Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

 As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

 Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
 - Section 3 Resources;
 - PHA Crosswalk; and
  - Frequently Asked Questions

1A-1. CoC Name and Number: IL-508 - East St. Louis, Belleville/St. Clair County CoC

1A-2. Collaborative Applicant Name: St. Clair County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: St. Clair County Intergovernmental Grants Dept.

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
 - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2023 to April 30, 2024:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	No
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	No
30.	State Sexual Assault Coalition	Yes	Yes	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

By selecting "other" you must identify what "other" is.

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

Our CoC is deeply committed to ensuring that our service delivery system effectively addresses the unique needs of Black and Brown communities within our geographic coverage area. Our StellaP data shows 81% of the people served in our CoC were BIPOC, and St. Clair County has the third-highest Black population in Illinois. Given that Black and Brown communities are disproportionately represented among the users of our CoC's crisis response system, we actively prioritize the engagement and leadership of Black and minority advocates in our decision-making processes.

To ensure that our policies and strategies are directly informed by the experiences of those most affected, we have integrated Black leaders from our local school district, the Urban League, the United Way, and several other key service providers into our CoC Board. Multiple individuals with lived experience also play critical roles in shaping our approach. Additionally, our CoC membership includes stakeholders like SIHF Healthcare, a local provider offering bilingual services to effectively meet the needs of Spanish-speaking communities, and the Center for Independent Living, an agency working to ensure people of color who live with disabilities have access to housing, education, transportation, employment, healthcare, and other community living essentials.

To assess racial equity in its housing programs, the CoC 's Planning Committee recently completed an in-depth analysis of its housing placement data. The goal of the committee was twofold – to determine if BIPOC households were successfully being placed in permanent housing at the same rate as white households and to see if the same group was returning to homelessness more often. Using HMIS data and StellaP, the committee was able to determine the primary factor affecting returns to homelessness was not race but the path a participant took to permanent housing. Households who moved from transitional housing to permanent housing struggled more to sustain their housing. This led the committee to conclude additional case management training was a priority for the CoC.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

		Describe in the field below how your CoC:
	1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
	2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

An "open invitation" posted on the website of the CoC and Collaborative Applicant encourages individuals, community stakeholders, and local organizations to join the Continuum of Care. In addition, our CoC conducts an annual, transparent solicitation for Board and committee membership via public announcements on the CoC listserv and website. We engage in targeted outreach to key stakeholders, including CoC-funded and non-CoC community-based agencies, nonprofits, foundations, government groups, elected officials, law enforcement, public health agencies, housing-focused organizations, educational institutions, financial institutions, businesses, labor unions, faith-based organizations, and churches. We also reach out to individuals with lived experience of homelessness and current consumers of our services through emails, flyers, Project Homeless Connect Day events, and our service providers. The invitation process is publicly communicated via the CoC listserv and direct outreach to organizations or individuals with specific expertise. All meetings are open to the public, and the schedule is posted on our website.

¿ Accessibility for Persons with Disabilities: Our CoC ensures effective communication and accessibility for persons with disabilities by posting all materials on our website, which includes an open invitation for any community organization or individual to join our efforts to end homelessness. We provide resources tailored to various subpopulations and maintain virtual meetings to accommodate those with physical disabilities. The meeting schedule, with instructions for virtual access, is available on our public website.

¿ Commitment to Diversity, Equity, and Inclusion: Our CoC Board is racially and culturally diverse, representing a wide cross-section of service providers and subpopulations. We actively recruit Black, Indigenous, and People of Color (BIPOC), LGBTQ+ individuals, and people with disabilities to maintain this diversity. Our focus on Diversity, Equity, and Inclusion (DEI) is reflected in our outreach to local community-based organizations, such as LINC, the Center for Independent Living; Endeavors, which supports migrant wellness; Hoyleton Youth and Family Services, which offers a Hispanic Community Support program; and Challenge Unlimited, which provides job opportunities, housing, and skills training for individuals with disabilities.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

The CoC holds monthly meetings to solicit and consider input from a diverse range of community stakeholders, including community-based organizations, neighborhood groups, local and state governments, housing agencies, and special advocacy groups representing domestic violence survivors, youth, seniors, LGBTQ+, BIPOC, individuals with disabilities, and veterans. Each year, the CoC Board evaluates its membership to identify gaps and recruits new members with the expertise needed to fill those gaps. CoC representatives also participate in conferences, such as the National Alliance to End Homelessness and National Human Services Data Consortium, to stay informed about best practices in the field. Additionally, our CoC is part of a regional collaborative with four other CoCs that meets quarterly to share information about effective interventions being deployed to assist individuals and families experiencing homelessness.

Numerous focus groups and committee meetings are held to gather insights from outside experts and agencies to improve the homeless response system. Public hearings, led by the Collaborative Applicant, inform the community about the CoC's work, including coordinated entry and collective efforts to address homelessness.

The CoC ensures accessibility by holding virtual meetings via Zoom, which offers closed captioning and keyboard operability for persons with disabilities. Written materials are distributed in accessible PDF formats compatible with text-to-speech readers.

The CoC has actively taken into consideration information gathered in public meetings and forums to address improvements or new approaches to preventing and ending homelessness. As part of its efforts to expand resources, the CoC has leveraged HOME Illinois funds to create additional units of Rapid Rehousing and PSH. Additionally, the CoC is collaborating with St. Clair County Intergovernmental Grants Department (IGD) to secure Community Development Block Grant Coronavirus (CDBG-CV) and HOME American Rescue Plan (ARP) funds. These funds are aimed at providing additional affordable housing units specifically for homeless individuals. This process has involved community engagement, where feedback from contentious public meetings about HOME ARP funds has been factored into ongoing efforts to ensure housing developments meet community needs while addressing misconceptions about housing's impact on neighborhoods.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.		
	NOFO Section V.B.1.a.(4)		

		Describe in the field below how your CoC notified the public:	
	1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
	2.	about how project applicants must submit their project applications–the process;	
	3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	

4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1. Our CoC encourages and gladly accepts proposals from non-CoC agencies. The CoC posted its local competition notice on the website for the CoC and the St. Clair County Intergovernmental Grants Department. It also sent an email to all agencies on the CoC mailing list. The local competition noticed stated "The CoC is open to, and it will accept and consider proposals from organizations that have not previously received CoC Program Grants. Organizations that have not received CoC funding in the past are encouraged to apply."

2. The solicitation announcement the CoC posted on its website included specific instructions for all applicants, indicating how to apply, the documents required as part of a submission and the deadline for submissions. Both the renewal and new project application packets stated agencies should familiarize themselves with the details of the FY2024 CoC Competition and provided a link to the full FY2024 NOFO announcement. An email contact was provided in case applicants had questions. The announcement specified the deadline for submitting renewal projects for review and ranking by the CoC was 8/09/23, and the deadline for new projects was 8/16/23. A contact person was identified in case individuals needed assistance in creating and submitting their applications.

3. The local competition announcement included the evaluation tool for both new and renewal projects. The announcement said "The CoC uses an inclusive, objective review and ranking process to prioritize projects for funding. Applicants should review the attached scoring criteria to fully understand how the CoC will evaluate all projects. Projects will be accepted, and ranked in priority order using the CoC's scoring criteria."

4. Our CoC provides the application and announcements in accessible electronic formats to ensure that individuals with disabilities can participate in the grant application process. If additional support is needed to accommodate a disability, community disability advocates assist the CoC in providing needed resources/services.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

| | 1C-1. | Coordination with Federal, State, Local, Private, and Other Organizations. | |
| | | NOFO Section V.B.1.b. | |

		In the chart below:
	1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
	2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	No
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	No
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

	In the chart below select yes or no to indicate whether your CoC:	

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

	Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:	

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

	Select yes or no in the chart below to indicate the entities your CoC collaborates with:	

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

> Describe in the field below the formal partnerships your CoC has with at least one of the entities
> where you responded yes in question 1C-4.

(limit 2,500 characters)

The Continuum of Care (CoC) Governance mandates that one seat on its Board of Directors be dedicated to a service provider representing the education sector. Currently, this position is held by a representative from the St. Clair County Regional Office of Education (ROE). The ROE serves as a critical bridge between the CoC, the Illinois State Board of Education (SEA), and the McKinney-Vento homeless liaisons within the 27 school districts that fall under the CoC's jurisdiction.

This partnership is vital in addressing the educational needs of homeless and at-risk students. Based on the recommendations of the ROE representative, the CoC recently amended its Education Policy to ensure that college-age household members are informed of their educational rights and connected to appropriate educational and vocational training resources. This amendment highlights the CoC's commitment to supporting the academic and career aspirations of young people experiencing homelessness.

The collaboration between the ROE and the CoC extends beyond policy amendments. For example: Annual Homeless Connect Service Fair: The ROE actively participates in this event, where representatives meet with families to assess educational needs and connect them with school district liaisons. These liaisons assist with enrollment issues, help parents complete necessary paperwork, and connect infants to the ROE's "Birth to Five" education program. Additionally, the ROE facilitates referrals to English as a Second Language (ESL) classes and other essential services, ensuring seamless transitions through "warm handoffs." Ongoing Training for Homeless Liaisons: The ROE provides continuous training to the 27 McKinney-Vento liaisons within the CoC's coverage area. These sessions ensure that liaisons are well-versed in the requirements of the McKinney-Vento Act, thereby enabling them to better serve homeless students. The 2024 back-to-school training will include a presentation by the CoC's Coordinated Entry Manager, aimed at equipping school district staff with knowledge about the crisis response system and how families can access housing and other vital support services. This partnership exemplifies the CoC's holistic approach to addressing the needs of homeless individuals, particularly youth, by integrating educational support into its broader efforts to combat homelessness.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

> Describe in the field below written policies and procedures your CoC uses to inform individuals
> and families who have recently begun experiencing homelessness of their eligibility for
> educational services.

(limit 2,500 characters)

Policy: Our CoC has a written education policy requiring all ESG and CoC-funded providers to inform homeless families with children and unaccompanied youth of their educational rights. The policy states agencies will a)prioritize the child's educational needs when making housing placements. b)Inform families, high school students, and unaccompanied youth of their educational rights, including providing written materials, enrollment assistance, and connections to McKinney-Vento Liaisons (both K-12 and college) c)Not require school enrollment as a condition of receiving services d)Allow parents or unaccompanied youth to make decisions about school placement.

Procedures: To implement this policy, the CoC follows these procedures: a)Hotline staff connect families with a McKinney-Vento liaison during the intake process b)Families placed in shelters or housing programs are assigned a case manager. During the initial intake, case managers provide a comprehensive informational packet that includes details on educational rights under the McKinney-Vento Act, step-by-step enrollment guidance, and contact information for the local liaison c)Case managers review key points verbally to ensure families understand their rights and available resources. They provide additional support to families with limited literacy, non-English speakers, or those with disabilities to ensure full comprehension.
After intake, case managers refer families to the McKinney-Vento liaison and work closely with them to assist with school enrollment, transportation, and addressing barriers such as lack of documentation or immunization records.
The goal is to facilitate a smooth transition into the educational system, including coordinating directly with the school district to expedite enrollment.
In line with CoC policy, case managers prioritize housing placements that keep the child's current school accessible to minimize disruptions. Whenever possible, families are placed near the child's school of origin to avoid unnecessary school changes. If a placement near the school is not feasible, the liaison arranges transportation to ensure the child can continue attending their original school if that is the family's preference.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No

5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	Yes	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–Collaboration with Federally Funded Programs and Victim Service Providers.	
	NOFO Section V.B.1.e.	

	In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.		

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

Our CoC collaborates with state coalitions and human trafficking providers to ensure that our policies and services are trauma-informed and effectively support survivors. This collaboration takes place through two primary avenues:
1.Updating CoC-Wide Policies: The CoC engages in a collaborative policy development process that includes consistent input from domestic violence and human trafficking advocates who play a crucial role in shaping our CoC-wide policies. For example, a member of the Illinois Coalition Against Domestic Violence Program Council, is a member of the CoC Board and chairs our CoC's Coordinated Entry Committee. Another CoC Board member, who also chairs the Rank and Review Committee, led the development and implementation of a comprehensive human trafficking response initiative for the St. Clair County Board of Education. By incorporating the expertise of these advocates, the CoC ensures that its policies are survivor-centered, trauma-informed and designed to address the specific needs of survivors. making our crisis response system more effective and responsive.
2.Ensuring Trauma-Informed Housing and Services: The CoC is committed to providing housing and services that meet the unique needs of survivors through a trauma-informed approach. This is achieved by regularly consulting with domestic violence and human trafficking advocates during the implementation phase of our services. At least three agencies that specialize in anti-trafficking work actively participate in our CoC's monthly meetings. Their involvement ensures that the services offered across our geographic area are not only trauma-informed but also aligned with the best practices for supporting survivors. By integrating the insights and expertise of these advocates into our service delivery, the CoC ensures that survivors receive care that is sensitive, empowering, and effective in meeting their needs.
Through these ongoing collaborations, our CoC continuously refines its policies and service approaches to provide a safe, supportive environment for all survivors.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.		
	NOFO Section V.B.1.e.		

	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

The CoC's Coordinated Entry (CE) process is designed to address the unique needs of domestic violence (DV) survivors through the following protocols.

1. Safety Planning: The CE Policy and Procedures Manual outlines a step-by-step process for assessing and prioritizing individuals for housing and services, with specific provisions for DV survivors. CE staff are trained in trauma-informed, victim-centered approaches, ensuring that interactions with survivors are handled with sensitivity and care. The process begins by confirming the client's immediate safety. If the client is in danger, staff offer connections to law enforcement and The Violence Prevention Center, our local Victim Service Provider (VSP). Staff also advise clients of their right to confidentiality and the protocols in place to protect it. CE staff participate in annual safety planning training, which covers recognizing signs of trauma, understanding the dynamics of domestic violence, and developing individualized safety plans with survivors. Staff are also trained to administer the Risk Frailty assessment with caution, understanding that some questions may be difficult for survivors. The assessment identifies vulnerabilities in survivors, including health concerns, risk of further violence, and other factors that may affect their housing stability. If a client is uncomfortable, staff are instructed to stop the assessment immediately, ensuring that the survivor's autonomy and comfort are prioritized.

2. Confidentiality: The CoC's protocols for protecting survivors' privacy align with federal privacy guidance. To protect personal information, CE staff do not enter a survivor's data into HMIS. Instead, a direct referral to the local VSP, The Violence Prevention Center (VPC), is made. VPC staff are specifically trained to address the unique needs of survivors in a confidential and trauma-informed manner. Excluding survivors from HMIS ensures their sensitive information remains secure, we significantly reduce the risk of unauthorized disclosure and help create a safer environment for those seeking assistance. To further protect confidentiality, all monthly reporting on services provided to DV survivors is done using de-identified data. Also, CoC case managers, CE staff and providers all receive annual training on confidentiality and privacy protocols and trauma informed practices of dealing with DV survivors to ensure consistent adherence to all CoC processes.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes

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4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1. The St. Clair County CoC has adopted emergency transfer policies to assist survivors of DV, dating violence, sexual assault, or stalking. The written plan is based on a model emergency transfer plan published by HUD. The written guidance identifies eligibility criteria for emergency transfer, documentation needed, confidentiality protections and the emergency transfer process. Written Emergency Transfer policies were formally adopted by the CoC Board in October 2021. Once the policy was official, it was posted to the CoC website, sent via email to the CoC membership and reviewed in detail with the full CoC at the next membership meeting.

2. All program participants receive an introductory packet of policy and procedure related information when they enter a CoC Housing program. The packet includes information describing the emergency transfer policy and the process to follow to request a transfer. Also, an infographic describing how persons who do not feel safe in their housing can seek a transfer to a safe, available unit is posted in high traffic areas where persons are likely see it.

3. The CoC's written Emergency Transfer Plan policies direct individuals wanting to request an emergency transfer to submit a written request for a transfer to their case manager or a member of the agency's management team. The client must indicate in their statement they have previously been a victim of domestic violence or sexual assault, they feel unsafe in their current housing, believe remaining in their housing places them at imminent risk and are requesting a transfer to ensure their future safety. The client is encouraged to provide documentation substantiating the reported threat if it is available.

4 Housing providers are required to act quickly to relocate a tenant in response to a emergency transfer request. The case manager begins by verifying the tenant's eligibility for the transfer and reviewing all provided documentation. In consultation with the client, the case manager (or other member of the housing provider's staff) will identify an alternate unit for the client. Staff will confirm the new unit provides the client the desired safety, and verify the client's eligibility for the unit before finalizing the transfer. At the client's request, staff will also assist the client in contacting the Violence Prevention Center (VPC), the CoC's local resource for assistance with issues related to domestic violence.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

The St. Clair County CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have equal access to all housing and services offered within the CoC, not just those provided by victim service organizations. Our Coordinated Entry System (CES) integrates survivors into the broader prioritization process, ensuring they have the same opportunities as all other populations experiencing homelessness.

Survivors are immediately connected with a trauma-informed case manager who sensitively assesses their needs. They are placed on a de-identified Domestic Violence (DV) priority list, which is combined with the general priority list for housing placements. This ensures that survivors are considered for all housing and services available, including those not specifically designated for victims of violence.

To maintain confidentiality, survivors are assigned anonymous case numbers, and only authorized personnel can access their information. The CoC's approach ensures that survivors receive the full spectrum of housing options and support services, such as emergency shelters, permanent housing, legal assistance, job training, and childcare, just as any other population experiencing homelessness would.

Collaboration with The Violence Prevention Center (VPC) and other service providers enhances our ability to respond quickly to survivors' needs, but it is the CoC's inclusive approach that guarantees their access to all resources. Our Housing First policy eliminates barriers such as credit or income requirements, ensuring that survivors can focus on safety and long-term stability without facing additional obstacles.

Through regular audits and survivor feedback, the CoC continuously improves its policies and practices, ensuring that all individuals, regardless of their experience, have equitable access to housing and services.

	1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
		NOFO Section V.B.1.e.	

		Describe in the field below how your CoC ensures survivors receive safe housing and services by:
	1.	identifying barriers specific to survivors; and
	2.	working to remove those barriers.

(limit 2,500 characters)

The goal of the St. Clair County Coordinated Entry system is to rapidly stabilize and rehouse persons experiencing homelessness—especially survivors of domestic violence. The CoC uses client surveys and feedback from its Victim Service Provider (VSP) to identify the barriers facing survivors within its crisis response system and identify viable strategies to address identified barriers.

Based on feedback, we know survivors seeking housing and support services face unique barriers, including safety and security concerns. Many worry about being found by their abusers and struggle with low or non-existent credit scores, making it difficult to sustain housing and employment. Additionally, survivors often face legal challenges, such as custody disputes or restraining orders, and require a specialized, sensitive support system as they recover from trauma. They need access to resources like job training, financial literacy and counseling.

2. To address these barriers, the CoC prioritizes safety and confidentiality by enforcing strict privacy protocols for data collection and handling. Annual assessments ensure all housing programs align with Housing First principles, removing housing readiness requirements and offering immediate access, even for those with financial instability or poor credit. The CoC's VSP provides legal assistance to address custody issues, orders of protection and other concerns. CoC case managers receive training in trauma-informed and client centered case management practices. Additionally, the CoC connects survivors with vital services such as counseling, job training (through Workforce Development), and financial resources, helping them rebuild their lives and maintain long-term housing stability.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

	1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

		Describe in the field below:
	1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
	2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
	3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and

4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. Our CoC's Program Standards and Policy Manual includes an anti-discrimination policy with language that mirrors HUD's Form 424-B. We worked with Metro East Pride, CoC Board members from the LGBTQ+ community and persons with lived experience to draft our original anti-discrimination policy and continue to seek their input as updates are needed. The CoC solicits feedback from these stakeholders regularly to ensure its procedures are trauma-informed, inclusive and welcoming.   CoC leadership participates in Fair Housing and Equal Access Rule training on an annual basis. The training reviews the requirements of HUD's Equal Access to Housing Final Rule (2012) and HUD's Equal Access to Gender Identity Final Rule (2016). Our CoC also relies on the information presented in this annual training to alert them to the need for changes to the anti-discrimination policy

2. All homeless service provides within our CoC are expected to develop project-level anti-discrimination policies that align with our CoC-wide anti-discrimination policy outlined in the program standards manual including explicit protections for LGBTQ+ individuals and families. The CoC provides annual training for CoC providers on HUD's Equal Access Rule and the Gender Identify Rule. The training guides providers in reviewing their own internal procedures and policies to ensure they comply with federal regulations and offers recommendations on how to remedy non-compliant procedures. Our CoC also reviews the policies of providers on annual basis to ensure they align with the CoC's policies, offering one-on-one technical assistance to correct identified deficiencies.

3. The CoC evaluates each agency's compliance with anti- discrimination policies during its annual program monitoring. Program manuals and policy documents are evaluated to ensure tenant selection criteria is non-biased and ensure housing equity for persons without regard to family size, family composition, race or ethnicity.

4. Service providers found to be noncompliant with the CoC's anti-discrimination policy receive technical assistance toward resolving any identified issues. Programs are given a finding and have 60 days to resolve the finding. If the finding is not resolved there is a formal written process in which HUD and the CoC Executive Committee are notified. All monitoring notices are also forwarded to the CoC's Rank and Review committee for consideration during the annual competition.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
St. Clair County Housing Authority	0%	Yes-HCV	Yes
Housing Authority of East St. Louis	0%	No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. Our CoC has worked diligently with the two local Public Housing Agencies (PHA) to have them adopt a homeless admission preference policy. The St. Clair County Housing Authority (SCCHA) has adopted a policy; the East St. Louis Housing Authority has not. Over the last year, the CoC Chairman has met several times with both the director of the East St Louis Housing Authority and HUD Field Office staff to develop a relationship with the ESLPHA and help them better understand the COC and their efforts. The ESLHA has changed Executive Directors several times throughout the year so the COC efforts must start over. The CoC Chairman will reach out to the new Executive Director when they are in place and resume efforts to obtain a homeless admission preference policy. Our CoC has a board seat reserved for a representative of a local PHA. The seat is currently held by the St. Clair County Housing Authority Executive Director.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

	In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:	

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

	Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	No

1D-2.	Housing First–Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	18
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	18
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
Describe in the field below:

	1.	how your CoC evaluates every project--where the applicant checks Housing First on their project application--to determine if they are using a Housing First approach;
	2.	the list of factors and performance indicators your CoC uses during its evaluation;
	3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
	4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1. We ensure renewal applicants operate low-barrier, client-centered programs by reviewing monitoring reports during the local competition. The reports verify a project's policies align with Housing First. New project applicants must commit to a Housing First approach as a threshold criterion in the review process. Applicants failing to agree to the statements in the Housing First Quick List are not considered for scoring.

2. Performance Indicators:

Access is not contingent on sobriety, income, criminal record, treatment, or participation in services.

Applicants are not rejected due to poor credit, rental history, or minor criminal convictions.

People with disabilities are offered clear opportunities to request reasonable accommodations during application, screening, and tenancy.

Programs use Coordinated Entry to identify housing for individuals.

Housing and service goals are tenant-driven.

Supportive services focus on engagement and problem-solving, not as conditions for tenancy.

A harm-reduction philosophy guides services, recognizing that substance use is part of some tenants' lives.

Substance use alone, without lease violations, is not grounds for eviction.

Tenants in PSH are given flexibility in paying rent on time, with options for special payment arrangements and financial management assistance.

Tenant eviction is avoided whenever possible.

New projects must agree to allow applicants to enter a program without income, without being clean and sober, or compliant with treatment, and despite prior criminal justice involvement. Service and treatment plans are voluntary, and tenants cannot be evicted for non-compliance.

3. Our CoC evaluates projects beyond the local competition through annual project monitoring to ensure adherence to Housing First principles. We use a Housing First assessment tool based on the USICH Housing First Checklist, reviewing program policies and procedures to confirm that projects are low-barrier and that all policies governing admissions, participation, and discharge align with Housing First.

4.Our CoC has enhanced Housing First fidelity by emphasizing its importance in the application process, including Housing First criteria in our scoring tool and eliminating non-compliant applications. We have clear performance indicators, annual monitoring using the USICH Housing First Checklist, and provide ongoing training and technical assistance to ensure optimum service delivery

1D-3.	Street Outreach–Data–Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

Our CoC reaches individuals who are least likely to seek assistance through a dedicated street outreach team composed of three agencies: St. Vincent de Paul, Supportive Services for Veteran Families (SSVF), and Comprehensive Behavioral Health Center. These teams conduct street outreach three days per week, visiting locations where unsheltered individuals are known to congregate. One agency also offers a daily free meal as a consistent outreach activity to engage those in need.

To connect with the most vulnerable populations, our outreach teams provide practical support, information, and referrals, and they perform in-depth assessments to stabilize individuals. They encourage visits to Coordinated Entry for access to shelter and housing options. Additionally, the St. Clair County Transit Authority partners with Chestnut Health System, where staff ride the Metrolink light-rail system to engage homeless individuals in services.

Our outreach efforts are inclusive and accessible, with materials available in Spanish, support from the Latino Roundtable, and translators on call for non-English speakers. We also have interpreters for hearing impairments and large-print publications for those with vision impairments. The Coordinated Entry center is fully accessible for persons with disabilities.

Recognizing that many individuals are hesitant to disclose their needs, our teams engage them through repeated, non-threatening encounters, offering food, water, and other essential resources. Over time, this approach helps build trust, enabling more meaningful engagement and connections to services. Peer Recovery Specialists, embedded with the outreach teams, play a crucial role in forming quick bonds with individuals who have been difficult to engage, helping to motivate them to seek assistance.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

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

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness

1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	No	No
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	No	No
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	No	No
4.	Other:(limit 500 characters)		
	Illinois has no criminalization policies	Yes	No

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.l.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	61	116

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

	Describe in the field below how your CoC:	
1.	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and	

	2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. Our CoC collaborates extensively with healthcare organizations to connect low-income and uninsured individuals with essential medical services. We partner with the St. Clair County Health Department, Molina Healthcare, Southern Illinois Healthcare Foundation, and East Side Health Service to ensure clients can access healthcare resources through skilled case managers. These collaborations enable us to provide comprehensive care, including preventive services, chronic disease management, and mental health and substance use treatment. Chestnut Health System, our largest Permanent Supportive Housing (PSH) provider, directly offers mental health and substance use treatment to participants, integrating these crucial services into their housing programs. Additionally, we refer individuals aged 60 and over to AgeWise, an agency specializing in elder care, which offers free Medicare enrollment assistance to help older adults secure necessary healthcare coverage.

2. Our CoC prioritizes SOAR (SSI/SSDI Outreach, Access, and Recovery) certification to help vulnerable clients overcome barriers to accessing Social Security benefits. While many agencies within our CoC already have SOAR-certified case managers, we continuously encourage all providers and staff to complete the SOAR online course. This training equips case managers with the expertise needed to submit thorough SSI/SSDI applications to the Social Security Administration (SSA). To promote SOAR certification, we include a link to the training on the CoC's monthly agenda, ensuring easy access for interested individuals. Additionally, we invite the Statewide SOAR Coordinator to speak at our general membership meetings annually, offering an overview of the SOAR model, its importance, and available training opportunities. By promoting SOAR, we aim to enhance the capacity of service providers to effectively advocate for and support our community's most vulnerable members.

	ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
		NOFO Section V.B.1.n.	

		Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:
	1.	respond to infectious disease outbreaks; and
	2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1. The CoC works closely with local and state public health agencies to respond effectively to disease outbreaks. Representatives from the St. Clair County Health Department and Emergency Management sit on the CoC Board, with officials from the East Side Health District and SIHF Healthcare included in the full CoC membership. Their participation in monthly CoC meetings ensures that public health perspectives are integrated into policy and procedure discussions. These meetings provide a platform for sharing timely information about outbreaks, current data, response protocols, and immediate actions for service providers. Public health officials also provide the CoC with targeted written materials, informed by CDC guidance, for service providers and individuals experiencing homelessness. These materials include tailored recommendations for mitigation strategies and protective measures. In addition to these efforts, the CoC Board Chair and all County department heads hold monthly meetings to ensure the needs of homeless and unhoused individuals are prioritized in emergency response planning. This collaboration has been instrumental in managing the ongoing COVID-19 response and addressing Monkeypox earlier this year.

2. To prevent infectious disease outbreaks, the CoC collaborates with its healthcare stakeholders to promote regular health screenings, vaccination drives, and hygiene programs at service sites. SIFH Healthcare sponsors education campaigns and ongoing training for service providers. These preventive measures are especially crucial for vulnerable populations, such as those who are unsheltered or living in congregate settings. The CoC emphasizes the importance of ongoing mitigation protocols, including cleaning, sanitizing, personal hygiene, and avoiding overcrowding in shared spaces. The mobile unit from the SIFH Healthcare visits underserved communities and provider sites, ensuring that individuals experiencing homelessness have access to essential health services. They also participate in the CoC's annual services fair, distributing educational materials in both Spanish and English to provide information on disease prevention and available health resources.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC:
1.	effectively shared information related to public health measures and homelessness; and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1. The CoC effectively shares public health information related to homelessness by leveraging its partnerships with the St. Clair County Health Department and SIHF Healthcare. The Health Department issues press releases to inform the community when infectious disease cases are suspected or confirmed and publicizes vaccination and immunization opportunities. They also disseminate public health alerts from the Illinois Department of Public Health and use social media to reach a broader audience. The CoC pushes these alerts out to the CoC when they occur. SIHF Healthcare complements these efforts by providing health education directly to underserved communities, ensuring that individuals experiencing homelessness have access to essential information and resources. This collaborative approach ensures that public health measures are communicated clearly and promptly to both service providers and those experiencing homelessness. During COVID, monthly press briefings were held to share public health advisories, with CDC guidance, and recommendations from the Illinois Department of Public Health.

2. The Health Department provides the CoC with up-to-date information on reportable diseases and educational materials for both providers and clients via a centralized portal containing information on every reportable disease with the associated CDC mitigation recommendations. These resources aid in enhancing staff training, refining communication strategies, and integrating current health guidelines into CoC protocols. The CoC also collaborates with the Health Department to distribute essential health resources like vaccines and PPE, improving overall community preparedness and response.

Additionally, the CoC is part of the Regional Response Team (RRT), a partnership among social service providers, public health agencies, and local hospitals. The RRT, which includes Washington University School of Medicine, Affinia Healthcare, and local doctors, provides technical support on infectious diseases to shelters and outreach groups. They have developed resource documents, including:
a) Shelter Checklist to assist shelters in minimizing disease risk by evaluating various areas within the facility. b) COVID FAQ to guide discussing COVID-19 with staff and individuals experiencing homelessness
c) Flu vs.COVID Handout distinguishing between flu and COVID symptoms. These resources support effective disease containment and management among the unhoused population

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

Our CoC's coordinated entry system covers 100% of the St. Clair County geographic area. The CoC has advertised its central hotline number using flyers, social media postings and through street outreach staff who engage with unhoused individuals on our metro system and encampments.

CE Hotline staff use a standardized assessment process to ensure individual seeking services have fair and equitable access to housing and services. Our Risk Frailty Assessment tool prioritizes individuals for assistance based on a combination of age, health, chronic health conditions, disabilities, and overall frailty. Age: Older adults are given higher priority due to their increased risk of severe outcomes if left unhoused. The assessment recognizes that age can exacerbate health issues and contribute to higher vulnerability in the face of homelessness. Health: The tool assesses the presence of chronic health conditions, disabilities, and other physical or mental health challenges. Individuals with significant health issues are prioritized, as their conditions can deteriorate rapidly without stable housing and access to appropriate care. Vulnerability: The assessment also considers other aspects of vulnerability, such as the duration of homelessness, history of trauma, and exposure to unsafe environments. Those who are most vulnerable, particularly those who are chronically homeless with compounded risk factors, are prioritized to ensure they receive the necessary support and resources as quickly as possible. Unhoused veterans are immediately referred to the CoC's SSVF provider who will add the individual to the region's veterans By-Name list.

The CoC Hotline staff receive training annually on trauma informed processes for collecting sensitive information. Often hotline staff are the first point of contact for individuals seeking services making it imperative that questions are non-intrusive, asked in a sensitive way and the client's privacy and confidentiality are ensured throughout the process.

Our Coordinated Entry Committee meets monthly to monitor and evaluate the CE system's efficiency and effectiveness. Representatives from participating projects participate in the meetings to discuss system efficiencies, prioritization policies and agency participation levels. Our CoC holds a formal coordinated entry evaluation process annually. During the evaluation, feedback is solicited from coordinated entry staff, persons with lived experience and agency partners.

	1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
		NOFO Section V.B.1.o.	

		Describe in the field below how your CoC's coordinated entry system:	
	1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
	2.	prioritizes people most in need of assistance;	
	3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and	

	4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1. Our outreach extends across various community touchpoints, including homeless service providers, police departments, churches, and township offices. Coordinated entry staff collaborate closely with local agencies to engage unsheltered individuals, many of whom are chronically homeless and hesitant to seek help due to mental health or substance abuse issues. Through targeted outreach efforts, such as the St. Clair County Transit Authority's partnership with Chestnut Health System, outreach workers actively engage homeless individuals on the Metrolink light-rail system, fostering connections with those who are least likely to request assistance on their own.

2. Our Coordinated Entry (CE) process is designed to prioritize individuals who are most in need of immediate assistance. Utilizing a Risk Frailty Matrix, CE staff assess vulnerability and determine the most suitable housing options based on chronic homelessness status, safety concerns, health conditions, and other critical factors. This approach ensures that those at greatest risk are promptly referred to appropriate housing and services, with a focus on addressing their unique needs.

3. To ensure swift connections to housing and services, coordinated entry staff follow up with participants after a referral is made. Agencies are required to respond to referrals within 3 days, minimizing delays in service delivery. Our HMIS system is equipped with a dashboard app that alerts agencies to new referrals, providing them with immediate access to essential client information. Monthly reviews of referral data by the CoC help verify that clients are being connected to services quickly and efficiently.

4.The Coordinated Entry process is structured in multiple stages to quickly assess needs and reduce unnecessary data collection. Initial triage questions identify immediate needs and crisis intervention options. Further questions are only asked if a full intake and vulnerability assessment is warranted. The CoC is committed to minimizing barriers to access, ensuring that the process is as simple and efficient as possible for those seeking assistance.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1.The CoC affirmatively markets its Coordinated Entry (CE) services using various platforms and physical locations. The CoC posts detailed information about CE services, including access, assessment, prioritization, and referral processes, on its website. The information posted includes the statement "all persons participating in any aspect of CE—whether access, assessment, prioritization, or referral—are afforded equal access to CE services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability."

2. The CoC's Coordinated Entry (CE) Policies and Procedures, available on the St. Clair County website, outline participants' rights, including the right to file a nondiscrimination complaint. CE staff inform individuals seeking services that they can consult the manual on the website for detailed instructions on how to file a complaint or appeal any decision made by the CE system or its partner agencies. Participants are also reminded that they have the option to file complaints with local, state, or federal nondiscrimination bodies at any time. This process ensures that participants are fully aware of their rights and the steps to protect them.

3. Housing providers within the CoC receive annual training on Fair Housing regulations and the HUD Equal Access Rule. When concerns regarding fair housing, equal access, and housing accessibility within the CoC are identified, they are directed to the CDBG Coordinator at the St. Clair County Intergovernmental Grants Department (IGD). The CDBG Coordinator, who also oversees the creation of the jurisdiction's Consolidated Plan, consults with the IGD Executive Director to determine the appropriate course of action for addressing reported concerns. This process ensures that all issues are escalated to the highest levels of the IGD, allowing for timely and effective resolution of fair housing and equal access concerns.

1D-9.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	01/16/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

	Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and	

2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

To assess racial equity within its housing programs, the CoC's Planning Committee conducted an in-depth analysis of housing outcomes associated with its CoC program funded projects using HMIS data and the StellaP tool. Specifically, using the Race and Ethnicity charts filter to see how different populations are being served by the CoC's service delivery system.

The analysis focused on the permanent housing placement rates for households of color compared to white households, as well as the rates of return to homelessness for these groups over the last three years. The findings revealed that households of color had a higher return to homelessness rate than white households. To understand the reasons behind this disparity, the committee first used HMIS data to analyze the demographics of the households returning to homelessness. The analysis determined that the key factor was not race or ethnicity but rather the type of housing program from which these households were exiting. Specifically, all households returning to homelessness were from transitional housing programs. As a result, the committee identified the need for enhanced case management training and emphasized the importance of establishing robust support systems for households before placing them in permanent housing.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes

	Other:(limit 500 characters)	
12.		

	1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
		NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

The CoC's Planning Committee and the Collaborative Applicant work collaboratively to evaluate the CoC's system level processes on an on-going basis to ensure racial equity in our policies and procedures. Our strategy includes the following components:

1. An annual review of CoC membership to ensure the participation of advocates and service providers most engaged with underserved communities and populations. This includes making sure persons with lived experience are engaged with the CoC and their voices are heard.

2. An annual review of policies and procedures. This includes the CoC's written service delivery standards, our Coordinated Entry policies and the CoC Governance. In addition, we annually review the program participation policies of all ESG and CoC funded providers to ensure adherence to the written service delivery standard and fidelity with Housing First principles.

3. Completing an annual gaps analysis that solicits feedback from persons with lived experience and community stakeholders. Through survey tools and/or focus groups, the CoC collects feedback on policies, procedures, barriers clients face and how services can be improved.

4. Organizing, promoting and participating in training for stakeholders and service providers on key topics related to racial equity. In the last year this has included: Fair Housing Protections, Coordinated Entry Equity Initiative, Racial Equity Roundtable on Black Homelessness, and the HUD Equal Access Rule (held annually).

The goal of these activities is to proactively identify, address, and correct racial disparities identified within the crisis response system. The Planning Committee takes responsibility for evaluation of the plan. The committee uses quantitative and qualitative data to evaluate trends or improvements over time. The key metrics are:
•Changes in exits to permanent housing across different racial groups.
•Rate of returns to homelessness among BIPOC households compared to white households.
•Time spent on prioritization lists or in homelessness before housing placement.
•Income growth or employment outcomes for BIPOC households in housing programs.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1. The COC's Planning Committee continues to monitor data related to housing exits, returns to homelessness and the length of time persons spend on the Prioritization List prior to a housing placement. These three critical data points are regularly reviewed to ensure there are no disparities in housing outcomes for people of color. This information helps the CoC monitor changes in a key system performance measure and track changes in the racial breakout of positive outcomes to ensure more equitable results. More recently, the Planning Committee has also focused on reviewing income changes for persons in CoC funded projects. Adding this data point to its analysis has enable the committee to determine if racial disparities exist in our proficiency for helping individuals obtain or increase income, and if so, is the disparity impacting housing outcomes. The Planning Committee meets monthly to review data and makes recommendations to the full CoC if they identify adjustments needed in service delivery strategies to eliminate disparities and minimize the number of persons affected.

2. The CoC uses the HUD Racial Equity Tool, Stella P and HMIS to collect and analyze data related to racial disparities. Custom reports in HMIS enable the Planning Committee to examine specific data points and measure the progress of its efforts to prevent continuing outcome disparities.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	

	Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.	

(limit 2,500 characters)

Our CoC is deeply committed to engaging individuals with lived experience of homelessness in leadership roles and decision-making processes. To achieve this, we have implemented an outreach strategy that focuses on partnering with shelters, our drop-in center, and peer-led outreach teams to identify potential leaders and build relationships with individuals who have lived experience. We have successfully used community events, and word-of-mouth campaigns to spread awareness and encourage participation.

Recognizing the importance of meaningful involvement, our CoC has developed a comprehensive support plan that includes compensation for individuals who participate in CoC meetings and advisory roles. This compensation covers time spent preparing for and attending meetings. We work with individuals one-on-one to educate them about the CoC, explain our goals and work to assist them in feeling confident and prepared to contribute effectively.

To foster a supportive environment, we have set a goal of engaging at least five individuals with lived experience, with the understanding that they may feel more comfortable participating alongside others who share similar experiences. We have also expanded our outreach to include peer recovery specialists, who not only attend meetings but also actively contribute to policy discussions and decision-making processes. Their insights help identify service gaps and inform CoC strategies.

We measure the success of our efforts through regular feedback from participants and by tracking the number of individuals with lived experience who take on leadership roles within the CoC. Our long-term vision is to create a sustainable pipeline of leaders with lived experience, ensuring that their voices remain central to our CoC's mission and that their participation leads to tangible improvements in our programs and services.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	3	3
2.	Participate on CoC committees, subcommittees, or workgroups.	4	3
3.	Included in the development or revision of your CoC's local competition rating factors.	1	1
4.	Included in the development or revision of your CoC's coordinated entry process.	1	1

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC is continually looking for professional development and employment opportunities for person who have experienced homelessness. Below are four specific examples of how professional development and employment opportunities are being offered to individuals.

St. Clair County Transit and Chestnut Health Systems collaborate to improve safety on the light rail system by deploying behavioral health clinicians and peer support specialists—individuals with lived experience of homelessness—on trains. This initiative offers critical services to at-risk riders and provides employment for those with lived experience. Peer specialists, recruited through CoC networks, complete a structured training program and receive ongoing mentorship to support their professional development.

Soulcial Kitchen (SK) partners with the CoC and local workforce development agencies to engage individuals with lived experience in its Department of Labor-certified Food Truck Apprentice Program. This program equips participants with skills in food truck operations, menu creation, and food safety. Participants receive hands-on training designed to prepare them for employment in the food service industry or to start their own businesses. The CoC actively supports SK's outreach efforts to ensure opportunities are accessible to those who have experienced homelessness.

St. Clair County Employment and Training (SCET) Department, as the local WIOA Regional Planning Entity, offers CoC participants access to a broad range of employment and training opportunities. SCET shares information about job openings, education, and vocational programs at monthly CoC meetings, including an apprenticeship program through the US Department of Labor that targets underserved communities. Participants work closely with trainers to develop skills and establish a work history, with the goal of securing long-term employment in high-demand fields.

Landsdown Up – provides persons experiencing homeless and others recently released from incarceration with job training and wraparound supportive services. Individuals are connected to project partners who provide work opportunities and advancement opportunities.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	how your CoC gathers feedback from people experiencing homelessness;	
2.	how often your CoC gathers feedback from people experiencing homelessness;	
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;	
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and	
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.	

(limit 2,500 characters)

#1 & #2: Our methods for gathering non-program participant feedback from people with lived experience (PLE) include:
a) Annual Homeless Connect Services Fair: This event, coinciding with the unsheltered Point-in-Time count, connects individuals with services like legal aid, employment counseling, health screenings, and hygiene supplies. Participants provide feedback on their homelessness experiences, helping to identify service gaps and guide planning efforts. b) Annual Focus Groups for Gaps Analysis: Each year, the CoC conducts focus groups with unhoused individuals as part of its gaps analysis. These sessions gather in-depth feedback on service delivery challenges, which informs CoC planning. c) Ongoing Street Outreach Engagement: Outreach teams engage with individuals less likely to seek help, gathering feedback on their needs and experiences, which helps improve service delivery.

#3 & #4 Feedback from program participants is gathered through: a) Client Feedback Surveys: Anonymous surveys are conducted throughout the year and during participant exits, collecting data on service quality and identifying areas for improvement. Results are reviewed to address service delivery gaps. b) Quarterly Community Meetings: Housing providers hold open forums where clients discuss services, safety, and unmet needs, offering suggestions for improvement. c) Case Manager Check-Ins: Regular check-ins, either in-person or virtual, ensure participants receive the support they need and address concerns in real-time. d) Coordinated Entry Information Packet: Clients receive a packet with a form to report any nondiscrimination complaints, ensuring they have a point of contact to address issues.

5 To address the challenges voiced by PLE the CoC has: a) added staff to the Coordinated Entry access point. b)engaged with elected officials to increase its affordable housing supply c)taken steps to increase the use of Housing Navigators d) collaborated with the State SOAR Coordinator to improve access to SSI/SSDI for eligible adults.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	

	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

The St. Clair County Board oversees the policies and ordinances critical to local governance. Over the past 12 months, the CoC has engaged with the County Board Chairman and individual members in the following ways:

1. Renovation of Affordable Housing Units: The CoC has been meeting with County Board members to resolve issues related to the renovation of 50 out-of-code units within a 100-unit complex that the current owner intends to sell. The CoC is working with the St. Clair County Housing Authority to facilitate the transfer of ownership and secure funding for the renovations. Discussions have focused on overcoming regulatory challenges, such as mold remediation and an environmental review.

2. New Affordable Housing Development: The CoC is collaborating with St. Clair County on a project to construct new affordable housing. This development is facing regulatory hurdles related to the installation of a septic system. CoC leaders are actively advocating with County officials to streamline the regulatory process, so project costs are minimized and construction is expedited.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

	1E-1.	Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.	
		NOFO Section V.B.2.a. and 2.g.	

	1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/09/2024
	2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/09/2024

	1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
		NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

	1.	Established total points available for each project application type.	Yes
	2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
	3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
	4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
	5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	147
2.	How many renewal projects did your CoC submit?	17
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. For transitional and rapid rehousing programs, the CoC evaluated the program's ability to successfully house persons in permanent housing by looking at the percentage of leavers who exit the project to go to a permanent housing destination. For PSH projects, the metric considers the number of participants who exit to a permanent housing destination + the number of persons who remain in the project at the end of the report period to determine the percentage of participants with a positive outcome.

2. The CoC scoring tool included a metric that evaluated the length of time between project start date and housing move-in date. Higher scores were given to projects that were able to quickly move persons into permanent housing.

3.The CoC's scoring tool gives points to projects that serve participants with severe needs and vulnerabilities. Vulnerabilities are assessed by analyzing four key indicators from the APR: Cash Income Sources (#17), Physical and Mental Health Conditions at Start (#13a1), History of Domestic Violence (#14a), and Number of Chronically Homeless Persons (#26b). Projects earn points based on the percentage of their participants exhibiting these vulnerabilities.

For instance, if over 80% of adults in a project had an income below $501 at project start, the project earned 4 points; 79-59% earned 3 points; 58-38% earned 2 points; 37-21% earned 1 point; and below 20% earned 0 points. This same point structure was applied for indicators like mental illness, substance abuse, chronic homelessness, and history of domestic violence, ensuring that projects addressing participants with the greatest barriers received higher scores.

4. The CoC's scoring tool considered the most important barriers to consider were: lack of income, mental illness, substance abuse, chronic homelessness and a history of domestic violence.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

		Describe in the field below:
	1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
	2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
	3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.

(limit 2,500 characters)

1. The CoC recognizes that black and brown persons are over represented in our homeless population. For that reason, we have been deliberate in our effort to have individuals representing this group inform the creation of our scoring tools. Both the tools the CoC used for its FY24 local competition were designed by a small group that was 50% black/African American and included 1 person with lived experience. The tools were approved by the CoC's Executive Board, a group of people of which approximately 38% are people of color.

2. A small group of providers who do not receive CoC funding were responsible for the review, selection, and ranking process for the CoC. The group was 75% people of color. They reviewed each project and created a Priority Listing based on the scoring results. The Priority Listing recommendation was referred to the CoC Executive Committee for review and acceptance. The Executive Board is a group of which approximately 38% are people of color and two persons with lived experience of homelessness.

3. Both the rating tools (new and renewal project) included a narrative question asking the Project Applicant to define a plan to "ensure all persons have equal access to services and how potential barriers will be eliminated. The scoring rubric awarded 15 points to projects with a clear, well defined plan to address barriers. Fewer points were given for projects with a basic understanding of potential barriers, and no points if the project's plan was vague/poorly structured.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

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

(limit 2,500 characters)

1. Our CoC's written reallocation policy defines three reasons for reallocation; a)Voluntary b) Gross Mismanagement and Misconduct (Involuntary) and c) Need and Performance Based (Involuntary). Our CoC uses data from HMIS and SAGE to determine which projects are candidates for reallocation based on 'Need and Performance' criteria. The process begins with analyzing each project's success in achieving key performance metrics, such as exits to permanent housing, income growth, and housing retention. Our scoring tool is designed to prioritize projects that address the most severe needs and vulnerabilities of participants, including factors like income levels, health conditions, domestic violence history, and chronic homelessness status.

In addition to performance evaluations, the CoC reviews financial information for each project. The rating tool scores projects based on their percentage of unspent funds and the average cost of positive outcomes in comparison to the CoC average. In addition, the last three years of spending data is reviewed for each renewal. This review helps identify projects that have a history of under spending their funds or failing to fully utilize their allocations, suggesting that resources could be better allocated to other high-performing or more urgently needed projects.

2. The CoC's reallocation review initially identified three projects that were candidates for reallocation based on underspending. It was noted that the projects struggled to expend their funds during the pandemic (2020), but spending levels have steadily increased since then.

3. The CoC did not reallocate any projects based on performance or a lack of need. One renewal applicant voluntarily reallocated a project to create a new transition project that is Rapid Rehousing.

4. The evaluation group decided against reallocating projects because all members agreed the projects are needed in the CoC, and the three projects that had previously underspent funds demonstrated improved financial performance along with success in serving individuals with severe service needs. This careful analysis ensures that resources are effectively utilized to support high-performing and necessary projects within the community.

| 1E-4a. | Reallocation Between FY 2019 and FY 2024. | |
| | NOFO Section V.B.2.f. | |

| | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024? | No |

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/10/2024

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	

You must enter a date in question 1E-5c.

1E-5d.	**Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.**	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	

You must enter a date in question 1E-5d.

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky

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

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	04/29/2024

2A-4.	Comparable Databases for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1. The CoC and HMIS Lead have worked with the local victim service provider to support the agency's transition to a new HMIS comparable database. In 2023, The Violence Prevention Center elected to migrate to a new software platform that meets HUD's comparable database requirements. The HMIS Administrator has reviewed the reporting requirements with the VSP Executive Director and confirmed the new comparable database is capable of meeting all reporting requirements.
2. Yes. the local VSP provider is using a comparable database compliant with the FY 2024 HMIS Data Standards.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

	Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:	

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	153	35	66	35.11%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	142	0	127	89.44%
4. Rapid Re-Housing (RRH) beds	54	62	54	100.00%
5. Permanent Supportive Housing (PSH) beds	322	0	0	89.44%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

The coverage rate for emergency shelter is incorrect. The CoC has 122 overflow beds on its HIC that are incorrectly being counted as year round beds and causing the coverage rate in the competition report to be 35%. The correct coverage rate for emergency shelter is 100%.

This error was reported to the Abt team during the HIC/PIT clean up process (on 7/15/24). At that time, we were told the beds should not be considered year round beds and our HIC data would be updated. Apparently, this update did not happen.We have again contacted the AHAR Regional Team to correct the information.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/25/2024

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	04/29/2024

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.

(limit 2,500 characters)

1. The CoC engaged youth serving stakeholders in planning for the 2024 PIT count. We worked with a collaborative team of community partners where the CoC provided training on HUD PIT requirements, identifying additional volunteers, and implementing new strategies for reaching the homeless youth. Representatives from youth service agencies and school liaisons representing homeless youth actively participated in the planning process and identified other stakeholders.
2. Community stakeholders who serve youth to identify locations where we might find homeless youth, and visited these locations to encourage youth to attend a day long services fair where the CoC identified and surveyed unhoused persons for the PIT count.
3. We did not have any youth involved in the planning process or assisting during the PIT count. They were represented by youth serving stakeholders.

	2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
		NOFO Section V.B.5.a and V.B.7.c.	

		In the field below:
	1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
	2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
	3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
	4.	describe how the changes affected your CoC's PIT count results; or
	5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

1. The CoC made no changes to its methodology for the sheltered PIT count
2. The CoC made no changes to its methodology for its unsheltered count. There was a higher turnout for its annual services fair which increased the number of unsheltered individuals identified.
3. Not applicable

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
   - 24 CFR part 578;
     - FY 2024 CoC Application Navigational Guide;
   - Section 3 Resources;
   - PHA Crosswalk; and
    - Frequently Asked Questions

	2C-1.	Reducing the Number of First Time Homeless–Risk Factors Your CoC Uses.	
		NOFO Section V.B.5.b.	

		In the field below:
	1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
	2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and
	3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1.The CoC did an analysis of coordinated entry intake and assessment data to identify shared characteristics of persons seeking services for the first time. The results of the analysis was shared with the Planning Committee committee. The risk factors we identified as a result of our analysis included: a) prior homelessness; b) disability; c) low or no income; d) the number of people in the household; e) loss of income; f) a lack of a support system of family or friends in the area;

2.The CoC is focused on homelessness prevention and providing referrals to prevent eviction for individuals who are not yet homeless. Coordinated Entry prioritizes persons for prevention assistance using assessment questions that evaluate the individual's risk for homelessness. The triage assessment helps to identify the most critical needs of a household, the potential barriers to resolving the household's housing crisis and the most appropriate intervention available to stabilize their housing situation. The Coordinated Entry staff make direct referrals the two community agencies in the CoC with prevention funds. The "warm handoff" referral is documented in HMIS along with all assessment and prevention prioritization data to enable prevention agencies to easily access client information in real time. When CoC resources are limited, Coordinated Entry staff will work with other community agencies, like the United Way of Greater St. Louis' 211, to identify organizations that have emergency housing assistance funds, and refers the client to a case manager to support them with addressing their housing crisis and the root cause for the crisis to prevent homelessness.

3.The CoC Board is responsible for overseeing the CoC's strategy to reduce the number of individuals and families that experience homelessness for the first time

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No

2C-2.	Reducing Length of Time Homeless–CoC's Strategy.	
	NOFO Section V.B.5.c.	

	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1. Our CoC's strategy to reduce the length of time individuals and persons in families remain homeless relies on close collaboration between emergency and transitional housing providers and the Coordinated Entry staff. It is the responsibility of case managers to identify the resources the participants need to obtain permanent housing, starting at project entry, and work to quickly connect participants to those resources. The goal of this process is to ensure a household is prepared when a housing opening occurs. Coordinated Entry staff manage the CoC Prioritization List. When a housing opening is identified CE staff uses the CoC Prioritization List to identify who has been homeless the longest and is most vulnerable and refers the household to available housing. The CoC also monitors its housing programs annually to verify they all operate with fidelity to Housing First principles. This helps ensure individuals can access housing quickly withouth any housing readiness conditions.

2. To identify and house individuals and families with the longest length-of-time homeless, our CoC uses HMIS data, assessment questions and shelter records to identify persons who have been homeless the longest. Persons with multiple episodes of homelessness, who meet the chronicity of homeless definition are considered first for PSH, while CE staff will use the length of time homeless and the individual's acuity score to prioritize them for RRH housing openings. 3. The CoC Planning Committee is responsible for overseeing the CoC's strategy to reduce length-of-time homeless.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1.Our CoC will increase the number of persons exiting to permanent housing by: a) building the housing-focused skills of case managers through additional training; b) emphasizing case management to program participants as a way to plan for permanent housing upon entry into a residential program (emergency shelter, safe havens, transitional housing, rapid rehousing). This means case management staff work to connect households with resources, including mainstream benefits in advance of their placement in housing, and other programs, including employment programs, to ensure individuals have the supports necessary to sustain housing. Additionally, our CoC will advocate with landlords in the community to both create additional affordable housing, and consider clients in our program for available housing units by explaining to them the services our CoC agencies provide that help to stabilize individuals and families.

2.Our CoC will increase retention rates in permanent housing and/or increase the number of persons advancing to permanent housing using the following strategy: (a) provide project staff additional training on housing-focused intensive case management and motivational interviewing skills to enable them to effectively support and direct clients' efforts to obtain housing; (b) increase coordination with Workforce Development and other employment resources, in addition to mainstream benefits, to help individuals obtain the financial resources needed to sustain housing; and (c) encourage participation in life skills education and connection with community resources to strengthen clients' ability to advocate for themselves to improve housing stability. 3.The CoC Planning Committee is responsible for overseeing this strategy

2C-4.	Reducing Returns to Homelessness–CoC's Strategy.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate that individuals and families return to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1. Our CoC identifies individuals and families who return to homelessness by reviewing HMIS data, Coordinated Entry questions and assessment scores. This information enables Coordinated Entry staff to identify persons who have previous episodes of homelessness.

2. Our CoC's strategy to reduce the number of individuals and families returning to homelessness includes: (a) ensuring all housing providers operate their program's using Housing First principles which include housing without preconditions, low- barrier admission policies and tailored case management. (b) adopting uniform service delivery standards that define discharge planning procedures, eliminate lease restrictions related to sobriety or participation in services and establish flexible policies that help prevent evictions due to non payment of rent; (c) recognition of prior homelessness as a risk factor that indicates households should be matched with a housing intervention that includes intensive support services such as on-site mental health and/or substance use treatment services; (d) providing follow-up case management services after exit for up to six months; and (e) providing referrals to other community agencies to support housing stability after HUD allowed services end. Agencies in our CoC providing services work with clients to build individual strategies that prevent homelessness, and participate in case management training that builds skills. Each client in our program develops skills that are focused on preventing future homelessness with proper planning, budgeting, and encouraging participants to seek assistance early.

3. The Planning Committee is responsible for overseeing our efforts to reduce returns to homelessness

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

1. To increase employment income, we work to build participants' skills to equip them for jobs that pay well. The CoC works closely with St. Clair County Workforce Development (local WIOA contact) who helps connect project participants to employment agencies, career and technical education opportunities, skills training and other resources specifically meant to increase participants skill levels and link them to employment. Additionally, County Workforce Development connects participants to additional programs offered by local nonprofit organizations, typically funded by the Illinois Department of Human Services, that focus on training, and soft-skill development classes that include interviewing, resume writing and other soft skills

2. The CoC works with mainstream employment organization within our community. Including Workforce Development and the Illinois Department of Human Services Vocational Rehabilitation office. Both organizations assist program participants in developing workplace readiness skills and in connecting with area employers with job openings. The CoC encourages participants to participate in Workforce Development's regional job fairs which are held both virtually and in person. This enables job seekers to interact directly with potential employers. Several homeless or formerly homeless individuals have previously secured jobs at the event. The event also helped individuals with needed paperwork and obtaining ID's and social security cards. Other strategies utilized by the CoC include reviewing current employment opportunities at every monthly CoC meeting, and partnering with the state employment service agencies and community non-profits to support resume writing, interviewing, and job searches.

3. The CoC Board is responsible for oversight of this strategy

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

		In the field below:
	1.	describe your CoC's strategy to access non-employment cash income; and
	2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1. The CoC provides annual SOAR training to case managers to ensure that program participants are able to access non-employment cash income. All case managers review eligibility for mainstream benefits with program participants and support them as they make application to benefits including Supplemental Security Income, Social Security Disability Insurance, WIC, TANF, SNAP, and Medicaid and CHIP programs, as well as educational programs for their children, including Head Start and childcare subsidies, We also work to connect them to health services through a local health clinic/FQHC, to address any medical issues which may be negatively impacting their ability to secure an income for their family. Our CoC and funded agencies like CDBG Operations, Comprehensive Behavioral Health and Chestnut Health Systems utilize Illinois Department of Human Services guides to identify available resources and comprehensively address project participants' needs.

2. The CoC Board is responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
New Beginnings II...	PH-PSH	11	Both

3A-3. List of Projects.

1. What is the name of the new project? New Beginnings II PSH

2. Enter the Unique Entity Identifier (UEI): HC4SFGEXYVS5

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 11

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
    - Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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

3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

	Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.	

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	76
2.	Enter the number of survivors your CoC is currently serving:	50
3.	Unmet Need:	26

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	

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

(limit 2,500 characters)

1. To determine the number of survivors in need of housing support, we conducted an analysis using our HMIS comparable database called Osnium. We assessed the need for additional Rapid Rehousing services by examining the number of survivors currently staying in our Emergency Shelter and those already enrolled in the Rapid Rehousing Program. By combining the data from these two programs, we were able to obtain a reliable estimate of the total number of survivors who require housing assistance.

2. The data source used to determine the number of survivors in need of housing assistance is our Osnium software. The Osnium database is an HMIS comparable system that collects client-related data in accordance with the HMIS standards and provides essential information for diverse reports including the APR.

3. The St.Clair County CoC does not have adequate shelter/housing resources to meet the specific needs of all survivors seeking housing services. The outcome of not having enough Rapid Rehousing resources for the number of clients we serve in the Emergency Shelter is that many of the survivors return to their abusers out of desperation. Having an increased means of providing Rapid Rehousing would reduce the number of individuals who return to violent living conditions.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

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

Applicant Name
Violence Preventi...

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

| | Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects: | |

1.	Applicant Name	Violence Prevention Center
2.	Rate of Housing Placement of DV Survivors–Percentage	63%
3.	Rate of Housing Retention of DV Survivors–Percentage	77%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
1.	how the project applicant calculated the rate of housing placement;	
2.	whether the rate for housing placement accounts for exits to safe housing destinations;	
3.	how the project applicant calculated the rate of housing retention; and	
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,500 characters)

1. The housing placement data was obtained from our Osnium database report, which contains a comprehensive section dedicated to tracking and calculating the number of individuals, both adults and children, who have been successfully housed.

2. The housing placement rate is counting adults and children who were safely housed

3. Housing retention was calculated using the Validations Table from the HUD CoC APR. Specifically, you can refer to Q5A #8 to calculate the number of individuals who have remained in housing "Number of Stayers".

4. The data source is our HMIS comparable Osnium database.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	

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

(limit 2,500 characters)

1. The VPC Emergency Shelter is the primary contact for survivors needing immediate housing to escape abusive situations. Survivors reach the shelter through the agency's Crisis Hotline or Coordinated Entry (CE) referrals. Survivors are either admitted to the shelter or, if full, alternative arrangements are made. VPC works closely with the CoC's emergency transfer plan to ensure clients are moved to safe, temporary housing. Once safe, survivors are assessed using CE tools and placed on the prioritization list for rapid rehousing or other housing options.

2. Survivors are prioritized for housing in line with the CoC's CE policies. The CE Assessment Tool is used to measure a participant's acuity level, which informs their placement on the housing prioritization list. Survivors are also part of the CoC's emergency transfer plan, ensuring immediate access to available housing options when safety is at risk. This structured prioritization process allows for efficient allocation of housing resources to those most in need.

3. Shelter Case Managers address immediate needs like safety, clothing, and health. A Housing Specialist then assists with creating a comprehensive housing plan, identifying required household items, and addressing barriers like past debt. Supportive services, such as employment and educational resources, are identified through assessments. Survivors are also offered counseling for themselves and their children, as well as legal advocacy if needed, ensuring all areas of their well-being are addressed.

4. VPC has established partnerships with key community organizations like Comprehensive Mental Health, Chestnut Behavioral Health, and the Human Support Center to ensure survivors can access a wide array of supportive services beyond VPC's own offerings. These partnerships facilitate referrals for services such as mental health treatment, legal assistance, and behavioral health support, ensuring survivors receive holistic care.

5. Housing Specialists work intensively with survivors to ensure a smooth transition from assisted housing to stable, independent living. This includes helping survivors with employment, budgeting, and long-term financial planning. As survivors become more self-sufficient, case management support is gradually reduced but remains available as needed. Follow-up support is also offered for up to six months after subsidies end to ensure continued housing stability

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

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

1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping survivors' information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1.The Violence Prevention Center prioritizes confidentiality and safety, adhering to the Illinois Domestic Violence Act guidelines. Staff members always begin conversations by ensuring the caller's safety before proceeding with assessments. They work closely with participants to develop safety plans and provide a private space for open discussions about their needs.
The survivor's safety is addressed in the first call to the agency. Staff always begin their conversations by inquiring as to whether the caller is safe to talk before continuing with the assessment process. If the caller doesn't feel safe to talk at this time, staff work to identify a safety plan that involves being able to call the shelter back when it's feasible. Staff also requests a safe callback number in case the call is disconnected. Once participants are at the shelter, they are given a private space to meet with a Case Manager/Housing Specialist to talk openly about their needs.

2. The Housing Specialist actively involves participants in finding secure housing and considers their preferences for security measures, ensuring they feel safe and empowered. their family unit. This includes the location of the unit and any other safety measures that may be provided by the housing unit, such as ample outdoor lighting, security cameras, or gated grounds. It's important that they feel safe. The Violence Prevention Center has an emergency transfer protocol to allow participants to request a transfer if they do not feel safe at any time.

3. The confidentiality of domestic violence housing locations is strictly maintained unless permission is granted by the participant or required by law.

4.Staff receive ongoing safety planning training, ensuring they can effectively support participants. An important part of the initial 40-hour domestic violence training involves developing a safety plan with each participant, with an understanding that it needs to be reviewed periodically for any needed revisions. This is also a part of the ongoing training that staff receive annually.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

As stated above, the Housing Specialist actively involves participants in finding secure housing and considers their preferences for security measures, ensuring they feel safe and empowered. This includes the location of the unit and any other safety measures that may be provided by the housing unit, such as ample outdoor lighting, security cameras, or gated grounds. It's important that they feel safe. The Violence Prevention Center has an emergency transfer protocol to allow participants to request a transfer if they do not feel safe at any time.

Additionally, the Housing Specialists provide monthly home visits. During these visits, they do a visual inspection of the home and remind residents of safety habits such as being aware of their surroundings, keeping their doors locked, keeping their keys out as they walk into their apartments, leaving a porch light on, being careful who they disclose their location to, changing their travel patterns, etc.

The Housing Specialist assists the clients with developing safety plans that address various activities the clients and their children participate in, whether at home, returning home, at school, or going into the community. These plans address when to call the police for assistance, what to do if they are being followed home, etc.

Additionally, these home visits allow the client to address any concerns they may have with their living environment or the landlord. This provides an opportunity for the Housing Specialist to coach the client on how to address these concerns with the landlord as a tenant or even to address these concerns with or on behalf of the tenant as deemed appropriate.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below the project applicant's experience in:
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

1. Over the past four years, the VPC has been dedicated to delivering RRH (rapid re-housing) services. Through our experience, we have come to understand that the primary emphasis when it comes to placing and stabilizing survivors is on ensuring their safety and addressing their immediate needs using a comprehensive assessment tool. This process usually occurs within our shelter, where individuals can feel secure and start taking steps toward reclaiming a safe and self-sufficient lifestyle.

2. To ensure participants are moved into safe, affordable housing as quickly as possible, the VPC has developed positive relationships with local landlords and has continued to build these resources over the last four years. By leveraging its positive relationship with landlords, VPC is able to successfully move participants into Rapid Rehousing. The short term rental subsidies provided by this program enable individuals to stabilize their housing with minimal assistance.

3. It is a priority to help survivors' identify housing that fits their specific preferences and requirements while also ensuring their stability. This involves carefully listening to the survivors to fully comprehend their wants and worries and then focusing on housing solutions that align with their needs while addressing any potential risks or vulnerabilities they might encounter.

4. Helping individuals find permanent housing involves addressing specific needs, such as ensuring accessibility for those with disabilities, considering cultural preferences, and creating a sense of belonging and connection for each person. The primary objective is to center care around survivors by actively listening to their individual needs and preferences. Through collaborative efforts, the aim is to secure permanent housing that promotes their long-term stability and overall well-being.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

		Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
	1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
	2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
	3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
	4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. VPC has a 45-year history of operation. All staff members are required to complete a 40-hour domestic violence training before working with any clients. Additionally, the entire leadership team must be certified as an Illinois Certified Domestic Violence Professionals. Staff renew this certification every 2 years. Furthermore, all staff are obligated to participate in a minimum of 15 hours of domestic violence training annually. Notably, the agency stands as the sole Illinois Certified Domestic Violence agency south of Springfield, IL, and extends its expertise by providing these trainings to other social services agencies in the community.

2. Our programs are designed to aid survivors of abuse and violence by employing a trauma-informed approach that emphasizes resilience and strengths, while also addressing psychological harm. We help our clients understand how their experiences can impact their ability to regulate emotions, process information, and navigate their surroundings. We recognize that symptoms may be survival strategies, and we actively assist clients in developing new strategies for healing and recovery, playing an active role in their journey.

3. Our staff diligently follows formalized policies and procedures for Trauma and Trauma-Informed Care, which are part of our agency's 'Program Service Standards.' Our first and foremost concern as advocates is the physical safety and crisis intervention of our clients. Through our daily advocacy activities, we view domestic violence through the lens of trauma.

4. We provide ongoing Trauma-Informed training for all staff members who provide direct services. Throughout our agency, we use a Trauma-Informed Approach that promotes resilience in both staff and clients. Key principles of this approach include organizational safety, trustworthiness, transparency, cultural sensitivity, collaboration, and empowerment among staff and clients.

5. Our approach is rooted in recognizing the role trauma plays in the lives of our clients. We shift the clinical perspective from 'what's wrong with you' to 'what happened to you' by acknowledging and accepting symptoms and difficult behaviors as coping strategies developed to deal with trauma. Our agency programs are centered on fostering relationships with clients that empower the survivor and assist with their services, rather than directing them, including the development of a service plan.

6. Our staff increases the client's knowledge, skills, support, and resources, allowing survivors to create their own social and emotional well-being. This approach allows the survivor the opportunity to develop and sustain their best outcomes.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

VPC direct services are exclusively available to survivors of domestic violence. These services include a 24/7 Crisis Hotline, Emergency Shelter, Counseling, Legal Advocacy, and the Rapid Rehousing Program, the newest program offered for the last four years. Typically, the services begin with the initial call to the Crisis Hotline.

All services operate from a lens of trauma-informed care. The trauma-informed approach is sensitive and respectful, and staff seek to provide support with intent and avoidance of re-traumatization. Focus is placed on resilience and strengths as well as psychological harm. The clients are assisted in understanding how their experiences of abuse and violence can affect their ability to regulate emotions, process information, and attend to their surroundings. They are helped to understand that "symptoms" may be survival strategies, and they are assisted in developing new survival strategies. Services and support are designed to prevent the client from being re-traumatized and to promote healing and recovery. Staff follows a formalized policy and procedures guideline for Trauma and Trauma-Informed Care that is part of our agency "Program Service Standards."

When a caller completes the hotline screening process, they are assisted with connecting to whatever services they desire from our agency. If housing needs are a priority, they are linked with the shelter, the RRH program, or both, depending on their immediate needs.

The Shelter provides a place to stay with many security measures to protect the clients. This includes protecting the location, establishing procedures for managing threats to safety, and training residents and personnel on potential risks and safety procedures. Each client is assigned a shelter case manager. This case manager completes an intake process to assess the client's needs, set goals, and begin safety planning. Each client leads their service plan, identifying the areas they must focus on to achieve their goals. The Case Manager works with the client, providing suggestions, but the client is the ultimate driver of their completed service plan. The Case Manager works closely to assist with linkage to needed community resources to help the survivors and their children become re-established in a manner that will allow them to live independently and violence-free in the community. This includes linking them with our HUD Rapid Rehousing Program if they choose. Survivors are the primary planners of their goals and objectives and have the right to decline services.

Once linked with the RRH Housing Specialists, they expand on the intake completed by the shelter with a focus on housing needs and the client assesses what goals need to be focused to build an opportunity for independent living. Once an action plan is identified, the Housing Specialist can assist the client with coordinating appointments, providing/arranging transportation, advocating, accessing legal and medical services, and navigating the governmental system (Case Management, Advocacy, Transportation, and Follow-Up services). The client can also initiate access to services by setting appointments, scheduling counseling sessions with the on-site Counseling Program, researching employment opportunities, and meeting other needs.

VPC has legal advocates available to offer assistance with Orders of Protection, safety planning, advocating for victims' rights, referrals, emotional support, linkage to legal assistance, and explaining and helping victims through the court

process. Victims seeking assistance have varying degrees of literacy, familiarity with legal terminology, emotional and mental health, sobriety, transportation, and cognitive capacity due to recent trauma or injury. Our legal advocacy program ensures that all victims receive the same expertise regarding the Illinois Domestic Act (IDVA) and how it pertains to the victim as an individual.

VPC's Counseling Program provides comprehensive individual, family, and group counseling to help clients move forward and to heal from abusive relationships. Services are provided from an empowerment perspective and enable them to make their own changes and gain control over their lives. It is a mutually shared effort between the counselor and the survivors. As with each program, the staff's role is to encourage the survivors, not to direct the interventions. The survivors address issues that are important to them on their timelines and set goals for their services. An empowerment perspective promotes self-advocacy and self-help in survivors of domestic violence.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

1. The project prioritizes participants using a Risk Frailty Assessment conducted during intake. The assessment identifies those with the most pressing housing needs, ensuring the most vulnerable are placed first. While in Emergency Shelter, participants are supported with key services, including assistance with obtaining identification documents and accessing crucial services like medical care and job searching). The RRH Specialist works closely with participants to define their housing needs and preferences, providing coaching on communication with landlords, emotional support, and transportation to view potential housing units.

2. The project focuses on the RRH program to place participants in permanent housing. In the RRH program, clients are connected to permanent housing options that meet their affordability, location, and condition criteria. A Housing Specialist helps participants navigate the rental process, including securing leases, permits, and negotiating with landlords. The project also provides financial assistance for security deposits, first month's rent, and essential household items. The RRH program's step-down approach ensures that over time, participants take on an increasing share of their rent until they are fully independent, with tailored timelines based on individual needs.

3. The project has participants work with a Housing Specialist to identify housing that aligns with their personal preferences, including location, affordability, and safety. The Housing Specialist also offers transportation to view housing units, helping to ensure participants are making decisions based on their preferences. Clients who do not wish to stay in emergency shelter are offered, alternative safe, temporary housing, such as hotels, is provided until they can secure permanent housing.

4. The project strives meet each participant's specific needs by using the Risk Frailty Assessment to determine the participants level of vulnerability and the gradual step-down model used in the RRH program to gauge the participant's financial capacity to take on financial responsibilities like rent. Participants receive ongoing support, including budgeting assistance, job searching, and access to additional resources, ensuring they are stable in their new housing. For individuals not ready for complete independence after 18 months, the project offers continued intensive services to ensure long-term stability

	4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
		NOFO Section I.B.3.j.(1)(e)	

		Describe in the field below examples of how the new project(s) will:
	1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
	2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
	3.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
	4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;

5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. The new project will ensure that all staff members complete a 40-hour domestic violence training before working with any clients, equipping them with the necessary skills to support survivors effectively. In addition, the leadership team will be required to obtain Illinois Certified Domestic Violence Professional certification, which must be renewed every two years. Staff will also participate in at least 15 hours of domestic violence training annually, ensuring they remain knowledgeable and prepared to assist clients. As the only Illinois Certified Domestic Violence agency south of Springfield, the project will also provide domestic violence training to other social service agencies in the community.

2. The new project will use a trauma-informed approach to help survivors of abuse and violence. This approach emphasizes resilience, identifying and leveraging clients' strengths while addressing the psychological harm caused by their experiences. The project will assist clients in understanding how trauma may affect their emotional regulation and cognitive processing, recognizing that symptoms might be survival strategies. The focus will be on helping clients develop new strategies for healing and recovery, empowering them throughout their journey.

3. The project will follow formalized policies and procedures for trauma and trauma-informed care, which are outlined in the agency's 'Program Service Standards.' Physical safety and crisis intervention will be the top priorities. By viewing domestic violence through a trauma-informed lens, staff will focus on immediate crisis intervention and ongoing advocacy that acknowledges the traumatic impact of domestic violence on survivors' lives.

4. The project will provide ongoing trauma-informed training for all staff members who work directly with clients. This training will emphasize resilience-building for both staff and clients, and incorporate key trauma-informed principles such as organizational safety, trustworthiness, transparency, cultural sensitivity, collaboration, and empowerment. These principles will guide how the agency interacts with clients and how services are delivered.

5. The project will recognize the significant role that trauma plays in the lives of clients. Rather than asking, "what's wrong with you?" staff will approach clients with the understanding of "what happened to you?" This shift in perspective will acknowledge and accept clients' symptoms and difficult behaviors as trauma-related coping mechanisms. The project will focus on building empowering relationships with clients, assisting them with their service plans, and offering support in a collaborative rather than directive manner.

6. The project will help increase participants' knowledge, skills, and access to support and resources, enabling them to build their social and emotional well-being. Survivors will have the opportunity to take control of their recovery process, creating sustainable and lasting outcomes. The project's focus on empowerment will help survivors achieve self-sufficiency, resilience, and improved overall well-being.

Applicant: East Saint Louis/Belleville/Saint Clair County COC
Project: IL 508 CoC Registration FY 2024.

IL-508
COC_REG_2024_214856

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

	Describe in the field below how the new project will involve survivors:
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

Participants are asked to complete monthly anonymous and exit surveys to provide valuable input and feedback on the services and support they receive or have received if it's an exit survey. These surveys are crucial in evaluating the effectiveness of the programs and services provided by both the shelter and the RRH program. They also offer a chance to share ideas on areas that may need improvement anonymously.

Surveys specifically measure the participants' knowledge of available community resources, strategies for enhancing their safety and that of their children, skills learned to improve their ability to cope with the aftermath of domestic violence, and confidence in their success in maintaining stable housing once the program ends.

In addition, the Director of Residential and the Housing Specialists have monthly life skills group meetings (these are not mandatory but encouraged) to discuss various life skills topics, discuss what is working for the participants in a group setting, and suggest improvements.

Both the surveys and the meetings are opportunities for constructive feedback, which is crucial in continually improving our RRH and adapting changes to policy and procedures as appropriate.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

	1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
	2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
	3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
	4.	Attachments must match the questions they are associated with.
	5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
	6.	If you cannot read the attachment, it is likely we cannot read it either.
		. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
		. We must be able to read everything you want us to consider in any attachment.
	7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
	8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	Homeless Preferen...	10/04/2024
1C-7. PHA Moving On Preference	No		
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/04/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/10/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/22/2024
1E-2a. Scored Forms for One Project	Yes	Scored Form for O...	10/18/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/15/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/15/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/08/2024
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	FY24 Competition ...	10/06/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leveraging	10/04/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Levera...	10/04/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: Homeless Preference for SCCHA

Attachment Details

Document Description:

Attachment Details

Document Description: Lived Experience Letters

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Form for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: FY24 Competition Report

Attachment Details

Document Description: Housing Leveraging

Attachment Details

Document Description: Healthcare Leveraging

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/16/2024
1B. Inclusive Structure	10/04/2024
1C. Coordination and Engagement	10/15/2024
1D. Coordination and Engagement Cont'd	10/15/2024
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	10/24/2024
2B. Point-in-Time (PIT) Count	09/24/2024
2C. System Performance	09/24/2024
3A. Coordination with Housing and Healthcare	10/04/2024
3B. Rehabilitation/New Construction Costs	09/18/2024
3C. Serving Homeless Under Other Federal Statutes	09/18/2024

4A. DV Bonus Project Applicants	10/22/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

<center>**PART III: SELECTION FOR HCV ASSISTANCE**</center>

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by the SCCHA and is impacted in part by any selection preferences that the family qualifies for. The source of HCV funding also may affect the order in which families are selected from the waiting list.

The SCCHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the SCCHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the SCCHA may admit families that are not on the waiting list, or without considering the family's position on the waiting list. The SCCHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a SCCHA funding for a specified category of families on the waiting list. The SCCHA must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

> <u>SCCHA Policy</u>
>
> The SCCHA does not currently administer any type of targeted funding.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

SCCHA must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the SCCHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

SCCHA is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the SCCHA to establish other local preferences, at its discretion.

Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

SCCHA Policy

10 point preference to any family that has been terminated from its HCV program due to **insufficient program funding**. This preference is granted to families whose vouchers were withdrawn/rescinded due to lack of funds.

10 point preference to any family that qualifies on the basis of **Self-Sufficiency re-admission.** This preference is granted to a family that experiences a decrease in household income (due to factors beyond their control) after having been terminated in good standing from its HCV program (within the last 6 months) due to an increase in household income that caused **tenant rent** to equal or exceed **contract rent**. This preference is also granted to elderly or disabled families who had to give up their voucher due to placement in a medical institution The six month readmission provision also applies to elderly and/or disabled families.

7 point preference to any family eligible for **Inter-Program Transfer/Accommodation** --- transfers between public housing and/or other federally assisted properties owned/managed by SCCHA and/or another PHA/Owner due to identifiable need that can not be adequately accommodated within the constraints of the program under which the participant is currently being assisted or other circumstances as approved by the executive director. Public housing households participating in the Family Self-Sufficiency Program may be awarded this preference at the sole discretion of SCCHA, upon obtainment of substantial progress toward meeting individual goals as specified in the Contract of Participation and Individual Training and Service Plan (ITSP) and with the recommendation of the FSS Coordinator, the Department Director(s), and the Executive Director.

This preference may be granted to applicants who are "ready, able and want to" move on from the local (St. Clair County) permanent supportive housing (PSH) program. The determination of "ready, able and want to" is made in written form by the PSH Program Coordinator / Director. This preference is limited to a maximum of twelve (12) PSH Program applicants during any calendar year.

This preference may be granted to applicants with a disability who are "ready, able and want to" move on from a nursing home or other assisted living facility / arrangement and receiving case management services through LINC, Inc. (Living Independently Now Center). The determination of "ready, able and want to" is made in written form by the Linc, Inc. Executive Director (or designee). This preference is limited to a maximum of twelve (12) referrals during any calendar year.

10 point preference to any family that qualifies for a **Jurisdictional Preference** because the family resides, is employed, or has a written offer for employment in SCCHA's jurisdiction (St. Clair County, excluding the City of East St. Louis). If the applicant is currently in a shelter located outside of SCCHA's jurisdiction, but can document eligibility for jurisdiction preference based upon immediate prior residency, applicant is

entitled to jurisdiction preference for up to 12 months from the end of residency in jurisdiction.

2 point preference to any family for **Employment Preference**. Preference is granted if the head of household, spouse or co-head is employed, has a disability, or is a senior citizen age sixty-two (62) or older. To be eligible for employment preference the qualifying member must have worked as average of 10 hours per week for a minimum period of three months. To qualify on the basis of disability the definition/criteria used by HUD to determine if a household is considered "disabled" is used (Chapter 3). (Revised 5-01-2012)

1 point preference to any family that has an **Unmet Housing Need**. This preference is available to applicants who have an unmet housing need. To qualify for this preference the applicant must demonstrate an unmet housing need related to: a) rent burden (paying more than 50% of household income toward housing cost); b) overcrowded living conditions; c) substandard living conditions; d) displacement due to government action, natural disaster, foreclosure, and other verifiable circumstances; e) inability to afford independent housing resulting in the need to remain in the parent's home or the home of another family; f) homelessness or near homelessness (as defined by federal guidelines); g) residing in a shelter or transitional housing arrangement; h) other verifiable / documentable condition that substantiates an unmet housing need.

1 point preference to any family that qualifies as a **Veteran**. Preference is awarded only to applicants who are a veteran or survivor of a veteran who actively served in a branch of the United States Armed Services. The term survivor includes the spouse or widow (unless remarried) of a veteran. To receive this preference the veteran's military service must not have concluded on a negative basis (i.e. dishonorable discharge, bad conduct discharge, etc.).

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the SCCHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, SCCHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

SCCHA Policy

The SCCHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

September 30, 2024

Dear Members of the HUD Review Committee,

I am a person who has experienced homelessness in St. Clair County, IL. I am writing to express my support for the Continuum of Care (CoC) and their efforts to assist individuals and families like me who have severe service needs and nowhere to stay.

The CoC's focus on providing housing and long-term services is a critical need for people in situations like mine. It's not always just about finding a place to sleep. There is a need for support services that address underlying issues that lead to homelessness in the first place. I know the CoC is focused on providing these services and I want to indicate my support for their work.

I appreciate the CoC for including me as a CoC member and giving me the opportunity to be part of community discussions that focus on how to improve services. I was happy to provide my feedback. I want the CoC to receive the money it needs to continue its work. That is why I am writing to support its funding application.

Sincerely,

Nathan Beyer

St. Clair County Residents with Lived Experience of Homelessness

September 30, 2024

Dear Members of the HUD Review Committee,

I am writing as someone who has personally experienced homelessness in St. Clair County, IL. I want to express my strong support for the Continuum of Care (CoC) and their ongoing efforts to assist individuals and families, who face severe service needs and have nowhere to stay.

The CoC's work goes beyond simply providing shelter—it focuses on delivering long-term services that address the root causes of homelessness. This comprehensive approach is vital for people experiencing housing insecurity. I believe in the CoC's mission and fully support their efforts to provide these much-needed services.

I also want to thank the CoC for including me as a member and giving me the opportunity to participate in community discussions on improving services. My voice was heard, and I was glad to share my feedback. I hope the CoC receives the funding it needs to continue this critical work. That is why I am writing to support their funding application.

Sincerely,

Christine Green
Former homeless Resident of St. Clair County

September 30, 2024

Dear Members of the HUD Review Committee,

I am a person who has experienced homelessness in St. Clair County, IL. I am writing to express my support for the Continuum of Care (CoC) and their efforts to assist individuals and families like me who have severe service needs and nowhere to stay.

The CoC's focus on providing housing and long-term services is a critical need for people in situations like mine. It's not always just about finding a place to sleep. There is a need for support services that address underlying issues that lead to homelessness in the first place. I know the CoC is focused on providing these services and I want to indicate my support for their work.

I appreciate the CoC for including me as a CoC member and giving me the opportunity to be part of community discussions that focus on how to improve services. I was happy to provide my feedback. I want the CoC to receive the money it needs to continue its work. That is why I am writing to support its funding application.

Sincerely, *Renee H. Huggins*

St. Clair County Residents with Lived Experience of Homelessness

September 30, 2024

Dear Members of the HUD Review Committee,

I am a person who has experienced homelessness in St. Clair County, IL. I am writing to express my support for the Continuum of Care (CoC) and their efforts to assist individuals and families like me who have severe service needs and nowhere to stay.

The CoC's focus on providing housing and long-term services is a critical need for people in situations like mine. It's not always just about finding a place to sleep. There is a need for support services that address underlying issues that lead to homelessness in the first place. I know the CoC is focused on providing these services and I want to indicate my support for their work.

I appreciate the CoC for including me as a CoC member and giving me the opportunity to be part of community discussions that focus on how to improve services. I was happy to provide my feedback. I want the CoC to receive the money it needs to continue its work. That is why I am writing to support its funding application.

Sincerely,

Cecilia Jackson

St. Clair County Residents with Lived Experience of Homelessness

2022 Grant Overview Worksheet

Introduction

The purpose of the grant overview questionnaire is to provide the East St. Louis, Belleville/St.Clair County Continuum of Care with background information about an agency's HUD CoC grant(s). **If an agency has multiple CoC funded projects, a separate grant overview worksheet will be completed for each project**.

Instructions

Agencies and monitoring staff shall work together to answer the following questions related to CoC funded projects. A copy of the Worksheet will be provided to agencies in advance of the virtual check-in visit which will include a combination of monitoring activities and technical assistance. Staff will reach out by phone or email to clarify information, if needed.

1.	Agency Name: **St. Clair Health Department**
2.	Your Phone Number: **618-825-4473**
3.	Project Name: **New Horizons**
4.	HMIS Project Name (As seen in HMIS): **New Horizons**
5.	Grant Number (FY22 GIW): **IL0491L5T082109**
6.	Grant Start & End Date: **06/01/2022-05/31/2023**
7.	HUD Project Type: **PH**
8.	Grant Amount: **$216,150.76**
9.	Number of units: **17**
10.	Number of beds: **34**

11	Budget Line Item- Leasing: **0**
12	Budget Line Item- Rental Assistance: **$150,696**

13	Budget Line Item- Supportive Services: **$52,056**
14.	Budget Line Item- Operating Costs: **0**
15	Budget Line Item- HMIS: **0**
16.	Budget Line Item- Admin: **$13,398.76**
17.	How old is the grant? • **SCCHD first received this grant in July 2021, when it was transferred by IGD from Bethany Place to SCCHD. This is the second year SCCHD is providing services through this grant.**
18.	Did the agency inherit the grant? If so, when and from who? • **SCCHD first received this grant in July 2021, when it was transferred by IGD from Bethany Place to SCCHD. This is the second year SCCHD is providing services through this grant.**
19.	Are any units dedicated to the chronically homeless? If so, how many? • **Yes, 17 of the units are dedicated to the chronically homeless. All eligible participants must also have an HIV/AIDS Diagnosis.**
20.	Does the agency own the units? • **No**
21.	Housing Type (Site-based- single site, Site-based- clustered/multiple sites, or Tenant based- scattered site)? • **Tenant-based- scattered site**
22.	If the program has a rental assistance budget, is the rental assistance tenant-based, project based, or sponsor-based rental assistance? • **The rental assistance budget is tenant-based.**

23.	Does this program combine funding from other sources? If so, please explain the sources, what the other funding supports, and if there are any conflicting funding requirements. • **Supportive services are available through this grant to fund a staff person.**
24.	Does the program serve families? • **Yes, if a family unit is referred to the program through the Coordinated Assessment Line and they meet eligibility criteria.**
25.	Does the program have a special population focus? If so, please describe. • **Yes, program participants must be living with HIV/AIDS and meet the HUD definition of homelessness upon entry.**
26	Please provide any additional information you would like us to know about the project. • **The New Horizons program falls under the Shelter Plus Care program at SCCHD. The Shelter Plus Care Program Manual was sent via e-mail on 2/10/2023 and contains the program policies and procedures. All three (3) Permanent Housing grants (Next Step Up, New Horizons, and Bethany Place Permanent Housing) fall under the Shelter Plus Care umbrella and follow the same policies and procedures.**
27.	How much of the project budget has been expended to date? • **End of year expenditures were:** - **Rent: $91,067.50** - **Supportive Services: $38,045.54** - **Admin: $7,570.68**

HMIS SECURITY AND PRIVACY

		Yes	No
1.	Does the organization have a Privacy Officer?	X	
	Who: • **Brenda Fedak, Organizational Communications Manager.**		
2.	Is data entered directly into HMIS as it is being collected?	X	
3.	Is data collected on paper forms? (if yes, attach copy of form) • **All paper forms used are included in the Shelter Plus Care Program Manual, which was sent via e-mail on 2/10/23.**	X	
4.	Is a notice of privacy practices posted at all locations where intake takes place?	X	

5.	Does the organization have a privacy policy? • **See "Site Visit Documentation" Page 54-61 for the Privacy Policy.**	X	
6.	Are paper and or electronic copies of the privacy policy available on request?	X	
7.	Is the agency's privacy policy posted on its public web site? • **Yes, the policy can be found under forms and reports at scchealthdept.com.**	X	
8.	Are procedures in place to protect information printed and/or downloaded from HMIS?	X	
9.	Is printed information kept in a room that is locked when staff is not present? • **Yes, printed information is stored in locked filing cabinets, behind a locked door, in a unit with proxy restricted access. The building is locked at night. No members of the public are allowed into the area where documents are secured. All SCCHD staff undergo the IDPH Data Security and Confidentiality training upon hire and annually thereafter. This training covers HIPAA and the Illinois AIDS Confidentiality Act.**	X	
10.	Is printed information kept in a locked file cabinet or locked drawer within that locked room? • **Yes, printed information is stored in locked filing cabinets, behind a locked door, in a unit with proxy restricted access.**	X	
11.	Do the procedures specifically address protection, retention, and destruction of printed material? • **See "Site Visit Documentation", Pages 54-61 and 72-87 for the Notice of Privacy Practices, the State Archivist Retention List (identifies the timeframe for record disposal), and the Records Disposal Form. SCCHD contracts with Shred It, who securely disposes of records on site, while being observed by accounting staff members.**	X	
12.	Do the procedures specifically address protection, retention, and destruction of computer files? • **See "Site Visit Documentation", Pages 62-71 for Computer Usage and Electronic Communication policy. All employees sign off on receipt of the St. Clair County Personnel Code upon hire. See Page 3-7 of the "Site Visit Documentation" for the sign off forms.**	X	
13.	Are staff and volunteers required to attend training on these procedures? (collect copy of procedures for CoC files) • **All staff undergo the IDPH Data Security and Confidentiality**	X	

	training upon hire on an annually thereafter. This training covers HIPAA and the Illinois Confidentiality Act. See "Site Visit Documentation" Pages 18-22 for Certificates of Completion. SCCHD does not have volunteers who work in the Shelter Plus Care Housing Program (Bethany Place Permanent Housing, New Horizons, and Next Step Up).		
14.	Do all computers have currently supported operating systems?	X	
15.	Are all computers configured to automatically download and install all security updates?	X	
16.	If no, does IT staff or a contractor manually install security updates on a regular basis?	N/A	
17.	Do all computers have the latest versions of all installed Internet browsers?	X	
18.	Does at least one firewall protect each computer?	X	
19.	Is antivirus and firewall software installed on all computers?	X	
20.	Are all computers configured to automatically download and install antivirus/firewall software updates?	X	

		Yes	No
21.	If no, does IT staff manually install antivirus/firewall software updates on a regular basis?	N/A	
22.	Is a password always required to use all computers?	X	
23.	Must all computer users log in again after a short period of inactivity?	X	
24.	Are all computers in locations that are not accessible without an escort?	X	
25.	If no, are publicly accessible computers manned at all times?	N/A	

System Performance

1.	Expenditures: Drawdowns for this project are made timely (at least on a quarterly basis)? • **Expenditure drawdowns are made monthly**	X	
2.	Expenditures: Less than 25% of awarded funds remained unspent at the end of the last program year.		X
3.	APR: The project's last APR was submitted on time? • **IGD submits the APR for SCCHD. It was submitted on 8/29/22**	X	

4.	Data Quality: The project's data quality score is above 94%
	   • **The data quality in the APR shows the following errors:**
	     - **1 Relationship to Head of Household**
	     - **1 Disabling Condition**
	     - **2 Income and Sources at Annual Assessment**
		X	

5.	Housing Outcomes: More than 50% of persons exiting the project are residing in permanent living situations. • **8 persons exited. 1 to a permanent destination, 1 to a temporary destination, and 6 were marked as "other".**		X
6.	Earned Income: More than 30% of persons in the project for more than 365 days or leaving the project for another housing option have earned income • **6 adults had earned income at start, one of which had income at annual assessment, and 3 of which had income upon exit.**	X	

Susane Lehsig   11/2/23

Name Date

Director, Infectious Disease Prevention

Title

SCCHD

HOUSING FIRST CHECKLIST

	Check Yes/No	If no, please explain:
Access to programs is not contingent upon sobriety, minimum income requirements, lack of criminal record, completion of treatment, participation in services, or other necessary conditions.	Yes	
Programs or projects do everything possible not to reject an individual or family based on poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviros that are interpreted as indicating a lack of "housing readiness."	Yes	
People with disabilities are offered clear opportunities to request reasonable accomodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accomodate disabilities.	Yes	
Programs or projects that cannot serve someone work through coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.	Yes	
Housing and service goals and plans are highly tenant driven.	Yes	
Supportive services emphasize engagement and problem-solving over therapeutic goals.	Yes	
Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants.	Yes	
Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addition are a part of some tenants' lives. Tenants are engaged in non-judgemental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.	Yes	
Substance use in and of itself, without other lease violations, is not considered a reason for eviction.	Yes	
Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time an offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.	Yes	
Every effort is made to provide a tenant with the opportunity to transwer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back to homelessness is avoided.	Yes	

Susan Lehog   11/2/23

Name Date

Director, Infectious Disease Prevention

Title

St. Clair County Continuum of Care
New Project Scoring Tool

PROJECT TYPES: PSH, RRH, TH

Threshold Questions (Pass/Fail)

Category	Required Attachment	Received Yes/No
Evidence of Agency's Not-For-Profit Status	501(c)3 Letter	yes
Agreement to Participate in Coordinated Entry/HMIS	CoC Coordinated Entry Letter and HMIS (or comparable database)	yes
Match	Letter of Intent from Agency	yes
Most Recent Audit	Audited Financial Statement from last completed fiscal year	yes

Project Supports the Needs of the CoC Community Criteria

Category	Scoring Ruberic		Source	Max	Score
1. Project Type - Need for various project type in the CoC based on the demographics of the homeless population and subpopulation groups	Critical Shortage	4 points	HUD Annual CoC Population and Subpopulation Report, and Project application	4	
	Shortage	3 points			
	Saturation	2 points			
	Over-Saturation	1 point			

Category	Scoring Ruberic		Source	Max	Score
1a. Project Location - geographical area served by the various project type	Critical Shortage	4 points	Project Application and United States Census Data	4	
	Shortage	3 points			
	Saturation	2 points			
	Over-Saturation	1 point			

Category	Scoring Ruberic		Source	Max	Score
1b. Rapid Rehousing - Increase of RRH beds in the CoC	Rapid Rehousing Project	1 Point	Project Application	1	
	Non-Rapid Rehousing Project	0 Points			

Category	Scoring Ruberic		Source	Max	Score
1c. Permanent Supportive Housing - Housing type fits the needs of target population	Fits needs	1 Point	Project Application	1	
	Does not fit needs	0 Points			

Category	Scoring Ruberic		Source	Max	Score
1d. Mainstream Services - plans to connect and engage with mainstream services **(answer in question #5 narrative)**	Engages mainstream services	1 Point	Project Application	1	
	Does not engage mainstream services	0 Points			

Category	Scoring Ruberic		Source	Max	Score
1e. CoC Membership- partnership or engagement with Coc	Membership	1 Point	Attendance Rosters and Meeting Minutes	1	
	Non-Membership	0 Points			

Project Will Follow Housing First Tenants

Category	Scoring Ruberic	Source	Max	Score
2. Housing First - barriers to program entry requirements	1 Point for each "yes" in a 10 question interview	Interview attached to project application	10	

Improving System Performance Measures

Category	Scoring Ruberic		Source	Max	Score
3. VICTIM SERVICE PROVIDER: Plan to ensure all clients are assisted with safety planning and connected to community resources.	Applicant's plan clearly defines how program will ensure all persons are assisted with safety planning and linked with community resources = 6points		Project Application	6	
	Plan shows basic understanding of the importance of safety planning and resource linkages = 3 points				
	Plan is vague and poorly-structured, or information is missing = 0 points				

Category	Scoring Ruberic		Source	Max	Score
4. Permanent Housing Placement and Rentention- Project plans to increase the percentage of persons who obtain and retain permanent housing	Response gives detailed plan to increase permanent housing placements	4 points	Project Application	4	
	Response gives a sufficient plan to increase permanent housing placements	3 points			
	Response gives a vague plan to increase permanent housing placements	1 point			
	Response doesn't mention a plan to increase permanent housing placements.	0 point			

Category	Scoring Ruberic		Source	Max	Score
5. Cash Income Growth - Project's plan to increase the percentage of persons who increase cash from employment and non-employment resources in order to live independently	Response gives detailed plan to increase cash income	4 points	Project Application	4	
	Response gives a sufficient plan to increase cash income	3 points			
	Response gives a vague plan to increase cash income	1 point			
	Response doesn't mention a plan to increase cash income	0 point			

Category	Scoring Ruberic		Source	Max	Score
6. Returns to Homelessness - Project's plan to decrease number of persons who return to homelessness after exiting the project	Response gives a detailed plan to decrease returns to homelessness	4 points	Project Application	4	
	Response gives a sufficient plan to decrease returns to homelessness	3 points			
	Response gives a vauge plan to decrease returns to homelessness	1 point			

Category	Scoring Ruberic		Source	Max	Score
7. Racial Equity - project's ability to identify service participation barriers experienced by persons of color and implement effective strategies to make it easier for minority persons to access services	Response indicates detailed plan to address barriers preventing participation by persons of color.	4 points	Project Application	4	
	Response indicates sufficient plan to address barriers preventing participation by persons of color.	3 points			
	Response indicates vauge plan to address barriers preventing participation by persons of color.	1 points			

Category	Scoring Ruberic		Source	Max	Score
8. Lived Experience - Project's plan to incorporate feedback from persons with lived experience of homelessness into its policies and procedures.	Response indicates a commitment and detailed plan to solicit and incorporate feedback from persons with lived experience	4 points	Project Application	4	
	Response gives a sufficient plan to solicit feedback	2 points			
	Response gives a vauge plan to solicit feedback	0 points			
14. Budget Narrative: Budget costs are allowable and structure detailed in narrative are reasonable to effectively administer program.	Budget and Budget Narrative reflect effective program administration and costs are allowable.	4 points	Project Application	4	
	Budget and Budget Narrative included but the information is unclear.	2 points			
	Budget and Budget Narrative do not include detailed information or information is missing	0 points			
			Max Score	52	
			Total Project Score		

St. Clair County Continuum of Care
Renewal Project Scoring Tool

PROJECT TYPES: PSH, RRH, TH
Threshold Questions (Pass/Fail)

Category	Required Attachment	Received Yes/No
Evidence of Agency's Not-For-Profit Status	501(c)3 Letter	
Agreement to Participate in Coordinated Entry	CoC Coordinated Entry Letter	
Match	Letter of Intent from Agency	
Most Recent Audit	Audited Financial Statement from last completed fiscal year	
Evidence of HMIS Participation (or comparable database)	CoC APR for prior program year	
Outstanding HUD Audit Findings	Audit Outcome Document	
HUD Monitoring Finding (within the last 2 years)	Documentation of Corrective Action Plan from HUD and related correspondence	

Project Supports the Needs of the CoC Community Criteria

Category	Scoring Ruberic		Source	Max	Score
Bed Utilization - percent of housing assets being utilized	100-88%	4 points	SAGE	4	
	87-75%	3 points			
	74-62%	2 points			
	61-51%	1 point			
	>/= 50%	0 points			

Project Complies with CoC Policies and Procedures

Category	Scoring Ruberic		Source	Max	Score
Coordinated Entry - percent of participants entering project with a referral from Coordinated Entry	100-75%	5 points	HMIS	5	
	74-60%	3 points			
	59-10%	1 point			
	>/= 10%	0 points			
Adherence to Housing First Principles	1 point for each "yes" in a 10 question interview		Interview Attached to Project Application	10	

CoC Participation - percentage of participation in CoC meetings	100 - 75%	2 points	Rosters & Meeting Minutes	2	
	> 50%	0 points			
Fund Management - percentage of allocated funds expended during the grant year	100%	3 points	SAGE	3	
	99-85%	2 points			
	84-70%	1 point			
	> 70%	0 points			
Data Quality - percentage of completeness of client level data in HMIS	100%	3 points	SAGE	3	
	99-94%	2 points			
	93-89%	1 point			
	> 89%	0 points			
Permanent Housing Placement - percentage of clients successfully exiting to permanent housing or sae housing when participating in DV projects	100-90%	5 points	SAGE	5	
	89-80%	4 points			
	79-70%	3 points			
	69-60%	2 points			
	59-50%	1 point			
	> 50%	0 points			

System Performance Measures

Category	Ruberic		Source	Max	Max
Length of Stay in Project *length of time between when a person enters a project and when they move into a residence	> 30 days	10 points	HMIS	10	
	31-60 days	8 points			
	61-180 days	6 points			
	181-365 days	4 points			
	366-730 days	2 points			
	> 730 days	0 points			
Length of Stay in Project (TH Only) *percentage of persons in the project for 9 months or less	≥ 85%	10 points	HMIS	10	
	84-75%	8 points			
	74-65%	6 points			
	64-55%	4 points			
	54-45%	2 points			
	49-25%	1 point			
	< 25%	0 points			
Return to Homelessness - percentage of clients that returned to homelessness after successfully exiting a project.	< 10%	5 points	HMIS	5	
	11-40%	4 points			
	41-50%	3 points			
	51-60%	2 points			
	61-90%	1 point			
	> 90%	0 points			
Percentage of Adults with NEW or INCREASED **earned** income	100-90%	10 points	SAGE	10	
	89-69%	8 points			
	68-48%	6 points			
	47-27%	4 points			
	26-11%	2 points			
	< 10%	1 point			

Percentage of Adults with NEW or INCREASED **other** income	100-50%	5 points	SAGE	**5**	
	49-38%	4 points			
	37-26%	3 points			
	25-14%	2 points			
	13-6%	1 point			
	≤ 5%	0 points			

Severity of Needs Criteria

Category	Ruberic		Source	Max	Score
Percentage of Adults with No or Low Income	>80%	4 points	SAGE	**4**	
	79-59%	3 points			
	58-38%	2 points			
	37-21%	1 point			
	<20%	0 points			
Percentage of Adults with mental illness	>80%	4 points	SAGE	**4**	
	79-59%	3 points			
	58-38%	2 points			
	37-21%	1 point			
	≤ 20%	0 points			
Percentage of Adults with Alcohol and/or Drug Abuse	> 60%	4 points	SAGE	**4**	
	59-39%	3 points			
	38-18%	2 points			
	17-5%	1 point			
	≤ 5%	0 points			
Percentage of clients that were Chronically Homeless when they entered the project	60%	4 points	SAGE	**4**	
	59-39%	3 points			
	38-18%	2 points			
	1-17%	1 point			
	≤ 5%	0 points			
Percentage of Persons with History or Fleeing DV	60%	4 points	SAGE	**4**	
	59-39%	3 points			
	38-18%	2 points			
	17-5%	1 point			
	< 5%	0 points			

Racial Equity/Lived Experience Factors - Narrative Responses

Plan to incorporate Lived Experience Feedback	Response clearly defines a process for soliciting feedback from persons with lived experience and cites specific examples of change in program operations based on feedback = 15 points	
	Response shows basic understanding of need for feedback and openness to incorporate change = 7 points	
	Response indicates agency has not attempted to gather feedback or implement changes based on participant input = 0 points	
	Max Score:	15
	Point(s) Awarded:	

Plan to Ensure Racial Equity in Service Delivery	Applicant's plan clearly defines how program will ensure all persons have equal access to services = 15 points
	Plan shows basic understanding of potential barriers facing persons of color without specific plan to overcome barriers = 7 points
	Plan is vague and poorly-structured, or information is missing = 0 points

	Max Score:	15	
	Point(s) Awarded:		

VICTIM SERVICE PROVIDER

Plan to ensure all clients are assisted with safety planning and connected to community resources.	Applicant's plan clearly defines how program will ensure all persons are assisted with safety planning and linked with community resources = 15 points
	Plan shows basic understanding of the importance of safety planning and resource linkages = 7 points
	Plan is vague, poorly-structured, information is missing = 0 points

	Max Score:	15		
	Point(s) Awarded:			
			Max	**Score**
Agency Successfully Expended Grant Funding	100-98% without budget modifications	5 points		
	3-4% return of funds	4 points		
	5-8% return of funds	3 points	**5**	
	9-11% return of funds	2 points		
	13-14% return of funds	1 point		
	> 15% return of funds	0 points		
Agency's Average Cost for Successful Outcomes - Comparing the agency's average with the CoC's average	Equal to or below CoC average	5 points		
	Within 5% average	4 points		
	Within 10% average	3 points	**5**	
	Within 15% average	2 points		
	Within 20% average	1 point		
	More than 20%	0 points		

Max Score	**137**
Total Project Score	

St. Clair County Continuum of Care
Renewal Project Scoring Tool
NEXT STEP UP PSH Renewal Summary Score
Threshold Questions (Pass/Fail)

Category	Required Attachment	Received Yes/No
Evidence of Agency's Not-For-Profit Status	501(c)3 Letter	yes
Agreement to Participate in Coordinated Entry	CoC Coordinated Entry Letter	yes
Match	Letter of Intent from Agency	yes
Most Recent Audit	Audited Financial Statement from last completed fiscal year	yes
Evidence of HMIS Participation (or comparable database)	CoC APR for prior program year	yes
Outstanding HUD Audit Findings	Audit Outcome Document	yes
HUD Monitoring Finding (within the last 2 years)	Documentation of Corrective Action Plan from HUD and related correspondence	yes

Project Supports the Needs of the CoC Community Criteria

Category	Scoring Ruberic		Source	Max	Score
Bed Utilization - percent of housing assets being utilized	100-88%	4 points	SAGE	4	3
	87-75%	3 points			
	74-62%	2 points			
	61-51%	1 point			
	>/= 50%	0 points			

Project Complies with CoC Policies and Procedures

Category	Scoring Ruberic		Source	Max	Score
Coordinated Entry - percent of participants entering project with a referral from Coordinated Entry	100-75%	5 points	HMIS	5	5
	74-60%	3 points			
	59-10%	1 point			
	>/= 10%	0 points			
Adherence to Housing First Principles	1 point for each "yes" in a 10 question interview		Interview Attached to Project Application	10	10
CoC Participation - percentage of participation in CoC meetings	100 - 75%	2 points	Rosters & Meeting Minutes	2	2
	> 50%	0 points			
Fund Management - percentage of allocated funds expended during the grant year	100%	3 points	SAGE	3	2
	99-85%	2 points			
	84-70%	1 point			
	> 70%	0 points			

Data Quality - percentage of completeness of client level data in HMIS	100%	3 points	SAGE	**3**	**3**
	99-94%	2 points			
	93-89%	1 point			
	> 89%	0 points			
Permanent Housing Placement - percentage of clients successfully exiting to permanent housing or sae housing when participating in DV projects	100-90%	5 points	SAGE	**5**	**5**
	89-80%	4 points			
	79-70%	3 points			
	69-60%	2 points			
	59-50%	1 point			
	> 50%	0 points			

System Performance Measures

Category	Ruberic		Source	Max	Score
Length of Stay in Project *length of time between when a person enters a project and when they move into a residence	> 30 days	10 points	HMIS	**10**	**10**
	31-60 days	8 points			
	61-180 days	6 points			
	181-365 days	4 points			
	366-730 days	2 points			
	> 730 days	0 points			
Length of Stay in Project (TH Only) *percentage of persons in the project for 9 months or less	> 85%	10 points	HMIS	**10**	**0**
	84-75%	8 points			
	74-65%	6 points			
	64-55%	4 points			
	54-45%	2 points			
	49-25%	1 point			
	< 25%	0 points			
Return to Homelessness - percentage of clients that returned to homelessness after successfully exiting a project.	< 10%	5 points	HMIS	**5**	**5**
	11-40%	4 points			
	41-50%	3 points			
	51-60%	2 points			
	61-90%	1 point			
	> 90%	0 points			
Percentage of Adults with NEW or INCREASED **earned** income	100-90%	10 points	SAGE	**10**	**1**
	89-69%	8 points			
	68-48%	6 points			
	47-27%	4 points			
	26-11%	2 points			
	< 10%	1 point			
Percentage of Adults with NEW or INCREASED **other** income	100-50%	5 points	SAGE	**5**	**1**
	49-38%	4 points			
	37-26%	3 points			
	25-14%	2 points			
	13-6%	1 point			
	< 5%	0 points			

Severity of Needs Criteria

Category	Ruberic		Source	Max	Score
Percentage of Adults with No or Low Income	>80%	4 points	SAGE	4	1
	79-59%	3 points			
	58-38%	2 points			
	37-21%	1 point			
	<20%	0 points			
Percentage of Adults with mental illness	>80%	4 points	SAGE	4	4
	79-59%	3 points			
	58-38%	2 points			
	37-21%	1 point			
	< 20%	0 points			
Percentage of Adults with Alcohol and/or Drug Abuse	> 60%	4 points	SAGE	4	2
	59-39%	3 points			
	38-18%	2 points			
	17-5%	1 point			
	< 5%	0 points			
Percentage of clients that were Chronically Homeless when they entered the project	60%	4 points	SAGE	4	4
	59-39%	3 points			
	38-18%	2 points			
	1-17%	1 point			
	< 5%	0 points			
Percentage of Persons with History or Fleeing DV	60%	4 points	SAGE	4	0
	59-39%	3 points			
	38-18%	2 points			
	17-5%	1 point			
	< 5%	0 points			

Racial Equity/Lived Experience Factors - Narrative Responses

		Ranker Scores		
		Lisa	Tassinda	Elise
Plan to incorporate Lived Experience Feedback	Response clearly defines an established process for soliciting feedback from persons with lived experience and cites specific examples of change in program operations based on feedback = 15 points			15
	Response shows basic understanding of need for feedback and openness to incorporate change = 7 points	7	7	
	Response indicates agency has not attempted to gather feedback or implement changes based on participant input = 0 points			
	Max Score: 15	7	7	15
	Point(s) Awarded: 9.666666667			

Plan to Ensure Racial Equity in Service Delivery	Applicant's plan clearly defines how program will ensure all persons have equal access to services = 15 points			15	15
	Plan shows basic understanding of potential barriers facing persons of color without specific plan to overcome barriers = 7 points		7		
	Plan is vague and poorly-structured, or information is missing = 0 points				
	Max Score:	15	7	15	15
	Point(s) Awarded:	11			

VICTIM SERVICE PROVIDER

Plan to ensure all clients are assisted with safety planning and connected to community resources.	Applicant's plan clearly defines how program will ensure all persons are assisted with safety planning and linked with community resources = 15 points	
	Plan shows basic understanding of the importance of safety planning and resource linkages = 7 points	
	Plan is vague and poorly-structured, or information is missing = 0 points	
	Max Score:	15
	Point(s) Awarded:	N/A

			Max	Score
Agency Successfully Expended Grant Funding	100-98% without budget modifications	5 points		
	3-4% return of funds	4 points		
	5-8% return of funds	3 points	5	2
	9-11% return of funds	2 points		
	13-14% return of funds	1 point		
	> 15% return of funds	0 points		
Agency's Average Cost for Successful Outcomes - Comparing the agency's average with the CoC's average	Equal to or below CoC average	5 points		
	Within 5% average	4 points		
	Within 10% average	3 points	5	5
	Within 15% average	2 points		
	Within 20% average	1 point		
	More than 20%	0 points		

Ranker	Lisa	Tassinda	Elise	Average Score
Total Project Score	80	88	96	88

Racial Equity/Lived Experience Factors - Narrative Responses

	St. Clair County EGD						Caritas	VPC	Comprehensive				CDBG Operations		Chestnut	
	Journey Home	House at Last	Bethany Place	Road Home	Next Step Up	New Horizons	Community Stabilization	VPC Rapid Rehousing	Lighthouse	SUTII	SAVE	Family Living Center	Beacon/Bent	Chestnut Connections	Fairview Heights

Plan to Incorporate Lived Experience Feedback (Scores are averaged based on feedback from four rankers)

Response clearly defines an established process for soliciting feedback from persons with lived experience and cites specific examples of change in program operations based on feedback = 15 points

Response shows basic understanding of need for feedback and openness to incorporate change = 7 points

Response indicate agency has not attempted to gather feedback or implement changes based on participant input = 0 points

Max Score: 15
Points Awarded:

Journey Home	House at Last	Bethany Place	Road Home	Next Step Up	New Horizons	Community Stabilization	VPC Rapid Rehousing	Lighthouse	SUTII	SAVE	Family Living Center	Beacon/Bent	Chestnut Connections	Fairview Heights
7	7	7	7	7	7	15	15	15	15	15	7	7	15	15
7	7	7	7	7	7	15	15	15	15	15	7	7	15	15

Plan to Ensure Racial Equity in Service Delivery (Scores are averaged based on feedback from four rankers)

Applicant's plan clearly defines how program will ensure all persons have equal access to services = 15 points

Plan shows basic understanding of potential barriers facing persons of color without specific plan to overcome barriers = 7 points

Plan is vague and poorly-structured, or information is missing = 0 points

Max Score: 15
Points Awarded:

Journey Home	House at Last	Bethany Place	Road Home	Next Step Up	New Horizons	Community Stabilization	VPC Rapid Rehousing	Lighthouse	SUTII	SAVE	Family Living Center	Beacon/Bent	Chestnut Connections	Fairview Heights
15	15	15	15	15	15	15	15	15	15	15	15	7	7	7
15	15	15	15	15	15	15	15	15	15	15	15	7	7	7

VICTIMS SERVICE PROVIDER

Plan to ensure all clients are assisted with safety planning and connected to community resources.

Applicant clearly defines how program will ensure all persons are assisted with safety planning and linked with community resources = 15 points

Plan shows basic understanding of the importance of safety planning and resource linkage = 7 points

Plan is vague and poorly-structured, or information is missing = 0 points

Max Score: 15
Points Awarded:

VPC	VPC Rapid Rehousing
	7

Total Score
Project Ranking by Score

Journey Home	House at Last	Bethany Place	Road Home	Next Step Up	New Horizons	Community Stabilization	VPC Rapid Rehousing	Lighthouse	SUTII	SAVE	Family Living Center	Beacon/Bent	Chestnut Connections	Fairview Heights
79	87	77	84	88	78	30	90	87	30	30	81	78	82	88

Racial Equity/Lived Experience Factors - Narrative Responses

	St. Clair County COC						Caritas	VPC	Comprehensive					CDBG Operations	Chestnut
Plan to incorporate Lived Experience Feedback (Scores are averaged based on feedback from four rankers)	Journey Home	Home at Last	Bethany Place	Road Home	Next Step Up	New Horizons	Community Stabilization	VPC Rapid Rehousing	Lighthouse	SUT II	SAVE	Family Living Center	Beacon Place	Chestnut Connections	Fairview Heights
Response clearly defines an established process for soliciting feedback from persons with lived experience and cites specific examples of change in program operations based on feedback = 15 points															
Response shows basic understanding of need for feedback and openness to incorporate change = 7 points															
Response indicates agency has not attempted to gather feedback or implement changes based on participant input = 0 points															
Max Score: 15	7	7	7	7	7	7	7	15	15	15	15	7	7	7	15
Point(s) Awarded:	7	7	7	7	7	7	7	15	15	15	15	7	7	7	15

	St. Clair County COC						Caritas	VPC	Comprehensive					CDBG Operations	Chestnut
Plan to Ensure Racial Equity in Service Delivery (Scores are averaged based on feedback from four rankers)	Journey Home	Home at Last	Bethany Place	Road Home	Next Step Up	New Horizons	Community Stabilization	VPC Rapid Rehousing	Lighthouse	SUT II	SAVE	Family Living Center	Beacon Place	Chestnut Connections	Fairview Heights
Applicant's plan clearly defines how program will ensure all persons have equal access to services = 15 points															
Plan shows basic understanding of potential barriers facing persons of color without specific plan to overcome barriers = 7 points	7	7	7	7	7	7	7	15	7	7	7	7	7	7	7
Plan is vague and poorly-structured, or information is missing = 0 points															
Max Score: 15	7	7	7	7	7	7	7	15	7	7	7	7	7	7	7
Point(s) Awarded:															

VICTIM SERVICE PROVIDER

		VPC	
Plan to ensure all clients are assisted with safety planning and connected to community resources.		VPC Rapid Rehousing	
Applicant's plan clearly defines how program will ensure all persons are assisted with safety planning and linked with community resources = 15 points			
Plan shows basic understanding of the importance of safety planning and resource linkages = 7 points			
Plan is vague and poorly-structured, or information is missing = 0 points			
Max Score: 15		15	
Point(s) Awarded:			

	St. Clair County COC						Caritas	VPC	Comprehensive					CDBG Operations	Chestnut
	Journey Home	Home at Last	Bethany Place	Road Home	Next Step Up	New Horizons	Community Stabilization	VPC Rapid Rehousing	Lighthouse	SUT II	SAVE	Family Living Center	Beacon Place	Chestnut Connections	Fairview Heights
Total Score / **Project Ranking By Score**	71	79	69	76	80	70	14	98	79	22	22	73	70	74	88

Racial Equity/Lived Experience Factors - Narrative Responses

	St. Clair County RFB						Caritas	VPC	Comprehensive			CDBG Operations		Chestnut	
	Barrier Break	Phase of Life/Loss	Battery Place	Road Home	Next Step Up	New Horizons	Community Rehabilitation	VPC Rapid Rehousing	Lighthouse	SUTT II	SAVE	Family Living Center	Beacon Place	Chestnut Connections	Fairview Heights

Plan to Incorporate Lived Experience Feedback (Scores are averaged based on feedback from four rankers)

- Response clearly defines an established process for soliciting feedback from persons with lived experience and cites specific examples of change in program operations based on feedback = 15 points
- Response shows basic understanding of need for feedback and openness to incorporate change = 7 points
- Response indicates agency has not attempted to gather feedback or implement changes based on participant input = 0 points

Max Score	15	15	15	15	15	15	15	15	15	15	15	15	15	7	7
Point(s) Awarded	15	15	15	15	15	15	15	15	15	15	15	15	15	7	7

Plan to Ensure Racial Equity in Service Delivery (Scores are averaged based on feedback from four rankers)

- Applicant's plan clearly defines how program will ensure all persons have equal access to services = 15 points
- Plan shows basic understanding of potential barriers facing persons of color without specific plan to overcome barriers = 7 points
- Plan is vague and poorly-structured, or information is missing = 0 points

Max Score	15	15	15	15	15	15	7	15	15	15	15	15	15	7	7
Point(s) Awarded	15	15	15	15	15	15	7	15	15	15	15	15	15	7	7

VICTIM SERVICE PROVIDER

Plan to ensure all clients are assisted with safety planning and connected to community resources.

- Applicant's plan clearly defines how program will ensure all persons are assisted with safety planning and linked with community resources = 15 points
- Plan shows basic understanding of the importance of safety planning and resource linkages = 7 points
- Plan is vague and poorly-structured, or information is missing = 0 points

								VPC Rapid Rehousing							
Max Score								15							
Point(s) Awarded															

Total Score	87	95	85	92	96	86	22	83	87	30	30	89	86	74	80
Project Ranking by Score															

Outlook

New Beginnings voluntary reallocation

From Christina Anderson <Christina.Anderson@co.st-clair.il.us>

Date Mon 10/14/2024 7:43 AM

To bstewart@cbhc1.org <bstewart@cbhc1.org>
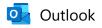
Cc Deb Little <dlittle@pathwaysmisi.org>; Richard Stubblefield <Richard.Stubblefield@co.st-clair.il.us>

Brian:

"This email is to confirm Comprehensive Behavioral Health has voluntarily chosen to reallocate the New Beginnings Permanent Housing Project with a renewal amount of $108,439."

Thank you

Christina Anderson
St. Clair County IGD
CDBG Coordinator
19 Public Square, Suite 200
Belleville, IL 62220
618-825-3218
Christina.Anderson@co.st-clair.il.us

Online: http://www.co.st-clair.il.us/departments/grants
www.facebook.com/StClairCountyIGD

2024-2025 Priority List

From Christina Anderson <Christina.Anderson@co.st-clair.il.us>

Date Sat 10/12/2024 8:19 AM

To bstewart@cbhc1.org <bstewart@cbhc1.org>; darlene.jones@vpcswi.org <darlene.jones@vpcswi.org>; dbonner@cdbgops.org <dbonner@cdbgops.org>; teresa.williams@caritasfamily.org <teresa.williams@caritasfamily.org>; Richard Stubblefield <Richard.Stubblefield@co.st-clair.il.us>; cmoellenhoff@chestnut.org <cmoellenhoff@chestnut.org>

Cc Deb Little <dlittle@pathwaysmisi.org>; Christina Anderson <Christina.Anderson@co.st-clair.il.us>

📎 1 attachments (71 KB)
2024-2025 Priority List St. Clair County IL508.pdf;

All,
Attached is the FY 24 Competition Selection Results for IL508. The scores were formulated by the ranking committee and approved by the board at a Special Board meeting held October 7, 2024. The results are also posted on the St. Clair County website. If you have any questions please don't hesitate to reach out.

St. Clair County/Departments/Intergovernmental Grants/Community Development/Homeless Services

Thank you
Christina Anderson
St. Clair County IGD
CDBG Coordinator
19 Public Square, Suite 200
Belleville, IL 62220
618-825-3218
Christina.Anderson@co.st-clair.il.us

Online: http://www.co.st-clair.il.us/departments/grants
www.facebook.com/StClairCountyIGD

IL 508 FY24 Local Competition Selection Results

Project Name	Score	Rank	Status	Tier	Amount Requested from HUD	Reallocated funds
St. Clair County HMIS	Not Scored	1	Accepted	1	$50,952.00	$0.00
Housing Resource Center	Not Scored	2	Accepted	1	$172,667.00	$0.00
*Step Up to Independence	27.33	3	Accepted	1	$182,999.00	$0.00
*SAVE	27.33	4	Accepted	1	$545,869.00	$0.00
*Community Family Stabilization Program	22	5	Accepted	1	$187,050.00	$0.00
VPC Rapid Rehousing	90.33	6	Accepted	1	$483,763.00	$0.00
Next Step Up	88	7	Accepted	1	$204,073.00	$0.00
Home at Last	87	8	Accepted	1	$49,996.00	$0.00
Fairview Heights Renewal	85.33	9	Accepted	1	$314,684.00	$0.00
Lighthouse Rental Project	84.33	10	Accepted	1	$299,804.00	$0.00
Road Home	84	11	Accepted	1	$54,460.00	$0.00
Family Living Center	81	12	Accepted	1	$351,477.00	$0.00
Journey Home	79	13	Accepted	1	$343,342.00	$0.00
Beacon Place	78	14	Accepted	1	$124,202.00	$0.00
New Horizon	78	15	Accepted	1	$175,778.00	$0.00
				2	$52,284.00	$0.00
Bethany Place Permanent Housing	77	16	Accepted	2	$114,205.00	$0.00
Chestnut Connections - St Clair Renewal	74	17	Accepted	2	$118,529.00	$0
New Beginnings II (new)	39	18	Accepted	2	$113,430.00	$108,439
VPC Rapid Rehousing Expansion (new)	43	19	Accepted	2	$552,335.00	$0.00
East Campus Aspirations (new)	39	20	Accepted	2	$404,234.00	$0.00
Planning Grant	Not Scored		Accepted	N/A	$196,729.00	($108,439)
New Beginnings (voluntary reallocation)	Not Scored		Fully Reallocated	N/A	$0.00	

*First year renewals

IL 508 FY24 Local Competition Selection Results

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*First year renewals

THE CENTER
Comprehensive Behavioral Health Center
of St. Clair County, Inc.

505 South 8th Street • East St. Louis, IL 62201-2919

Joseph Harper, LCSW, MBA, CADC
Executive Director
jharper@cbhc1.org

October 3, 2024

U.S. Department of Housing and Urban Development
SNAPS Office
451 7th Street S.W.
Washington, DC 20410

Dear Sir or Madam:

I request you please accept this letter from Comprehensive Behavioral Health Center of St. Clair County, Inc. (CBHC) in support of the New Beginnings II Permanent Supportive Housing program as part of the FY2024 CoC Competition.

Should this project receive funding, CBHC will commit to providing 4 units of Permanent Supportive Housing funded by a grant from the State of Illinois. This is in addition to the 11 units funded by the HUD New Beginnings II grant and brings the total to 15 units in this program. The value of this commitment is estimated to be $62,112.00.

Additionally, should this program receive funding, CBHC will commit to providing supportive behavioral health and substance use disorder services. The value of this commitment is estimated to be $28,335.00.

Contingent on the successful funding of this project, the units and services will be made available during the time period 10/1/2025 – 9/30/2026.

The New Beginnings II grant will be focused to support the substantial number of people in St. Clair County who are homeless and also have Serious Mental Illness and/or co-occurring Substance Use Disorder.

Our organization is uniquely suited to serving this population of focus. CBHC has been operating in East St. Louis since 1957 providing behavioral health, substance use disorder, and related services to those in need, regardless of their ability to pay. Our staff of clinicians and case managers is trained and experienced in serving this population.

Best Regards,

Brian R. Stewart
Chief Operating Officer

THE CENTER

Comprehensive Behavioral Health Center
of St. Clair County, Inc.

505 South 8th Street • East St. Louis, IL 62201-2919

Joseph Harper, LCSW, MBA, CADC
Executive Director
jharper@cbhc1.org

October 3, 2024

U.S. Department of Housing and Urban Development
SNAPS Office
451 7th Street S.W.
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Best Regards,

Brian R. Stewart
Chief Operating Officer

Phone 618/482-7330 • Fax 618/482-4351 • TDD 618/482-7389
"Over Sixty Years of Reaching Out to Help"