

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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 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

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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	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	No	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	No	Yes
5.	Disability Service Organizations	Yes	No	Yes
6.	EMS/Crisis Response Team(s)	No	No	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	No
8.	Hospital(s)	Yes	No	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
10.	Law Enforcement	Yes	No	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	No	No
12.	LGBTQ+ Service Organizations	Yes	No	No
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

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

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

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.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 with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. Our CoC solicits Board and committee membership annually via a transparent public announcement to the CoC listserv and by posting information on the CoC's public website. We also conduct concentrated outreach to key stakeholders including CoC funded agencies, non-CoC community-based agencies and non-profits, foundations, local and State government groups, elected officials, law enforcement, public health agencies, housing focused agencies, educational institutions, financial institutions, businesses, labor unions, faith-based organizations, and churches to invite their participation. We also outreach to people with lived experience of homelessness and current consumers of our homeless response system via email, flyers, Project Homeless Connect Day events, and through our funded service providers. We communicate the invitation process publicly via the CoC listserv and personal direct outreach to organizations or individuals who represent specific expertise in needed areas. Meetings are open to the public and we post a meeting schedule on the CoC website.

2. Our CoC ensures effective communication with individuals with disabilities (physical, mental, and emotional) by having CoC materials available in accessible electronic formats on its website. This ensures that the CoC addresses homelessness across a variety of subpopulations and provides resources that can easily be ascertained by individuals with disabilities. Since the beginning of the COVID pandemic, our CoC meetings have been held online ensuring that people with physical disabilities are able to attend meetings virtually. Our schedule is posted on the CoC's public website with directions on how to access the virtual meeting.

3. Our CoC Board is racially and culturally diverse including membership from a broad cross-section of service providers and subpopulations and continuously works to ensure that it remains diverse through targeted recruitment of Black, Indigenous, and People of Color (BIPOC), LGBTQ+, and people with disabilities. Our CoC focuses on Diversity, Equity, and Inclusion (DEI) in membership by inviting leaders of local community-based organizations to join the CoC including: the Latino Roundtable, Metro East Pride, Challenge Unlimited and the DHS Division of Rehabilitative Services.

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

1.The Homeless Action Council (IL-508 CoC entity) has a robust strategy for soliciting and considering opinions of those who have an interest in preventing or ending homelessness. The CoC recruits members representing a range of expertise in homelessness/housing, including community-based organizations and neighborhood groups, local and state government groups, housing-focused agencies, and special advocacy groups focused on domestic violence, youth, seniors, LGBTQ+, BIPOC, and Veterans. Each year, the CoC evaluates the current makeup of the Board, committees/workgroups and membership, conducts a needs assessment and identifies gaps. The Executive Board then solicits membership that can provide missing insight. The Rank and Review committee has non-CoC funded representatives to provide objective input and recommendations.

2.The Homeless Action Council holds numerous focus groups and committee meetings, drawing in outside agencies and individuals with expertise and knowledge in a variety of subject areas that affect our local homeless population to improve the delivery of homeless response system services. These issue areas include addressing mental health challenges from hospital discharge through permanent housing. CDBG Public Hearings conducted by IGD also educate the public about the CoC, the Housing Resource Center, and how our community collectively addresses homelessness. In the last year, our CoC has issued more than 150 invitations to public officials, religious organizations, and nonprofits to join the CoC.

3.During our monthly open meetings, we discuss homeless issues and solicit feedback from all present. Based on feedback from meetings held this year, the Homeless Action Council designated historically underserved groups including youth experiencing homelessness and LGBTQ+ as priority populations. After each meeting, we encourage opinions from the dozens of groups and persons to whom we send the meeting minutes. These specific focus groups and committee meetings have led to feedback on improvement of services and suggestions for new approaches, including an employment boot camp for homeless individuals, resulting in several hires. Additionally, Coordinated Entry (CE) was expanded to operate 24/7 to ensure persons experiencing a housing crisis have immediate access to resources.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.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.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,500 characters)

1. During the local competition, our CoC solicited new project applications via a request for proposals (RFP) that was open to all eligible entities regardless of current CoC grantee status. CoC staff shared the RFP for the FY2022 CoC Competition on 08/04/2022 by posting it on the St. Clair County, Illinois website. New project applicants were required to submit a proposal via email. CoC staff and consultants offered technical assistance to all applicants to understand HUD grant requirements and assisted with completing applications within the e-snaps grants management system.

2. Our CoC encourages and gladly accepts proposals from non-CoC agencies. Agencies across St. Clair County were actively encouraged to apply for CoC funds, particularly those agencies who do not currently receive CoC funding as well as agencies promoting equity and access for BIPOC, LGBTQ+, and people with disabilities. The CoC solicitation announcement specifically said “the CoC is open to, and will accept and consider proposals from organizations that have not previously received CoC Program Grants. Organizations that have not received funding in the past are encouraged to apply.”

3. Our CoC required all renewal and new applicants to submit a Letter of Intent to apply, followed by a proposal submitted via email.

4. Our CoC used the nation’s homelessness priorities and coupled them with local priorities to set the overall priorities for ranking projects. In order the priorities were: 1) Ending homelessness by addressing underserved populations and maximizing funding; 2) Reducing homelessness by prioritizing assistance based on community need; 3) Permanent Housing Placement through rapid rehousing; and 4) Project Performance Score that measures the effectiveness of the project in meeting CoC needs. The Rank and Review committee made recommendations to the CoC Board regarding priority list of ranked projects. All projects were notified of a decision via an email outside of e-snaps on 09/14/2022.

5. 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:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.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	Yes
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	Yes
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)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
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)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	n	
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Because you entered information in the "18. Other:" field for question 1C-1., you must select a response from the pull-down menu for this element.

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	
	Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;	
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;	
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and	
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.	

(limit 2,500 characters)

1.Our CoC is in the Illinois Balance of State jurisdiction for ESG purposes. Our CoC worked closely with the Illinois Department of Human Services (IDHS), the Balance of State ESG recipient, to develop performance standards and help ensure that all ESG funded projects comply with performance goals. The CoC provided IDHS with HMIS data and ESG sub-recipient information. CoC staff solicited feedback from the CoC Board and community organizations regarding how the ESG program addresses the homeless population needs in our community. Additionally, in conjunction with IDHS, the CoC created a plan for allocating ESG and ESG-CV funds.

2.Our CoC's Prevention Committee developed performance standards for all ESG projects, which were adopted and implemented in project monitoring. The CoC evaluates outcomes of ESG projects on a quarterly basis throughout the year.

3.All ESG sub-recipients provided both PIT and HIC data for inclusion in the Point-in-Time count and Housing Inventory Count reporting and the same data elements were provided to the Consolidated Plan jurisdiction.

4.CoC staff communicates with the St. Clair County Community Development office, which is our Consolidated Plan jurisdiction, throughout the year and participates in the planning process. This communication allows the Community Development staff to relay the CoC's ideas and concerns regarding the local homelessness challenges and to ensure relevant input is included in the Consolidated Plan updates.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.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 families are not separated.	Yes
3.	Worked with 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 AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.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 VII.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)

1.Our CoC collaborates with several youth education providers to ensure families experiencing homelessness have access to education resources. The CoC has a formal Memorandum of Understanding (MOU) with the Lessie Bates Davis Neighborhood House, an agency serving the St. Clair County community for over 100 years. Lessie Bates operates a variety of early childhood education programs including a home visitation program for families with children birth to age three, as well as Illinois funded programs for three- and four-year-old children, as well as Early Head Start and Head Start programming. They provide after school and youth services and office year-round programming for families living in the St. Clair County Housing Authority’s buildings.

The MOU with Lessie Bates specifies the CoC, and the Neighborhood House will work collaboratively to support homeless individuals/families in accessing Early Head Start and Head Start services and conduct outreach to families with children to ensure access to early childhood education is available for all families. This strategic partnership is intended to ensure children experiencing homelessness or at-risk of homelessness are afforded opportunities for educational success.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Our CoC has a written education policy that requires all ESG and CoC funded providers to inform homeless families with children and unaccompanied youth of their educational rights, including providing written materials, help with school enrollment and linkage to a McKinney-Vento liaison as part of the intake procedures. Our education policy strives to take the educational needs of children into account when placing families in housing and will, to the maximum extent possible, place families with children as close as possible to their school of origin so as not to disrupt the child’s education. The policy states that agencies must “facilitate the enrollment, attendance, and success in school of homeless children and youth. This includes addressing problems due to transportation needs, immunization and residency requirements.” The policy also requires funded providers to post notices of student’s rights at each program site. While school enrollment is a CoC priority, it is not a condition of receiving services.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.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)	Yes	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 Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. Our CoC partners extensively with the Violence Prevention Center of Southwestern Illinois (VPC), which has over 40 years of experience providing shelter, counseling and legal advocacy to victims of domestic violence in southwestern Illinois. VPC is present during CoC meetings in which CoC-wide policies are discussed and contributes to revisions that reflect best practices and lessons learned for serving survivors of DV. Our CoC makes great effort to ensure the voices and perspectives of victims are incorporated when developing and implementing system policies that directly or indirectly impact crime victims. Our CoC Homeless Action Council bylaws require that one seat on the Board is held by a representative from an organization member agency whose mission is to assist victims of domestic violence. This seat is currently held by the Executive Director of VPC. In addition to this board seat, we invite numerous agencies serving survivors of domestic violence, dating violence, sexual assault and stalking to participate in CoC meetings.

2. Our CoC has made it a priority to ensure that all housing and services are trauma-informed and meet the needs of survivors. Our CoC sponsors an annual training conducted by VPC, which highlights best practices in serving survivors. Additionally, our Coordinated Entry System holds a formal evaluation process annually. During the evaluation, feedback may be solicited from coordinated entry staff, participants, and providers. Victim Service Representatives are included in the evaluation process to provide feedback on how the coordinated entry system can better serve DV survivors and ensure that services are trauma informed.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1. Our CoC partners extensively with the Violence Prevention Center of Southwestern Illinois (VPC), which has over 40 years of experience providing shelter, counseling and legal advocacy to victims of domestic violence in southwestern Illinois. VPC is present during CoC meetings in which CoC-wide policies are discussed and contributes to revisions that reflect best practices and lessons learned for serving survivors of DV. Our CoC makes great effort to ensure the voices and perspectives of victims are incorporated when developing and implementing system policies that directly or indirectly impact crime victims. Our CoC Homeless Action Council bylaws require that one seat on the Board is held by a representative from an organization member agency whose mission is to assist victims of domestic violence. This seat is currently held by the Executive Director of VPC. In addition to this board seat, we invite numerous agencies serving survivors of domestic violence, dating violence, sexual assault and stalking to participate in CoC meetings.

2. Our CoC has made it a priority to ensure that all housing and services are trauma-informed and meet the needs of survivors. Our CoC sponsors an annual training conducted by VPC, which highlights best practices in serving survivors. Additionally, our Coordinated Entry System holds a formal evaluation process annually. During the evaluation, feedback may be solicited from coordinated entry staff, participants, and providers. Victim Service Representatives are included in the evaluation process to provide feedback on how the coordinated entry system can better serve DV survivors and ensure that services are trauma informed.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1. Our CoC has one victim service provider (VSP) who provides de-identified data from an HUD/HMIS comparable database to the CoC monthly.

2. The de-identified aggregate data from the comparable database is provided to Coordinated Entry staff monthly. It details the demographics, housing and service needs of individuals within the VSP shelter and CoC funded rapid rehousing programs. The data includes a breakdown of the type of service referrals being provided to affected individuals. This information is integrated with Coordinated Entry data to create a report showing total service referrals by type and outcome. The report is shared with CoC stakeholders during the monthly meetings. The CoC uses this information to evaluate service needs, identify patterns in the CE referral system, isolate bottlenecks and do capacity planning.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

- | | |
|----|--|
| 1. | the emergency transfer plan policies and procedures; and |
| 2. | the process for individuals and families to request an emergency transfer. |

(limit 2,500 characters)

1. Our CoC formally adopted an Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking based on a model plan published by HUD and containing language that references applicable federal guidance including the Violence Against Women Act (VAWA). The policy allows tenants who are victims of DV, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit regardless of the individual’s sex, gender identity, or sexual orientation. This formal written policy was sent out to all CoC members and service providers via email and is included in the participant intake packet. CoC funded service providers are expected to post the policy publicly and inform all tenants of their rights under the emergency transfer policy and procedures.

2. CoC funded service providers are expected to inform all tenants of their rights under the emergency transfer plan and the process for requesting a transfer. Under the policy, tenants who want to request an emergency transfer must notify their case manager by submitting a written request for a transfer to their case manager. The housing provider will provide reasonable accommodations to this policy for individuals with disabilities.

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1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC’s geographic area.

(limit 2,500 characters)

Our CoC Coordinated Entry Policy ensures that all persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking will have immediate and confidential access to available crisis services, including shelter and housing, within St. Clair County. Persons fleeing DV can contact the Violence Prevention Center’s 24-hour crisis hotline to gain access to services immediately.

Our trained CE staff members also use specific questions to identify persons who are fleeing or attempting to flee DV, dating violence, sexual assault, or stalking. CE immediately connects these persons to the Violence Prevention Center. This assures that such persons have safe and confidential access to emergency services such as DV counseling, advocacy, shelter, and rapid rehousing, as well as comparable coordinated entry process.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry includes:

1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1.The CoC's Coordinated Entry committee has created a Coordinated Entry Policy and Procedures Manual and a Coordinated Entry Workflow document to formalize the CE policies and document each step in the assessment/prioritization process. The workflow document prioritizes client safety in the CE process by defining specific trauma-informed questions staff are to ask at the beginning of an assessment interview to determine if a client is at risk, and the corresponding steps to follow for individuals who identify as victims in need of assistance.

The CE staff are trained to interact with callers seeking assistance in a trauma-informed, victim-centered manner using a calm voice, being sensitive to the feelings of individuals reaching out for help, asking if the caller is safe, validating the importance of their call, and asking questions in a non-judgmental way that builds rapport and trust.

2.VSP personnel have assisted the CoC is defining intake and referral protocols that guide how connections are made between the CE staff and a service provider. CE staff can facilitate a warm handoff to the local VSP by making a phone call and connecting the survivor immediately. VSP staff will assist the client in accessing services from that point forward.

3.The CoC's Coordinated Entry Policy and Procedure Manual includes a defined Domestic Violence protocol for CE staff to follow when engaging with an individual who is fleeing an abusive or dangerous situation. The protocol instructs CE staff to (a) confirm the person is safe and can talk freely (b) offer to contact law enforcement on their behalf (c) offer to connect the individual with an agency that can help them. It further states no record of the action is to be kept. With the caller's permission, CE staff initiate a warm hand-off to the Violence Prevention Center (VPC). The person's identity is kept confidential to ensure their safety.

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

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
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 policies manual includes an anti-discrimination policy with language that mirrors HUD’s Form 424-B. Our CoC-wide anti-discrimination policy includes reference to applicable laws such as Title VI of the Civil Rights Act, the Rehabilitation Act, the Age Discrimination Act, and the Fair Housing Act. Our policy ensures that LGBTQ+ individuals and families are provided CoC services free of discrimination and in accordance with HUD’s Equal Access to Housing Final Rule (2012) and HUD’s Equal Access to Gender Identity Final Rule (2016). All CoC funded programs in St. Clair County are open to eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Our CoC routinely engages our homeless service providers, including our Coordinated Entry lead agency, to solicit feedback on ways to further safeguard against discrimination in service delivery and access to shelter and housing. Providing culturally competent and sensitive services to LGBTQ+ persons is of critical importance to our CoC.

2. All homeless service providers 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. In October 2021, our CoC conducted annual training for CoC providers on HUD’s Equal Access Rule protections for sexual orientation, gender identity, and marital status. The training covered both the Final Rule and Gender Identity Rule. In addition to the CoC-wide Equal Access training, our CoC provides technical assistance to providers during annual program monitoring and ad hoc throughout the year.

3. The CoC evaluates each homeless service provider’s compliance with anti-discrimination policy standards during annual program monitoring.

4. The CoC addresses non-compliance with anti-discrimination policy standards through the annual program monitoring process. Service providers without an anti-discrimination policy will be supported by the CoC to make corrective actions by developing a policy or modifying an existing policy to meet best practices as outlined in HUD’s Equal Access Rules. Programs are given a finding and have 30 days to resolve the finding. If the finding is not resolved there is a formal written process in which HUD is notified. We also review reasons for program discharge to ensure anti-discri

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section VII.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 FY 2021 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 and Housing Choice Voucher Program During FY 2021 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 the City of East St. Louis	0%	No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.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 works diligently with the two local Public Housing Agencies (PHA) to 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. Currently the Planning Committee is working with the East St. Louis Housing Authority to obtain a preference. A draft of the policy has been developed and will have to be approved by the East St. Louis Housing Authority Board of Commissioners. The Strategic Planning Committee continues to work to reach its goal of obtaining a homeless admission preference policy with the East St. Louis Housing Authority during the next program year. Our CoC also has a board seat reserved for a representative of a local PHA.

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 VII.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 VII.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 VII.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
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA

St. Clair County ...

1C-7e.1. List of PHAs with MOUs

Name of PHA: St. Clair County Public Housing Authority

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

1. Foster Care	No
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.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 2022 CoC Program Competition.	16
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 2022 CoC Program Competition that have adopted the Housing First approach.	16
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 2022 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 VII.B.1.i.	

Describe in the field below:

1. how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2. the list of factors and performance indicators your CoC uses during its evaluation; and
3. how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. We verify renewal applicants operate low barrier, client centered programs during the local competition by reviewing monitoring reports that verify a project’s operating policies align with Housing First. New project applicants must agree to follow basic Housing First tenants. These elements are used as threshold criteria in the project review process. If an applicant does not agree to the items in the Housing First Quick List, the application is not considered and scored.

2. Our performance indicators are the following::

- i. Access not contingent on sobriety, income, criminal record, treatment, participation in services, or other unnecessary conditions.
- ii. Do not reject persons based on poor credit or rental history or minor criminal convictions.
- iii. People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy.
- iv. Programs use Coordinated Entry to find individuals housing.
- v. Housing and service goals are tenant-driven.
- vi. Supportive services emphasize engagement and problem-solving
- vii. Participation in services or compliance with service plans are not conditions of tenancy,
- viii. Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction are part of some tenants’ lives.
- ix. Substance use in and of itself, without lease violations, is not considered a reason for eviction.
- x. Tenants in PSH are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
- xi. Tenant eviction is avoided whenever possible.

New projects must agree applicants can enter a program 1) without income 2) without being clean and sober or treatment compliant 3) with prior criminal justice system involvement. Service and treatment plans are voluntary. Tenants cannot be evicted for not following through.

3. Our CoC also evaluates projects outside our CoC competition through annual project monitoring to ensure housing first principles are followed. During our evaluation, we utilize a housing first assessment tool based on the USICH Housing First Checklist. We review program policy and procedure documents to ensure projects are low barrier and all policies governing admissions, program participation and program discharge align with Housing First tenants.

1D-3.	Street Outreach—Scope.	
	NOFO Section VII.B.1.j.	
	Describe in the field below:	
	1. your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;	
	2. whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;	
	3. how often your CoC conducts street outreach; and	

4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
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(limit 2,500 characters)

1. Our CoC’s outreach team consists of three agencies that conduct street outreach. These three agencies – St. Vincent de Paul, Supportive Services for Veteran Families (SSVF), and Comprehensive Behavioral Health Center – provide street outreach three days per week. Also, one agency offers a free meal daily as an outreach activity. Our small, skilled outreach teams work to engage and stabilize the most vulnerable people experiencing unsheltered homelessness in St. Clair County by providing practical support, information and referral, in-depth assessment, and encouragement to visit Coordinated Entry for connection to available shelter and housing options. Additionally, as part of our CoC’s special outreach efforts, the St. Clair County Transit Authority has contracted with Chestnut Health System to have their staff ride Metrolink (our light-rail system) to engage homeless individuals in services.

2. Our Outreach staff covers 100% of the geographic area of St. Clair County.

3. Our outreach team provides street outreach three days per week. Outreach workers go to locations where people experiencing homelessness, both unsheltered and sheltered, can be found. For people whose first language is not English, we have brochures and print material in Spanish, and the Latino Roundtable joins in outreach. We have translators on call for several non-English languages and interpreters for persons with hearing impairments. For the persons with sight impairments, we have large-print publications. The coordinated entry center is fully accessible for persons with disabilities.

4. Our outreach team customizes their work to reach people experiencing homelessness who are often unlikely to request help. Our Outreach workers are aware of levels of engagement for individuals who are least likely to ask for assistance. The training allows the outreach staff to adjust their approach when they go to homeless encampments. For individuals who are not yet ready to accept services, outreach workers continue to engage and build motivation to ensure services are available when they are needed.

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

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC’s geographic area:
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		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	19	38

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.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:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area; |
| 2. | works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and |
| 3. | works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff. |

(limit 2,500 characters)

1. Our CoC disseminates up-to-date information on the availability of mainstream resources (including SSI/SSDI, food stamps, Medicaid, TANF) and other assistance information (including substance use and mental health treatment programs) for homeless program participants to projects during our monthly meetings and through email updates.

2. Our CoC collaborates with healthcare organizations through partnerships with public health departments, health care providers, and health insurance agencies, as well as substance use and mental health treatment providers. We currently have partnerships with St. Clair County Health Department, Molina Healthcare, Southern Illinois Healthcare Foundation, and East Side Health Service. We also refer individuals age 60+ to AgeWise, a local agency focused on elder care, which enrolls clients in Medicare programs at no cost. Many of our CoC-funded providers, including our largest PSH provider, Chestnut Health System, offer mental health and substance use treatment to participants directly.

3. While many agencies within our CoC already have SOAR certified case managers, our CoC regularly encourages providers and their program staff to participate in the web-based SOAR online course to learn how to effectively gather documentation and submit a complete and thorough SSI/SSDI application packet to SSA and remove barriers to access for vulnerable clients. A link to the SAMHSA website that hosts the SOAR training curriculum is included on the CoC's website.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

Our CoC currently funds two emergency shelter programs: Catholic Urban Programs Holy Angels Shelter (CUP) and Violence Prevention Center of Southwestern Illinois (VPC). CUP is a 25-bed traditional congregate shelter program for women, children, and families and VPC is a 28-bed non-congregate emergency shelter for Domestic Violence survivors and their dependent children. St. Clair County also has several more transitional housing programs for survivors of domestic violence.

During COVID-19 pandemic, our CoC recognized the importance of developing additional non-congregate shelter opportunities for people experiencing homelessness to prevent the spread of infectious disease and protect highly vulnerable individuals, such as seniors and people with underlying health conditions. Our CoC used ESG-CV funds to provide temporary non-congregate emergency hotel rooms to isolate and quarantine people experiencing homelessness. We continue to provide this resource for clients who are COVID or Monkey Pox positive.

Our CoC is also considering developing a new, non-congregate, Permanent Supportive Housing site at Charles Gardens, a former Senior Assisted Living Facility in Fairview Heights, Illinois. While still in the planning stages, this housing development could provide additional non-congregate private room opportunities to people experiencing homelessness in St. Clair County.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. Our CoC maintains a strong partnership with local and state public health agencies including the St. Clair County Health Department and Regional Rapid Response Team. Our COC Board membership also includes representatives from the St. Clair County Health Department, Southern Illinois Health Care Foundation, and East Side Health Services. Throughout the COVID-19 pandemic, the St. Clair County Health Department, in consultation with the Illinois Department of Public Health and Federal Centers for Disease Control and Prevention (CDC), developed written guidance for homeless service providers on COVID-19 disease prevention, mitigation, and response. The homeless guidance included best practices for infectious disease prevention in congregate settings including vaccination and testing strategies, masking, bed spacing and social distancing, hand washing, symptom screening, and site cleaning and disinfecting. The guidance also provided recommendations for improving site ventilation and other physical facility layout considerations as well as protocols for outbreak response including points of contact at the Health Department. Our CoC continues to partner with local and State public health officials on infectious disease guidance and response for vulnerable homeless populations, especially those who are unsheltered or living in congregate settings. Our CoC is currently working with the local Health Department on guidance in response to the emerging Monkey Pox health emergency. The Health Department is providing regular updates about disease transmission rates, educational information on the characteristics of the disease, treatment and isolation protocols and the most effective prevention strategies.

2. During the COVID pandemic, our CoC worked closely with the St. Clair County Health Department on implementing CoC-wide measures to prevent infectious disease outbreaks among vulnerable people experiencing homelessness, especially those who are unsheltered or living in a congregate setting. In addition to issuing and implementing the written public health guidance to homeless services providers, our CoC continues to provide alternative housing resources to people experiencing homelessness to Isolate and Quarantine, if COVID or Monkey Pox positive. Our CoC also worked closely with St. Vincent De Paul to distribute PPE to all of our homeless service providers.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating 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.Our CoC utilizes a “whole community” approach to preventing, mitigating, and responding to infectious disease outbreaks. This approach, recommended by both FEMA and CDC, considers infectious disease preparedness a shared responsibility, involving the engagement of many key stakeholders, not just the government. The St. Clair CoC connects with key partners to ensure easy communication when preparing for and responding to infectious disease cases such as COVID-19 and Monkey Pox. Our partners include local and State Health Departments, Homeless Service Providers, local government leadership, emergency management, health care providers, housing authorities, and law enforcement.

At the beginning of the COVID-19 pandemic, St. Clair County’s Emergency Management Agency held daily COVID-19 press briefings to inform the public about local COVID-19 case prevalence, public health advisories and guidance, and best practices to prevent the spread of COVID-19. These press briefings are now held monthly. In addition to these county-wide public health briefings, the CoC shared the latest public health guidance at our regularly scheduled CoC meetings to ensure providers are informed. Our CoC acts as the main intermediary between the local public health department and CoC homeless service providers.

2.The CoC is part of the Regional Response Team, a collaborative of social service providers, public health agencies and local hospitals to obtain and disseminate information related to the containment of infectious disease outbreaks among the unhoused. The RRT partnered with Washington University School of Medicine, Affinia Healthcare and several local doctors to provide infectious disease technical support to shelters and outreach groups in the region. They created a series of resource documents defining “best practices for agencies serving the unhoused community”. This includes: a) Shelter checklist to help shelters think through the various areas throughout a shelter space to help minimize disease risks for staff and those served in the shelter b) COVID-19 FAQ: Created to provide framework for shelters and outreach providers to talk to their staff and the unhoused about COVID-19, c) Flu vs. COVID-19 handout: Created to help educate shelter and outreach staff and the unhoused on the differences between flu symptoms and COVID-19 symptoms.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. Our CoC’s coordinated entry system covers 100% of the St. Clair County geographic area. Our outreach efforts extend to all homeless service providers, police departments, community churches, and township offices.

2. Our CoC’s coordinated entry system provides a standardized assessment process to all coordinated entry participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis in St. Clair County. Our coordinated entry system has standardized protocols for a six-phase triage and assessment process which collects only enough participant information to prioritize and refer participants to available housing and support services. The standardized six phase process includes: (1) emergency triage; (2) diversion and/or prevention screening; (3) crisis services intake; (4) housing and service assessment; (5) comprehensive assessment and prioritization; and (6) updated assessment as needed and ongoing.

3. Our CoC conducts regular and ongoing evaluation of the coordinated entry system to ensure that improvement opportunities are identified, that results are shared and understood, and that the CE system is held accountable. Our CoC holds a formal coordinated entry evaluation process annually. During the evaluation, feedback may be solicited from coordinated entry staff, participants, and providers. Evaluators select participants randomly from within specified groups (e.g. participants referred to Rapid Re-Housing). Areas of inquiry include:

- a.Coordinated Entry Coverage Area - Are all geographic areas of CoC covered?
- b.System Gaps
- c.What is the actual demand for CoC crisis response services?
- d.Is demand effectively managed by the available resources and CoC assets?
- e.What is the distribution of referrals by project type?
- f.What are the patterns of referral rejections (rates, reasons, providers)?
- g.Assessment Process
- h.Is participant assessment data complete, accurate and timely for referral process?
- i.Is assessment process respectful of participant preferences, culturally appropriate and trauma informed?
- j.What is the length of time from referral to placement in PSH.
- k.Are prioritized populations being successfully referred and enrolled in available housing and services?

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	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 preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1. Our outreach efforts extend to all homeless service providers, police departments, community churches, and township offices. Coordinated entry staff work with local agencies engaging unsheltered homeless individuals. Most individuals are chronically homeless, have mental health or substance abuse issues and are hesitant to apply for assistance. The coordinated entry staff, in tandem with crucial outreach workers, develop and maintain a by-name list of these individuals. Additionally, as part of our CoC’s special outreach efforts, the St. Clair County Transit Authority has contracted with Chestnut Health System to have their staff ride Metrolink (our light-rail system) to engage homeless individuals in services.

2. Our CoC’s coordinated entry assessment process prioritizes those most in need of assistance. Our CE uses scores from a Risk Frailty Matrix as a general guide to indicate which types of housing are recommended for a household. Our prioritization also considers factors related to overall length and nature of homelessness, safety, financial resources, support systems, specific health conditions, as well as other factors. Persons are referred to housing and services based on the vulnerability reflected in the Risk Frailty score, their chronic homelessness status, and their suitability for available housing.

3. Coordinated entry staff follow-up with all participants who have been referred to services to ensure they have connected with an agency who can address their needs. CoC Coordinated Entry policies require agencies to respond to referrals within 3 days to minimize delays in connecting persons to housing and/or services. The CoC reviews referral data monthly to verify clients are being connected to services quickly and efficiently.

4. As a low barrier CoC, our Coordinated Entry system engages and enrolls eligible persons in homeless assistance projects regardless of perceived barriers such as lack of income, lack of sobriety, presence of criminal records, or historical noncompliance with program requirements. Our CoC is continuously working to identify system practices and individual project eligibility criteria which may contribute to excluding participants from services and works to eliminate those barriers.

1D-10.	Promoting Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section VII.B.1.q.	

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.	09/28/2021

1D-10a.	Process for Analyzing Racial Disparities–Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

	Describe in the field below:
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. Our CoC has reviewed and analyzed HUD's CoC Racial Equity Analysis Tool.

2. Data for CoC IL-508 (St. Clair County) shows that the total population of St. Clair County is 270,246 and has a racial distribution of 65% white, 29% black, and 4% other/multi-racial. This compares to St. Clair County's homeless population of 93 people (as gathered in the PIT count) which has a racial distribution of 15% white, 82% black, and 2% other/multi-racial. The disproportionate rate of homelessness among black residents of St. Clair County is further illustrated in the number of individuals in families with children experiencing homelessness of which there are 56 and the racial distribution is 4% white and 82% black. It is also worth noting that racial equity issues also exist when reviewing racial distribution data for St. Clair County's 38,525 people living in poverty of which 60% are black, a figure which is significantly higher than the general population. In all, our CoC recognizes how both poverty and homelessness (and specifically family homelessness) disproportionately impacts Black, Indigenous, and People of Color (BIPOC) communities in our local jurisdiction.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is 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.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	

12.		
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1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Our CoC recognizes how both poverty and homelessness disproportionately impact BIPOC communities and is taking several critical actions to improve racial equity across the homeless response system. Our CoC is working to center Diversity, Equity and Inclusion in CE assessments, prioritization, and placements. For example, when our CoC’s CE System learned that the VI-SPDAT assessment tool used to prioritize people experiencing homelessness for housing resources was found to contain racial bias, the CoC immediately instructed its Coordinated Entry Committee to research other instruments and recommend one that does not contain bias. The Committee contacted other CoCs, educated itself about unbiased assessments, and found a tool that has been approved by the Racial Equity Committee and adopted for use at a nearby CoC. Our CoC now uses an unbiased Frailty Matrix for guidance in prioritizing people for housing resources. Our Coordinated Entry Committee also routinely monitors referrals and outcomes by race and ethnicity categories.

Since BIPOC communities are consistently over-represented in the homeless population, our CoC has been working to recruit more diverse leadership on our CoC Board as well as encouraging BIPOC leadership among funded CoC service providers. Several providers have BIPOC leadership that is fully representative of the persons being served. All providers disaggregate data by race and analyze it for inequities. Providers have persons with lived experience in leadership and coordinate with LGBTQ+ and disability organizations. One provider recently adopted a Strategic Plan for Diversity, Equity and Inclusion and created a new staff position to implement the plan.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Our CoC recognizes how both poverty and homelessness disproportionately impacts BIPOC communities. We are working closely with our CoC service providers and Coordinated Entry lead to address these racial disparities. We plan to develop a semi-annual racial equity data report that can be shared with the Board.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section VII.B.1.r.	

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 decision making processes.

(limit 2,500 characters)

Our CoC has taken several steps to outreach and engage people with lived experience of homelessness and center their voices in leadership roles and decision-making processes. Our CoC Board has one seat dedicated to an individual experiencing homelessness who is also a consumer of our homeless response system services. We are also actively recruiting to fill a second Board seat with another individual with lived experience. The CoC has sent several email blasts to CoC members and service providers seeking to recruit individuals with lived experience to join the Board or take on meaningful leadership or advisory roles within the CoC. We also outreach to the community and promote attendance at our CoC monthly meetings. Each meeting has a public comment section in which the community is asked for feedback on policy decisions, service delivery within the homeless response system, and/or general comments. Our CoC is routinely working to engage more people with lived experience to join our CoC to participate in CoC committees, subcommittee, or workgroups; provide input on the local planning process; and review and recommend revisions to local policies addressing homelessness such as coordinated entry, services, shelter, and housing.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five 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.	Included and provide input that is incorporated in the local planning process.	1	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	1	0
3.	Participate on CoC committees, subcommittees, or workgroups.	0	0
4.	Included in the decisionmaking processes related to addressing homelessness.	1	0
5.	Included in the development or revision of your CoC’s local competition rating factors.	1	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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)

Our CoC has several key strategies for strengthening pathways to professional development and employment opportunities for people with lived experience of homelessness in St. Clair County. First, we have developed partnerships with state and local workforce development boards to promote employment opportunities and co-enrollment in workforce and homeless assistance programs. Our CoC also works with several mainstream employment organizations authorized under the Workforce Innovation and Opportunities Act (WIOA). Our CoC Collaborative Applicant is the St. Clair County WIOA administrator. Several mainstream employment organizations are also members of our monthly HAC meetings. Each month they inform project staff of employment and professional development opportunities for participants. This partnership has led to several referrals to employment organizations and has increased skill-building and job readiness for many clients.

Second, our CoC promotes partnerships and access to employment opportunities with private employers and private employment organizations by holding job fairs and outreaching to employers directly. This past year, we held our annual Project Homeless Connect job fair and several homeless or formerly homeless individuals secured jobs at the event. The event also helped individuals with needed paperwork and obtaining identification and social security cards, which are often prerequisites for securing a job. Other strategies utilized by the CoC include reviewing current employment opportunities at every monthly HAC meeting, and partnering with the state employment service agencies, and resume writing, interviewing, and job searches.

Finally, our CoC held several project-specific employment boot camps for project participants. These boot camps are a collaboration of project staff, employment agencies, and employers. CoC funded projects work with a variety of agencies, such as the Workforce Development Group of St. Clair County, to connect clients to local employers as well as professional development opportunities including internships, continuing education, and skill-based training programs.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1. how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2. the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1. Our CoC gathers feedback from people with lived experience of homelessness and current consumers of our CoC or ESG services in several ways. Our CoC recently developed a lived experience survey instrument to be administered at our next Project Homeless Connect Day event. The survey responses will be used to inform our community’s response to preventing and ending homelessness and in prioritizing and enhancing services to those seeking shelter, housing, and other services in St. Clair County. This trauma-informed survey for people experiencing homelessness collects critical information including: demographics, experience and length of homelessness, barriers to accessing shelter, experience in shelter, housing readiness, and unmet needs. In addition to the CoC’s lived experience survey, many of our CoC-funded providers, including our largest PSH provider, administer annual Recovery Oriented Services Inventory surveys to every program client upon exit as well as client feedback surveys throughout the year. PSH providers also hold monthly community meetings with clients to gather feedback on service delivery, facilities, safety, community, and unmet needs. Finally, our Coordinated Entry information packet includes a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed out by participants if they believe the nondiscrimination policy has been violated in their case during the Coordinated Entry process.

2. Several people with lived experience within our CoC have noted a lack of meaningful employment opportunities or an inability to access employment in St. Clair County. We addressed this feedback by connecting these individuals to local workforce development agencies. A number of these individuals were matched with an apprenticeship program and have been developing critical job and life skills to become self-sufficient.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that 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)

1. In the past 12 months our CoC has taken significant steps to educate, engage, and influence key stakeholders to further increase affordable housing supply for people experiencing homelessness. First, we spearheaded a homeless education campaign by sending key government personnel including the Mayor, elected officials, and law enforcement important statistics and information about the state of homelessness and the critical unmet need in affordable housing development. Second, we engaged local leadership in targeted discussions about new affordable housing projects. Our CoC has partnered with St. Clair County to identify a list of viable unused land that can be used for future affordable housing projects for the homeless. We have also had several meetings with the County Board Chairman about financing for a new housing project at Charles Gardens, a former senior living facility in Fairview Heights, Illinois. At this meeting, we discussed long term project financing and gaps in funding. As this project progresses, our CoC will advocate to the appropriate government agencies to eliminate red tape. Our CoC has a strong working relationship with the Mayor and other elected officials. We will continue to use these avenues to address NIMBY (Not In My Backyard) opposition to our projects.

2. In addition to our CoC's targeted education, engagement, and influence campaigns with local officials, St. Clair County conducted its own proprietary Analysis of Impediments to new housing construction in the local area which was attached as an appendix to the 2020-2024 Consolidated Plan. The Analysis of Impediments report presents both barriers and goals to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing, including: patterns of community opposition, lack of fair housing education, regional collaboration or lack thereof, location of employers, availability, frequency or reliability of public transportation, and presence and location of proficient schools. This report is provided to all municipalities. Our CoC has reviewed the results of this analysis and plans to work collaboratively with the County to overcome any highlighted barriers to new homeless housing development.

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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC’s local competition.	08/05/2022
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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 VII.B.2.a., 2.b., 2.c., and 2.d.	

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.	No
5.	Used data from comparable databases to score projects submitted by victim service providers.	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 VII.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)?	83
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 VII.B.2.d.	

- Describe in the field below:
- | | |
|----|---|
| 1. | how your CoC collected and 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. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(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 did not include a metric to analyze the length of time it takes to house people in permanent housing.
3. The severity of needs and vulnerabilities prevalent within the population of program participants was determined by examining the values for four APR questions; Cash Income Sources (#16), Physical and Mental Health Conditions at Start (#13a1), Persons with a History of Domestic Violence (#14a) and Number of Chronically Homeless Persons (#26b). Projects where more than 80% of adults in a project had less than \$501 in income at project start received 4 points, 79-59% = 3 points; 58-38% = 2 points; 37-21% = 1 point; less than 20% = 0 points. The same scoring rubric was used for Adults with Mental Illness. Projects where more than 60% of adults in a project had a substance abuse issue received 4 points, 59-39% = 3 points; 38-18% = 2 points; 17-5% = 1 point; less than 5% = 0 points. The same scoring rubric applied when evaluating the project population of chronically homeless individuals and persons with a history or fleeing domestic violence.
4. The CoC ranked projects for the Priority List based on their score in the evaluation process. The exception was the Coordinated Entry and HMIS renewal projects were ranks #1 and #2 on the Priority List because the CoC views these as infrastructure projects that are essential to the CoC’s operation.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
	1. how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
	2. how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
	3. how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
	4. how your CoC rated and ranked projects based on the degree to which their project has 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.	

(limit 2,500 characters)

1. Given the racial disparities in homelessness in St. Clair County, our CoC has sought to focus issues of Diversity, Equity, and Inclusion (DEI) at the center of our local competition Rank and Review process by proactively recruiting and including BIPOC communities and people with lived experience of homelessness.

2. Our CoC created two rating tools to use in FY 2022 CoC competition. One tool for New Projects and another for Renewal Projects. The tools were designed and approved by the CoC's Executive Board, a group of people of which approximately 38% are people of color.

3. 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 66% people of color. Once they completed their ranking, the Executive Committee gave the final approval for the ranking of projects in the Priority Listing. The Executive Board is a group of which approximately 38% are people of color and one person has lived experience of homelessness.

4. The New Project rating tool included a narrative question asking the Project Applicant to define a plan to "ensure racial equity in the delivery of services, including steps the program will take to identify and overcome barriers to participation faced by persons of color" The scoring rubric awarded 4 points for projects with a focus on racial equity and zero points for a lack of racial equity.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.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 projects through this process during your 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 determined it was not prepared to recommend projects for reallocation because clear processes for the recapturing of funds were not defined.
2. Our CoC did identify one project with management/performance issues prior to the beginning of the competition.
3. Our CoC did not reallocate any projects during the competition.
4. Our CoC chose not to reallocate the three projects in question based on guidance from the HUD Field Office. Instead, we elected to transfer each project to another provider. The decision was based on the following rationale: (a) the housing units attached to the projects were important to the CoC and the desire was to retain the housing; (b) reallocation would have caused a large number of clients to lose their housing which would have put a strain on the coordinated entry system and cause persons to return to homelessness; and (c) the projects served priority populations within the CoC (HIV/AIDS, Mental Health) and the CoC wanted to retain the services for these populations.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	No
3.	If you selected Yes for element 1 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 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	

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

	<p>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 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.</p>	09/14/2022
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1E-5b.	Local Competition Selection Results—Scores for All Projects.	
	<p>NOFO Section VII.B.2.g. You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.</p>	

	<p>Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank—if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.</p>	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	<p>NOFO Section VII.B.2.g. You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.</p>	

	<p>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.</p>	
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You must enter a date in question 1E-5c.

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

	<p>Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.</p>	
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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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 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
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Multiple CoCs
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/25/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.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 databases that meet HUD’s comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 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. Unlike other VSPs in Illinois, the Violence Prevention Center elected to discontinue use of the Infonet software - which was not compliant with HMIS standards. The agency has migrated to a new software platform that meets HUD's comparable database requirements. This transition enables the agency to improve their reporting capabilities and makes them compliant with the requirements associated with their CoC funding.

2. Yes. The HMIS is compliant with the 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	51	25	26	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	135	0	127	94.07%
4. Rapid Re-Housing (RRH) beds	38	23	15	100.00%
5. Permanent Supportive Housing	266	0	241	90.60%
6. Other Permanent Housing (OPH)	84	0	84	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.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)

All coverage rates are above 84.99%. The Housing Inventory Chart in HDX shows 38 RRH beds and indicates =23 beds are associated with a VSP. This makes the coverage rate 100%. However, that is not shown in the 2022 HDX Competition report. The report has an error. Conversely, an input error on the CoC's part is causing the EHV vouchers to appear as non participating in HMIS. This is incorrect. These beds are included in the HMIS and reflected in our data.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
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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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/24/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/25/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1. Our CoC engaged a youth service provider to participate in the 2022 PIT count. Due to the omicron COVID variant surge in January, our CoC received a waiver to postpone the PIT count to February. Normally, our CoC aligns the PIT count with our Project Homeless Connect (service fair) event to increase outreach and engagement of unsheltered homeless individuals, including youth. However, we canceled the service fair to minimize the risk of spreading COVID among participants and staff.
2. We did not involve youth in the actual count due to the infection risk
3. We did not identify any youth “hot spots”

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.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 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC’s PIT count results; or	
	4. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1. There were no changes to the sheltered count methodology.
- 2.. The CoC did not have an unsheltered count in 2021 due to COVID 19 infection rates. In January of 2022, the omicron COVID variant surge prompted the CoC to request and receive a waiver to postpone the PIT count to February. Normally, our CoC aligns the PIT count with our Project Homeless Connect (service fair) event to increase outreach and engagement of unsheltered homeless individuals. However, we canceled the service fair to minimize the risk of spreading COVID among participants and staff. The cancellation of the service fair
3. The sheltered count in 2022 is higher than 2021 because social distancing practices were becoming less stringent and ESG CV money was being used for hotel rooms for persons who had been unsheltered. The unsheltered count was higher in 2022 when compared to 2021 because there was no count in 2021. The count was lower than the previous unsheltered count in 2020 because the CoC did not have a services fair in connection with the unsheltered count.

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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.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. Our CoC conducted a risk factor analysis of coordinated entry intake and assessment data and reviewed the outcome of the analysis with the CE 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) the amount of rent; f) support system of family or friends in the area; and g) a high Risk Frailty Matrix score. We made appropriate adjustments to the assessment protocols to ensure risk factors are being adequately identified at intake.

2. Our CoC is focused on homelessness prevention and providing referrals to prevent eviction for individuals who are not yet homeless. IGD functions as the central point of contact (hub), and provides support with mortgage, rent and utility assistance (\$10,800,000 this year), as well as providing referrals to community agencies who can provide additional supports. CoC supported agencies, and community agencies often refer people to IGD for prevention services. In situations where people reach the Coordinated Entry staff, staff complete a triage assessment 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 CE project provides the CoC with monthly reports detailing the number of referrals made - broken out by referral type (shelter, food, community services, etc.) and referral status (need met, unable to assist, pending). These reports enable the CoC to identify high priority needs in the region, assess the CoC's ability to respond to community needs and ensure funded projects are quickly responding to households to prevent them from becoming homeless.

3. The organization responsible for overseeing the CoC's strategy on reducing or ending the number of first-time homelessness is the Homeless Action Council Planning Committee.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.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 on the day of admission to transitional housing or emergency shelter, and then 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 use the CoC Prioritization List to identify who has been homeless the longest and is most vulnerable and refer the household to available housing. Additionally, the CoC is expanding its landlord engagement efforts to increase the availability of suitable housing for Rapid Rehousing participants. Rapid Rehousing providers are having success engaging with small, private landlords and building relationships that are creating additional rental capacity. Providers indicate they are able to attract landlords by emphasizing the high level of support tenants receive from case managers which minimizes problems, and the convenience of having a single point of contact to reach out to if there is a tenant issue.

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 Planning Committee is responsible for overseeing the CoC’s strategy to reduce length-of-time homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC’s Strategy	
	NOFO Section VII.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 play 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.

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 Planning Committee is responsible for overseeing the CoC's strategy to increase the rate of individuals and persons in families in permanent housing.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.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 of additional returns 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 assessment questions and Frailty Matrix 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 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 the 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.

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 VII.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 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. Our CoC has held several project-specific employment boot camps for project participants. These boot camps are a collaboration of project staff, employment agencies, and employers. CoC funded projects work with a variety of agencies to help clients increase their income, such as the Workforce Development Group of St. Clair County.

2. Our strategy to increase access to employment include the Project Homeless Connect job fair , which addressed challenges in gaining employment. Several homeless or formerly homeless individuals 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 HAC meeting, and partnering with the state employment service agencies, and resume writing, interviewing, and job searches.

Our CoC also works with several mainstream employment organizations including Workforce Innovation and Opportunities Act (WIOA). Our CoC Collaborative Applicant is the county WIOA administrator. Several mainstream employment organizations are members of our monthly HAC meetings. Each month they inform project staff of employment opportunities for participants. This partnership has led to several referrals to employment organizations and has increased skill-building and job readiness for several clients.

3. The CoC Project Employment Committee is responsible for oversight of this strategy.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section VII.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. Working with employers and employment organizations, our CoC sponsored Project Homeless Connect, a job fair event, which addresses employment barriers for homeless and formerly homeless persons. Several individuals secured jobs at the event. The event also helped individuals with securing necessary paperwork and obtaining Identification and social security cards.

Our CoC promoted partnerships with several employment agencies as well as the Illinois Department of Rehabilitation Services to increase access to employment opportunities, increase outreach to employers and to host small job fairs for participants. These partnerships among agencies and providers help identify participants' strengths and challenges when applying for employment opportunities. The individualized skill-building that the employment agencies have created for participants positively impacted their efforts to find employment.

2. Our CoC works directly with employment organizations and providers to create and foster supportive employment opportunities for permanent supportive housing residents who have more challenges in employment settings due to barriers and disabilities.