	--	--	3	38%	1	33%	3	38%	1	33%	0	0%	0	0%
Native American/Alaskan	0	0%	--	--	--	--	--	--	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Asian/Pacific Islander	450	1%	--	--	--	--	--	--	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other/Multi-Racial	3,491	10%	--	--	--	--	--	--	2	25%	1	33%	2	25%	1	33%	0	0%	0	0%
Ethnicity																				
Hispanic	1,131	3%	--	--	--	--	--	--	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Non-Hispanic	33,654	97%	--	--	--	--	--	--	8	100%	3	100%	8	100%	3	100%	0	0%	0	0%
Veterans	0		NOT AVAILABLE		NOT AVAILABLE		NOT AVAILABLE		11		NOT AVAILABLE		9		NOT AVAILABLE		2	100%	NOT AVAILABLE	
Race																				
White	0	0%	--	--	--	--	--	--	9	82%	--	--	8	89%	--	--	1	50%	--	--
Black	0	0%	--	--	--	--	--	--	2	18%	--	--	1	11%	--	--	1	50%	--	--
Native American/Alaskan	0	0%	--	--	--	--	--	--	0	0%	--	--	0	0%	--	--	0	0%	--	--
Asian/Pacific Islander	0	0%	--	--	--	--	--	--	0	0%	--	--	0	0%	--	--	0	0%	--	--
Other/Multi-Racial	0	0%	--	--	--	--	--	--	0	0%	--	--	0	0%	--	--	0	0%	--	--
Ethnicity																				
Hispanic	0	0%	--	--	--	--	--	--	0	0%	--	--	0	0%	--	--	0	0%	--	--
Non-Hispanic	0	0%	--	--	--	--	--	--	11	100%	--	--	9	100%	--	--	2	100%	--	--

Sources:

¹ American Community Survey (ACS) 2011-2015 5-yr estimates; Veteran CoC data comes from the ACS 2015 1-yr estimates; Total youth in the American Community Survey is a rollup of race estimates of all persons under 25.

² Point-In-Time (PIT) 2017 data

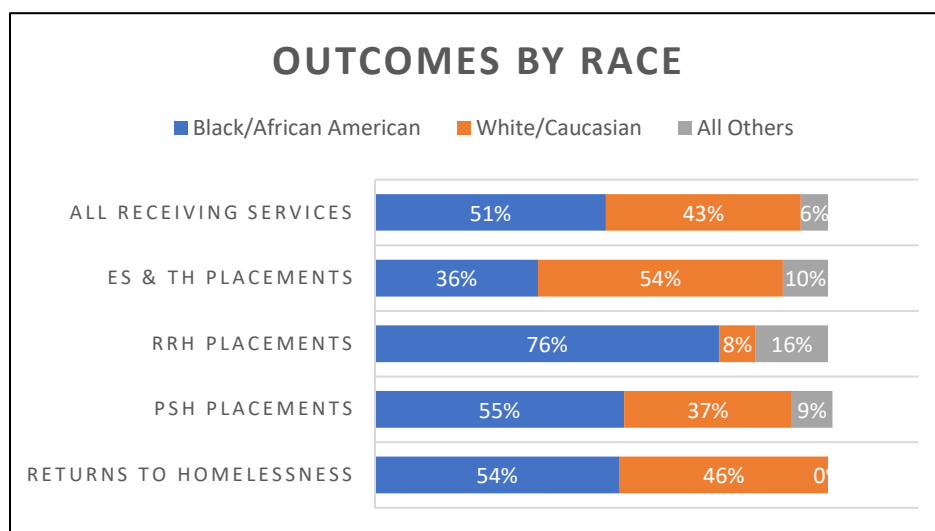
State Data

Race and Ethnicity	All (ACS) ¹				In Poverty (ACS) ¹				Experiencing Homelessness (PIT) ²			
	All		In Families with Children		All		In Families with Children		All		In Families with Children	
	#	%	#	%	#	%	#	%	#	%	#	%
All People	12,873,761		10,498,863		1,801,118		1,316,679		10,798		3,904	
Race												
White	9,312,771	72%	7,525,782	72%	963,036	53%	648,215	49%	3,916	36%	1,119	29%
Black	1,846,108	14%	1,455,387	14%	538,580	30%	422,640	32%	6,375	59%	2,525	65%
Native American/Alaskan	28,363	0%	22,928	0%	6,104	0%	4,306	0%	68	1%	28	1%
Asian/Pacific Islander	645,642	5%	549,465	5%	75,580	4%	47,520	4%	98	1%	28	1%
Other/Multi-Racial	1,040,877	8%	945,301	9%	217,818	12%	193,998	15%	341	3%	204	5%
Ethnicity												
Hispanic	2,122,841	16%	1,936,493	18%	429,853	24%	386,821	29%	1,059	10%	478	12%
Non-Hispanic	10,750,920	84%	8,562,370	82%	1,371,265	76%	929,858	71%	9,739	90%	3,426	88%
Youth <25	4,273,583		NOT AVAILABLE		871,480		NOT AVAILABLE		1,020		290	
Race												
White	2,842,349	67%	--	--	429,897	49%	--	--	389	38%	51	18%
Black	702,931	16%	--	--	276,969	32%	--	--	597	59%	232	80%
Native American/Alaskan	9,835	0%	--	--	2,428	0%	--	--	5	0%	3	1%
Asian/Pacific Islander	199,857	5%	--	--	32,309	4%	--	--	5	0%	0	0%
Other/Multi-Racial	518,611	12%	--	--	129,877	15%	--	--	24	2%	4	1%
Ethnicity												
Hispanic	975,741	23%	--	--	244,737	28%	--	--	102	10%	24	8%
Non-Hispanic	3,297,842	77%	--	--	626,743	72%	--	--	918	90%	266	92%
Veterans	668,933		NOT AVAILABLE		864		NOT AVAILABLE		864		NOT AVAILABLE	
Race												
White	557,770	83%	--	--	--	--	--	--	302	35%	--	--
Black	87,576	13%	--	--	--	--	--	--	535	62%	--	--
Native American/Alaskan	1,630	0%	--	--	--	--	--	--	5	1%	--	--
Asian/Pacific Islander	6,090	1%	--	--	--	--	--	--	3	0%	--	--
Other/Multi-Racial	15,867	2%	--	--	--	--	--	--	19	2%	--	--
Ethnicity												
Hispanic	27,507	4%	--	--	--	--	--	--	37	4%	--	--
Non-Hispanic	641,426	96%	--	--	--	--	--	--	827	96%	--	--

Key Question #2: Are persons of differing races or ethnicities more or less likely to achieve positive outcomes?

To assess this issue, we compared housing placements and returns to homelessness. Data is from local HMIS customized reports.

The chart below shows outcomes by race. The first line shows the racial breakdown of all persons receiving assistance. The next four lines show outcomes by race. All data is based on the CoC's local HMIS records.



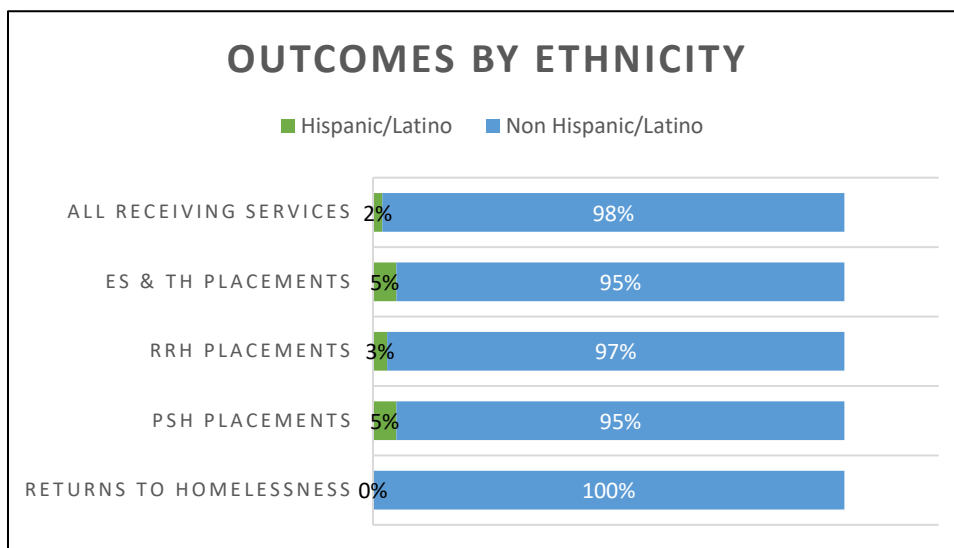
Two indicators show cause for concern: Shelter and Transitional Placements; and Rapid Rehousing Placements. Whites were more likely than blacks to be placed in emergency shelters and transitional housing projects, with a difference of 11-15% from the proportionate representation among all those served by the CoC. African Americans made up 51% of all those served by the CoC but only 36% of those in shelters and transitional housing. Whites made up 43% of all those served but 54% of those in shelters and transitional housing. These differences are within the EEOC 20% rule; however, they are reason for further analysis.

On the other hand, blacks were far more likely than whites to be placed in rapid rehousing units. Fully 76% of all RRH residents were African-American, and only 8% were whites.

Data for the other two indicators, PSH Placements and Returns to Homelessness, were all very close to mirroring the racial breakdown of all persons receiving services (+/-4%), well within the EEOC 20% rule.

Based on the above, we conclude that there are two areas of racial disparity in the outcome of homeless assistance.

The chart below shows outcomes by ethnicity. The first line shows the ethnic breakdown of all persons receiving assistance. The next four lines show outcomes by ethnicity. All data is based on the CoC's local HMIS records.



All indicators show no evidence of ethnic disparities. All four outcomes are within 3% of the proportion of all those receiving services from the CoC.

Based on the above, we conclude that there are no ethnic disparities in the outcome of homeless assistance.