

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: IL-510 - Chicago CoC

1A-2 Collaborative Applicant Name: Chicago Alliance to End Homelessness, dba All Chicago Making Homelessness History

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Quarterly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Outreach, Advisor, Volunteer, Community Advocate
 Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	No
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	No
1B-5.5 Written process for board selection?	No
1B-5.6 Code of conduct for board members that includes a recusal process?	No
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	HUD McKinney Vento Committee (HNV)	The HUD McKinney Vento Committee is a committee of the Chicago Planning Council on Homelessness. It is responsible for the annual HUD Continuum of Care Homeless Assistance Program NOFA process. Annually, the committee develops a calendar for the NOFA process, approves and recommends the project evaluation instrument to the Planning Council, and oversees the application process for renewal project applications each year.	Monthly	18 nonprofit organizations with subpops on substance abuse, domestic violence, HIV/AIDS, homeless families, mentally ill, employment, veterans and healthcare, 1 government sector, and 2 formerly homeless individuals
1C-1.2	Plan Advisory Committee (PAC)	The Plan Advisory Committee is a committee of the Chicago Planning Council on Homelessness, and its role is to provide guidance on implementing the Plan to End Homelessness in Chicago. On an annual basis, they review the progress made in implementing Chicago's Plan to End Homelessness, identify ways to address gaps in housing services, and monitor the work plan for Plan implementation. They also undertake work related to the Plan as delegated by the Chicago Planning Council on Homelessness.	Monthly	12 nonprofit agencies with subpopulations on HIV/AIDS, substance abuse, healthcare, women & children, veterans and mental health. 1 government organization, 1 healthcare organization, 3 formerly homeless individuals, and 1 advocacy organization.

<p>1C-1.3</p>	<p>HEARTH Funding Opportunities Task Group</p>	<p>The HEARTH Funding Opportunities Task Group was appointed by the Chicago Planning Council on Homelessness to develop policies for recapturing and/or reallocating continuum funds and, based on HEARTH priorities; determine potential recipients for any new and recaptured funding; determine ranking policies based on evaluation scores, geographic location, CoC and HEARTH priorities. Several members of this task group are also Planning Council members to address continuity between the two groups.</p>	<p>Bi-Monthly</p>	<p>2 formerly homeless consumers, 3 non-profit organizations with subpopulation on mentally ill, women and families, chronic health conditions, physical disabilities and HIV/AIDS, 1 private funder organization, and 1 local government representative.</p>
<p>1C-1.4</p>	<p>Point-in-Time Count Lead Agencies Committee</p>	<p>Annually, the Chicago Dept. of Family and Support Services oversees the annual point-in-time (PIT) count, and convenes a PIT Count Lead Agency Committee to help implement the process. The Lead Agency role in the PIT count is to serve as a hub for the hundreds of volunteers the count requires. They coordinate with DFSS to execute a successful count throughout the city and to assure 100% coverage. The Committee meets for several months throughout the year to plan for volunteer recruitment and training, to review the survey and methodology, and, in 2013 developed a youth count and sought ways to improve the youth count for future PITs.</p>	<p>Quarterly</p>	<p>15 nonprofit org with subpops inc substance use, children, mental illness, families, vets, advocacy & human trafficking. 1 local law enforcement, 1 local public housing, 1 local government agency, 2 local transportation agencies, 1 local VA agency</p>
<p>1C-1.5</p>	<p>Governance and Structure Steering Committee</p>	<p>The Governance and Structure Steering committee is a committee of the Chicago Planning Council on Homelessness. Its purpose is to propose changes to the current Chicago CoC structure and governance mechanisms that will help the CoC align with new federal requirements and develop a charter that promotes inclusion in the CoC, expands the CoC scope, member representation and purpose of the CoC beyond HUD funding to achieve the goal of preventing and ending homelessness. In conjunction, the committee receives consultation with a national technical assistance team to help the CoC align with new HUD guidelines.</p>	<p>Bi-Monthly</p>	<p>1 represents the HMV(refer to description above),1 represents the PAC (refer to description above),1 CoC applicant npo, 1 npo, 1 formerly homeless individual,1 represents the HMIS Committee,1 gov org, 1 private funders rep, 1 governing CoC member</p>

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

The CoC obtains a diverse range of opinions by having current members identify nonparticipating sectors and inviting them to participate in the various meetings. The Planning Council annually reviews and approves committee slates and identifies missing stakeholders whose input would be beneficial to the CoC committees' tasks. The CoC actively invites stakeholders currently not participating in the CoC to the All CoC Meetings to ensure they are aware of the opportunities available. The Collaborative Applicant (CA) provides monthly email updates to the community at large with an open invitation to attend meetings. The committee meetings are open meetings and are posted on the CA's website.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The Planning Council(PC) determines selection criteria & HMV committee develops the Evaluation Instrument(EI). HMV is made of various homeless services stakeholders to ensure that the EI is objective. The EI evaluates projects on contract compliance, threshold requirements, fiscal viability, agency governance, HMIS compliance, consumer representation, performance, operations, & system priorities. Projects receive an EI score, used to determine the ranking. Additionally, new projects submit info about project readiness & provide presentations to the New Projects Panel. The Appeals Committee hears EI score appeals and the PC establishes ranking criteria used with EI scores to prioritize projects for funding. The criteria & final ranking is publicly posted on the Collaborative Applicant website & the link sent to more 300 people via email.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The EI is created by the HMV Committee & approved by the Planning Council to review & rank projects annually. Also, quarterly data quality assessments & semi-annual consumer engagement sessions are conducted as part of the process. The EI reviews HUD & CoC monitoring findings, grant execution capacity & independent financial audits. Points are awarded for grant expenditure rates, CoC Membership involvement, match ratio, & HMIS data quality. The largest emphasis is placed on project performance based on HMIS reports & project APRs. Within the project performance section, agencies are awarded points based on their effectiveness in meeting CoC-wide targets relating to housing stability & exits to permanent housing. For new projects, project presentation & project readiness are also evaluated. The CoC accounts for the severity of barriers faced by the program participants through the ranking process by prioritizing funding based on the CoC Plan, including projects that serve the chronically homeless, youth, families, individuals with severe mental & physical health barriers & those fleeing domestic violence.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

The Service Providers Commission (SPC) provides outreach to current & potential providers of homeless services. The SPC holds several open meetings annually, providing learning & peer-support opportunities. When the CoC is contacted by those interested in starting a homeless program, they are encouraged to join the SPC & participate in a CoC Orientation, which provides an overview of the CoC Plan to End Homelessness, governance, and structure. They are also invited to attend a training, which focuses on CoC & HUD funding priorities, the CoC Plan, & process for applying for CoC funds. Agencies that apply but are not selected to receive CoC funds are given feedback & invited to meet with Collaborative Applicant staff to strategize for future application cycles. Three new providers have received CoC funds in the last 4 years.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/17/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? Yes

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

The CoC received a written appeal from a recipient agency whose Project Application was rejected due to the project not meeting CoC-defined standards. In response to this appeal, the Planning Council reviewed the appeal, reviewed the related written CoC-defined standards, reviewed the evidence from both parties of the appeal, and voted to not award the appeal to the recipient agency. The agency was notified of the CoC decision and reasons that the appeal was denied on August 22, 2013. The agency was made aware of next steps in the appeals process and the agency submitted a formal appeal with the local HUD HQ. On January 22, 2014, the HUD HQ notified the CoC and Agency in writing that it was in "support of the Continuum in this matter".

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

It is the role of the HMIS Lead Team and the CoC HMIS Committee to ensure that all HMIS policy and protocol changes are in compliance with the CoC Program interim rule and are approved by Planning Council on Homelessness, the governing body for the Chicago CoC. The HMIS Committee is a standing Committee of the Planning Council and oversees the implementation of HMIS. As per policy, all documents will be reviewed by the governing body on an annual basis. HMIS Data Quality results are reviewed at least quarterly. The HMIS Lead and the CoC Project Lead teams meet to discuss updates on any changes to the HUD requirements, to review the local NOFA process and ensure CHO's are in compliance with data quality as defined in 2010 data standards and to be briefed on software/application changes. HMIS stakeholders are kept abreast of all changes and requirements of the data standards and policies through a monthly newsletter, announcements and news postings within the HMIS software, the HMIS help desk portal and bi-monthly meetings.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes
If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

With assistance and input from our HUD TA Providers, all HMIS Plans and SOP's were extensively revised to incorporate the current HMIS implementation and all HUD required protocols. The Privacy and Security Plan have been incorporated into the SOP's (P18 -28). The Plans will be reviewed annually by the Planning Council. The Privacy Plan includes the Standard Agency Privacy Notices, Client Notice and Consent forms that address data sharing, Special Notice and procedures for victims of Domestic Violence, Minor/Unaccompanied Youth, along with Client Revocation and Grievance policies. Security Plan addresses Data Access Controls, hardware connectivity and software security requirements. The Data Quality Plan, approved by the HMIS Committee, is a standalone document that addresses various components of HMIS, sets tolerance and thresholds for issues and addresses frequency for monitoring. This plan will be reviewed and updated quarterly as new lessons are learned and will be reviewed by the Planning Council on an annual basis.

All plans are currently under legal review and pending Planning Council approval.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Bowman Systems
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: IL-510 - Chicago CoC
 (select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$324,565
ESG	\$65,223
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$389,788

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$81,141
Private - Total Amount	\$81,141

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$470,929
---	------------------

2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	51-64%
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	76-85%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	76-85%

2C-2 How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Emergency Shelter is our one type that is below 64%, and it currently stands at 62% coverage. We have recently been working with a single shelter with 32% of the beds in the CoC to try to convince them to use our HMIS.

The Chicago Department of Family and Social Services (DFSS) team has reinforced the use of HMIS to gather data elements for the providers who are in receipt of their funding. This reliance on HMIS will be shared with new providers over the next 12 months, and DFSS will advocate for its use to new emergency shelter that receive DFSS funding to have their beds in HMIS.

The efforts by the CoC in the past year have allowed us to increase the Bed Coverage Rates for Emergency Shelters from 42% in FY2012 to 62%. Our efforts will continue to increase participation and improve our Bed Coverage Rates.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

The HMIS Lead Agency is continuing to form and improve relationships with providers who are not entering data into HMIS. In addition, the Lead Agency works to improve the data entry system and users' experience within it. The HMIS Team has taken multiple steps to ensure that providers view the system as reliable and easy to navigate. Users praise for the system only helps to sustain usage and to potentially encourage others to engage with it. Chicago DFSS has mandated the use of HMIS to gather data elements for the providers who receive their funding. This requirement has been shared with new providers in FY2013. DFSS has advocated for the use of HMIS and has also turned to it to help providers manage outcomes and report on their programs.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	152
Transitional Housing	11
Safe Haven	36
Permanent Supportive Housing	49
Rapid Re-housing	1

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	1%
Date of birth	2%
Ethnicity	2%
Race	0%
Gender	2%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	1%
Zip Code of last permanent address	0%
Housing status	1%
Head of household	4%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

With the exception of DV and a handful of agencies with data quality issues, the HMIS Lead encourages all HUD funded programs to generate data from HMIS for our HUD report submissions including but not limited to CHO APR's, HMIS APR's and AHAR.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Semi-Annually

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

HMIS data is reviewed quarterly and CHO's are required to comply with the data quality requirements. Agencies that do not comply will lose points in the local ranking evaluation and the Executive Director/CEO is notified via e-mail. Collaborative Applicant (CA) staff are invited to meetings with the agencies as deemed appropriate to help resolve data quality challenges. The HMIS Lead staff work closely with the CHO's to identify data issues and provide training and support through in-person support sessions, as needed. Data quality issues are also addressed as a group through our bi-monthly Agency Technical Administrators meetings. HMIS data is then reviewed annually by the CA. A Data Quality Steering Committee assists the HMIS Lead with developing a data quality and monitoring plan. The CA staff is a member of this Committee to ensure that all protocols align with the CoC and HUD requirements.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Quarterly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Annually
* Using data for program management	Quarterly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Capturing participant entry and exit dates in HMIS is clearly defined in Page 4 of the CoC HMIS Data Quality Plan. The Data Quality Plan is the document that is reviewed and updated quarterly by the DQ Steering Committee.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/22/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	14%	0%
Transitional Housing	0%	94%	14%	0%
Safe Havens	0%	80%	21%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The results of the 2013 sheltered and unsheltered count showed an increase sheltered people from 4,988 in 2012 to 5,060 in 2013, an overall increase of 1.4%. The population with the largest increase was individuals in emergency and transitional shelter which increased by 13.8% and 12.4% respectively. The number of families in shelter decreased overall by 2%. Continued reductions in homeless funding since 2012 are a likely cause of the steady increase in demand for shelter as well as the extreme cold weather conditions of the evening of the 2013 PIT.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2H-2 If other, provide a detailed description. (limit 750 characters)

N/A

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Chicago requires participation by shelter providers funded via contracts with the Department of Family & Support Services (DFSS). DFSS also requires providers funded with HUD grants directly to participate. Participation of non-publicly funded providers is strongly encouraged. Participating providers were trained and issued forms and written instructions. Forms included a tally sheet and a survey. All forms were sequentially numbered and assigned to providers to ensure a 100% return rate. The tally sheet listed all people at the shelter that night and the corresponding survey number. Providers were trained on how to select a random 10% sample to be interviewed. Providers were required to return all forms within 24 hours.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

	HMIS:	<input type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input checked="" type="checkbox"/>
Sample strategy:		Random Sample
(if Sample of PIT interviews plus extrapolation is selected)		
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:		<input type="checkbox"/>
	Other:	<input type="checkbox"/>

2I-2 If other, provide a detailed description. (limit 750 characters)

N/A

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Providers were issued 2 types of forms. The tally sheet, where all persons in shelter are listed to give the total count of sheltered persons. The survey, an interview for a subset of clients to gather subpopulation data for extrapolation. The tally form contains a place for the provider to list the corresponding survey number of the households that were surveyed. Providers must survey at least 10% of their clients. All providers were trained on how to calculate a random 10% sample. Forms are numbered and assigned to providers to ensure return of all forms. Providers had to return forms within 24 hours. DFSS staff reviewed all forms returned to ensure that 10% of the beds were surveyed. Providers were required to reconcile errors the same day.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication :	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2J-2 If other, provide a detailed description. (limit 750 characters)

N/A

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Chicago used several de-duplication techniques to ensure data quality. Sequentially numbered surveys and tallies were used to create an inventory of data collection documents. The forms issued to a provider during the count were logged and checked against their submission. Further, the unique survey and tally number ensured no data was entered or used twice. A designated shelter staff person was identified to be responsible for counting all homeless people staying at the shelter on count night. Key DFSS staff was trained by the researcher to complete the data entry. Data entry was completed within a few weeks of the count. The researcher reviewed contents to correct any errors.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/22/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

Chicago's unsheltered count results showed a 29% decrease of 1,725 in 2011 to 1,219 in 2013. A 50% decrease of homeless persons on public transit system was one significant reason for this, 899 in 2011 to 446 in 2013. Another significant factor in the decrease was the extreme cold weather conditions that night that caused the city to be on high alert. The cold caused many homeless persons on the street to find shelter resulting in the increase of the sheltered count for 2013.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

N/A

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Chicago canvased over 234 square miles with over 400 city employees, providers, and volunteers. All were trained that night and issued a handbook with instructions. Teams were dispatched with census tract maps to avoid teams crossing boundaries & to provide full coverage. Specialized teams were sent to 'hot spots' and public transit. These locations were pre-determined and removed from the areas covered by volunteer teams. Police officers searched a sample of abandoned buildings. The Park District searched parks frequented by homeless persons and the housing authority counted at their developments. All forms were numbered and logged. 100% of the forms were collected. All forms were screened for errors and follow up with interviewers was done within 72 hours.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

N/A

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

Assigned census tracts maps ensured that no team covered the same area. Teams canvassed their area more than once to ensure the area was well searched. The survey included a question about being approached earlier and teams distributed easily distinguishable hats and gloves to identify those already counted. Specialized teams covered known locations of encampments or large gathering spots. These locations were pre-determined and removed from the areas assigned to other teams. Public transit teams counted in pay areas only. Time and precise location of the individual provided the researcher with data to de-duplicate the same individual. Enumerators provided their names and contact information to resolve errors within 72 hours.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		4,429	4,429	4,429
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	1,819	2,662	2,942	3,042
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		526	443	443
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		30%	50%	85%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		130	50	100

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)

The CoC has enacted policies and initiatives that support a community priority of ending chronic homelessness. The CoC will ensure all McKinney-Vento-funded PSH units are filling vacancies through the Central Referral System by June 30, 2014. CRS prioritizes individuals and families by vulnerability and length of homelessness. The CRS Advisory Board will also consider a CH priority for CRS. The CoC's Moving on Initiative that helps people who have stabilized in PSH move into a subsidized unit in the community will increase turnover of units, which will in turn increase the turnover that may be prioritized for CH. CAEH will ask SSO/TH providers to consider converting to PSH and will work with HUD to provide TA for that process. In 2014, DFSS will launch a street to home project that will add 50 dedicated units to CH individuals. Housing leaders will continue to participate in the HUD/USICH DOEH initiative to bring in new housing partners, like the VA and Multi-Family owners, to help achieve goals of ending CH. Finally, the CoC will continue newly launched system-wide housing placement reporting and housing placement rate of 115 CH people/month from Rapid Results Initiative.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

The CRS Managing Entity Advisory Board is delegated by the Planning Council to ensure implementation of the CoC policy for all PSH units to fill vacancies from CRS by June 2014 and to consider policy recommendations around formally adding CH priority to turnover units. The Plan Advisory Committee is responsible for monitoring implement Plan 2.0 Strategic Priority #2, Access to Stable and Affordable Housing. The Planning Council, as recommended by committees such as HUD McKinney-Vento and Funding Opportunities Task Group, will be responsible for setting reallocation priorities. The City's Interagency Coordination Group, inclusive of DFSS and Chicago Housing Authority, will be responsible for planning to blend public resources in order to create additional units of PSH and for the Moving On and street to home projects. Finally, DOEH and Rapid Results Leadership Group will ensure progress is being made on strategic objectives for CH initiatives of those groups.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	5897	6177	6277
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	5593	5250	5335
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	95%	85%	85%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

Chicago consistently exceeds HUD housing stability goals, with a 95% stability rate this year. Chicago's Planning Council sets outcomes for CoC programs through the Program Models Chart developed through Chicago's original Plan to End Homelessness. The PH goal is that 85% of clients will remain permanently housed for 12 months. The Planning Council will continue to use these outcome goals to emphasize and evaluate PH retention through its local competition for funding. The CoC will continue to provide housing retention resources to CoC- funded programs and tenants, including harm reduction, eviction prevention, family mediation, and mental health and substance use services. The CoC will also use the planning and design process for the new coordinated access, assessment, and referral system to create a system in which the right individuals are matched with the right programs, thus leading to increased housing stability and increased exits to appropriate permanent housing. We will continue to target rapid re-housing units as bridge units to provide a viable route to permanent housing for those that would remain homeless while completing the application process for PH.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The CoC Planning Council will monitor scores on the local evaluation tool to ensure CoC funded programs prioritize harm reduction, eviction prevention and other housing stability strategies. It will also monitor overall housing retention rates reported in the annual tool. The Midwest Harm Reduction Institute and Corporation for Supportive Housing will continue to provide trainings on harm reduction, prevention and clinical practices that support housing stability. The Plan Advisory Committee is delegated by the Planning Council to monitor implementation of Plan 2.0 Strategic Priority #1, Crisis Response System and #2, Access to Stable and Affordable Housing and the Coordinated Access Steering Committee will ensure that the new system improves targeting and housing stability.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 11015

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	9%	20%	20%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	11%	54%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	1513	13.74 %
Unemployment Insurance	272	2.47 %
SSI	2645	24.01 %

SSDI	1305	11.85	%
Veteran's disability	77	0.70	%
Private disability insurance	1	0.01	%
Worker's compensation	113	1.03	%
TANF or equivalent	760	6.90	%
General Assistance	144	1.31	%
Retirement (Social Security)	102	0.93	%
Veteran's pension	62	0.56	%
Pension from former job	16	0.15	%
Child support	120	1.09	%
Alimony (Spousal support)	7	0.06	%
Other Source	225	2.04	%
No sources	3594	32.63	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The CoC will ensure eligibility screening for non-employment benefits is included in the new coordinated access system, a Plan 2.0 objective. Collaboration with the VA will ensure improved CoC knowledge about the Veteran's disability options and improve connections when applicable. SSI/SSDI Outreach, Access, and Recovery (SOAR) trainers will continue offering trainings to ensure more providers are able to navigate the benefit system.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The Chicago Alliance has created a Plan 2.0 Employment Task Force with leaders and experts from the workforce development and homeless assistance systems in order to assess the current employment system for people experiencing homelessness and to plan for improvements. The Task Force is working to identify national best practices in order to make informed policy and program recommendations and to align an employment readiness assessment with the new coordinated access system. The task force findings will advise the CoC on how best to invest additional resources in successful employment programs for people experiencing homelessness, including vocational training, transitional jobs, and asset-building. Finally, the CoC will work with the Chicago Jobs Council and the Chicago Cook Workforce Partnership to advocate for federal workforce resources and job training opportunities to be made available to people experiencing homelessness. Additional resources are critical to achieving targets for employment income as sequestration eliminated some non-CoC employment programs in 2014 and CoC-funded employment SSOs are in Tier 2 and at risk of closing.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The Plan 2.0 Employment Task Force will complete its system assessment and make valuable policy and employment program recommendations to the CoC Planning Council. The Coordinated Access Steering Committee will ensure that both benefit screening and employment readiness are included in all assessments at point of entry to improve connections to resources at the appropriate time. Chicago AIDS Legal Council manages the SOAR Program in Illinois and is responsible for expanding training and providing direct legal services to individuals with barriers to SSDI applications.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 11015

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	69%	70%	71%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	6239	56.64 %
MEDICAID health insurance	2723	24.72 %
MEDICARE health insurance	544	4.94 %
State children's health insurance	196	1.78 %
WIC	137	1.24 %

VA medical services	157	1.43 %
TANF child care services	19	0.17 %
TANF transportation services	6	0.05 %
Other TANF-funded services	31	0.28 %
Temporary rental assistance	1	0.01 %
Section 8, public housing, rental assistance	140	1.27 %
Other Source	428	3.89 %
No sources	2570	23.33 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

Chicago’s rate of participants accessing benefits at exit (69%) exceeds the HUD goal. Our experience demonstrates that increasing mainstream benefits significantly contributes to housing stability. Eligibility screening/advocacy are essential program elements of CoC programs in Chicago’s Program Models Chart, which is used by the CoC Planning Council to establish performance targets for CoC funded programs in the local evaluation process. The CoC governing body will continue to use these performance targets to emphasize ongoing focus on this element. The CoC will ensure eligibility screening for mainstream benefits is included in the new coordinated access system, a Plan 2.0 objective. With the implementation of the Affordable Care Act, the CoC programs will work with new coordinated care entities to ensure people experiencing homelessness are enrolling in and accessing Medicaid.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

Chicago’s Plan 2.0 calls for public and private systems of care to work in coordination to end homelessness. A key objective of this strategy is to ensure rapid assessment and connection to mainstream resources. As the ACA is implemented locally, state and local Medicaid expansion efforts will create new models of care and expand eligibility for Medicaid. The AIDS Foundation of Chicago’s SAMHSA Consortium will work towards goals to enroll people with serious mental illness or health conditions who are experiencing homelessness into coordinated care systems, in partnership with CoC members leading coordinated care pilots such as Together4Health. Finally, under the oversight of the CoC Governing body, the Coordinated Access Steering Committee will ensure improved access to public assistance programs by connecting households to benefit applications at the point of access to the system and provide services to address application barriers.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	165	230
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	165	165
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	25	50

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

DFSS, in coordination with the CoC will dedicate the maximum ESG allocation to RRH in 2014 and 2015. CAEH will work with current TH programs that provide permanent housing with short-term supports (a similar model) to consider converting to projects through reallocation. If successful, most of those units would come on line in 2015 due to the timing of leases and other project logistics. DFSS and CAEH will encourage providers to apply for recently released SSVF funds that allow for a RRH-like model to expand RRH programs to eligible veterans and their families. DFSS will use data from ESG RRH program implementation to demonstrate local success and engage private funders in a briefing to advocate for private funding to support new units.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

DFSS will be responsible for proposing ESG RRH allocations to the CoC Governing Body. The Funding Opportunities Task Group will consider recommendations to the CoC Planning Council around prioritizing RRH through reallocation. To support potential conversion of projects from TH to RRH, CAEH will work with local HUD to provide TA and guidance on the process. As lead implementers of Plan 2.0 and increasing RRH units for families, DFSS and CAEH will be responsible for advocacy with VA and local funders (including briefing on ESG RRH program data) to expand other funding sources for new RRH units.

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

All homeless households will be offered a rapid re-housing initial assessment. Upon eligibility and documentation review, re-housing assistance will be targeted to persons who have a source of income or who are “bridging” to PSH for which an application has been approved. A standardized Service Assignment Assessment tool gathers income and employment history/prospects as well as housing barriers and informs who is prioritized for re-housing assistance by assigning a score. Beyond targeting and making a common assessment tool available to the system with equal access, households are served on a first-come, first-served basis. ESG financial assistance for rapid-rehousing is limited to no more than eight months of tenant-based rental assistance, plus security deposit, and utility deposit. CoC RRH assistance may go up to 24 months. In the first three months, the ESG program will pay up to the full cost (100%) of rent. In the following three months, the ESG program will pay no more than 70% of the cost of rent. In the final two-months of assistance (if that time frame is needed), no more than 50% of rent will be paid by the ESG program.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

The CoC does not currently operate CoC Program RRH. The ESG RRH program requires a minimum of monthly case management contacts; however, the frequency is determined by the household and program based on service needs. Case management is home-based, though phone check-ins may occur as the household service needs decrease. ESG financial assistance for RRH is limited to no more than 8 months of tenant-based rental assistance. Services may continue for up to 12 months. The RRH provider and household determine length of assistance needed based on an assessment that captures income, debt, education and employment history, legal history and housing barriers. Each question is assigned a score and the final score determines the recommended length of assistance. A recertification is completed every 3 months to determine ongoing need, but households will not qualify for extended rental assistance if they meet any of the following criteria at the time of recertification:

- * Income is 31% AMI or higher
- * Rent-to-income ratio is 40% or lower
- * Achieved all housing stability plan goals
- * Identified other financial resources to maintain housing
- * Identified other housing options

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

The CoC requires all RRH providers follow-up with exited households at 3, 6, and 12 months post-exit. This is specified in the program model for this program. Households are informed of their right to contact the program at any time if they need service or financial assistance to maintain housing stability. Otherwise, the program will contact the household at required intervals via phone or letter. A follow-up assessment over the phone or in person evaluates changes in circumstances such as housing status, income level and source, any new barriers that may exist. RRH programs refer to other service resources such as employment, substance use, child care, mental health services. They may refer to prevention resources or provide landlord/tenant counseling services to resolve non-financial housing issues. If the household is likely to return to homelessness and is within the 24 month limit for ESG/CoC programs, the household may be re-enrolled in RRH program.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Chicago CoC supports the Illinois Dept. of Children and Family Services' (DCFS) discharge planning policies for wards of the state that routinely targets youth who are at-risk of becoming homeless. Chicago CoC also assists DCFS to identify and secure other housing resources to benefit youth aging out of foster care to ensure wards of the state are not routinely discharged into homelessness. In addition, the Illinois Collaboration on Youth received a two-year planning grant from the United States Department of Health and Human Services to work with DCFS to develop new strategies to prevent youth who are or were once involved in the child welfare system from becoming homeless. In partnering with the Chicago CoC, DCFS appoints staff to serve on the Chicago Planning Council on Homelessness and works closely with the CoC to implement noted strategies to prevent youth homelessness.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

DCFS' discharge program targets youth who are at-risk of becoming homeless & other youth aging out of the foster care by providing them with housing options that include Independent Living Programs, Transitional Living Programs & other residential programs. Program goals include preparing the youth's transition to adulthood. Youth who choose to exit foster care prior to turning 21 can be assisted by DCFS' Youth Housing Assistance Program (YHAP) shortly before and after they exit care. YHAP provides housing advocacy & cash assistance to young people ages 18 to 21. Eligible youth receive start-up housing grants, a partial housing subsidy & follow up services. Housing location services are offered by partnering with Chicago CoC service providers experienced with serving youth such as La Casa Norte, Habilitative Systems, Inc. and Lutheran Child and Family Services. Other CoC agencies such as Beacon Therapeutic provide services to young moms who age out of the foster care system.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

3B-2.1a If other, please explain. (limit 750 characters)

Although Chicago CoC does not have an implemented discharge plan for health care, it has long been a stated priority of the CoC to advocate for and support the need to encourage Chicago's health care system to implement a discharge planning policy that does not routinely discharged homeless persons into homelessness.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Members of the CoC work with 3 area hospitals to implement discharge planning polices for at-risk patients to prevent homelessness. This work builds off the successful model of Chicago's Housing for Health Partnership (CHHP) run by the AIDS Foundation of Chicago (AFC) which provides coordinated case management to ensure housing placements upon discharge from hospitals. CHHP's findings (published in the Journal of the American Medical Association) prove that hospitals and service providers can work effectively together to prevent homelessness & reduce costly recidivism. AFC is an active member of the CoC & staff sits on the Chicago Planning Council & the Chicago Alliance's Board of Directors. As a CoC partner, AFC is a strong advocate of homeless persons battling serious health care issues. The CoC is optimistic that the CICOH will examine CHHP & make recommendations to the CoC to replicate it in some form to ensure patients being released are not routinely discharged into homelessness.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

AFC is leading a citywide collaboration between 15 healthcare, housing & social service agencies to secure subsidized housing for homeless persons who are discharged from area hospitals. The 3 main hospitals who partner with Chicago CoC are John Stroger Hospital, Mount Sinai Hospital & Advocate Illinois Masonic Hospital. These partnerships are with agencies that are well established & experienced service providers of Chicago CoC who provide housing & support services to prevent homeless persons from being discharge into homelessness. The housing & services are provided by several housing partners including Chicago House, Mercy & Heartland Health Outreach who all accept hospital referrals for persons who are homeless into their programs. The CoC continues to work with state agency officials & the U.S. Interagency Council on Homelessness on the implementation of the Affordable Care Act & how expansion of Medicaid coverage can supplement services within subsidized housing.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-3.1a If other, please explain.
(limit 750 characters)**

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The IL Division of Mental Health (DMH) has a policy that homeless patients of mental health care facilities are not to be discharged into homelessness if at all possible and the CoC supports this discharge policy. As a result of implementing the Williams Consent Decree, DMH also looks to ensure that patients residing in IMDs can be discharged and placed in community-based settings with services & supports. As an active member of the CoC, DMH stays in close contact with the needs and experiences of people experiencing homelessness with mental health needs. DMH staff serves on the Chicago Planning Council on Homelessness, chairs the Homeless Action Constituency Group, and participates on the CoC's Countywide Discharge Planning Committee that looks at discharge planning practices of institutions across the Chicago region.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

DMH works with providers to secure placements prior to discharge from 3 community mental health hospitals, patients living in IMDs & other health care programs to place homeless patients into appropriate community housing placements. Housing providers that receive referrals from state facilities & community MH facilities include Thresholds, Heartland Health Outreach & Trilogy. The City's Interim Housing & emergency shelters also work to place consumers with MH issues in permanent supportive housing. A new DMH initiative works to prevent persons in crisis with a serious mental health problem from being admitted to a hospital & then being discharged to a nursing home if no other housing option is available. Its Specialized Mental Health Rehabilitation Facilities Comparable Service program start-up phase pays for crisis stabilization as alternatives to hospitals & connects permanent housing with services for patients who are homeless at the time of their mental health crisis.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Chicago’s Plan 2.0 has the expressed goal to work across systems of care to ensure ending homelessness is a shared priority and to improve Chicago CoC efforts to prevent institutions from discharging individuals into homelessness. Chicago CoC works with the IL Dept. of Corrections (IDOC) & Cook County Jail to ensure successful reentry into the community & to prevent homelessness. The Chicago Dept. of Public Health established a task group to address the needs of persons who have serious mental illness & are involved with the homeless & criminal justice systems. Areas of focus are to improve Medicaid benefit access when someone is discharged & looking at funding options to create additional housing and service options to support the discharge process. City, advocates & providers were participants of this work group. The Chicago CoC will continue to work with IDOC to implement homeless prevention and rapid rehousing programs in order to prevent homelessness upon discharge & recidivism.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

At IDOC, the Trained, Reformed, And Capable program begins at prison intake & works to identify the offenders' needs in order to be ready with appropriate housing, often in group homes or halfway houses, upon release. Offenders with special needs i.e., substance abuse, mental health, or disability are assigned to staff, that monitor their progress while incarcerated and help locate specialized services and housing in the community upon release. IDOC also works with municipal, state, and federal agencies to connect offenders to Social Security, mental health case management & veterans benefits before release. IDOC also works with city, state & federal agencies to connect offenders to Social Security, mental health care services & veterans benefits before release. To aid in this effort in 2011, IDOC and DMH linked their data systems so they could identify individuals being served in both the corrections & mental health systems to improve discharge planning efforts and reduce recidivism.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

Crisis Response System: Create an effective crisis response system that prevents homelessness and rapidly returns people who experience homelessness to stable housing.
Access to Stable/Affordable Housing: Create/maintain stable/affordable housing for households experiencing or at risk of homelessness.
Youth: Create comprehensive, developmentally appropriate service options for youth who experience homelessness in order to prevent them from becoming homeless adults.
Employment: Increase meaningful/sustainable employment opportunities for people experiencing or most at risk of homelessness.
Advocacy/Civic Engagement: Engage all of Chicago in a plan that creates a path to securing a home for everyone in our community.
Cross-Systems Integration: Work across public/private systems of care to ensure ending homelessness is a shared priority.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

Chicago's recently updated Plan 2.0 was developed by the CoC, CoC Planning Council and DFSS (ESG recipient). DFSS establishes funding priorities for ESG funds that align with the priorities of this community plan and priorities set forth by the CoC's Funding Opportunity Task Group. DFSS created an ESG Advisory Committee in partnership with CAEH, the lead CoC agency, to craft the City's allocation and performance evaluation plan for ESG rapid re-housing and prevention priorities. This plan has been followed for FY12 and for FY13. Subsequent substantial amendments, especially related to reductions due to sequestration, were reviewed by CAEH. DFSS advises the Planning Council about City budget allocations for ESG and underperforming subrecipients. In 2014, as a result of TA on governance and structure, DFSS and the Planning Council will incorporate agenda items semi-annually to discuss ESG allocations and subrecipient performance as evaluated by annual program and fiscal audits.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

DFSS is the primary funder of emergency shelter beds for the Chicago CoC and the CoC has prioritized street outreach as a funding priority that aligns with Plan 2.0 goals of improving crisis response and coordinating street outreach efforts with Chicago's Central Referral System for PSH. As such, Chicago allocated 60% of 2012 and 2013 ESG funds to emergency shelter and street outreach. Allocations for prevention were determined based on previous years' spending and the other available resources for prevention in the CoC (State of Illinois, SSVF, foundation support). In 2012, DFSS allocated 11.29% and in 2013, 16.28% to prevention activities. Rapid re-housing allocations were determined based on analysis of HPRP implementation and expenditures and projected need as noted in Plan 2.0. In 2012, DFSS allocated 19.5% and in 2013, 16.22% to rapid re-housing. The reduction in 2013 is a result of sequestration.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The Homelessness Prevention Call Center is Chicago's central access point to for assessment/referral for public/private prevention resources. These resources include the ESG Rental Assistance Program, which is administered by DFSS's six Community Service Centers, SSVF, state and privately funded prevention funds. HPCC screens and evaluates each caller for eligibility and all information is entered into HMIS. HPCC makes electronic referrals through HMIS to partner agencies for ongoing services.

DFSS and the Emergency Fund contract with partner agencies for HP supportive services targeted to households at immediate risk of homelessness. Services may include provision of financial assistance, provision of legal representation for tenants facing evictions or fair housing violations, and provision of housing stabilization or relocation assistance.

Impediments to fair housing choice include discrimination on the basis of race, source of income, disability, gentrification, lack of affordable housing, foreclosures, and lack of knowledge of fair housing laws. Chicago's 5-Year Affordable Housing Plan lays out local strategies and responsible parties for overcoming these barriers.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

Plan 2.0 includes a strategic priority of cross-systems integration with a goal of working across public and private systems of care to ensure ending homelessness is a shared priority. CoC members such as the AIDS Foundation of Chicago provide and manage HOPWA funded programs. AFC leadership serves on both the CoC Planning Council and Chicago's HIV Housing and Services governing body. The CoC has an AIDS Housing Constituency group which includes providers that receive both CoC and HOPWA funds. The CoC's Task Force On Homeless Youth, which serves as the key advisory body of Plan 2.0's youth strategic priority and includes Runaway and Homeless Youth providers and activities. The FACT Planning Coalition, focused on homeless families with children 0-5, includes Head Start planners and coordinates cross-trainings between Head Start providers and homeless service providers. Local funders are represented on the Planning Council and hold special briefings on key Plan 2.0 projects/priorities. Chicago's Coordinated Access Steering Committee engaged IDHS about strategies to improve access to TANF and SNAP assistance at the point of entry to the system.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The Chicago Housing Authority is actively involved in the CoC and implementation of Plan 2.0 on many levels. A senior leader from CHA sits on the Planning Council and CHA is a member of the DOEH Leadership Body. As part of DOEH, CHA increased its commitment of PRA vouchers to 40 in support of the CoC's Moving On initiative for households ready to leave PSH. In addition, as a members of Chicago's Rapid Results Boot-Camp Team, CHA worked with the Jesse Brown VAMC to streamline the VASH vouchering process which improved Chicago's monthly housing placement rates of chronically homeless veterans. Finally, the CHA, DFSS and Dept. of Housing & Econ. Development meet bi-monthly to coordinate the allocation of city, state and federal resources for the city's supportive housing pipeline. CHA has not formalized a homeless preference; however, applicants on the Central Referral System for PSH are cross-matched with CHA waiting lists so that applicants on both lists can be prioritized for CHA openings.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The Chicago CoC has prioritized housing the most vulnerable individuals and families and to support that effort engages in on-going evaluation of barriers to entry. Through the local Evaluation Instrument, CoC programs must certify whether they uphold minimum eligibility criteria or add eligibility barriers and receive points for using only the minimum criteria. New projects must adopt housing first approaches. The Central Referral System for PSH developed a common application tool, which only includes housing eligibility questions. The CRS Managing Entity monitors the number and reasons for turn aways and the CRS Managing Entity Advisory Board reviews reports and is working on policy recommendations for the CoC to address programs that institute additional barriers to entry to PSH. As part of coordinated assessment system planning, the CoC will also undertake developing written eligibility standards, which will be used as a baseline for CoC and ESG programs.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

Chicago's original Plan to End Homelessness and current Plan 2.0 set forth action items to support the implementation of housing first approach for all housing providers, including PSH. The local evaluation tool assesses how program policies and procedures align with the housing first approach and significant resources such as the Midwest Harm Reduction Institute provide training and TA on housing first strategies to support providers. The Central Referral System(CRS) for PSH adopted a common application tool with minimum eligibility criteria and the CRS Managing Entity monitors acceptance rates and reasons for turn away. Finally, the CoC committed ESG rapid re-housing funds towards "bridge" units for chronically homeless individuals who have been accepted into PSH and need short-term housing to support engagement with outreach providers while they go through the PSH intake process. The bridge units are low-threshold. Overall, 100% of CoC program-funded PSH use a housing first approach.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

Chicago is currently engaged in a planning process with the support of HUD TA to develop a comprehensive coordinated assessment system by the end of 2014. This system will cover the full city of Chicago and will incorporate in-person, phone, web and mobile access points that will utilize a standardized assessment tool. While a comprehensive system for all housing resources is not yet in place, the CoC has centralized access points for prevention through the Homelessness Prevention Call Center which is accessed via 311, permanent supportive housing via the Central Referral System (CRS) which is web-based, and coordinated assessment for rapid re-housing resources via HMIS. CRS utilizes an application that incorporates the Vulnerability Index for singles and a modified Vulnerability Index for families. The rapid re-housing assessment tool is a housing barriers screening that results in a score that determines eligibility and service needs. The vision of a comprehensive coordinated assessment system in Chicago is to build on existing infrastructure and add a standardized pre-screening tool that directs people to the most appropriate resources.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Chicago is committed to the vision of a home for everyone. To that end, access to housing and supportive services involves a range of strategies to engage all persons in need of services. The CoC has implemented coordinated access systems for prevention and PSH, and will expand to all homeless services in the coming year. These systems utilize standardized application processes, offer multiple languages and accommodation, follow fair housing laws, and can be utilized with or without a provider involved. Street outreach resources are used to identify and engage persons who may not seek resources. Finally, Chicago broadly markets a 311 non-emergency service in multiple languages, connecting callers to shelter transportation, well-being checks, and the coordinated homeless prevention access system. Hospitals emergency rooms and police stations are public locations where individuals can go to contact 311 and request shelter transportation, ensuring multiple entry points to assistance.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The Department of Family and Support Services (DFSS) and the CoC requires all of its programs to ensure homeless children are enrolled in school, including early childhood education, and access all McKinney-funded educational services. DFSS requires this in its scopes of services with emergency shelter providers and interim housing providers, and requires that school-aged children are enrolled in school and also that all children aged 0 to 5 receive developmental screenings on a regular basis. DFSS enforces this policy through regular program audits. The CoC local Evaluation Process for HUD-funded agencies required programs for the first time in 2011 to identify whether they had established internal policies and procedures regarding educational assurances for homeless families. We expect this part of the evaluation to broaden in future cycles, as it ensures providers know it is a requirement.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

To facilitate the implementation of the above-mentioned policies at the agency level, DFSS partners with Chicago Public Schools' (CPS) "Students in Temporary Living Situations (STLS)" Program to administer joint trainings for homeless shelters and housing programs, at which providers receive training on McKinney-Vento educational services and procedures for accessing CPS enrollment, school uniforms, supplies, and transportation assistance for children residing in shelters. Additional trainings or refresher trainings are offered on an as needed basis.

At trainings, shelter staff are informed of schools' responsibilities related to homeless students, including enrolling homeless children immediately, regardless of documentation and fees, and providing families with a choice of schools and transportation assistance. Trainings also inform providers of their responsibility for identifying homeless students, ensuring that they are enrolled in school, and coordinating transportation assistance.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

DFSS & CAEH provided trainings on HEARTH Act changes including family preservation in 2012/13. In 2013, DFSS surveyed to assess compliance and barriers to compliance with this policy and issued formal policy, effective 1/1/14 and supported by CAEH/Collaborative Applicant, which prohibits shelter/housing providers from denying admission based on family composition or age of children and defines family as the family seeking assistance defines it. DFSS provides training and TA to providers re: policy changes to align with this priority, assessing changes that may be needed to accommodate ranges of age and genders in congregate settings, modifying services for providers who are now serving clients of new ages. The CoC will incorporate this policy across other housing types in 2014 as part of coordinated access written standards. DFSS provides TA to Catholic Charities, the mobile outreach service provider that manages the city's shelter clearinghouse and transportation to shelter, to monitor implementation of these policies and troubleshoot barriers that arise. CAEH, the CoC Planning Council & DFSS include evaluation of this policy in their evaluation/monitoring processes.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The Chicago CoC monitors returns to homelessness using a combination of strategies. According to the CoC's program model chart, programs are required through contract scopes and reporting tools to implement follow-up practices for 6-12 months after exit. Similarly, rapid re-housing programs are required to conduct follow-up at 3, 6, 12 month intervals post-exit. Follow-up strategies include phone calls, home visits and assessments for changes in stability. If additional resources are needed, staff make referrals to services or prevention funds. The local evaluation tool requires CoC-funded programs to report on the % of leavers housed 6 months after exit and this is the mechanism to monitor returns to homelessness for those programs. In 2013 with the implementation of ESG rapid re-housing, the CoC is using HMIS to track follow-up contacts and to monitor and record instances of recidivism. CAEH, the HMIS Lead Agency, is building capacity to use HMIS to monitor and record recidivism across all program types by the end of 2015.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

n/a

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

n/a

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

Chicago's Plan 2.0 was deliberately designed to align with the goals of the federal strategic plan, including: retooling the crisis response system; increasing access to stable and affordable housing; increasing economic security; increasing civic engagement. Our overall rate of family homelessness dropped by 4% in the 2013 PIT and we saw a 1% decrease in the number of individuals in families. However, our CoC continues to struggle to make progress on the goals of Opening Doors while also dealing with the harsh financial realities of sequestration and a sluggish economic recovery. Participation in DOEH and Rapid Results Boot Camp has led to coordination between the VA, CHA, City agencies, HUD and non-profit partners and progress on chronic and veteran goals. For the RRBC, Chicago established a chronic homelessness, inclusive of veterans, take down rate of 115 CH housing placements per month. Since June, that rate has been met. The CoC conducted its first youth count and will use that data to allocate resources and also invested \$2mm for youth drop-ins and low-threshold shelter beds to engage and underserved group and create an intentional collaborative to evaluate interventions.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

Plan 2.0 used local/national data and best practices to create strategies to end family homelessness, which have been implemented this year. These include prioritizing families experiencing frequent or long-term homelessness for PSH through CRS, increasing rapid rehousing resources, and adding additional services that will focus on follow-up services to prevent shelter recidivism. The CoC is exploring prevention and diversion resources through coordinated access planning, to prevent families from becoming homeless if at all possible.

Chicago's homeless families are mainly sheltered; however, CoC outreach strategies encompass unsheltered families. DFSS developed a coordinated outreach strategy with providers/city agencies to ensure that homeless individuals and families living on the street access shelter, PH, and services.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

Chicago has a range of emergency shelter, transitional housing, legal services, counseling and advocacy services funded by CoC, ESG, CDBG, IDHS and city funding which are primarily accessed through a domestic violence help-line and are secure and unidentified locations. Leaders from DV providers participate in CoC committees and commissions and members of the CoC sit on the City of Chicago Domestic Violence Coordinated Response Council. In 2013, the City of Chicago committed a \$1.8 million lawsuit settlement to create a new housing program for victims of domestic violence and their children, the first increase in bed capacity for this population in years. This new 30-bed program, set to open in 2014, will go a long way to increase the housing safety net for victims of domestic violence in Chicago. Domestic violence advocates and providers participate in planning for coordinated access to ensure that Chicago's new coordinated access system maintains the safety and confidentiality of survivors and integrates fully with Chicago's domestic violence housing system.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

In 2013, Chicago conducted its first Youth Count, a separate count of youth experiencing homelessness, in order to inform local planning efforts and resource allocation. DFSS worked with partner agencies & the CAEH to create a new survey & design an accessible process. The count was conducted over two weeks & was broadly advertised, including through the Chicago Public Schools. The results of the count will provide an important baseline number for system planning purposes. The CoC currently includes low-threshold shelter, interim housing, transitional housing, Teen Living Programs, Independent Living Programs & a range of outreach & engagement services. Programs are funded through ESG, CDBG, city corporate funds, IDHS, CoC, RHY, DCFS.

In 2013, DFSS expanded housing/services for youth. The total number of low-threshold beds increased from 40 to 114. The city awarded three contracts to develop a citywide network of drop-in centers for homeless youth. The drop-in centers coordinate services with the shelters in their respective regions to ensure access to and continuity of services. City-funded shelters target 18-24, while drop-ins and TLPs target 16-24 year-olds.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

DFSS operates its own outreach program & funds delegate agencies to provide outreach throughout Chicago. Each agency is assigned specific areas of the city & public transit lines & creates master lists of locations where unsheltered people have been identified for the team to use for engagement purposes. DFSS also funds the Center for Housing and Health to serve as an outreach coordinator to organize the CoC's 26 outreach teams to ensure that highly vulnerable homeless persons are not lost between their initial identification & service delivery on the street, & enrollment in PSH. Outreach coordination serves as the liaison between PSH providers and outreach teams and will help Chicago better identify, engage, & provide housing to people living on the streets.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)**

Chicago joined a national initiative, sponsored by federal funding partners, focused on fostering high-level system coordination on the issue of ending chronic and veteran homelessness. The Rapid Results Boot Camp team set an ambitious 100-day goal to house 125 households, 90% of which are chronically homeless, and to maintain or increase this monthly rate. As a result of this initiative, the Jesse Brown VAMC agreed to prioritize 75% of its new VASH allocation to chronically homeless veterans and began accepting referrals for veterans who are identified through the Central Referral System for those vouchers. Chicago also has increased SSVF, GPD and HVRP resources over the past 2 years and those providers integrated with existing CoC referral systems like the Homelessness Prevention Call Center, CRS, and the VA CRRC. We are also working with the Jesse Brown VAMC to ensure that Chicago's new coordinated access system screens for veteran status and refers appropriately to the VA's network of housing and supportive services and provides resources to veterans who are not eligible for VA housing/services. CRS refers all veterans to all mainstream housing resources, not just VA housing.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

n/a

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$1,592,103				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
HOPE VILLAGE	IL0133L5T101205	TH	\$527,321	Regular
OUTREACH AND COMP...	IL0177L5T101205	SSO	\$249,290	Regular
HOUSING, UTILIZAT...	IL0140L5T101205	SSO	\$114,625	Regular
EXPEDIENT, PRIORI...	IL0118L5T101205	SSO	\$132,290	Regular
Low-Income Housin...	IL0386L5T101204	PH	\$52,044	Regular
Supportive Housin...	IL0213L5T101205	TH	\$124,796	Regular
Casa Central La P...	IL0155L5T101205	TH	\$391,737	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: HOPE VILLAGE
Grant Number of Eliminated Project: IL0133L5T101205
Eliminated Project Component Type: TH
Eliminated Project Annual Renewal Amount: \$527,321

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This project did not meet the CoC-defined standards of the 2013 Evaluation Instrument. In accordance with the CoC-approved policies, this project was not accepted nor ranked on the 2013 Project Priority List of the Chicago 2013 CoC Application. The CoC received a written appeal from this agency. In response to this appeal, the Planning Council reviewed the appeal, reviewed the related written CoC-defined standards, reviewed the evidence from both parties of the appeal, and voted to not award the appeal. The agency was notified of the CoC decision and reasons that the appeal was denied on 8/22/13. The agency was made aware of the appeals process and the agency submitted a formal appeal with the local HUD HQ. On January 22, 2014, the HUD HQ notified the CoC and Agency in writing that it was in "support of the Continuum in this matter".

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: OUTREACH AND COMPREHENSIVE ASSESSMENT (ORCA)
Grant Number of Eliminated Project: IL0177L5T101205
Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$249,290

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This project did not meet the CoC-defined standards of the 2013 Evaluation Instrument. In accordance with the CoC-approved policies, this project was not accepted nor ranked on the 2013 Project Priority List of the Chicago 2013 CoC Application. The CoC received a written appeal from this agency. In response to this appeal, the Planning Council reviewed the appeal, reviewed the related written CoC-defined standards, reviewed the evidence from both parties of the appeal, and voted to not award the appeal. The agency was notified of the CoC decision and reasons that the appeal was denied on 8/22/13. The agency was made aware of the appeals process and the agency submitted a formal appeal with the local HUD HQ. On January 22, 2014, the HUD HQ notified the CoC and Agency in writing that it was in “support of the Continuum in this matter”.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: HOUSING, UTILIZATION AND TRAINING SERVICES (HUTS)

Grant Number of Eliminated Project: IL0140L5T101205

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$114,625

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This project did not meet the CoC-defined standards of the 2013 Evaluation Instrument. In accordance with the CoC-approved policies, this project was not accepted nor ranked on the 2013 Project Priority List of the Chicago 2013 CoC Application. The CoC received a written appeal from this agency. In response to this appeal, the Planning Council reviewed the appeal, reviewed the related written CoC-defined standards, reviewed the evidence from both parties of the appeal, and voted to not award the appeal. The agency was notified of the CoC decision and reasons that the appeal was denied on 8/22/13. The agency was made aware of the appeals process and the agency submitted a formal appeal with the local HUD HQ. On January 22, 2014, the HUD HQ notified the CoC and Agency in writing that it was in “support of the Continuum in this matter”.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: EXPEDIENT, PRIORITIZED, INDIVIDUALIZED CASE MANAGEMENT (EPIC)

Grant Number of Eliminated Project: IL0118L5T101205

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$132,290

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This project did not meet the CoC-defined standards of the 2013 Evaluation Instrument. In accordance with the CoC-approved policies, this project was not accepted nor ranked on the 2013 Project Priority List of the Chicago 2013 CoC Application. The CoC received a written appeal from this agency. In response to this appeal, the Planning Council reviewed the appeal, reviewed the related written CoC-defined standards, reviewed the evidence from both parties of the appeal, and voted to not award the appeal. The agency was notified of the CoC decision and reasons that the appeal was denied on 8/22/13. The agency was made aware of the appeals process and the agency submitted a formal appeal with the local HUD HQ. On January 22, 2014, the HUD HQ notified the CoC and Agency in writing that it was in "support of the Continuum in this matter".

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Low-Income Housing Trust Fund 2(Polish American Association)

Grant Number of Eliminated Project: IL0386L5T101204
Eliminated Project Component Type: PH
Eliminated Project Annual Renewal Amount: \$52,044

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This project did not meet the CoC-defined standards of the 2013 Evaluation Instrument. In accordance with the CoC-approved policies, this project was not accepted nor ranked on the 2013 Project Priority List of the Chicago 2013 CoC Application. The CoC received a written appeal from this agency. In response to this appeal, the Planning Council reviewed the appeal, reviewed the related written CoC-defined standards, reviewed the evidence from both parties of the appeal, and voted to not award the appeal. The agency was notified of the CoC decision and reasons that the appeal was denied on 8/22/13.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Supportive Housing Program/Transitional Housing
Grant Number of Eliminated Project: IL0213L5T101205
Eliminated Project Component Type: TH
Eliminated Project Annual Renewal Amount: \$124,796

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This project did not meet the CoC-defined standards of the 2013 Evaluation Instrument. In accordance with the CoC-approved policies, this project was not accepted nor ranked on the 2013 Project Priority List of the Chicago 2013 CoC Application. The CoC received a written appeal from this agency. In response to this appeal, the Planning Council reviewed the appeal, reviewed the related written CoC-defined standards, reviewed the evidence from both parties of the appeal, and voted to not award the appeal. The agency was notified of the CoC decision and reasons that the appeal was denied on 8/22/13.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Casa Central La Posada Scattered Sites

Grant Number of Eliminated Project: IL0155L5T101205

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$391,737

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This agency elected to not renew this project for the FY2013 CoC Program Competition. The Collaborative Applicant was notified in writing of this intent on 12/20/13. Local HUD HQ has also been notified of this agency decision in writing.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$22,504					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Mobile Assessment...	IL0165L5T101205	\$194,882	\$172,378	\$22,504	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Mobile Assessment Unit

Grant Number of Reduced Project: IL0165L5T101205

Reduced Project Current Annual Renewal Amount: \$194,882

Amount Retained for Project: \$172,378

Amount available for New Project(s): \$22,504
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This agency agreed to voluntarily reduce their funding amount in order to reallocate funding to a new permanent housing project for chronically homeless households (see corresponding new project application).

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
 (Must be less than or equal to total amount(s) eliminated and/or reduced)

\$1,614,607				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
128	Thresholds C...	PH	\$997,399	Regular
127	SJOM PSH	PH	\$202,967	Regular
179	Low-Income H...	PH	\$22,504	Regular
129	CHASSA Suppo...	PH	\$224,610	Regular
130	Chronically ...	PH	\$167,127	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 128
Proposed New Project Name: Thresholds Chicago
Component Type: PH
Amount Requested for New Project: \$997,399

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 127
Proposed New Project Name: SJOM PSH
Component Type: PH
Amount Requested for New Project: \$202,967

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 179
Proposed New Project Name: Low-Income Housin
Component Type: PH
Amount Requested for New Project: \$22,504

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 129
Proposed New Project Name: CHASSA Supportive
Component Type: PH
Amount Requested for New Project: \$224,610

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 130
Proposed New Project Name: Chronically Homel...
Component Type: PH
Amount Requested for New Project: \$167,127

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$1,614,607
Amount requested for new project(s):	\$1,614,607
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

In alignment with the HUD-established performance goals, a series of performance outcomes for all program types is specified in the Chicago CoC Program Models Chart. The evaluation process used by the CoC and administered by the Collaborative Applicant (CA) uses project APR and HMIS reports to compare project performance to these local outcome targets, HUD outcome goals, and compares project outcomes to others of the same model type. Based on the outcomes, each project is given a score out of 32 points, and those scores are used in conjunction with other scoring mechanisms to form policy decisions for funding priorities and ranking. If agencies are poor-performing, they are offered TA from the CA, which is discussed in the following questions.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CoC assists projects with reaching performance goals the following ways:

- 1)The adoption of best-practice policies that impact performance. For example, implementing a harm-reduction philosophy improves PH retention, and also TH retention which helps improve outcomes from those moving from TH to PH.
- 2)Encouraging agencies to attend SOAR and other trainings to increase connections to mainstream benefits.
- 3)Reducing system-wide barriers to achieving high performance, such as implementing a coordinated access system to help target appropriate housing interventions
- 4)Convening an employment task group to develop strategies to meet income performance goals.
- 5)The CoC appointed Collaborative Applicant assists poor performing projects to improve, which is discussed more in the next question.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC has appointed the Collaborative Applicant (CA) to provide technical assistance for poor performing projects. That policy requires agencies to be on funding probation for 1 year, and must demonstrate an increase in performance over the next year to be considered for renewal funding. During the year of probation, the agency must meet with the CA staff to discuss performance, and provide a plan of action for improvement. Often times, one of the items in the action plan is to partner with a peer agency for programmatic support. Of the 6 agencies that have been on funding probation over the last 4 years, all have shown significant improvements and have been released from probation.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

Since 2012, Chicago has seen a decrease in the average length of homelessness, from 218 days in 2012 to 141 days in 2013. There are two initiatives Chicago is undertaking to improve our ability to track the length of time people remain homeless. The first is to increase our HMIS participation and data quality. In May 2012, the CoC transitioned the HMIS project from the City of Chicago to the Chicago Alliance (HMIS Lead). This allowed for increased project capacity, including the addition of a specialized module for ESG emergency shelters which vastly decreases the amount of time emergency shelters have to spend on data entry. This improves data quality and facilitates the inclusion of agencies that may not otherwise participate in HMIS. The second initiative is the dedication to data-driven decisions, which drove the CoC to use data from APRs, HMIS, AHAR and our evaluation of the plan to compare lengths of time in programs by program model. The analysis will continue as our data quality improves, and in 2014, the CoC plans to establish length of homelessness benchmarks in the CoC Program Models Chart and regularly monitor this system outcome.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

The CoC has a homeless Outreach & Engagement (O&E) model with the goals of providing services to individuals who do not access services. DFSS supports outreach by funding delegate agencies through outreach contracts. O&E programs follow the model standards, including bilingual staff (Spanish & Polish) & accessible vehicles. Programs assist households in applying for resources using the Central Referral System (CRS) & help them respond to interviews & collect documentation for PH placement. CRS is a database of highly vulnerable households coming from the streets/shelters and is the client referral source for housing providers. In 2013, DFSS & Programs worked to establish the following targeting procedures: 1) Respond to city-wide concerns about the well-being of individuals in specific locations; 2) Focus on engaging those on CRS to prepare for housing; 3) Conduct outreach in geographic areas specified in scopes & provide ongoing essential services to those engaged in that process; 4) Provide ongoing post-exit follow up and homeless prevention assistance, as needed.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

The CoC has a homeless Outreach & Engagement (O&E) model with the goals of providing services to individuals who do not access services. DFSS supports outreach by funding delegate agencies through outreach contracts. O&E programs follow the model standards, including bilingual staff (Spanish & Polish) & accessible vehicles. Programs assist households in applying for resources using the Central Referral System (CRS) & help them respond to interviews & collect documentation for PH placement. CRS is a database of highly vulnerable households coming from the streets/shelters and is the client referral source for housing providers. In 2013, DFSS & Programs worked to establish the following targeting procedures: 1) Respond to city-wide concerns about the well-being of individuals in specific locations; 2) Focus on engaging those on CRS to prepare for housing; & 3) Conduct outreach in geographic areas specified in scopes & provide ongoing essential services to those engaged in that process.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

In accordance with 24 CRF 135, employment preference will be given to low or very low income persons that are residents residing in the service area or neighborhood in which project is located. Highest preference, will be given homeless persons residing in the service area or neighborhood in which the project is located. In order to achieve this, the applicable projects will promote agency and project employment opportunities with their internal homeless service programs, other CoC homeless providers, local government, local workforce development agencies, and publicly through their agency website and other employment search engines.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	89%
* Homeless assistance providers use a single application form for four or more mainstream programs.	17%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	92%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 04/13/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

As it falls within the catchment area of the Cook County 1115 Medicaid Waiver, the Chicago CoC has been actively enrolling consumers into the County Care program throughout 2013. The CoC has held several information meetings about County Care and has distributed information widely to stakeholders. CoC-wide, homeless service providers have been actively promoting County Care and assisting participants in application for enrollment, including the street outreach projects. Additionally, the CoC actively participates in Together4Health, a Coordinated Care Entity that works with more than 30 Chicago-area service providers, hospitals, other healthcare organizations, and social service providers. The CoC's members involved with this partnership, the AIDS Housing Provider Committee, and the Healthcare for the Homeless Forum, and others regularly provide updates and trainings relating to the implementation of the ACA and ensuring that eligible households access these resources.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

The CoC is actively working to reduce amount of CoC Program funding being use for supportive services in the following ways:

- 1) Collaborating with Together4Health and other Coordinated Care Entities to identify services that are or will be Medicaid billable under the Affordable Care Act
- 2) Ensuring that an eligibility screening for mainstream benefits is included in the new coordinated access system
- 3) The CoC Employment Task Force is working to identify strategies to link consumers to workforce development programs
- 4) A Services Task Group has been convened by the CoC & is charged with investigating & reporting on action strategies & alternative ways to access non-CoC service dollars for homeless programs
- 5) Developing relationships with private funders to engage them in CoC participation & encourage investment in homeless services
- 6) Identifying opportunities to reallocate/reassign supportive services funds to fund housing units. In 2013 the Chicago CoC is reallocating over \$1.1 million in SSO funds to create new PSH housing for chronically homeless households.
- 7) Convening private funders to educate them about Plan 2.0 special initiatives that need funding

Submission Summary

Page	Last Updated	
1A. Identification	No Input Required	
1B. CoC Operations	01/27/2014	
1C. Committees	01/31/2014	
1D. Project Review	01/31/2014	
1E. Housing Inventory	01/22/2014	
2A. HMIS Implementation	01/31/2014	
2B. HMIS Funding Sources	01/31/2014	
2C. HMIS Beds	01/30/2014	
2D. HMIS Data Quality	01/31/2014	
2E. HMIS Data Usage	01/22/2014	
2F. HMIS Policies and Procedures	01/30/2014	
2G. Sheltered PIT	01/31/2014	
2H. Sheltered Data - Methods	01/30/2014	
2I. Sheltered Data - Collection	01/31/2014	
2J. Sheltered Data - Quality	01/22/2014	
2K. Unsheltered PIT	01/31/2014	
2L. Unsheltered Data - Methods	01/31/2014	
2M. Unsheltered Data - Coverage	01/22/2014	
2N. Unsheltered Data - Quality	01/22/2014	
Objective 1	01/30/2014	
Objective 2	01/31/2014	
Objective 3	01/27/2014	
Objective 4	01/27/2014	
Objective 5	01/27/2014	
3B. CoC Discharge Planning: Foster Care	01/24/2014	
3B. CoC Discharge Planning: Health Care	01/24/2014	
FY2013 CoC Application	Page 80	02/03/2014

3B. CoC Discharge Planning: Mental Health	01/27/2014
3B. CoC Discharge Planning: Corrections	01/27/2014
3C. CoC Coordination	01/27/2014
3D. Strategic Plan Goals	01/30/2014
3E. Reallocation	01/22/2014
3F. Grant(s) Eliminated	01/27/2014
3G. Grant(s) Reduced	01/27/2014
3H. New Project(s)	01/23/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/30/2014
4B. Employment Policy	01/27/2014
4C. Resources	01/31/2014
Attachments	01/31/2014
Submission Summary	No Input Required