

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: IL-501 - Rockford/Winnebago, Boone Counties
CoC

1A-2. Collaborative Applicant Name: City of Rockford

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliance

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	No	No
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	No	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Veteran Affairs	Yes	Yes
Legal Services	Yes	Yes
Community Health/Healthcare for the Homeless	Yes	Yes

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

The Rock River Homeless Coalition is the CoC and maintains an open and public space and process for input into the prevention of and ending of homelessness. The CoC maintains an active webpage, Facebook site, uses Facebook bursts, holds public presentations as well as public CoC general, committee and executive board meetings. The CoC social media sites are designed so that the public can both comment on CoC plans and activities but also join the CoC and request more information. The CoC also holds public hearings and workshops. In addition, all meeting agendas, minutes and locations/times are published in advance and anyone is welcome to speak during the open comment period of the meetings. All comments and questions are recorded in public meetings and reviewed by the CoC board. All social media feedback is also reviewed by the CoC board. Changes to policies and procedures that are a result of this feedback would be made after discussion by the CoC and a vote.

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

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

The Rock River Homeless Coalition has a membership committee that is responsible for the solicitation and support of new members. The invitation process is a very public process that includes issuing press releases at least two times a year and posting membership information and invitation on the CoC webpage and Facebook page. The membership Committee also sends this information to multiple area member organizations including the United Way and the Chamber of Commerce. The CoC sends the invitation to the multiple sources to ensure that it gets out to an assortment of potential new members. Personal invitations are sent to targeted groups that the CoC Board identifies as needed stakeholders. The CoC formerly solicits new members twice per year through a membership campaign but members of the public can join at any time. The membership committee specifically seeks homeless or formerly homeless persons by working with CoC agencies to prepare the homeless/formerly homeless persons on their boards or at their agencies for participation in the CoC.

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

The CoC is committed to considering new an innovative proposals that will help our community end homelessness. The CoC published through its webpage, Facebook, City of Rockford website and local media that it was accepting new proposals on 7/9 & 7/12/18. Again on 7/30/18, a post was added to Facebook encouraging new agencies to apply. Two informational meetings were held (8/8/18 at 2:30 and 8/9/18 at 8:30 am) for anyone interested in applying for funding. All new application were be reviewed with the renewal applications. All met the threshold requirements and were included in the application based upon the scoring, ranking and review process of the CoC.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Victim Service Providers	Yes
Prairie State Legal services	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

The CoC is part of two ESG recipient jurisdictions, the City of Rockford Illinois and the State of Illinois. For both jurisdictions, the CoC recommends the ESG funding decisions through the CoC process. City of Rockford staff responsible for the Consolidated Plan are active members of the CoC. The CoC assists in

writing the Consolidated Plan including homeless needs, affordable housing and greatest need. The CoC provides PIT data for report purposes as well as uploading the ESG csv data files for CR 70 and 75 reports. CoC members attend and present at Consolidated Plan and Action Plan public hearings and provide feedback and input. In addition, the CoC implemented the following ESG related policies to improve coordination; low/no barrier shelters, intact families, domestic violence relocation and rapid rehousing. These policies as approved by the CoC ensure that the entitlement areas are utilizing their ESG funding in a way to ensure homeless persons receive appropriate services.

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

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

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

- (1) the CoC’s protocols, including the existence of the CoC’s emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
 - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
- (limit 2,000 characters)**

Survivors of domestic violence work with victim service providers to develop a safety plan prior to exiting secure shelter for permanent housing. Permanent housing is selected based upon the plan and a housing inspection to ensure the housing is safe. Survivors who enter the CES instead of a domestic violence service provider can self-identify. All survivors of domestic violence receive a full intake and assessment regardless of housing status. CES staff has been trained in trauma-informed care practices and families can be entered into HMIS anonymously, if they choose. Victims can also do CES intakes over the phone if there are safety concerns about them coming inside. They are then referred to the victim service provider for placement and safety planning. Survivors who choose not to access the victim service provider receive safety planning through the CES. All CoC funded housing programs are required to have confidentiality and safety policies for survivors of domestic violence. The CoC also has a system wide relocation policy for safety purposes. CoC member agencies also receive regular training on DV and human trafficking. Recently the city has opened the Mayor’s Office on Domestic Violence and Human Trafficking Prevention which is another source of advocacy and

assistance for those experiencing those traumas.

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

CoC members receive annual training from the DV/Human Trafficking partners. On 11/15/17, CoC members participated on a webinar from the National Criminal Justice Training Center of Fox Valley College entitled Human Trafficking: Inside the Survivor's Mind. On 3/18/18, Rockford held a Trauma Informed Care (TIC) Summit that several agencies participated in and continue to be part of various TIC Committees. Remedies, our local DV provider, held a training on 5/17/18 which was open to all CoC members and their agency staff. CES intake staff participated in an in depth training. The full 40-hour training consists of 20-hours of in-person training, plus 5 online modules that are offered by the Illinois Coalition Against Domestic Violence (ICADV). CES staff (and many CoC members) also attended trainings on how to recognize survivors of human trafficking provided by Rockford Alliance Against Sexual Exploitation (RAASE). CES staff are also trained on the unique risks survivors face so that survivor safety and experience with trauma is continually reinforced.

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

This community coordinates domestic violence/trafficking research through the 17th Judicial Circuit Court Family Violence Council and the Mayor's Office on Domestic Violence and Human Trafficking. These two organizations have created a community wide report on domestic violence. This data plus data from Remedies (HMIS comparable database), CES, and HMIS form the basis for how our CoC analyzes community needs related to Domestic Violence. From these reports we know the following: in 2015, 23.5% of City of Rockford Police calls were for domestic violence. In 2016, this grew to 26.4%, in 2017, 29.2% and from January to March of 2018 it is 34.1%. The numbers alone tell us that there is a huge community need for domestic violence services.

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

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

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

Joint TH/RRH	x
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1C-4b. Applicants must describe:

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

(1) From January-August 2018, CoC housing providers including all ES, TH, and RRH/PH programs saw a total of 190 clients who reported recent domestic violence as their reason for homelessness. Remedies, the DV provider, has an emergency shelter. As of this date (9/14/18), the shelter is over capacity (62) with a total of 66 persons. They also have a total of 7 units of transitional housing for DV victims which all are full at this time. They report in their last fiscal year which ended 6/30/18 that they served 334 adults and 326 children for a total of 17,260 shelter days. (2) The source of the CoC data was HMIS records. Remedies data comes from an HMIS comparable database. (3) The CoC collects this data in the HMIS system when the clients entered the coordinated entry system. If for any reason it is not collected at that time, it would be collected once they enter the actual housing program in which they are referred.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
 - (2) data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

(1) Currently we have a total of 99 DV households on our By-name list that are in need of permanent housing. Of those 99, 38 are single individuals, 42 are families with children, 18 are youth households (both singles and young parents with children), and 1 is a veteran. There are currently 62 households in the DV shelter that make up a portion of the CES numbers. The remaining are either in non-DV shelters, with friends/family, or unsheltered. (2) The data source for these numbers is our By-Name list and HMIS. (3) This data was collected as part of the CES intake process and is a self-report from the clients.

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

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

(1) Remedies our local DV provider reports they receive on average 160 calls to their shelter per month for DV related problems. The Rockford police report that 34% of all calls for help are DV related and so far in 2018, there have been 5

domestic related homicides in Rockford. Nearly all of our housing providers see DV as a factor in their programs and attribute the lack of family stability to this factor. The current CES is inadequate to address these problems as there is currently only 1 full time staff member conducting all homeless assessments. She has just been recently trained in basic DV protocol. We would like to get her well versed in identification of victims, use of the lethality protocol, and ready to conduct safety planning or potentially have a DV specialist in CES to work specifically with these families and to focus on quickly connecting them to safe, stable housing. (2/3) The numbers above from Remedies and the 99 current DV victims waiting for housing on our By-Name List tell us we have an unmet need for more housing for victims. (4) The CoC determined these unmet needs by looking at data from HMIS, CES, Remedies, the local Family violence council, and the Mayor's office on DV. All of the data suggested that the CoC has several unmet needs which we are trying to meet by adding a new DV housing project and enhanced CES.

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

In 2018, 54.2% of all families entering into homelessness in our CoC were fleeing domestic violence. This bonus project would allow the DV provider to expand their programs to include RRH for DV clients. While DV survivors are currently eligible for other types of housing including RRH, they are not with agencies who specialize in working with DV survivors and do not include all the supports that the families need. Having increased services with the DV provider would deliver more services ensuring safety and supports that the families need to move forward, rather than being in a position where they may feel like they need to return to the abuser. The CES DV Bonus project will allow our CoC to coordinate our intake more closely with our community's proposed Family Justice Center. It would also allow us to implement tools at the CES point to assist survivors who choose not to enter the DV shelter or who are unable to due to the DV shelter's full capacity.

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

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

(1)The DV project applicants re not currently PH providers and therefore we cannot demonstrate PH exits for these providers. We do have data from the TH/RRH applicant for exits from TH to PH but it is limited as the TH program began in 2017. To date, they have housed 12 households in TH. Only 5 have exited the program. Of the 5 who exited, 3 exited to permanent housing destinations, 1 returned to friends/family, and 1 returned to the abuser. Of those 3 that exited to permanent housing, all are still in the units and doing well. Several other households have gotten permanently housed through the CES

but that data was not collected. From HMIS data, we are able to determine that 25 out of 100 households in other CoC shelters (non DV shelter) from January 2017-August 2018 exited to permanent housing. (2) Housing retention of DV survivors has not been tracked to date CoC wide but will be moving forward. CES currently tracks general retention data for all populations. Our CoC's rate for returns to homelessness is 3% and we have built protocols around housing retention that will assist with the new DV projects. (3) Remedies, the DV provider, already has many safety protocols in place for survivors in their programs. Remedies is working with the police as part of the Lethality Program, which improves safety of those survivors who have not entered the DV system yet. The CES system, protects the privacy of all participants and provides for safety by offering to do intakes at any location or by phone. CES staff is trained in working with DV survivors, is trained in the use of the lethality protocol, and can conduct safety planning. None of this has been done by CES in the past. (4)The project applicants address the multiple barriers of the survivors by providing a wide assortment of services and partnering with other providers. The DV agency provides addiction counseling, individual/family counseling, and case management. Case management services include but are not limited to safety planning, women and children advocacy, access to essential services, service plans, short and long term goal planning and assistance with orders of protection. The project applicant also has partnerships with sexual assault counseling, literacy/adult education, job training, and many others.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Rockford Housing Authority	26.12%	Yes-Public Housing	No
Winnebago County Housing Authority	5.86%	No	Yes

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference

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in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

The CoC has met with the Winnebago County Housing Authority (WCHA) most recently in early 2018 to discuss the importance of homeless preference points and to encourage them to think about adopting one. The housing authority did not feel like a homeless preference would work for them but think they do incorporate some homeless into their prioritization by giving preference to domestic violence victims and victims of natural disasters. They also agreed to provide us with 5 units this year for those homeless persons in PSH who no longer need the intensive services. If all goes well with this process, they have agreed to give us 5 more units in the next calendar year and to possibly reconsider the homeless preference. The assistant Executive Director of WCHA has recently been voted to the Board of the CoC, which we hope will improve relations and give them the information they need to change their minds about the homeless preference. While writing this, we were notified that WCHA will be awarded 28 of HUD's mainstream vouchers. Due to this award, WCHA is now updating their preference to include a limited homeless preference for disabled homeless persons who are referred through CES. They expect to have this up and running by 11/1/18.

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

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

The Winnebago County Housing Authority (WCHA) has offered five (5) units of subsidized housing per year as a set aside for persons working with the Rock River Homeless Coalition (RRHC) who are currently or formerly homeless. The City of Rockford Community Action Agency operates the Single Point of Entry (SPOE) for the RRHC agencies and will be the entity responsible for sending all referrals to WCHA. First priority for these referrals will be given to those individuals/families who are current participants in Permanent Supportive Housing programs. These individuals/families will be those who have been in their units for at least 2 years and have completed the Recovery Scale on an annual basis with a score that deems them ready to successfully transition into non-supportive Permanent Housing. If there are no individuals/families to transition out of Permanent Supportive Housing, we would then look to our homeless waiting list. Each participant is assessed for their level of vulnerability using the VI-SPDAT. If the VI-SPDAT assessment score is 0-4, the individual is not in need of support services; therefore, they will be referred for WCHA. If follow-up services are needed to help with a problem, the referring agencies should be contacted to help mediate the situation.

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

The CoC adopted a system wide low/no barrier policy for members on April 16, 2015 and a full anti-discrimination policy that addresses LGBT was added to the governance charter on 8/18/2016. All funded agencies have been required since 2012 to have an anti-discrimination policy which is checked by the grantee to ensure it meets the standard of the original rule and the final rule. In order to accommodate LGBT persons, the CES provides additional options for accommodation if they feel unsafe or uncomfortable in a non CoC funded shelter situation including placement in a CoC funded shelter/hotel vouchers. The CoC has been trained on equal access using HUD's Implementing HUD's Equal Access and Gender Identity Rules webinar and guidebook. The CoC and the membership committee has reached out to a local LGBT advocacy/counseling organization and our local chapter of PFLAG (Parents, Families and Friends of Lesbians and Gays) to invite them to our membership. Neither of them have accepted the invitation at this time. The CoC has scheduled a training on working with LGBT populations for all providers in October 18, 2018. The Built for Zero Youth Committee is working with the school district to make contact with the Gay-Straight Student Alliance early in the 2018 school year. The CoC believes that by attending these trainings and working with these groups, they will ensure that the needs of the LGBT community are being addressed. The CES also wanted to make sure that their facility was welcoming and they do now have signs declaring their office facility as a "safe space for LGBT". In June 2018, one partner Crusader Clinic hosted an HIV Day event that was targeted toward the LGBT community providing HIV educations and testing along with community resources such as housing info for the homeless.

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
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Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
Engaged with State's Attorney	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

Our CoC has a single point of entry where most intakes are conducted. This office is located in the downtown area of Rockford, the largest city in our service area and where the large majority of people experiencing homelessness are located. In order to ensure coverage of the entire service area, the CES works with the city leaders of the smaller towns, the school districts, and the local fire and police departments. When those entities locate individuals or families who are homeless, they refer the people to CES or they contact CES to send the outreach team. Our CoC also offers the availability of a 24/7 homeless hotline, where anybody can call and we can conduct an intake over the phone so that they do not have to come to our location. Our street outreach team also goes throughout our 2 county service area whenever there is a need for it. If the homeless are not initially willing to participate, the outreach team will continue to reach out to the individual until they can get them to participate in housing services. This is especially important for people who do not usually engage in services. The CoC uses the VI-SPDAT as it's standardized assessment tool. People are placed onto the by-name list according to the score they obtained on their assessment. We also give additional points for our priority populations: veterans, chronically homeless, youth, and victims of domestic violence. For youth under 25, we use the VI-SPDAT-TAY form. The goal for our CoC is to house everyone within 90 days of them entering our system. For some populations such as veterans and chronically homeless, we have a lower goal of placements within 30 days.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

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

Instructions

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

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

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

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

1. Using the ViSPDAT tool within HMIS all persons who are homeless are assessed to determine level of need and are placed on the by name list by this score so that all new placements come from those with the highest vulnerability index. Our CoC used this as a starting point to determine how to rank projects. We specifically looked at serious mental illness, substance abuse, other disability, domestic violence, age (youth) low/no income. We then analyzed the by-name list and determined which of the vulnerability types were primary indicators and which of these indicators had the largest number of persons waiting for permanent housing on the by-name list. We then created project groups based upon the combination of severity of need and number of persons with that need on the wait list. In this way we are ensuring that we have project beds for the highest need both by severity and demand.

2. In order to ensure that those projects addressing those with the greatest need, we then created four tiers based upon project population. In tier one was Permanent Supportive Housing for persons with serious mental illnesses, in tier two was permanent housing (especially rapid rehousing) for low/no income persons, tier three was for those with substance abuse disorders, tier four for

veterans and tier five for the chronically homeless. Veterans and the chronically homeless are ranked low because we have met the UUSICH standard for ending homelessness for those populations.

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

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

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

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:

- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: Page 3-6 of the Governance Charter for the Rock River Homeless Coalition HMIS
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

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

2A-3. HMIS Vender. What is the name of the HMIS software vendor? ServicePoint/Mediware

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	239	45	192	98.97%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	102	12	90	100.00%
Rapid Re-Housing (RRH) beds	90	0	90	100.00%
Permanent Supportive Housing (PSH) beds	348	0	348	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
 (limit 2,000 characters)**

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/30/2018

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/22/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/30/2018

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

Instructions:

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

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

In 2017, the shelter PIT count was 259 people. In 2018, the sheltered PIT number was 213. The total number of persons in shelters decreased by 46. The methodology in the two years was very similar. Both years an electronic form was used to collect surveys. In 2017, agencies were allowed to use paper forms and enter data into the electronic form later. However, in 2018, they were not allowed to use paper forms and it was ensured ahead of time that everyone had appropriate electronic devices (computers, tablets, or phones) to complete the survey on. All CoC funded housing agencies pulled their information from HMIS. The HMIS lead made the electronic form for the PIT count and they provided training on completing the form.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. No

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

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

(1) The youth PIT count was planned by the Built for Zero Youth Committee and the Youth Action board. The Committee is comprised of agencies that work with homeless youth (school district, Rosecrance mental health, Youth Services Network, Community Action, etc.) and the board is made up of homeless or formerly homeless youth. (2) These two groups helped to create the youth specific survey, the posters/flyers that were put out in the community and on social media, and they help to select places to advertise the count. A comprehensive list was created by the two committees and the survey information was taken to each of the locations by the youth and a youth advocate. Flyers with pull-off tabs were hung up, youth were given the option of calling in, texting to receive a survey, or connecting to the survey via Facebook. All homeless providers and school homeless liaisons from all schools in our two counties were provided the surveys for any homeless youth that they encountered. (3) The youth committee ask the youth action board for volunteers to help with the count. Two formerly homeless youth agreed to participate in the street count but when the time came, they were unavailable.

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

**(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)**

(1) Everyone participating in the PIT count was given instructions on how to conduct the survey with those experiencing homelessness. This included education on the definition of chronic homelessness and how to determine it. This was given to everyone that participated in the training and it was sent out in email form. (2) To better count families with children, we talked at length to agencies about the importance of counting and completing the survey for each family member, not just the head of household which happened in past years. Changes in our electronic survey will no longer allow surveyor to enter "family" as the household type and then only enter just one person, you must enter other family members. (3) For veterans, for the purpose of our by-name list, we consider anyone that has served in active service for 1 day or more a veteran. Due to our success working with our Homeless Veterans, CoC staff already had a good idea of the veteran data but did not want to miss any newly identified vets. Our partners were educated on this definition (1 day active service). The question on the PIT survey was vague and volunteers did not ask about "active duty" and ended up counting some people as veterans that may not have actually met the criteria. However, since the PIT is based off of client self-reports, they were still counted.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	1,344
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3A-1a. Applicants must:

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

(1) By analyzing data from our by name list data, we were able to identify characteristics of persons at risk for homelessness. Domestic violence, families with low/no income, high-risk youth (including LGBT), and multiple/long periods of homelessness are population risk factors we have identified as leading to homelessness. (2) The CoC operates a robust homeless prevention program utilizing State and local resources that prevents an average of 125 households a year from entering homelessness through prevention. In addition, the CoC is working on a systematic diversion plan. We are currently conducting a diversion pilot through the CES for families/individuals that are becoming homeless due to evictions. The Princeton University Eviction Lab project shows that 3.64 families in the Rockford area are evicted each day, making us the highest eviction rate in the entire state and 52nd highest in the country. Many of the newly homeless enter the system due to evictions, so we are looking to work with families to slow this down and divert them from the homeless system. The diversion project combines tenant education and advocacy with limited financial assistance to divert households from ever being court ordered evicted. In cases of young adults (under 25), CES will partner with Youth Services Network to see if family mediation is a possibility to help mend relationships so that they can return to their family home, if that is a safe solution. The CoC has also put into place explicit policies limiting PSH discharge by PSH agencies. (3) City of Rockford Community Action manages the CES and works with the CoC Board and the CES Committee to improve prevention strategies.

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

- (1) provide the average length of time individuals and persons in families

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

(1) In 2017, the average length-of-time homeless was 39 days for ES and 64 days for ES and TH. (2)The CoC’s strategy to reduce length of time homeless is to increase the number of available rapid-rehousing funding and also the use of HUD mainstream vouchers for families/persons with disabilities to get them permanently housed as soon as possible. Housing advocates at various agencies have been working with landlords and trying to increase the amount of housing stock that is available for people in the rapid-rehousing or subsidized programs so that they can find housing placements quickly. As part of the Built for Zero movement, the CES is now collecting data on length of time homeless and reporting it on a monthly basis. Having a better understanding on these numbers will better allow the CoC to make more strategies around the reduction in time homeless. (3)The CES is responsible for collecting and tracking the length of time homelessness. The CES intake person collects the data in HMIS regarding how long the client has been homeless and then the length of time since they have entered the system is tracked on the by-name list, which allows the CES to see which individual/family has been homeless the longest. (4) The CoC Board is responsible for overseeing the CoC’s strategy to reduce length of time homeless while working in cooperation with the CES/City of Rockford Homeless Coordinator.

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

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	48%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	96%

3A-3a. Applicants must:

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

**destinations.
 (limit 2,000 characters)**

(1) The CoC has discussed these numbers and believe that the time it takes to move people from ES to PH destinations is too long and sometimes people just leave the shelters to go to unknown destinations or they self-resolve their issues. Often people leave ES and just never return, so we do not know where they go. CoC agencies are trying to collaborate to look at data to ensure that they are not missing out on reporting housing exit data that other agencies may have. (2) The current rate is 96%, but will still work to try to improve it. Agencies have committed to not exiting people from PSH programs unless it is for the most serious offense. This has allowed people to remain housed and plan for successful exits from PH. Obtaining the agreement from the local housing authority to work with us for some move-on slots will allow us to move more people successfully out of PSH when they are ready and no longer need to intensive services. Of the remaining 4%, the CoC believes death or institutionalization make up a large part.

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	3%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
 - (2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.**
- (limit 2,000 characters)**

(1) Our CoC works with population specific committees (vets, chronically homeless, youth) to determine common factors of people returning to homelessness. The most common factors we see are mental illness, domestic violence, and loss of income for non-subsidized housing. (2) Our current return to homeless rate is just 3%. We believe that it is low because as part of Built for Zero, the CoC implemented some action steps around housing retention. The strategy is to work to improve relationships with landlords and public housing agencies so that if any formerly homeless clients are in danger of evictions, the landlord will contact the CES or a CoC agency that the clients has worked with in the past. Most agencies have an after-care plan which will allow them to step into situation with the client and try to work with them to prevent an eviction. If there is no agency connection or the former agency is not able to help, an advocate from CES will intercede. This allows for the CoC to work with the landlord and provide mediation if necessary or assist in getting the client linked up to appropriate services that may increase their likelihood of remaining housed. For CoC funded housing programs, to continually reinforce the need to limit returns to homelessness, all housing agencies are required to notify the

CES before discharging anyone and each discharge is reviewed to ensure that it is a lease violation and not a program violation so that exits are restricted to only the most serious offenses. We have worked closely with our local HUD office to understand what is a reasonable reason for discharge from a program. All persons exited are rerouted back to CES, often prior to becoming homeless again, to obtain new housing. (4) The CES monitors the returns to homelessness and report to the CoC Board.

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

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

(1) To increase cash income for participants, CoC partners created innovative job training which includes a Works! Center for educational programs, work skills /soft skills, & actual job connections. The CoC partners with Community Action and Rock Valley College to offer high demand cold forming/CNC job training and placement. The CoC is implementing SOAR community wide, to increase the number of individuals approved for SSA. Rosecrance is the lead and oversees training and implementation. Training was done in 2017 and there are 8 newly trained SOAR staff which increased the number of SOAR applications completed. (2) Goodwill and the Workforce Connection offer job training/placement opportunities for CoC participants. Rock Valley College also has a training center in which they partner with CoC members to improve employability of the homeless. (3) Primary organizations responsible for this strategy are Rosecrance, the Rockford Rescue Mission & the Community Action Agency who collect the data and report back to the CoC Board.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/31/2018

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

Instructions

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

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	10
Total number of beds dedicated to individuals and families experiencing chronic homelessness	36
Total	46

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

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

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

3B-2.2. Applicants must:

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

(1) Our strategy is to continue to utilize a by name list and collective impact meetings to ensure that each family with children is permanently housed with appropriate supports so that they maintain housing once the assistance ends. We are also seeking additional funding to increase the number of rapid-rehousing units for families so that we can accommodate more families and get them housed quicker. (2) Case managers work with the families to ensure that their service needs are being met. Participants are also referred to training/job opportunities to try to increase income to an adequate level to be self-sufficient when the assistance ends. Casemanagers also work to ensure that families sign up for other subsidized housing options in order to give them choices for the future. This method is supported by data driven progress tracking and reporting which ensures that all homeless families are accounted for and that progress to ending family homelessness is tracked monthly. Our current strategies have resulted in an average rehousing period of 30 days or less. We have set 12/31/19 as the date by which to reach functional zero for families which includes rapidly rehousing families within 30 days of becoming homeless. Our CoC has participated in the Built for Zero initiative since 2015. Using this data driven model we have reached functional zero for both veterans and the chronically homeless. (3) The City of Rockford Community Action Agency working with the CES committee will be responsible for overseeing these efforts.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

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

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:

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

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

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

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

(1) The CoC has set a goal of ending youth homelessness by the end on 2018 and gives priority to youth experiencing homelessness in order to try to house them within 30 days of identification. The CoC's strategy included applying for the YHDP grant but was denied. The CoC is also working with our local PHA and DCFS to increase the number of Family Unification vouchers (FUP) through a grant that was submitted in July 2018. (2) Our CoC does already have some FUP vouchers that house several formerly homeless youth but they do not open up often to place new youth. Our community has a large youth provider that added new permanent housing and rapid-rehousing programs for youth in 2017. Youth in those programs receive case management services, life skills, job skills, and counseling if needed. Other youth with very low/no income, can work with our local Township General Assistance program which provides a monthly rental subsidy of \$325. To get the maximum effectiveness from these funds,

youth are encouraged to share apartments. We also have a partnership with and a contract from our state child welfare agency, DCFS, to provide Housing Advocacy and housing services to youth being exited from the foster care system between the ages of 18-21. This program can either provide a rental subsidy or a one-time cash payment to youth.

3B-2.6a. Applicants must:

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

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

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

(limit 3,000 characters)

(1)As part of the Built for Zero initiative, youth data is tracked on a monthly basis and submitted for review at Community Solutions. We collect data on numbers of new intakes/inflow, outflow, destinations, how many we have lost contact with/moved to inactive, and returns to active from inactive. (2) The effectiveness of our system can be seen when the number of actively homeless youth decreases and when we are housing more youth than we are doing new intakes on. Since January 2018, the following data has been collected. As you will see, the actively homeless number in July increased substantially due to the inclusion of all at-risk youth. Prior to that, the data only included literally homeless youth.

Month	Homeless	Housed	Inflow	Inactive	No Longer Meets Criteria
Jan-18	24	1	9	14	0
Feb-18	28	2	6	0	15
Mar-18	35	5	14	1	2
Apr-18	31	12	12	4	7
May-18	31	5	8	1	1
Jun-18	35	9	32	17	2
Jul-18	62	8	40	4	1

(3) This is the same strategy that we used for veterans and chronically homeless and it has worked with those populations so we feel it is an appropriate way to work with youth as well.

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

(1) youth education providers;

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

(3) school districts; and

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

(limit 2,000 characters)

The local Board of Education (BOE) and Rockford Public Schools (RPS) are both members of our CoC. The RPS homeless liaisons are part of our Ending Youth Homeless Committee and attend regularly. The liaisons are working with

the committee and have adopted questions to ask youth at the intake to the school homeless program which will determine referrals to CES. They ask each new intake these questions to determine their safety and stability. The form also gives them permission to share the youth's information with the CES. If the youth does not give permission to share their information, the liaisons give the youth info to contact the CES or other youth homeless providers. The Youth Homelessness Committee is also working with the school district to do a marketing campaign during the 2018-2019 school year to get materials up inside all of the district schools which will provide information to homeless youth about the programs available for them. The school district does have an MOU with the collaborative applicant & CoC stating that they will make referrals to the CES system.

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

CoC agencies are required to have an educational policy with specific staff designated to facilitate educational access and support with local school districts. This policy includes the steps each agency is required to take to link all children to education and ensure that children have the needed transportation and support they need to attend school. In addition the CoC is represented in the Local Area Network meetings, which convene all youth providers, both educational and service based to foster collaboration. The CoC actively partners with the Regional Office of Education, as well as local school districts and Pre-K programs. The Regional Office of Education is an active member of the CoC and works with the CoC on ensuring that homeless youth and families participate in the PIT count and are linked to the CES. Rockford Public Schools (the largest school district in our service area) actively participate with the CES and the Youth Homelessness Committee. Their homeless liaisons fill out forms specific for CES to ensure we are able to count and connect with their homeless unaccompanied youth and they have allowed the committee to place posters inside of the school giving out info for homeless students.

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers		Yes
Head Start		Yes
Early Head Start		Yes
Child Care and Development Fund		
Federal Home Visiting Program		Yes
Healthy Start		Yes
Public Pre-K		Yes
Birth to 3 years		Yes

Tribal Home Visting Program		
Other: (limit 50 characters)		
WIC		Yes

Applicant must select Yes or No for all of the agreements listed in 3B-2.8.

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

Our community has functionally ended veteran homeless and has sustained that since December 2015. Veterans are ideally assessed through the Coordinated Entry System (CES) but can be added by any agency member. CES assesses their vulnerability through the VI-SPDAT and then refers them to the VA and also our county Veterans Assistance Commission (VAC) who can assist in getting DD214 forms to ensure their veteran status. We still maintain a veteran by-name list for veterans new to the system. We have a veterans collaborative impact committee that still meets once per month to go through the list. This committee is attended by VA staff, PHA staff that oversee the VASH vouchers, TLS veterans services who runs SSVF, the VAC who does rental subsidies, and Rosecrance who runs our local GPD program. We have several other providers such as shelters, community clinics, a veteran's drop in center, veteran's job services that also attend the meeting. The group shares information and works as quickly as possible to get veterans housed and off of the streets. For any new veterans entering into our homeless system, we attempt to house them within 30 days from identification. For the added convenience of the veterans, the CES provider has given the SSVF office space so when veterans come in to the office, they can see both CES and SSVF/HVRP staff.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

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

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

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

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

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

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

Instructions:

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

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

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

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

(1) All CoC providers work with clients to assist them in identifying what is available to them (vocational, medical/dental, therapy, Medicaid/SNAP, SSA, housing), assist with applications & provide transportation. CoC agencies work with the Community Action Agency to assist clients with utility debt, first months' rent, or public housing deposits. Last year our community only had 3 SOAR trained staff but have increased that number to 8. Remedies DV staff advocate for residents to access benefits including Food Stamps, TANF, and medicaid. Rosecrance, Crusader, and our County Health Department all work with homeless clients to connect them with medicaid services. (2) The CoC members share training opportunities through the coalition e-mail, Facebook, & website. Speakers are brought in monthly to CoC meetings to discuss their

services. Most CoC agencies have an orientation for new staff that introduces them to public benefits. (3) The HMIS committee reviews the SPM data and makes suggestions to the CoC Board who is responsible for overseeing the CoC's strategy in cooperation with the collaborative applicant.

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

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	17
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	17
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

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

(1) CES staff with CoC partners have created the Homeless Outreach Team (HOT). CES staff act as the group lead & coordinate the group who perform street outreach. They also go out as-needed anywhere in Boone/Winnebago Counties if they receive a "tip". All necessary partners are involved with the HOT team. Other CoC agencies provide outreach and in-reach of their own. The PATH team, Crusader Community Clinic, and VA provides in-reach to all shelters and drop-in centers/homeless programs and community outreach at least weekly. When newly homeless individuals/families are located, they are informed about the CES and other housing opportunities. They are made aware of mainstream benefits, basic needs, and socialization opportunities. If willing, clients should be sent/brought to CES for an intake (or given the hotline number). (2)The outreach team will work with the local sheriff, police and paramedics. If police/paramedics identified homeless persons, they will notify this group. CoC believes that this partnership allows for 100% coverage of the CoC's geographic area. (3)The HOT team conducts outreach minimally once a week. (4)HOT team members are able to do intakes in the field, if necessary. If persons are unwilling to come to CES, outreach staff can add them to the appropriate by-name lists with basic info. Outreach teams will continue to engage them and connect with CES later. In the event that persons

experiencing homelessness decline housing services, outreach staff will continue to engage and will still offer housing services weekly. Outreach staff is encouraged to be creative (will a different outreach worker have better luck; is there something the person likes such as coffee or candy; do they like baseball or something that they could watch if they were in an apartment with a TV) and continue to encourage them toward permanent housing.

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

- (1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and**
- (2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.**
(limit 2,000 characters)

(1) Our CoC includes Prairie State Legal Services (PSLS), a HUD funded Fair Housing trainer and tester. PSLS provides training to the CoC on fair housing and how to ensure that programs affirm fair housing. CoC programs are required to promote equal access in their marketing materials per their contracts and must have a fair housing plan that includes their specific outreach to protected classes. (2) The CES site is reviewed regularly to ensure that it is fully accessible and intake and assessment can be done in any language, including sign language. CoC programs are required to be fully accessible and are monitored annually. Special outreach teams include a variety of representatives so that tailored outreach can be done as needed to those who are unlikely to engage including staff with capacity to address health needs, trauma, LEP, trafficking, youth services, substance abuse and mental health.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	77	90	13

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	RHA Preferences	08/30/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	WCHA Preferences	08/30/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	Vi-Spdat	08/29/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Ranking tool	09/18/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	public posting co...	09/18/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	application w ran...	09/11/2018
1E-4. CoC's Reallocation Process	Yes	reallocation process	09/18/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Ranking notification	09/11/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	ranking NO Reject...	09/18/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Local deadlines	09/18/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	HMIS governance	09/11/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	09/11/2018
3A-6. HDX–2018 Competition Report	Yes	HDX competition r...	09/18/2018
3B-2. Order of Priority–Written Standards	No	Priority	09/18/2018

3B-5. Racial Disparities Summary	No	Racial Disparities	09/18/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	Certificate of Co...	09/11/2018
Other	No		
Other	No		

Attachment Details

Document Description: RHA Preferences

Attachment Details

Document Description: WCHA Preferences

Attachment Details

Document Description: Vi-Spdat

Attachment Details

Document Description: Ranking tool

Attachment Details

Document Description: public posting consolidated app

Attachment Details

Document Description: application w ranking criteria

Attachment Details

Document Description: reallocation process

Attachment Details

Document Description: Ranking notification

Attachment Details

Document Description: ranking NO Rejections

Attachment Details

Document Description: Local deadlines

Attachment Details

Document Description: HMIS governance

Attachment Details

Document Description: HMIS Policies and procedures

Attachment Details

Document Description: HDX competition report

Attachment Details

Document Description: Priority

Attachment Details

Document Description: Racial Disparities

Attachment Details

Document Description:

Attachment Details

Document Description: Certificate of Consistency

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2018
1B. Engagement	09/18/2018
1C. Coordination	09/18/2018
1D. Discharge Planning	09/17/2018
1E. Project Review	09/18/2018
2A. HMIS Implementation	09/18/2018
2B. PIT Count	09/17/2018
2C. Sheltered Data - Methods	09/18/2018
3A. System Performance	09/18/2018
3B. Performance and Strategic Planning	09/18/2018
4A. Mainstream Benefits and Additional Policies	09/18/2018
4B. Attachments	09/18/2018

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Submission Summary

No Input Required

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

PHA Policy

The PHA will use the following local preferences:

Families whose head of household is working at least 10 hours a week

Families whose head of household is enrolled in licensed or certified education or training

Families whose head of household is enrolled in Economic Self Sufficiency (definition from law)

Families whose head, spouse or co-head is Elderly/Disabled

Families whose head, spouse or co-head is a veteran and was discharged from the military under any circumstances other than dishonorable

Families who have been displaced by local, state or federal declared disaster

Families whose head, spouse or co-head is near elderly

Families who meet HUDs definition of homeless

Families whose head spouse or co-head is a resident of or works within the City of Rockford

Families whose head, spouse, or co-head is participating in the Rock River Homeless Coalition

The PHA will offer a preference to an applicant who was in the custody of the child welfare system on or before his/her 18th birthday who has not yet reached the age of 24

State Operated Development Class (SODC) members may be referred to the waiting list through the State of Illinois Statewide Referral Network (SRN) with the terms of the Olmstead consent decrees or referrals for class members from: WILLIAMS v. QUINN, LIGAS v. HAMOS, and/or COLBERT v. QUINN, etc.

Each preference will be given one point. Applicants will be placed in order by preference points and date and time of the application.

In order to bring higher income families into public housing, the PHA will establish a preference for “working” families, where the head, spouse, cohead, or sole member is employed at least 10 hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40% of the families admitted to public housing during the PHA’s fiscal year. **ELI families are those whose annual income does not exceed the federal poverty level or 30 percent of the median income for the area, whichever number is higher.**

To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA’s HCV program during a PHA fiscal year that exceed the 75% minimum target requirement for the voucher program, shall be credited against the PHA’s basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA’s housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

PHA Policy

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

Winnebago County Housing Authority

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

PHA Policy

The PHA will use the following local preference:

1 Point – The PHA will offer a preference to an applicant who lives in Winnebago County for the immediate and consecutive past ninety calendar days

10 Points – The PHA will offer a preference to an applicant whose head or spouse is age 62 or older, or an applicant whose head or spouse meet the HUD/Social Security definitions of disabled

1 Point – The PHA will offer a preference to an applicant for being a veteran or surviving spouse of a veteran

1 Point – The PHA will offer a preference to an applicant for “working”, where the head, spouse, co-head, or sole member is employed at least 20 hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)]. This included applicants who are graduates of or participants in education and training programs designed to prepare the individual for the job market

1 Point – The PHA will offer a preference to an applicant for victims of the Violence Against Women’s Act of 2013, as defined within this policy (See Chapter 3-III.F.)

1 Point – The PHA will offer a preference to an applicant who was in the custody of the child welfare system on or before his/her 18th birthday who has not yet reached the age of 24

1 Point – The PHA will offer a preference for homeless individuals/families who are actively involved in assistance services and programs. (There will be a limited number (5) of set aside units for individuals/families involved in assistance services and programs. Persons with this preference will take precedence for these said set aside units until fully utilized)

1 Point – The PHA will offer a preference to Nursing Home Residents who have resided in a state-licensed nursing home for the immediate and consecutive past ninety calendar days and have been determined by the state-licensed nursing home as eligible for discharge.

1 Point – The PHA will offer a preference to an applicant if they were involuntarily displaced for the following reason:

Federally Declared Disaster (e.g. flood, fire, and earthquake)

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40 percent of the families admitted to public housing during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher [*Federal Register* notice 6/25/14]. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA's HCV program during a PHA fiscal year that exceed the 75 percent minimum target requirement for the voucher program, shall be credited against the PHA's basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA's housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

PHA Policy

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

VI-SPDAT v2.0

Start Date *

/ /

G

A. HISTORY OF HOUSING AND HOMELESSNESS

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

-Select- ▼ G

If Other, please specify

G

2. How long has it been since you lived in permanent stable housing?

-Select- ▼ G

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

-Select- ▼ G

B. RISKS

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

4. a) Received health care at an emergency department/room?

-Select- ▼ G

4. b) Taken an ambulance to the hospital?

-Select- ▼ G

4. c) Been hospitalized as an inpatient?

-Select- ▼ G

4. d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

-Select- ▼ G

4. e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or because the police told you that you must move along?

-Select- ▼ G

4. f) Stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

-Select- ▼ G

5. Have you been

-Select- ▼ G

attacked or beaten up since you've become homeless?

6. Have you threatened to or tried to harm yourself or anyone else in the last year? G

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

8. Does anybody force or trick you to do things you do not want to do? G

9. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? G

C. SOCIALIZATION & DAILY FUNCTIONING

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money? G

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? G

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? G

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

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive G

relationship, or because family or friends caused you to become evicted?

D. WELLNESS

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? G

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart? G

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? G

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? G

19. When you are sick or not feeling well, do you avoid getting help? G

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? G

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? G

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? G

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

23. a) A mental health issue or concern? G

23. b) A past head injury? G

23. c) A learning disability, developmental disability, or other impairment? G

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

▼ G

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

▼ G

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

▼ G

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

▼ G

PRE-SURVEY

A. HISTORY OF HOUSING AND HOMELESSNESS

B. RISKS

C. SOCIALIZATION & DAILY FUNCTIONS

D. WELLNESS

GRAND TOTAL

VI-SPDAT v2.0**Start Date ***

/ /

G**A. HISTORY OF HOUSING AND HOMELESSNESS**

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

 G

If Other, please specify

G

2. How long has it been since you lived in permanent stable housing?

 G

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

 G**B. RISKS**

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

4. a) Received health care at an emergency department/room?

 G

4. b) Taken an ambulance to the hospital?

 G

4. c) Been hospitalized as an inpatient?

 G

4. d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

 G

4. e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or because the police told you that you must move along?

 G

4. f) Stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

 G

5. Have you been

 G

attacked or beaten up since you've become homeless?

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

-Select- ▼ G

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

-Select- ▼ G

8. Does anybody force or trick you to do things you do not want to do?

-Select- ▼ G

9. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

-Select- ▼ G

C. SOCIALIZATION & DAILY FUNCTIONING

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money?

-Select- ▼ G

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

-Select- ▼ G

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

-Select- ▼ G

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

-Select- ▼ G

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive

-Select- ▼ G

relationship, or because family or friends caused you to become evicted?

D. WELLNESS

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ▼ G

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart? ▼ G

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ▼ G

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ▼ G

19. When you are sick or not feeling well, do you avoid getting help? ▼ G

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? ▼ G

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ▼ G

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ▼ G

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

23. a) A mental health issue or concern? ▼ G

23. b) A past head injury? ▼ G

23. c) A learning disability, developmental disability, or other impairment? ▼ G

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

-Select- ▼ G

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

-Select- ▼ G

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

-Select- ▼ G

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

-Select- ▼ G

PRE-SURVEY

A. HISTORY OF HOUSING AND HOMELESSNESS

B. RISKS

C. SOCIALIZATION & DAILY FUNCTIONS

D. WELLNESS

GRAND TOTAL

Calculate

Save

Save and Add Another

Cancel

2018 CoC Project Ranking Tool

Project Name: _____

Threshold Requirements- Not scored.

Coordinated Entry Participation	Yes
Documented minimum match	Yes
Reasonable Costs	Yes
Financially Feasible	Yes
Active member of CoC	Yes
Completed application	Yes
Utilization over 90%	Yes

186.11%

Performance Measures					Target	Possible Points	Actual Points
Length of Stay							
RRH- On average, participants spend less than 30 days from project entry to move in							
PSH- On average, participants stay in project at least 180 days							
TH- On average, participants stay in project 180 days							
Exits to permanent housing							
RRH- Minimum percent move to permanent housing							
PSH- Minimum percent remain in or move to permanent housing							
TH- Minimum percent move to permanent housing							
Returns to Homelessness							
RRH- Maximum percent of participants return to homelessness within 12 months of housing							
PSH- Maximum percent of participants return to homelessness within 12 months of housing							
Th- Maximum percent of participants return to homelessness within 12 months of housing							
New or increased income and earned income							
RRH- Minimum new or increased earned income for project stayers							
PSH- Minimum new or increased earned income for project stayers							
TH- Minimum new or increased earned income for project stayers							
RRH- Minimum new or increased non-employment income for project stayers							
PSH- Minimum new or increased non-employment income for project stayers							
TH- Minimum new or increased non-employment income for project stayers							
RRH- Minimum new or increased earned income for project leavers							
PSH- Minimum new or increased earned income for project leavers							
TH- Minimum new or increased earned income for project leavers							
RRH- Minimum new or increased non-employment income for project leavers							
PSH- Minimum new or increased non-employment income for project leavers							
TH- Minimum new or increased non-employment income for project leavers							
Serve High Need Populations							
Permanent Supportive Housing for persons with serious general population with or without a disability.							
TH/PHRR projects for families/youth.							
Other populations							
Project Effectiveness							
as defined locally-Below average cost- 20, average- 15, above							
as defined locally-Below average cost- 20, average- 15, above							
as defined locally-Below average cost- 20, average- 15, above							
Coordinated Entry Participation - 100% of entries from CES referral							

2018 CoC Project Ranking Tool

Housing First/Low Barrier								
Experience								
Has successful experience in working with proposed population and type of housing								
Fund utilization- Below average utilization- 0, average- 5, above average- 10								
Ability to rapidly house								
# days from referral from CES to placement-Under 15 days-20, Between 16-30 days-15, over 30 days-10								
Financial								
Most recent Audit-No exceptions/low-risk- 20, Recommendations- 15, Findings- 10								
Match in application meets HUD requirements								
Total Scores							0	0



Rock River Homeless Coalition



Home About the Coalition Announcements and schedules Built for Zero Report

The Rock River Homeless Coalition meets monthly:

Please feel free to attend one of our meetings that are open to the public. The Coalition meets monthly on the third Thursday of each month at 3:00 PM.

For a list of upcoming RRHC meetings [click here](#)

LOCATION- 555 N. Court St. #115, Rockford, IL

9/14/2018-NOTICE: HUD NOFA- CONSOLIDATED FUNDING APPLICATION HAS BEEN COMPLETED.

Application is available for community review. [Click here](#) to review the application. The full application will be submitted before the deadline of 9/18/2018.

9/4/2018--The projects listed have been ranked in the following order for this year's priority ranking for the 2018 HUD NOFA competition. No grants have been rejected or reduced.

Ranking	Project	Amount
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2.	Rkfd Human Services Domestic Violence CES	\$44,000
3.	Rkfd Human Services Planning Grant	\$61,429

2018 Notice of Funding Availability (NOFA) IL 501 CoC New Project Application

This year HUD has made available new competitive funding for projects serving the literally homeless in Boone and Winnebago Counties. If renewing projects are reallocated, then additional funding may become available. Once HUD Publishes the new available funding amount, it will be posted at www.rockriverhomelesscoalition.org or www.rockfordil.gov on the Community Services Division page. New applicants are strongly encouraged to apply. There will be two opportunities for comment on this application as well as an opportunity for training on this NOFA. They will be held August 8th at 2 PM and August 9th at 8:30 AM. These meetings will be held at 612 N. Church Street. The full NOFA from HUD can be found at <https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf>. The NOFA includes all of the program regulations as well as definitions and descriptors.

Eligible applicants are limited to 501c(3)s. Applicants must also have or obtain before 9/18/18 a DUNS number and a SAMS number. If selected to be included in the HUD applications, project applicants are required to have their projects completed in EsnapS by September 1, 2018. Assistance will be provided with EsnapS for new applicants.

There will be Bonus funding available for projects serving the desired population:

Domestic Violence Bonus

- Rapid Re-housing (PH-RRH) projects that must follow a housing first approach
- Joint Transitional Housing and Permanent Housing-Rapid Rehousing Housing (TH/PHRRH) component projects
- Supportive Services Only Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking (limited to Coordinated Entry provider)

All new funding will be ranked accordingly:

Permanent Supportive Housing for persons with serious mental illnesses

Permanent Supportive Housing OR Rapid-Rehousing for a general population with or without a disability. Rapid Rehousing projects for families/youth and/or the new TH/PHRR projects for families/youth. (Youth are unaccompanied 16-24 year olds)

Domestic violence applications will be ranked separately and position determined by HUD.

All awarded sub-recipients must become a member of the Rock River Homeless Coalition. In addition, all sub-recipients must follow the policies of the Coordinated Entry System which prioritizes those most at risk for housing first.

All awarded sub recipients will be required to utilize the CoC Homeless Management Information System. Domestic Violence and Legal Services providers are allowed to use a comparable system for privacy purposes but only if it meets HUD HNIS standards.

THIS APPLICATION IS DUE TO OUR OFFICE EITHER VIA EMAIL TO patricia.ortiz@rockfordil.gov or to 612 N Church Street, Rockford NO LATER THAN 5 PM ON AUGUST 17, 2018.

2018 IL 501 CoC Competitive Application for New or Expansion Projects

Applicant Name: _____

Applicant Address: _____ City: _____

Applicant Contact Person: _____

Contact Phone: _____ Email: _____

Project Type:

Domestic Violence Bonus: _____ RRH Project; _____ Joint TH & PH-RRH Project; _____ SSO-CE
Permanent Supportive Housing: _____ For Serious Mental illnesses; _____ for general disabilities
Rapid Rehousing projects: _____ for families; _____ for youth, _____ for single adults
TH/PHRR projects: _____ for youth.

Please describe the proposed project (limit 5 pages). Include how many households you propose serving, the type of project (leasing/rental), the number of units in the project, what special populations, if any, you plan to serve and how the project will address the following priorities;

- Victims of domestic violence, dating violence, sexual assault, or stalking
- Homeless youth (unaccompanied or parenting youth aged 17 ½ to 24,
- Homeless families
- The need to expand services to an existing housed population (expansion proposals).

In addition, please describe how your project will address the following;

- You must state whether the project is a housing first project.
- You must state if you are a low/no barrier project.
- You must state whether the project has any participation requirements other than case management.
- You must list the total number of beds in the project as well as the number of beds dedicated to the chronically homeless. Remember, chronic beds can be filled by other persons who are homeless if the SPOE certifies there are no chronic on the wait list.

These items will be a factor in ranking/scoring. Other factors in ranking/scoring include cost effectiveness, priority populations and agency capacity.

Your project description should also address the financial and management capacity of your agency, how your project will assist literally homeless persons obtain/retain permanent housing, how your project will link participants to mainstream services and assist them in obtaining income, a description of your supportive services plan and your agency's experience in working with the homeless.

Project description:

(Expandable)

Project Proposed Budget:

Administrative costs are limited to 5% of the total budget. All budgets should be calculated for 1 year. Grants that perform well are eligible for annual renewals provided funding is available. Please use whole numbers only for the budget.

Matching Funds

Every applicant must commit to a 25% match for the project. Match funds must be used to pay eligible costs within the approved final budget. You are allowed to use match in any area of your budget as long as the total equals 25% of the entire budget. Sources of match documentation will be required if your project is included in the HUD application.

Type of Matching funds:

- Cash
- In-kind

Please list all sources of matching funds that will be used:

Budget line items for which funding is being requested:

- Leased units
- Rental Assistance
- Supportive Services
- Operations
- HMIS
- Administration

Leasing/rental unit budget

Total units requested:

0 bedroom _____ x \$516 (FMR) = _____ x 12 months = _____
1 bedroom _____ x \$584 (FMR) = _____ x 12 months = _____
2 bedroom _____ x \$777 (FMR) = _____ x 12 months = _____
3 bedroom _____ x \$1047 (FMR) = _____ x 12 months = _____

Total Leasing/rental budget for 1 year: _____

Supportive Services Budget

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive services activity. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits understanding of what is being requested.

Eligible Costs	Quantity and Detail	Amount Requested	Match Amount	Total
Assessment of Service Needs		\$	\$	\$
Assistance with Moving Costs		\$	\$	\$
Case Management		\$	\$	\$
Child Care		\$	\$	\$
Education Services		\$	\$	\$
Employment Assistance		\$	\$	\$
Food		\$	\$	\$
Housing/Counseling Services		\$	\$	\$
Legal Services		\$	\$	\$
Life Skills		\$	\$	\$
Mental Health Services		\$	\$	\$
Outpatient Health Services		\$	\$	\$
Outreach Services		\$	\$	\$
Substance Abuse Treatment Services		\$	\$	\$
Transportation		\$	\$	\$
Utility Deposits		\$	\$	\$
Total Supportive Services		\$	\$	\$

Operating Budget

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits understanding of what is being requested.

Eligible Costs	Quantity and Detail	Amount	Match Amount	Total
Maintenance/Repair		\$	\$	\$
Insurance		\$	\$	\$
Building Security		\$	\$	\$
Electricity, Gas and Water (leased building only)		\$	\$	\$
Furniture		\$	\$	\$
Equipment		\$	\$	\$
Total		\$	\$	\$

HMIS Budget

A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits understanding of what is being requested.

Eligible Costs	Quantity and Detail	Amount	Match Amount	Total
Equipment		\$	\$	\$
Software (HMIS User Fees)		\$	\$	\$
Personnel (data entry/reporting)		\$	\$	\$
Space and Operations		\$	\$	\$
Total		\$	\$	\$

Summary Budget

Eligible Costs	Amount	Match Amount	Total
Leasing/Rental	\$	\$	\$
Supportive Services	\$	\$	\$
Operating	\$	\$	\$
HMIS	\$	\$	\$
Administration (5%)	\$	\$	\$
Total	\$	\$	\$



ROCKFORD • WINNEBAGO • BOONE

ROCK RIVER
Homeless Coalition

Working Together to End Homelessness

Reallocations of Continuum of Care Funds

The Rock River Homeless Coalition and the Collaborative Applicant will review all CoC Projects for performance. If those projects are shown to be poor performers, they could be subject to reallocation of funds. Types of programs looked at for reallocation will be Supportive Service only (SSO) grants and Transitional Housing (TH) per HUD guidance. Agencies may also volunteer to reallocate grants to repurpose them into permanent housing projects.

Effective: 8/20/2015



*Human Services Department
Community Services Division
A Community Action Agency*

9/4/2018

To all 2018 HUD CoC Applicants:

Per today's ranking meeting, the following grants were approved for Priority Ranking in the 2018 HUD NOFA.

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Rock River Homeless Coalition



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PRESS RELEASE

FOR IMMEDIATE RELEASE:

CONTACT INFORMATION:

Jennifer Jaeger
Community Services Director, Human Services

July 10, 2018

844-710-6919
Jennifer.jaeger@rockfordil.gov

HUD Announces Funds for Homeless Programming

Rockford, IL - The City of Rockford Human Services Department (A Community Action Agency), in conjunction with the Rock River Homeless Coalition, will be accepting applications for new and renewal applications for the U.S. Dept. of Housing and Urban Development Continuum of Care (CoC) competitive grant program for Winnebago and Boone Counties. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness by providing funds to nonprofit providers to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth.

HUD released the 2018 Notice of Funding Availability (NOFA) information for these grant funds on June 20, 2018. You can find it at: <https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf>.

Public Hearings on the application process and guidance will be held at 612 N. Church St., Rockford, on Wednesday, August 8, 2018 from 2:00 to 3:00 pm and Thursday, August 9, 2018 from 8:30 to 9:30 am. New applications will be due by 5:00 pm on August, 17, 2018 at 612 N. Church Street, Rockford. The final consolidated grant application is due to HUD on September 18, 2018.

For more information and important application deadlines, go to www.rockfordil.gov/city-departments/human-services/community-services/housing-programs OR <https://www.rockriverhomelesscoalition.com/announcements-and-schedules>.

###



2018 Application for new homeless funding through the HUD CoC NOFA application

The City of Rockford Human Services Department (The Collaborative Applicant for the CoC grants) has announced the the funding application for new applicants is now available for completion. The application is available by [clicking here](#). This application is due by noon on August 17, 2018 and may be submitted either via email to patricia.ortiz@rockfordil.gov or in person at 612 N Church Street, Rockford. For further questions, please contact angie.walker@rockfordil.gov.

Continue to check back for update.

2018 CoC NOFA Application Schedule

The City of Rockford Human Services Department (A Community Action Agency), in conjunction with the Rock River Homeless Coalition, will be accepting applications for new and renewal applications for the U.S. Dept. of Housing and Urban Development Continuum of Care (CoC) competitive grant program for Winnebago and Boone Counties. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness by providing funds to nonprofit providers to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth.

On 6/20/18, HUD released 2018 Notice of Funding Availability (NOFA) information for these grant funds. You can find it at: <https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf>

Our local CoC application schedule will be as follows:

Friday, July 20, 2018

Request for Proposals/new project applications for agencies interested in applying for new project funding will be:

- Posted on the City website at www.rockfordil.gov/city-departments/human-services/community-services/housing-programs
- Posted on the Rock River Homeless Coalition web site at www.rockriverhomelesscoalition.com
- Available at our office at 612 N. Church St. Rockford.

Renewal Project letter of intent requirements will also be posted.

August 8, 2018 2:00 pm-3:00 pm

August 9, 2018 8:30 am-9:30 am

Public Hearings/Application Guidance at 612 N. Church St.

August 17, 2018 **by NOON**

Applications for new projects are due to 612 N. Church St **AND** all renewal grants must be complete and entered into E-Snaps.

September 4, 2018

Coalition will rank project applications

September 7, 2018

Selected projects will be posted at the above websites and agencies notified

September 18, 2018 - 7:00pm

Full application is due to HUD

KEEP CHECKING THE SITES ABOVE FOR UPDATES!

6/2/18--RRHC Announces July 2018 Elections

Five to seven directors will be elected to the RRHC CoC Board at the July 19, 2018, RRHC CoC membership meeting to be held at the Winnebago County Health Department, 555 N. Court Street #115, Rockford, IL 61103 at 3:00 p.m. The meeting is open to the public.



Rock River Homeless Coalition @RockRiverHomelessCoalition

- Home, About, Photos, Events, Videos, Posts, Community, Info and Ads, Promote, Manage Promotions



+34

- Community, Suggest Edits

Liked Following

Built For Zero added 37 new photos from June to the album: Built for Zero Conference and Learning Session — at Cobo Center, June

Hundreds gathered at the Built for Zero Conference and Learning session held on June 26-27, 2018 in Detroit to work toward ending homelessness in communities around the country. #BFZDetroit

For more conference coverage, visit: https://www.community.solutions/Built-for-Zero-Detroit

5 people reached

Boost Unavailable

Like Comment Share



Rock River Homeless Coalition

Published by Angie Walker July 9 at 5:00 PM

Our local CoC application schedule will be as follows:

Monday, July 20, 2018

*Applications for agencies interested in applying for new project funding will be posted at:

City of Rockford website at www.rockfordil.gov/.../housing-programs (COMING SOON)

*The Rock River Homeless Coalition web site at www.rockriverhomelesscoalition.com (POSTED NOW)

*OR Available at 612 N. Church St, Rockford.

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*Applications for new projects are due to 612 N. Church St and all renewal applications are to be completed and entered into E-snaps.

September 4, 2018

*Coalition will rank project applications

September 7, 2018

*Selected projects will be posted at the above websites and agencies notified

September 18, 2018 – 7:00pm

*Full application is due to HUD

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City of Rockford

All literally homeless persons (on streets or in shelters) as well as homeless youth, veterans and survivors of domestic violence access housing services through Chance4Change, a single point of

28 people reached

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Rock River Homeless Coalition

Published by Angie Walker July 5 at 8:11 AM

Five to seven directors will be elected to the RRHC CoC Board at the July 19, 2018, membership meeting to be held at the Winnebago County Health Department, 555 N. Court Street #115, Rockford, IL 61103 at 3:00 p.m. The

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https://www.rockriverhomelesscoalition.com/

Governance Charter for the Rock River Homeless Coalition Homeless Management Information System

A. Purpose and Scope

The purpose of this Governance Charter is to confirm agreements between the Continuum of Care (also known as the Rock River Homeless Coalition), and the Institute for Community Alliances (hereinafter HMIS Lead Agency). As such, the Governance Charter sets forth the general understandings, and specific responsibilities of each party relating to key aspects of the governance and operation of the Homeless Management Information System (HMIS.) This Governance Charter is effective upon execution by the Rock River Homeless Coalition and the Institute for Community Alliances.

B. Background

The HMIS is a collaborative project of the Rock River Homeless Coalition, the HMIS Lead Agency, and participating Partner Agencies. HMIS is an internet-based data collection application designed to capture information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness over time. Use of HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD), U.S Department of Veterans Affairs (VA), and the U.S. Department of Health and Human Services (HHS) for specific programs to provide housing and services to persons experiencing homelessness.

The Continuum of Care is a community-wide initiative that work to provide a range of housing and services for the homeless. The continuum of care system includes homelessness prevention assistance, emergency shelter, transitional housing, permanent affordable and permanent supportive housing, supportive services, specialized programs and outreach for designated homeless subpopulations, and integration with mainstream programs. HMIS enables homeless service providers to collect uniform client information over time. HMIS is essential to efforts to streamline client services and inform public policy decisions aimed at addressing and ending homelessness at local, state and federal levels. Through HMIS, homeless people benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in Winnebago and Boone Counties, which may include measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs. Such an unduplicated accounting of homelessness is necessary to service and systems planning, effective resource allocation, and advocacy. The parties to this Governance Charter share a common interest in collaborating to end homelessness and successfully implementing and operating the HMIS.

C. General Understandings

1. Continuum of Care Governance

The Rock River Homeless Coalition (CoC) is responsible for governance of the HMIS. The CoC is the lead-planning group for efforts to end homelessness and for implementing and operating homeless service delivery systems in Winnebago and Boone Counties, Illinois. As such and under HUD policy (24 CFR part

580), the CoC is responsible for HMIS oversight and implementation, including planning, software selection, HMIS Lead Agency designation and setting up and managing the HMIS in compliance with HUD's national HMIS Standards. The CoC oversight and governance responsibilities are carried out by the HMIS Governance Committee (described below), which reviews and approves all HMIS policies and procedures.

2. HMIS Lead Agency Designation

The CoC designates the HMIS Lead Agency to manage HMIS operations on its behalf, and to provide HMIS administrative functions at the direction of the CoC through the CoC Board and the HMIS Governance Committee.

3. Homeless Management Information System Governance Committee

The CoC members and HMIS Partner Agencies actively participate with the HMIS Lead Agency through the HMIS Governance Committee in the management of the HMIS. The HMIS Governance Committee is responsible for establishing policies, procedures, and protocols for functions essential to the viability and success of the HMIS, including, but not limited to, data privacy, data quality, analysis, reporting, data sharing protocols. All CoC HMIS participating agencies will be represented on the HMIS Governance Committee to ensure shared responsibility and accountability.

3.1 Governance Committee Requirements

- a. Meetings - Meetings will be held annually. Important HMIS policy items that emerge in between meetings will be handled by the committee via email, conference call, or an online meeting.
- b. Attendance - Governance Committee members are required to attend all meetings. A majority of the Governance Committee is one half plus one of the members present at the meeting when the vote is taking place.
- c. Accessibility - Committee members will be publicly identified and available for contact by HMIS users and agencies in the CoC.
- d. Policies and Procedures - Approval of policy, procedures and HMIS protocols will be attempted through consensus and conversation, but will ultimately be decided by simple majority.
- e. Voluntary Committee Membership – Governance Committee members are volunteers and are not compensated for their participation.

4. Funding

Funding for the software and operations of the HMIS shall be provided by a HUD Continuum of Care program HMIS grant and other funding from the CoC. Partner Agencies may be required to pay user fees for the HMIS software and reporting licenses assigned to their agency. In the event there is a shortfall in funding for the software or operation of the HMIS, the CoC Board will explore options to increase revenue.

5. Software and Hosting

The CoC has selected a single software product to serve as the sole HMIS software application, in this case Mediware ServicePoint. All Partner Agencies agree to use the product as configured for the CoC.

6. Compliance with Homeless Management Information System Standards

The HMIS is operated in compliance with the HMIS Data and Technical Standards and any other applicable laws. The parties anticipate that HUD will release revised HMIS Standards periodically. The parties agree to make changes to this Governance Charter, the HMIS Policies and Procedures, and other HMIS operational documents, to comply with the revised standards within the HUD-specified timeframe for such changes.

7. Operational Policies and Agreements

The HMIS operates within the framework of agreements, policies, and procedures that have been developed and approved over time by the HMIS Lead Agency and the CoC through the HMIS Governance Committee. These agreements, policies and procedures include but are not limited to the Policies and Procedures Manual, Privacy Policies and the Consumer Notice, Partner Agency Agreements, and User Agreements. All operational agreements and policies and procedures are reviewed annually by the HMIS Lead Agency, the HMIS Governance Committee, and the CoC to comply with the HMIS Standards or otherwise improve HMIS operations.

8. Data Ownership

The data entered into the HMIS is owned by the Partner Agency responsible for entering the client-level information. The HMIS Lead Agency and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. The Partner Agencies have the final authority to approve or disapprove the use of the data that is contained in the HMIS.

D. Specific Responsibilities of the Parties

1. Rock River Homeless Coalition Continuum of Care

Responsible for oversight, project direction, formalizing policy setting, and guidance for the HMIS project. It is the responsibility of the CoC to:

- a. Designate the HMIS Lead Agency, the software to be used for HMIS, and approve any changes to the HMIS Lead Agency or software.
- b. Request revision to any HMIS operational agreement, policy or procedure developed by the HMIS Lead Agency, and approved by the HMIS Governance Committee.
- c. Conduct outreach to homeless assistance agencies not using HMIS, and encourage these agencies and other mainstream programs serving homeless people to participate in HMIS.
- d. Work to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
- e. Promote the effective use of HMIS data, including its use to measure the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
- f. Provide all local information as necessary for compilation of the Continuum of Care Housing Inventory Count, and support the HMIS Lead Agency in preparing the Annual Homeless Assessment Report (AHAR) and HUD System Performance Measures (SPM).

2. HMIS Governance Committee

The CoC exercises the following responsibilities for HMIS governance through the HMIS Governance Committee.

- a. Implement and continuously improve the HMIS.
- b. Ensure the HMIS scope aligns with the requirements of agencies, HUD and other federal partners, and other stakeholder groups.
- c. Address any issue that has major implications for the HMIS, such as HMIS Data Standards revisions released by HUD, or HMIS Vendor performance problems.
- d. Review, revise, and approve all HMIS operational policies developed by the HMIS Lead Agency and submit all approved operational documents to each CoC Board of Directors or equivalent CoC governing body.
- e. Ensure agency and user compliance with the federal HMIS Standards, and all HMIS operational agreements, policies and procedures.
- f. Provide guidance and oversight of HMIS related user and agency compliance monitoring undertaken by the HMIS Lead Agency.
- g. Approve HMIS Lead Agency recommendations to terminate a user license or restrict the HMIS participation of a Partner Agency.

3. HMIS Lead Agency

The Institute for Community Alliances presently serves as the lead agency for the Rock River Homeless Coalition HMIS project, managing and administering all HMIS operations and activities. The HMIS Lead Agency exercises these responsibilities at the direction of the HMIS Governance Committee. These responsibilities are contingent on receipt of the appropriate funding from participating CoCs and Partner Agencies. The responsibilities of the HMIS Lead Agency include:

1. General

- a. Obtain and maintain the contract with the selected software vendor.
- b. Determine the parameters of the HMIS as it relates to continuity of service, ability to limit access to the data, hosting responsibilities, general security and maintenance issues, data storage, back-up and recovery, customization, compliance with HUD Data standards, reporting needs, training and technical support.
- c. Provide overall staffing for the operation of the HMIS.
- d. Develop and maintain all HMIS operational agreements, policies and procedures, including a written privacy notice.
- e. Obtain signed Partner Agency Agreements and User Agreements.
- f. Invoice Partner Agencies and jurisdictions for HMIS fees approved by the HMIS Governance Committee, if applicable.
- g. Monitor Partner Agencies and users to ensure compliance with HMIS operational agreements, policies and procedures on behalf of, and at the direction of, the HMIS Governance Committee.
- h. Convene a meeting of the HMIS Governance Committee annually.
- i. Participate as a voting or non-voting member of the CoC Board of Directors or equivalent decision-making body.
- j. Attend the HMIS and Data Committee meetings of the CoC.
- k. Provide and maintain the HMIS website.

- l. Comply with federal HMIS Standards (including changes to the HMIS Standards) and all other applicable laws.
- m. Apply as the project applicant for all HUD CoC Program HMIS Projects within the CoC.
- n. Serve as the liaison with HUD regarding HUD HMIS grants.

II. Administer the software, including:

- a. Ensure the software vendor complies with the responsibilities designated below in Section D.4.
- b. Report any concerns with the software vendor to the HMIS Governance Committee.
- c. Inform the CoC and Partner Agencies how each software release will change or impact current workflow and operations.
- d. Protect confidential data (in compliance with federal HMIS Standards, local privacy policies, and other applicable law), and abide by any restrictions clients have placed on their own data.
- e. In accordance with and by all HUD regulations and policies

III. Administer HMIS end users, including:

- a. Provide and manage end user licenses, including authorizing usage and the level of access to HMIS for all users.
- b. Add and remove Partner Agency administrators.
- c. Provide all training and user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality.
- d. Provide specific training for agency administrators and end users.
- e. Establish the training requirements for users and agency administrators.
- f. Maintain documentation of user training completion.
- g. Outreach to Partner Agencies to provide end user support.
- h. Develop and maintain a how-to manual that provides data entry guidance for users.
- i. Maintain an email helpdesk for user support.

IV. Ensure Data Quality

- a. Ensure all client and homeless program data are collected in adherence to the HUD HMIS Data Standards, the HMIS Policies and Procedures, and local additional requirements.
- b. Customize the HMIS application to meet local data requirements (within reason and within constraints of budget and other duties).
- c. Develop and implement a data quality plan.
- d. Monitor data quality and generate data quality reports under the data quality plan.
- e. Assist Partner Agencies and users to rectify data quality concerns.
- f. Carry out aggregate data extraction and reporting under the guidance of the HMIS Governance Committee.
- g. Assist Partner Agencies with agency-specific data collection and reporting needs, such as the Annual Progress Report and other program reports (within reason and within constraints of budget and other duties).
- h. Develop HMIS data entry workflow and requirements for HMIS data and reporting to meet Partner Agency reporting requirements.

V. Reporting

- a. Complete, or assist with, the Annual Homeless Assessment Report, HUD CoC Program Notice of Funding Availability, Consolidated Annual Performance Evaluation Report, CoC 10 Year Plans, Partner Agency Annual Performance Reports, and other reports to funders from agencies federally mandated to use HMIS.
- b. Ensure the HMIS policies and procedures and recommend data entry workflow align with collecting the data necessary to complete the reports listed above in Section D.3.IV.a.
- c. Construct, run and publish all necessary system-wide reports to meet federal and local reporting compliance.
- d. Provide aggregate reports to groups or stakeholders requesting HMIS information within the constraints detailed in the HMIS Policies and Procedures Manual.

VI. Satisfactory Assurances Regarding Confidentiality and Security:

It is understood that the HMIS will contain client information that may be subject to the privacy and security protections and requirements of federal HMIS Standards, HIPAA Privacy Rule, other law, and local HMIS privacy and security policies and procedures. The HMIS Lead Agency hereby agrees that it will use protected client information only for purposes permitted by agreement with Partner Agencies and as permitted by the applicable law and Standards. Further, the HMIS Lead Agency agrees it will make use of all safeguards required by HUD Privacy Standards, HIPAA Privacy Rule, where appropriate, other law, and local HMIS privacy and security policies and procedures in order to prevent any unauthorized disclosure of protected client information.

- a. Develop and implement security and confidentiality plans required by the HUD HMIS Standards.
- b. Assist Partner Agencies to rectify agency data security and privacy concerns.

4. Software Vendor

The selected software vendor and HMIS database must meet all HUD regulations and policies, and the following requirements:

- a. Ensure the HMIS design meets the federal HMIS Data Standards.
- b. Develop a codebook and provide other documentation of programs created.
- c. Provide ongoing support to the HMIS Lead pertaining to the needs of end users to mine the database, generate reports and other interface needs.
- d. Administer the product servers, including web and database servers.
- e. Monitor access to HMIS through auditing.
- f. Monitor functionality, speed and database backup procedures.
- e. Provide backup and recovery of internal and external networks.
- f. Maintain the system twenty-four hours a day, seven days a week.
- g. Communicate any planned or unplanned interruption of service to the HMIS Lead Agency.
- h. Take all steps needed to secure the system against breaches of security and system crashes.

E. Period of Agreement and Modification/Termination

1. Period of Operation and Termination

This Governance Charter shall remain in effect until terminated by the parties. Each party shall have the right to terminate this agreement as to itself only upon 30 days prior written notice to the HMIS Governance Committee in care of the HMIS Lead Agency. Violation of any component may be grounds for immediate termination of this Agreement.

2. Amendments

Amendments, including additions, deletions, or modifications to this Governance Charter must be agreed to by all parties to this Agreement.

DocuSigned by:
Todd Kisner
79BB783AAC8B40B...

Todd Kisner

Chair

Rock River Homeless Coalition

4/6/2018

DocuSigned by:
David Eberbach
F9A224CAD431419...

David Eberbach

Executive Director

Institute for Community Alliances

4/6/2018

Agency Partnership Agreement

For the Rock River Homeless Coalition Homeless Management Information System (HMIS)

The Rock River Homeless Coalition Homeless Management Information System (HMIS/Product name Mediware ServicePoint) is an internet-based database that is used by homeless service organizations within Winnebago and Boone County, Illinois to record and store client-level information about the numbers, characteristics, and needs of homeless persons and those at-risk of homelessness.

The implementation of the Rock River HMIS is administered by the Institute for Community Alliances (ICA) and Mediware (Formerly Known as Bowman Systems.) Mediware administers the central server and ICA administers user and agency licensing, training, and compliance. In this Agreement, ICA is the "System Administrator," "Partner Agency" is an Agency Participating in HMIS, "Client" is a consumer of services, and "Agency" is the Agency named in this Agreement.

The signature by the Partner Agency indicates agreement with the terms set forth before a HMIS account can be established for the Agency.

I. Confidentiality

A. The Agency shall uphold relevant federal and state confidentiality regulations and laws that protect Client records, and the Agency shall only release client records in accordance with this Agreement and the Rock River Homeless Coalition HMIS Policies and Procedures.

1. The Agency shall abide specifically by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. In general terms, the federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information **is not** sufficient for this purpose. The Agency understands that federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
2. The Agency shall abide specifically, when applicable, with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and corresponding regulations passed by the Federal Department of Health and Human Services.

B. The Agency **shall not** solicit or input information from Clients into the HMIS database unless it is essential to provide services, to develop reports and provide data, or to conduct evaluation or research. Furthermore,

1. The Agency shall provide its Clients a verbal explanation of the HMIS database and the terms of consent and shall arrange for a qualified interpreter or translator in the event an individual is not literate in English or has difficulty understanding the consent form.
2. The Agency shall maintain appropriate documentation of Client consent to participate in the HMIS database, as required by the Rock River Homeless Coalition HMIS Policies and Procedures.
3. The Agency agrees not to release any confidential information received from the HMIS database to any organization or individual without proper Client consent.
4. If a Client withdraws consent for release of information, the Agency remains responsible to ensure that the Client's information is made unavailable to all other Partner Agencies.

5. ICA does not require or imply that services must be contingent upon a Client's participation in the HMIS database. Services should be provided to Clients regardless of HMIS participation, provided the Clients would otherwise be eligible for the services.

C. The Agency is responsible for ensuring that its users comply with the requirement for informed consent and client confidentiality.

1. The Agency shall ensure that all staff and volunteers issued a User ID and password for HMIS will comply with the following:
 - a. Read and abide by this Partnership Agreement
 - b. Read and abide by the Rock River Homeless Coalition HMIS Policies and Procedures
 - c. Read and sign the Rock River Homeless Coalition HMIS User Agreement form
 - d. Participate in new user privacy and security training or on-going security training on an annual basis
 - e. Participate in additional trainings as required by the Rock River Homeless Coalition HMIS Policies and Procedures
 - f. Create a unique User ID and password, and will not share or reveal that information to anyone by written or verbal means
 - g. Read all communications related to the Rock River HMIS in a timely manner.

D. The Agency may conduct criminal background checks on all staff and volunteers before requiring potential users to attend New User Training led by ICA. No individuals with a history of fraud or identity theft shall be permitted a user license.

E. The Agency understands that the file server will contain all Client information. The agency understands that all client information will be encrypted on a file server physically located in a locked office with controlled access, at the office of Mediware, LLC located at 333 Texas Street, Suite 300, Shreveport, Louisiana 71101.

1. The Agency shall not be denied access to Client data entered by the Agency. Partner Agencies are bound by all restrictions placed upon the data by the client of any Partner Agency. The Agency shall diligently record in the HMIS all restrictions requested. The Agency shall not knowingly enter false or misleading data under any circumstances.

F. Display of Notice: Pursuant to the notice published by the Department of Housing and Urban Development ("HUD") on July 30, 2004, the Agency will prominently display at each intake desk (or comparable location) the HMIS Baseline Privacy Policy provided by ICA that explains generally the reasons for collecting identified information in the HMIS and the Client rights associated with providing Agency staff with identified data. Agency will ensure Clients' understanding of their rights. Additionally, if Agency maintains a public webpage, the current version of the HMIS Baseline Privacy Policy must be posted on the webpage. The current form of HMIS Baseline Privacy Policy, which may be modified from time to time at the HMIS Governance Board's discretion, is available from ICA on its website, <https://www.icalliances.org/rock-river-coalition>.

G. If this Agreement is terminated, ICA and remaining Partner Agencies shall maintain their right to the use of all Client data previously entered by the terminating Partner Agency; this use is subject to any restrictions requested by the Client.

II. HMIS Use and Data Entry

- A. The Agency shall follow, comply with, and enforce the Rock River Homeless Coalition User Agreement and the Rock River Homeless Coalition HMIS Policies and Procedures (located at: <https://www.icalliances.org/rock-river-coalition>). Modifications to the User Agreement and Policies and Procedures needed for the purpose of smooth and efficient operation of the HMIS, and to meet U.S Department of Housing and Urban Development requirements, shall be established in consultation with the HMIS Governance Board. ICA will announce approved modifications in a timely manner via Rock River HMIS email communications.
1. The Agency shall only enter individuals in the HMIS database that exist as Clients under the Agency's jurisdiction. The Agency shall not misrepresent its Client base in the HMIS database by knowingly entering inaccurate information.
 2. The Agency shall use Client information in the HMIS database, as provided to the Agency or Partner Agencies, to assist the Agency in providing adequate and appropriate services to the Client.
- B. The Agency shall consistently enter information into the HMIS database and will strive for real-time, or close to real-time data entry. Real-time or close to real-time is defined by either immediate data entry upon seeing a Client or data entry into the HMIS database within five business days.
- C. The Agency will not alter information in the HMIS database that is entered by another Agency with inaccurate information (i.e. Agency will not purposefully enter inaccurate information to over-ride information entered by another Agency).
- D. The Agency shall not include profanity or offensive language in the HMIS database. This does not apply to the input of direct quotes by the Client if the Agency believes that it is essential to enter these comments for assessment, service, and treatment purposes.
- E. The Agency shall utilize the HMIS database for business purposes only.
- F. ICA will provide initial training and periodic updates to that training to Agency Staff on the use of the HMIS software.
- G. The ICA Help Desk (RRHMIS@icalliances.org) should be utilized for technical assistance within reason.
- H. The transmission of material in violation of any federal or state regulations is prohibited. This includes, but is not limited to, copyright material, material legally judged to be threatening or obscene, and material considered protected by trade secrets.
- I. The Agency shall not use the HMIS database with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.
- J. The Agency must be an active participant in the Rock River Homeless Coalition.
- K. An Agency may establish a Coordinated Services Agreement with another Partner Agency so that a licensed user at that Partner Agency may enter data on its behalf. The Agreement must be approved by the HMIS Lead Agency and signed by the Executive Directors or the immediate supervisors of the employees responsible for HMIS activities at both agencies, and the licensed user who will have privileges to access the Partner Agency's data. An Agency may not establish an Agreement with an individual contracting with their agency.

III. Reports

- A. The Agency shall retain access to identifying and statistical data on the Clients it serves.
- B. The Agency's access to reports containing data on Clients it does not serve shall be limited to non-identifying and statistical data.
- C. The Agency may make aggregate data available to other entities for funding or planning purposes pertaining to providing services to homeless persons. The aggregate data shall not directly identify individual Clients.
- D. ICA and/or the CoC will use only unidentified, aggregate HMIS data for homeless policy and planning decisions, in preparing federal, state or local applications for homeless funding, to demonstrate the need for and effectiveness of programs, and to obtain a system-wide view of program utilization in the locality.
- E. Once a report containing confidential client information is downloaded from HMIS, it is the responsibility of the Agency to protect all confidential information.
- F. An agency may distribute a report containing personally identifying information for the express purpose of referring its own clients to a community housing program or other service intended to benefit its clients.
- G. An Agency may establish a Memorandum of Understanding with another Partner Agency so that a licensed user at that Partner Agency may enter data on its behalf. The MOU must be approved by the HMIS Lead Agency and signed by the Executive Directors or the immediate supervisors of the employees responsible for HMIS activities at both agencies, and the licensed user who will have privileges to access the Partner Agency's data. An Agency may not establish an MOU with an individual contracting with their agency.

IV. Proprietary Rights

- A. The Agency shall not provide or share assigned usernames and passwords of the HMIS database with any other Agency, business or individual.
- B. The Agency shall not cause in any manner, or way, corruption of the HMIS database.

V. Terms and Conditions

- A. Neither ICA nor the CoC shall transfer or assign any rights or obligations without the written consent of the other party.
- B. This Agreement shall be in force until revoked in writing by either party, provided funding is available.
- C. This Agreement may be terminated with 30 days of written notice.

VI. Partner Agency Signature

By signing this Agreement, I understand and agree with the terms within. Failure of any or all users to comply may result in suspension or termination of access to the HMIS database.

Rock River Homeless Coalition HMIS Policies and Procedures

Rock River Homeless Coalition
And
Institute for Community Alliances
2018

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1. Introduction

The Rock River Homeless Management Information System (HMIS) is the designated database of the Rock River Homeless Coalition. The HMIS is an internet-based database that is used by homeless service organizations in the Rock River Homeless Coalition to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. Mediware administers the central server and the HMIS software, and ICA administers user and agency licensing, training and compliance.

The HMIS enables service providers to measure the effectiveness of their interventions and facilitate longitudinal analysis of service needs and gaps within the Continuum of Care. Information that is gathered from consumers via interviews conducted by service providers is analyzed for an unduplicated count, aggregated (void of any identifying client level information) and made available to policy makers, service providers, advocates, and consumer representatives. Data aggregated from the HMIS about the extent and nature of homelessness in the Rock River Homeless Coalition is used to inform public policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

Guidance for the implementation of Rock River Homeless Coalition’s HMIS is provided by the coalition’s HMIS Governance Committee that is committed to understanding the gaps in services to consumers of the human service delivery system in an attempt to end homelessness.

This document provides the policies, procedures, guidelines and standards that govern the HMIS operations, as well as the responsibilities for Agency Administrators and end users.

1.1 HMIS BENEFITS

Use of the HMIS provides numerous benefits for service providers, homeless persons, and the Rock River Homeless Coalition.

Benefits for service providers

- Provides online real-time information about client needs and the services available for homeless persons.
- Assures confidentiality by providing information in a secured system.
- Decreases duplicative client intakes and assessments.
- Tracks client outcomes and provides a client history.
- Generates data reports for local use and for state and federal reporting requirements.
- Facilitates the coordination of services within an organization and with other agencies and programs.
- Provides access to a statewide database of service providers, allowing agency staff to easily select a referral agency.
- Increased ability to define and understand the extent of homelessness throughout Rock River Homeless Coalition.
- Increased ability to focus staff and financial resources where services for homeless persons are needed the most.
- Increased ability to evaluate the effectiveness of specific interventions and programs, and services provided.

Benefits for persons experiencing homelessness

- Intake information and needs assessments are maintained historically, reducing the number of times homeless persons must repeat their stories to multiple service providers.
- The opportunity to provide intake and life history one time demonstrates that service providers consider the homeless person's time valuable and restores some of the consumer's dignity.
- Multiple services can be easily coordinated, and referrals streamlined.
- Increased data collection may increase area funding, producing increased service availability to clients

2. Requirements for Participation

2.1 RESPONSIBILITIES OF the HMIS USERS

Designated Agency HMIS Contact

1. Provide updated agency information to ICA for update in the HMIS.
2. Ensure that the participating agency obtains a unique user license for each user at the agency.
3. Establish the standard report for each specific program created.
4. Maintain a minimum standard of data quality by ensuring the Universal Data Elements are complete and accurate for every individual served by the agency and entered into the HMIS.
5. Maintain the required universal data elements and program specific data elements for each program in accordance with the most recently released HMIS Data Standards and maintain data elements required by the HMIS Governance Committee and/or the CoC in which the program operates.
6. Ensure agency staff persons receive required HMIS training, and review the Rock River HMIS Policies and Procedures, the Agency Partnership Agreement and any agency policies which impact the security and integrity of client information.
7. Ensure that HMIS access is granted only to staff members that have received training, have completed the Rock River HMIS User Agreement and are authorized to use the HMIS.
8. Notify all users at their agency of interruptions in service.
9. Provide a single point of communication between users and the HMIS staff at the Institute for Community Alliances.
10. Administer and monitor data security policies and standards, including:
 - User access control;
 - The backup and recovery of data; and
 - Detecting and responding to violations of the policies and procedures or agency procedures.

Commented [JA1]: Previously "Agency Administrator"

Users

1. Take appropriate measures to prevent unauthorized data disclosure.
2. Report any security violations.
3. Comply with relevant policies and procedures.
4. Input required data fields accurately within 5 calendar days.
5. Ensure a minimum standard of data quality by accurately answering the Universal Data Elements and required program specific data elements for every individual entered into the HMIS.
6. Inform clients about the agency's use of the HMIS and secure the release of information needed for sharing client data.
7. Take responsibility for any actions undertaken with one's username and password.
8. Complete required training.
9. Read any communications from the coalition or the HMIS lead pertaining to the HMIS information.

Commented [JA2]: added

2.2 PARTNER AGENCY REQUIREMENTS

Participation Agreement Documents

Partner Agencies must complete the following documents:

1. **Partnership Agreements** must be signed by each participating agency's executive director. The Institute for Community Alliances will retain the original document. The participation agreement states the agency's commitment to adhere to the policies and procedures for effective use of the HMIS.
2. **The Rock River HMIS User Agreements** list user policies and responsibilities and are electronically signed by each authorized user. An electronic or hard copy of the original document must be kept by the originating agency.
3. **Coordinated Services Agreements** allow the specifically named HMIS user to enter client data as, or on behalf of, another specifically named Participating Agency and/or to report on behalf the specifically named Participating Agency. The signed agreement will be maintained by the HMIS Lead Agency, the Institute for Community Alliances.

User Access to the System

The Designated Agency HMIS Contact will determine user access for users at or below the Case Manager III access level and assign users to the appropriate agency provider. The System Administrator will generate usernames and passwords within the administrative function of the software.

The Designated Agency HMIS Contact and all users must complete training before access to the system is granted by ICA.

User Requirements

Users must be paid staff or official volunteers of a Partner Agency. An official volunteer must complete a volunteer application with the Partner Agency, undergo agency training, pass a criminal background check, and record volunteer hours with the agency. Individuals who are solely contracting with a Partner Agency are prohibited from receiving a user license. All users must be at least 18 years old.

Users who are also Clients Listed in the HMIS

In order to prevent users from editing their own file or files of immediate family members, all users will agree to a conflict of interest statement that is part of the User Agreement. Users must disclose any potential conflict of interest to their Agency Administrator. Users will be prohibited from making changes to the information in their own file or the files of their immediate family members. If a user is suspected of violating this agreement, the System Administrator will run the audit trail report to determine if there was an infraction.

Passwords

- Creation: Passwords are automatically generated from the system when a user is created. The Designated Agency HMIS Contact will communicate the system-generated password to the user.

- **Use:** The user will be required to change the password the first time they log onto the system. The password must be at least 8 characters and alphanumeric. Passwords should not be able to be easily guessed or found in a dictionary. Passwords are the individual's responsibility and users cannot share passwords. Users shall not keep written copies of their password in a publicly accessible location.
- **Storage:** Any passwords that are written down are to be stored securely and must be inaccessible to other persons. Users are not to store passwords on a personal computer for easier log on.
- **Expiration:** Passwords expire every 45 days. Users may not use the same password consecutively. Passwords cannot be re-used until two password selections have expired.
- **Unsuccessful logon:** If a user unsuccessfully attempts to log-on three times, the User ID will be "locked out," and access permission will be revoked rendering the user unable to gain access until his/her password is reset.

Inputting Data

Agencies participating in the HMIS must meet the minimum data entry requirements established by the most recent HMIS Data Standards.

Tracking of Unauthorized Access

Any suspicion of unauthorized activity should be reported to the Institute for Community Alliances HMIS staff.

Designated Agency HMIS Contact

The Designated Agency HMIS Contact will be responsible for monitoring the HMIS access by users at their agency. This person will also be responsible for ensuring new agency staff persons are trained on how to use the HMIS by the System Administrators and for ensuring that new staff are aware of any agency or program specific data entry requirements.

The Designated Agency HMIS Contact must identify the assessments and requirements for each program, and work with the System Administrators to properly set up each program in the HMIS.

Client Release of Information (ROI)

In addition to posting the HMIS Consumer Notice, agencies must obtain client consent prior to sharing client data with other agencies when data sharing is appropriate for client service delivery. Agencies are required to ensure clients know what data are being collected about them, and be given the opportunity to make choices about what personal and program related information is shared in the HMIS and with whom that data is shared. Agencies may use the [Client Release of Information](#) form on the ICA website, or use their own form that includes language commensurate with the ICA ROI. The form requires clients to authorize the electronic sharing of their personal information, and allows for clients to have more control over their own information. Agencies are required to obtain client consent at each level listed on the form. Clients have the right to refuse any level of shared data.

Data Protocols

Agencies may collect information for data elements in addition to the minimally required data elements established by the HMIS Governance Committee in accordance with HUD. Agencies must maintain consistency with data collection and entry within each program.

2.4 USER TRAINING REQUIREMENTS

New User Training Requirements

All users are required to attend new user training with ICA prior to receiving access to the system. If ICA determines that data entered by a current end user does not meet minimum data quality standards, users may be required to repeat this training.

Once a new user begins the HMIS new user training series, the user has 15 days to complete the training series and all required assignments. ICA staff will review the user's homework and determine if corrections are needed. Users will have an additional 15 days to make all corrections. If the user fails to complete all requirements within 30 days, the user will need to retake the training series. ICA staff may determine that a new user failed to grasp the necessary data entry concepts based on the quality of the user's homework. ICA staff may use their discretion to require new users to repeat new user training. If a new user fails to successfully complete the homework requirements for data entry after repeated attempts, ICA staff may use their discretion to determine that the new user is not capable of accurate and complete data entry, and may refuse to issue the new user a Rock River HMIS user license.

ICA has sole discretion to waive the requirement to attend new user training regarding persons with previous HMIS experience. ICA will consider the user's familiarity with the HMIS and the need for the user to learn about potential system updates and changes during new user training when making its decision to waive the new user training requirement.

Users are expected to fully participate in all trainings attended. If a user misses more than ten minutes or ten percent (whichever is greater) of a training, the user will not receive credit for completing the training.

Ongoing User Training Requirements

All users are required to participate in the annual security training to retain their user license.

2.5 HMIS USER LEVELS

The HMIS user roles are listed on the ICA website.

Resource Specialist I

Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. A Resource Specialist I cannot modify or delete data, and does not have access to client or service records or other modules and screens.

Resource Specialist II

Users may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. At this level, the user does not have access to client or service records or other modules and screens. A Resource Specialist II is an agency-level "Information & Referral (I&R) specialist" who may update their own agency and program information.

Resource Specialist III

Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs and view the agency or program detail screens. A Resource Specialist III may add or remove resource groups, including Global (which they get by default). Access to client or service records and other modules and screens is not given. A Resource Specialist III may edit the system-wide news feature.

Volunteer

Users may access ResourcePoint, and have limited access to ClientPoint and service records. A volunteer may view or edit basic demographic information about clients (the profile screen), but is restricted from all other screens in ClientPoint. A volunteer may also enter new clients, make referrals, and check clients in/out from a shelter. A volunteer does not have access to the "Services Provided" tab. This access level is designed to allow a volunteer to perform basic intake steps with a new client and then refer the client to an agency staff member or case manager.

Agency Staff

Users may access ResourcePoint, have full access to service records, and limited access to ClientPoint. Agency staff may access most functions in ServicePoint, however, they may only access basic demographic data on clients (profile screen). All other screens are restricted including Reports. Agency Staff can add news items to the newswire feature.

Case Manager I

Users may access all screens and modules except "Administration." A Case Manager I may access all screens within ClientPoint, except the medical screen for confidentiality reasons. Users may access Reports.

Case Manager II

Users may access all screens and modules except "Administration." A Case Manager II may access all screens within ClientPoint, including the medical screen. Users may access Reports.

Case Manager III

This role has the same actions available as the Case Manager II with the added ability to see program data for all providers on their provider tree, like an Agency Administrator.

Designated Agency HMIS Contact

Users may access all ServicePoint screens and modules. Agency Administrators may add/remove users and edit agency and program data for all providers on their provider tree.

Executive Director

Users have the same access rights as an Agency Administrator, but rank above the Agency Administrator.

System Operator

Users may only access Administration screens. System operators can create new agency providers, add new users, reset passwords, and access other system-level options. Users may order additional user licenses and modify the allocation of licenses. They maintain the system, but may not access any client or service records.

System Administrator I

Users have the same access rights to client information as Agency Administrators, but for all agencies in the system. System Administrators also have full access to administrative functions.

System Administrator II

There are no system restrictions on users. They have full HMIS access.

2.6 The HMIS VENDOR REQUIREMENTS

Physical Security

Access to areas containing the HMIS equipment, data and software will be secured.

Firewall Protection

The vendor will secure the perimeter of its network using technology from firewall vendors. Company system administrators monitor firewall logs to determine unusual patterns and possible system vulnerabilities.

User Authentication

Users may only access the HMIS with a valid username and password combination that is encrypted via SSL for internet transmission to prevent theft. If a user enters an invalid password three consecutive times, they are automatically shut out of that HMIS session. For added security, the session key is automatically scrambled and re-established in the background at regular intervals.

Application Security

The HMIS users will be assigned a system access level that restricts their access to appropriate data.

Database Security

Wherever possible, all database access is controlled at the operating system and database connection level for additional security. Access to production databases is limited to a minimal number of points; as with production servers, production databases do not share a master password database.

Technical Support

The vendor will assist the ICA HMIS staff to resolve software problems, make necessary modifications for special programming, and will explain system functionality to ICA.

Technical Performance

The vendor maintains the system, including data backup, data retrieval and server functionality/operation. Upgrades to the system software will be continuously developed and implemented.

Hardware Disposal

Data stored on broken equipment or equipment intended for disposal will be destroyed using industry standard procedures.

2.7 MINIMUM TECHNICAL STANDARDS

Minimum Computer Requirements

- A PC with a 2 Gigahertz or higher processor, 40GB hard drive, 512 MB RAM, and Microsoft Windows 7 or 8
- The most recent version of Google Chrome, Safari or Firefox. No additional plug-in is required.
It is recommended that your browser have a 128 cipher / encryption strength installed. The browser's cache should be set to "Check for new version of the stored pages: Every visit to page."
- A high speed broadband Internet connection is required.
- Virus protection updates
- The only mobile device that is officially supported by Mediware is the Apple iPad running the latest version of iOS.

Additional Recommendations

Memory

- Windows 7: 4Gig recommended (2 Gig minimum)

Monitor

- Screen Display: 1024x768 (XGA) or higher; 1280x768 strongly advised

Processor

- A Dual-Core processor is recommended

2.8 HMIS LICENSE FEES

Annual Rock River HMIS License Fees

License fees are based upon grant contracts received by the HMIS Lead. The HMIS Lead reserves the right to charge license fees if adequate grant funds are not available.

2.9 HMIS OPERATING POLICIES VIOLATION

The HMIS users and Partner Agencies must abide by all the HMIS operational policies and procedures found in the HMIS Policies and Procedures manual, the Rock River HMIS User Agreement, and the Partner Agency Agreement. Repercussion for any violation will be assessed in a tiered manner. Each user or Partner Agency violation will face successive consequences – the violations do not need to be of the same type in order to be considered second or third violations. User violations do not expire. No regard is given to the duration of time that occurs between successive violations of the HMIS operation policies and procedures as it relates to corrective action.

- First Violation – the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days, or until the Partner Agency notifies ICA of action taken to remedy the violation. ICA will provide necessary training to

the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Governance Committee of the violation during the next scheduled Governance Committee meeting following the violation.

- Second Violation – the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days. The user and/or Partner Agency must take action to remedy the violation; however, this action will not shorten the length of the license suspension. If the violation has not been remedied by the end of the 30-day user license suspension, the suspension will continue until the Partner Agency notifies ICA of the action taken to remedy the violation. ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Governance Committee of the violation during the next scheduled Governance Committee meeting following the violation.
- Third Violation – the user and Partner Agency will be notified of the violation in writing by ICA. ICA will notify the HMIS Governance Committee of the violation and convene a review panel made up of Governance Committee members who will determine if the user's license should be terminated. The user's license will be suspended for a minimum of 30 days, or until the Governance Committee review panel notifies ICA of their determination, whichever occurs later. If the Governance Committee determines the user should retain their user license, ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. If users who retain their license after their third violation have an additional violation, that violation will be reviewed by the Governance Committee review panel.

In the event a Partner Agency has paid a fee for the use of the HMIS, the fee will not be returned if a user or Partner Agency's access to the HMIS is revoked.

Notifying the HMIS Lead Agency of a Violation

It is the responsibility of the Designated Agency HMIS Contactor general User at Partner Agencies that do not have a Designated Agency HMIS Contact to notify the HMIS Lead Agency when they suspect that a User or Partner Agency has violated any HMIS operational agreement, policy or procedure. A complaint about a potential violation must include the User and Partner Agency name, and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS Lead Agency (ICA) at rrhmis@icalliances.org. The name of the person making the complaint will not be released from the HMIS Lead Agency if the individual wishes to remain anonymous.

Violations of Local, State or Federal Law

Any Partner Agency or user violation of local, state or federal law will immediately be subject to the consequences listed under the Third Violation above.

Multiple Violations within a 12-Month Timeframe

During a 12 month calendar year, if there are multiple users (3 or more) with multiple violations (2 or more) from one Partner Agency, the Partner Agency as a whole will be subject to the consequences listed under the Third Violation above.

3. Privacy and Security

The importance of the integrity and security of the HMIS cannot be overstated. Given this importance, HMIS must be administered and operated under high standards of data privacy and security. The Institute for Community Alliances and Partner Agencies are jointly responsible for ensuring that the HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. When a privacy or security standard conflicts with other Federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact ICA to collaboratively update the applicable policies for the partner agency to accurately reflect the additional protections.

3.1 DATA ASSESSMENT AND ACCESS

All the HMIS data will be handled according to the following major classifications: Shared or Closed Data. The HMIS staff will assess all data, and implement appropriate controls to ensure that data classified as shared or closed are handled according to the following procedures.

Shared Data

Shared data is unrestricted information that has been entered by one provider and is visible to other providers using the HMIS. The Rock River Homeless Coalition's HMIS is designed as an open system that defaults to allow shared data. Providers have the option of changing their program settings to keep client data closed.

Data that is Not Shared

Information entered by one provider that is not visible to other providers using the HMIS. Programs that serve individuals with HIV/AIDS, unaccompanied minors, or provide legal services must enter closed data. Further, programs that provide legal services may enter clients as "unnamed." Individual client records can be closed at the client's request.

Procedures for transmission and storage of data

- Open Data: This is data that does not contain personal identifying information. The data should be handled discretely, unless it is further classified as Public Data. The data must be stored out of site, and may be transmitted via internal or first-class mail until it is considered public data.
- Confidential Data at the Agency Level: Confidential data contains personal identifying information. Each agency shall develop rules governing the access of confidential data in the HMIS to ensure that those staff needing confidential data access will have access, and access is otherwise restricted. The agency rules shall also cover the destruction of paper and electronic data in a manner that will ensure that privacy is maintained and that proper controls are in place for any hard copy and electronic data that is based on the HMIS data.

Whenever confidential data is accessed:

- Hard copies shall be shredded when disposal is appropriate. Hard copies shall be stored in a secure environment that is inaccessible to the general public or staff not requiring access.
- Hard copies shall not be left out in the open or unattended.
- Electronic copies shall be stored only where the employee can access the data.

- Electronic copies shall be stored where a password is required to access the data if on shared server space.

All public data must be classified as aggregated public or unpublished restricted access data.

Aggregated Public Data

Information published according to the "Reporting Parameters and Guidelines" (the HMIS Policies and Procedures Section 3.2).

Unpublished Restricted Access Data

Information scheduled, but not yet approved, for publication. Examples include draft reports, fragments of data sets, and data without context or data that have not been analyzed.

Procedures for Transmission and Storage of Data

- Aggregated Public Data: Security controls are not required.
- Unpublished Restricted Access Data:
 1. Draft or Fragmented Data – Accessible only to authorized the HMIS staff and agency personnel. Requires auditing of access and must be stored in a secure out-of-sight location. Data can be transmitted via e-mail, internal departmental or first class mail. If mailed, data must be labeled confidential.
 2. Confidential Data: Requires encryption at all times. Must be magnetically overwritten and destroyed. Hard copies of data must be stored in an out-of-sight secure location.

3.2 DATA REPORTING PARAMETERS AND GUIDELINES

All open data will be handled according to the following classifications - *Public Data, Internal Data, and Restricted Data* - and should be handled according to the following procedures.

Principles for Release of Data

- Only de-identified aggregated data will be released except as specified below.
- No identified client data may be released without informed consent unless otherwise specified by Illinois State and Federal confidentiality laws. All requests for such information must be addressed to the owner/participating agency where the data was collected.
- Program specific information used for annual grant program reports and program specific information included in grant applications is classified as public information. No other program specific information will be released without written consent.
- There will be full access to aggregate data included in published reports.
- Reports of aggregate data may be made directly available to the public.
- The parameters of the aggregated data, that is, where the data comes from and what it includes will be presented with each report.
- Data will be mined for agencies requesting reports on a case-by-case basis.
- Requests must be written with a description of specific data to be included and for what duration of time. Requests are to be submitted at least 30 days prior to the date the report is needed. Exceptions to the 30-day notice may be made.
- ICA reserves the right to deny any request for aggregated data.

3.3 RELEASE OF DATA FOR GRANT FUNDERS

Entities providing funding to agencies or programs required to use the HMIS will not have automatic access to the HMIS. Access to the HMIS will only be granted by ICA when there is a voluntary written agreement in place between the funding entity and the agency or program. Funding for any agency or program using the HMIS cannot be contingent upon establishing a voluntary written agreement allowing the funder HMIS access.

3.4 BASELINE PRIVACY POLICY

Collection of Personal Information

Personal information will be collected for the HMIS only when it is needed to provide services, when it is needed for another specific purpose of the agency where a client is receiving services, or when it is required by law. Personal information may be collected for these purposes:

- To provide or coordinate services for clients
- To find programs that may provide additional client assistance
- To comply with government and grant reporting obligations
- To assess the state of homelessness in the community, and to assess the condition and availability of affordable housing to better target services and resources

Only lawful and fair means are used to collect personal information.

Personal information is collected with the knowledge and consent of clients. It is assumed that clients consent to the collection their personal information as described in this notice when they seek assistance from an agency using the HMIS and provide the agency with their personal information.

If an agency reasonably believes that a client is a victim of abuse, neglect or domestic violence, or if a client reports that he/she is a victim of abuse, neglect or domestic violence, explicit permission is required to enter and share the client's information in the HMIS.

Personal information may also be collected from:

- Additional individuals seeking services with a client
- Other private organizations that provide services and participate in the HMIS

Upon request, clients must be able to access the *Use and Disclosure of Personal Information* policy found below.

Use and Disclosure of Personal Information

These policies explain why an agency collects personal information from clients. Personal information may be used or disclosed for activities described in this part of the notice. Client consent to the use or disclosure of personal information for the purposes described in this notice, and for reasons that are compatible with purposes described in this notice but not listed, is assumed. Clients must give consent before their personal information is used or disclosed for any purpose not described here.

Personal information may be used or disclosed for the following purposes:

1. *To provide or coordinate services to individuals. Client records are shared with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information. If clients access services at one of these other*

organizations, they will be notified of the agency's privacy and sharing policy.
{OPTIONAL}

2. To carry out administrative functions such as legal audits, personnel, oversight, and management functions.
3. For research and statistical purposes. Personal information released for research and statistical purposes will be de-identified.
4. For academic research conducted by an individual or institution that has a formal relationship with the Institute for Community Alliances. The research must be conducted by an individual employed by or affiliated with the organization or institution. All research projects must be conducted under a written research agreement approved in writing by the Designated Agency HMIS Contact or executive director. The written research agreement must:
 - Establish the rules and limitations for processing personal information and providing security for personal information in the course of the research.
 - Provide for the return or proper disposal of all personal information at the conclusion of the research.
 - Restrict additional use or disclosure of personal information, except where required by law.
 - Require that the recipient of the personal information formally agree to comply with all terms and conditions of the written research agreement, and
 - Be substituted, when appropriate, by Institutional Review Board, Privacy Board or other applicable human subjects' protection institution approval.
5. When required by law. Personal information will be released to the extent that use or disclosure complies with the requirements of the law.
6. To avert a serious threat to health or safety if:
 - the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
 - the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.
7. To report to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence, information about an individual reasonably believed to be a victim of abuse, neglect or domestic violence. When the personal information of a victim of abuse, neglect or domestic violence is disclosed, the individual whose information has been released will promptly be informed, except if:
 - it is believed that informing the individual would place the individual at risk of serious harm, or
 - a personal representative (such as a family member or friend) who is responsible for the abuse, neglect or other injury is the individual who would be informed, and it is believed that informing the personal representative would not be in the best interest of the individual as determined in the exercise of professional judgment.
8. For a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:

- In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer or a grand jury subpoena, if the court ordered disclosure goes through the Institute for Community Alliances and is reviewed by the Executive Director for any additional action or comment.
 - If the law enforcement official makes a written request for personal information. The written request must meet the following requirements:
 - i. Be signed by a supervisory official of the law enforcement agency seeking the personal information.
 - ii. State how the information is relevant and material to a legitimate law enforcement investigation.
 - iii. Identify the personal information sought.
 - iv. Be specific and limited in scope to the purpose for which the information is sought, and
 - v. Be approved for release by the Institute for Community Alliances legal counsel after a review period of seven to fourteen days.
 - If it is believed that the personal information constitutes evidence of criminal conduct that occurred at the agency where the client receives services.
 - If the official is an authorized federal official seeking personal information for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to a foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.
9. For law enforcement or another public official authorized to receive a client's personal information to conduct an immediate enforcement activity that depends upon the disclosure. Personal information may be disclosed when a client is incapacitated and unable to agree to the disclosure if waiting until the individual is able to agree to the disclosure would materially and adversely affect the enforcement activity. In this case, the disclosure will only be made if it is not intended to be used against the individual.
10. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

Inspection and Correction of Personal Information

Clients may inspect and receive a copy of their person information maintained in the HMIS. The agency where the client receives services will offer to explain any information that a client may not understand.

If the information listed in the HMIS is believed to be inaccurate or incomplete, a client may submit a verbal or written request to have his/her information corrected. Inaccurate or incomplete data may be deleted, or marked as inaccurate or incomplete and supplemented with additional information.

A request to inspect or copy one's personal information may be denied if:

- The information was compiled in reasonable anticipation of litigation or comparable proceedings

- The information was obtained under a promise of confidentiality and if the disclosure would reveal the source of the information, or
- The life or physical safety of any individual would be reasonably endangered by disclosure of the personal information.

If a request for inspection access or personal information correction is denied, the agency where the client receives services will explain the reason for the denial. The client's request and the reason for the denial will be included in the client's record.

Requests for inspection access or personal information correction may be denied if they are made in a repeated and/or harassing manner.

Limits on Collection of Personal Information

Only personal information relevant for the purpose(s) for which it will be used will be collected. Personal information must be accurate and complete.

Client files not used in seven years may be made inactive in the HMIS. ICA will check with agencies before making client files inactive. Personal information may be retained for a longer period if required by statute, regulation, contract or another obligation.

Limits on Partner Agency Use of the HMIS Client Information

The Rock River HMIS is a shared data system. This system allows Partner Agencies to share client information in order to coordinate services for clients. However, Partner Agencies may not limit client service or refuse to provide service in a way that discriminates against clients based on information the Partner Agency obtained from the HMIS. Partner Agencies may not penalize a client based on historical data contained in the HMIS.

Youth providers serving clients under the age of 18 must maintain closed HMIS client files. Youth under the age of 18 may not provide either written or verbal consent to the release of their personally identifying information in the HMIS.

Complaints and Accountability

Questions or complaints about the privacy and security policies and practices may be submitted to the agency where the client receives services. Complaints specific to the HMIS should be submitted to the HMIS Designated Agency HMIS Contact and program director. If no resolution can be found, the complaint will be forwarded to the System Administrators, and the agency's executive director. If there is no resolution, the Rock River HMIS Governance Committee will oversee final arbitration. All other complaints will follow the agency's grievance procedure as outlined in the agency's handbook.

All the HMIS users (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Users must receive and acknowledge receipt of a copy of this privacy notice.

3.5 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS

Victim service providers, private nonprofit agencies whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, must not

directly enter or provide data into the HMIS if they are legally prohibited from participating in the HMIS. Victim service providers that are recipients of funds requiring participation in the HMIS, but are prohibited from entering data in the HMIS, must use a comparable database to enter client information. A comparable database is a database that can be used to collect client-level data over time and generate unduplicated aggregated reports based on the client information entered into the database. The reports generated by a comparable database must be accurate and provide the same information as the reports generated by the HMIS.

3.6 USER CONFLICT OF INTEREST

Users who are also clients with files in the HMIS are prohibited from entering or editing information in their own file. All users are also prohibited from entering or editing information in files of immediate family members. All users must sign the Rock River HMIS User Agreement, which includes a statement describing this limitation, and report any potential conflict of interest to their Agency Administrator. The System Administrator may run the audit trail report to determine if there has been a violation of the conflict of interest agreement.

3.7 SECURITY PROCEDURE TRAINING FOR USERS

All users must receive security training prior to being given access to the HMIS. Security training will be covered during the new user training for all new users. All users must receive ongoing annual training on security procedures from the Institute for Community Alliances.

3.8 VIOLATION OF SECURITY PROCEDURES

All potential violations of any security protocols will be investigated and any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges and criminal prosecution.

If possible, all confirmed security violations will be communicated in writing to the affected client within 14 days, unless the client cannot be located. If the client cannot be located, a written description of the violation and efforts to locate the client will be prepared by the System Administrator at the Institute for Community Alliances, and placed in the client's file at the Agency that originated the client's record.

Any agency that is found to have consistently and/or flagrantly violated security procedures may have their access privileges suspended or revoked. All sanctions are imposed by the ICA HMIS staff. All sanctions may be appealed to the HMIS Governance Committee.

3.9 PROCEDURE FOR REPORTING SECURITY INCIDENTS

Users and Agency Administrators should report all unlawful access of the HMIS and unlawful attempted access of the HMIS. This includes theft of usernames and passwords. Security incidents should be reported to the ICA System Administrator. The ICA System Administrator will use the HMIS user audit trail report to determine the extent of the breach of security.

3.10 DISASTER RECOVERY PLAN

Mediware Disaster Recovery Plan

The Rock River Homeless Coalition's HMIS is covered under Mediware Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Mediware provides the following disaster recovery plan. Plan highlights include:

- Database tape backups occur nightly.
- Tape backups are stored offsite.
- Seven day backup history is stored locally on instantly accessible Raid 10 storage.
- One month backup history is stored off site.
- Access to Mediware emergency line to provide assistance related to "outages" or "downtime" 24 hours a day.
- Data is backed up locally on instantly-accessible disk storage every 24 hours.
- The application server is backed up offsite, out-of-state, on a different internet provider and on a separate electrical grid via secured Virtual Private Network (VPN) connection.
- Backups of the application site are near-instantaneous (no files older than 5 minutes).
- The database is replicated nightly at an offsite location in case of a primary data center failure.
- Priority level response (ensures downtime will not exceed 4 hours).

Standard Data Recovery

The Rock River Homeless Coalition's HMIS database is available online, and is readily accessible for approximately 24 hours a day. Tape backups of the database are kept for approximately one month. Upon recognition of a system failure, the HMIS can be copied to a standby server. The database can be restored, and the site recreated within three to four hours if online backups are accessible. As a rule, a tape restoration can be made within six to eight hours. On-site backups are made once daily. A restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.

All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that are connected in turn to electrical circuits, which are connected to a building generator.

All client data is backed-up online and stored on a central file server repository for 24 hours. Each night a tape backup is made of the client database and secured in a bank vault.

Historical data can be restored from tape as long as the data requested is newer than 30 days old. As a rule, the data can be restored to a standby server within four hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.

For power outage, the HMIS is backed up via APC battery back-up units, which are connected via generator-backed up electrical circuits. For a system crash, a system restore will take four hours. There is potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a tape restore is necessary. If the failure is not hard

drive related, the data restore time will possibly be shorter as the drives themselves can be repopulated into a standby server.

All major outages are immediately brought to the attention of executive management. Mediware support staff helps manage communication or messaging to the System Administrator as progress is made to address the service outage.

The Rock River HMIS Disaster Recovery Plan

The Institute for Community Alliances operates a regional approach to administering the Rock River HMIS. The ICA Rock River HMIS office is currently in Madison, Wisconsin. In the event of a localized emergency or disaster, ICA will shift responsibility for administering the HMIS and managing day-to-day operations of the system to an unaffected site.

4. Data Requirements

4.1 MINIMUM DATA COLLECTION STANDARD

Partner Agencies are responsible for asking all clients a minimum set of questions for use in aggregate analysis. These questions are included in custom assessments that are created by the HMIS System Administrators. The required data elements depend on the program. The mandatory data elements in each assessment are displayed in *red* text and/or specific text indicating that the field is required.

The Designated Agency HMIS Contact must identify the assessments and requirements for each program. ICA will consult with the Designated Agency HMIS Contact to properly set up each program in the HMIS.

Guidelines clearly articulating the minimum expectations for data entry for all programs entering data in the HMIS will be sent to Agency Administrators and posted on the Institute for Community Alliances' Rock River HMIS webpage. Agency Administrators must ensure that the minimum data elements are fulfilled for every program.

4.2 PROVIDER NAMING CONVENTION

All providers within the HMIS must be named so that they accurately reflect the type of service carried out by the corresponding Partner Agency program.

4.3 DATA QUALITY PLAN

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. No data collection system has a quality rating of 100%. However, to meet the goals set forth by the Rock River Homeless Coalition when presenting accurate and consistent information on homelessness, it is critical that the HMIS have the best possible representation of reality as it relates to persons experiencing homeless and the projects that serve them. Specifically, the goal is to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact on the homeless service system. To that end, the CoC will collectively assess the quality of our data by examining characteristics such as timeliness, completeness, and accuracy.

See Appendix 7 for the complete Data Quality Plan.

4.4 DATA IMPORTS

While the HMIS databases are required to have the capacity to accept data imports, The Rock River Homeless Coalition reserves the right to not allow data imports into the HMIS. Allowing

data imports will impact data integrity, create issues for coordinated entry, and increase the likelihood of duplication of client files in the system.

4.5 The HMIS DATA PROTECTION

As the HMIS Lead Agency, it is the responsibility of ICA to maintain the HMIS, including protecting the data contained in the HMIS. In the case where ICA is made aware through data contained in the HMIS that Partner Agency program funds were used for an ineligible service, ICA will notify the Partner Agency about the misuse of funds. If the Partner Agency fails to rectify the misuse of funds in a timely fashion, ICA will notify the appropriate funding body.

5. Glossary

Aggregated Public Data – data that is published and available publicly. This type of data does not identify clients listed in the HMIS.

Closed Data – information entered by one provider that is not visible to other providers using the HMIS.

Confidential Data – contains personal identifying information.

Designated Agency HMIS Contact– the individual responsible for the HMIS use at each partner agency.

ICA – the Institute for Community Alliances, which is the HMIS Lead Agency.

HMIS – Homeless Management Information System – an internet-based database that is used by homeless service organizations across Rock River Homeless Coalition to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness.

HMIS Governance Committee – the group of the HMIS users who are responsible for approving and implementing the HMIS Policies and Procedures, and for working to make improvements to the Rock River Homeless Coalition's HMIS.

HMIS License Fee – the annual fee paid by partner agencies to allow each HMIS user at their agency continued access to the database.

HMIS User Level – HMIS users are assigned a specific user level that limits the data the user is able to access in the database.

HMIS Vendor – the Rock River HMIS software vendor is Mediware. The HMIS vendor designs the HMIS and provides ongoing support to the System Administrators.

Minimum Data Entry Standards – a minimum set of questions that must be completed for each client to provide data for use in aggregate analysis.

Open Data – does not contain personal identifying information.

Partner Agencies – the homeless service organizations that use the HMIS.

System Administrators – staff at ICA who are responsible for overseeing the HMIS users and use in Rock River Homeless Coalition. The System Administrators allow users HMIS access and provide training; ensure user compliance with the HMIS policies and procedures; and make policy recommendations to the Steering Committee.

Shared Data – unrestricted information that has been entered by one provider and is visible to other providers using the HMIS.

Unpublished Restricted Access Data – information scheduled, but not yet approved, for publication.

Victim Service Provider – a nonprofit agency with a primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

6. Appendix 1: Data Dictionary and Data Manual

The [HMIS Data Standards Manual](#) is intended to serve as a reference and provide basic guidance on the HMIS data elements for CoCs, the HMIS Lead Agencies, the HMIS System Administrators, and users. The companion document to the HMIS Data Manual is the [HMIS Data Dictionary](#).

The HMIS Data Dictionary is designed for the HMIS vendors, the HMIS Lead Agencies, and the HMIS system administrators to understand all of the data elements required in an HMIS, data collection and function of each required element and the specific use of each element by the appropriate federal partner. The HMIS Data Dictionary should be the source for the HMIS software programming.

The HMIS systems must be able to collect all of the data elements defined in the HMIS Data Dictionary, support system logic identified in this document, and ensure that data collection and the visibility of data elements is appropriate to the project type and federal funding source for any given project.

7. Appendix 2: Data Quality Plan

Data quality is vitally important to the success of the HMIS and the programs that use this database. The Federal Partners and other funders monitor the quality of the HMIS data through the Annual Homelessness Assessment Report, System Performance Measures, the CoC Program Competition, and a variety of other program reports. If the quality of the data are poor, funders may refuse to grant funding or reduce future funding. These funding cuts could negatively affect program(s) throughout the Rock River Homeless Coalition. As it is imperative that the data are correct, The HMIS participating providers and ICA staff will work diligently on adhering to the HMIS Data Standards in order to ensure all reports are complete, consistent, accurate, and timely.

7.1 GOALS OF THE DATA QUALITY PLAN

In coordination with the Rock River HMIS Governance Committee, a data quality plan was established. The goals of this plan are to:

- Help ensure the availability of timely and accurate data for use in helping to end homelessness.
- Identify problems early and increase the usability of data.
- Prepare data for federal, state, and local reporting processes.
- Support the efforts of the HEARTH Act implementation, including Coordinated Entry.

Agencies and program providers will also benefit from participating in this process by:

- Requiring less corrections right before reports are due, because data will be cleaned up regularly.
- Providing access to more up-to-date information to inform program decisions, monitor client progress, and inform stakeholders about programs.
- Implementing changes when needed and measuring progress against goals.

7.2 DATA QUALITY PLAN AND RESPONSIBILITIES

Rock River HMIS Committee Role

- Have an ongoing relationship with the HMIS Staff from each agency to identify training needs based on monthly data quality reports.
- Develop the HMIS Policies and Procedures, including a Data Quality and Security Plan, which are updated annually.
- Meet annually to discuss changes and updates in the system.

Funder Role

- Create a framework of performance expectations that will enable the funder to rank and rate projects and target funding based on need.
- Monitor the established baseline standards for participation and data collection as set forth by the HMIS Data Standards.
- Perform site visits yearly that will include comparing paper files to the data entered into the HMIS to check for data accuracy and completeness.

ICA HMIS Staff Role

- Review the data quality reports for the Rock River Homeless Coalition.
- If a provider has data quality issues, forward the report to the provider, so they can fix their data.
- Review the provider list for each report. If there are missing or incorrect providers on the list, confirm those with the program provider.
- Run the Data Completeness Report Card monthly.
- Run the Data Incongruity Locator custom reports at least quarterly.
- Assist funders with monitoring when appropriate and provide technical assistance regularly to non-funded HMIS participating agencies.
- Provider on-going HMIS training for existing end-users.

Designated Agency HMIS Contact Role

- Review data quality reports sent to you by ICA HMIS Staff person(s).
- If you have data quality issues, correct them as soon as possible.
- Run data quality reports to check client data on a monthly basis. Use these data quality reports in conjunction with your existing data checking reports frequently to check your data.

User Role

- Review data quality reports sent to you by your Designated Agency HMIS Contact.
- Correct data quality issues as soon as possible.
- At intake, gather the most complete and accurate information you can about each client and the services they need in a timely manner.

7.3 DATA COMPLETENESS

All data entered into the HMIS must be complete. Completeness is the level at which a field has been answered in whole or in its entirety. Measuring completeness can ensure that client profiles are accurately answered in whole and that an entire picture of the client situation emerges. Partially complete or missing data (e.g., missing the SSN, missing the date of birth, missing information on disability or missing veteran status) can negatively affect the CoC's ability to provide comprehensive care to clients. Incomplete data results in an inaccurate picture of the need in the CoC, directly affecting services in individual communities necessary to permanently house clients. It is every HMIS end user's responsibility to report an accurate picture of populations served to facilitate accurate reporting and analysis.

The ultimate goal is to collect 100% of all data elements for all household members. However, the Rock River HMIS Committee recognizes that this may not be possible in all cases. Therefore, an acceptable range of null/missing and unknown/don't know/refused responses has been established, depending on the data element and the project type. Missing data elements are data elements that were either not collected, or collected but were not entered into the HMIS. Don't know/refused data elements are those data elements that were not collected because the client either doesn't remember the information or refuses to answer the question. Don't know/refused is from the clients' perspective and is not used to denote that the information was not collected.

Participating agencies will be expected to record the most complete data possible. Only when a client refuses to provide his or her or dependent's personal information and the project funder does not prohibit it, it is permissible to enter incomplete client data.

Some required procedures to follow are:

- If a client refuses to provide the remaining identifiable elements, record the answer as "refused."
- If a client's record already exists in the HMIS, the agency must not create a new record. Duplicate client records entered may affect agency's overall data completeness and accuracy rates.

Note: A client may not wish to provide information to the HMIS. This is their right and an HMIS Participating Agency cannot deny services to any client refusing inclusion in the HMIS. However, in order for HUD funded providers to accurately complete reporting for their projects, either a De-identified client record must be created in the HMIS or the client's information and services must be tracked on paper.

7.4 DATA COMPLETENESS STANDARDS

- *Emergency Shelter projects:* All Universal Data Elements will be entered with an overall completeness rate of 95% or greater.
- *Outreach projects:* All Universal and Project Specific Data Elements (if HUD or SAMHSA funded) will be entered with an overall completeness rate of 90% or greater **after client enrollment date.**
- *Permanent Supportive Housing projects (including HUD-VASH):* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Transitional Housing projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Rapid Re-Housing Projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Prevention projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *HOPWA projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *CoC-funded Coordinated Entry:* All Universal Data Elements and Project Specific Data Elements will be entered with an overall completeness rate of 90% or greater.
- *Supportive Services Only projects:* All Universal Data Elements and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.

7.5 DATA CONSISTENCY

ICA HMIS Staff will evaluate the quality of all the HMIS Participating Agency data on the consistency of the data being entered. All Participating Agencies across should work consistently to reduce duplication in the HMIS by following workflow practices outlined in training. The HMIS end users are trained to search for existing clients in the system, across multiple parameters, before adding a new client into the system. Client data can be searched by

Client ID, Name, Social Security Number, and Client Alias. End Users are trained to follow this protocol when adding a new client in the system.

Data consistency will ensure that data is understood, collected, and entered consistently across all projects in the HMIS. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they don't collect it in a consistent manner, then the data may not be accurate. All data in the HMIS shall be collected and entered in a common and consistent manner across all projects. To that end, all end users will complete an initial training before accessing the live HMIS system.

ICA HMIS staff will provide regular training, refresher courses, as well as, updated data entry workflows and sample intake forms as a guide for quick reference when collecting and entering data to ensure that data is understood, collected and entered consistently across all programs in the HMIS.

ICA HMIS staff will review data entries in the database quarterly for duplicate entries, and merge any duplicate client records found at this time. If a Participating Agency is consistently creating duplicate clients, the HMIS staff will contact the Designated Agency HMIS Contact to notify and address the end user creating the duplication, so future duplication can be avoided.

All HMIS Participating Agency client data should adhere to the HMIS capitalization guidelines. The HMIS end users are trained on the current method and style to enter client level data. For example, client names are entered with the first initial of the first and last name capitalized (i.e., First Last). No client name should be entered in any of the following ways:

- ALL CAPS
- all lower case
- Mix of lower and upper case letters
- Nicknames in the Name space (use the Alias box instead.)

7.6 DATA ACCURACY

Accurate data ensures that the HMIS is the best possible representation of reality as it relates to persons experiencing homelessness and the programs serving them on a day-to-day basis. Accuracy can be difficult to assess as it depends on the client providing correct data and the intake worker's ability to document and enter the data accurately. Accuracy is best determined by comparing records in the HMIS to paper records, or the records of another reliable provider. For example, a SSN in question can be compared to a paper case file or SSI benefit application. In-person interviews, with clients participating in projects who are utilizing the HMIS, are another method for assessing accurate data entry. Evaluation for accurate documentation of case management, service transactions and referrals in the HMIS can be assessed by client interviews. In-person interviews with clients may be coordinated with funders during HUD monitoring or performed individually with non-HUD funded Participating Agencies by the HMIS staff, when appropriate.

Information entered into the HMIS needs to be valid, meaning it needs to accurately represent information on the participants of the homeless service projects contributing data to the HMIS Implementation. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is less desirable than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it

is better to enter nothing (or preferably “client doesn't know” or “refused”) than to enter inaccurate information. To ensure the most up-to-date and complete data, data entry errors should be corrected on a monthly basis.

All data entered into the HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited.

7.7 DATA ACCURACY STANDARD

Data Quality Measurements: Accurate Data*	Data Quality Report Name	Applicability of Standard by Project Type	Max Allowed
Missing Entry/Exits	Entry Exit Data Quality	All Projects	0%
Incorrect Entry Type	Entry Exit Data Quality	All Projects	0%
Duplicate Entry/Exits	Entry Exit Data Quality	All Projects	0%
Future Entry/Exits	Entry Exit Data Quality	All Projects	0%
Missing Exit Dates	Unexited Clients Exceeding Max Length of Stay	All Projects	0%
Unknown Destinations	Entry Exit Data Quality	All Projects	50% for CE, 20% for ES 20% for Outreach 3% All Other Types
Children Only Households	Entry Exit Data Quality	All Projects	0%
Missing Head of Household	Entry Exit Data Quality	All Projects	0%
Missing Services and Referrals	PATH Data Completeness: 2016 Standards	PATH	0%
Service Dates fall outside of Entry and Exit Dates	PATH Data Completeness: 2016 Standards	PATH	0%

7.8 BED/UNIT UTILIZATION RATES

One of the primary features of the HMIS is the ability to record the number of client stays or bed nights at a homeless assistance project. The count of clients in a project on a given night is compared to the number of beds reported in the Housing Inventory Count (HIC) to return the agency's Bed Utilization percentage. The generally acceptable range of bed utilization rates for established projects is 65%- 105%

Project Types	Lowest Acceptable Bed Utilization Rate	Highest Acceptable Bed Utilization Rate
ES, TH, PSH, RRH	65%	105%

7.9 MONITORING PLAN

The Rock River Homeless Coalition recognizes that the data produced from the HMIS is critical to meet the reporting and compliance requirements for individual partner agencies and the HMIS implementation as a whole. As such, all the HMIS partner agencies are expected to meet the data quality benchmarks described in this document.

To achieve this, the HMIS data will be monitored on a monthly basis to quickly identify and resolve issues that affect the timeliness, completeness, consistency and accuracy of the data. All monitoring will be done in accordance with the data quality monitoring plan, with full support of the Rock River Homeless Coalition and the HMIS Committee.

The purpose of monitoring is to ensure that the agreed-upon data quality benchmarks are met to the greatest extent possible, and that data quality issues are quickly identified and resolved. To ensure that Participating Agencies have continued access to the expectations set forth in the data quality plan, the following protocol will be used:

1. The HMIS Governance Committees will have the ability to review and critique the Data Quality Plan draft prior to publication, and continue to provide input when updates are necessary.
2. Participating agencies will provide timely updates to the HMIS staff in their corresponding CoC regarding any changes to programs.
3. Data Quality reports will be reviewed at a minimum once a month by the HMIS staff and the Designated Agency HMIS Contact at all the HMIS participating agencies in the CoC.
4. The HMIS staff and participating agencies throughout each CoC must work to prevent duplicate data.
5. The HMIS staff will monitor the creation of duplicate client records within the system and correct at least quarterly.
6. Participating agencies must review hardcopy records and compare them to the HMIS data to ensure consistency.
7. The HMIS will provide new end users with new user training and provide existing users with access to training throughout the year to reflect any system updates.
8. The HMIS staff will assist programs within their CoC in correcting data and updating information as needed.

9. The HMIS staff will provide annual site visits to all participating agencies within their corresponding CoC with prior notification to provide technical assistance and assess the accuracy of client-level data entry.
10. Participating agencies that meet the data quality benchmarks will be periodically recognized by their respective HMIS Staff.

7.10 DATA QUALITY PLAN ENFORCEMENT

ICA HMIS Staff will take the following steps to enforce the Data Quality Plan:

1. ICA HMIS staff will first provide additional in-person technical assistance for participating agencies that fail to meet the data quality benchmarks set forth in this document.
2. If corrective action is not taken, ICA HMIS staff will send the HMIS participating agency a notice stating they are noncompliant with the standards set for data quality. The participating agency will be asked to submit a plan to the ICA HMIS staff describing how they intend to improve their data quality to meet Rock River Homeless Coalition standards.
3. If a plan of action is requested, and is not submitted within the allotted time frame, the ICA HMIS staff may suspend all end-user accounts under that project for a period no longer than 7 days.
4. After the suspension, end-user accounts will be restored, and the HMIS participating agency will have the opportunity to correct data until the next month's review and will follow the same process as before. ICA HMIS staff will report the suspension to the Rock River Homeless Coalition Board of Directors.
5. If the HMIS participating agency's account needs to be suspended for a second time, the ICA HMIS Staff may suspend user accounts for up to 30 days. Should the problem persist, or in the event that the participating agency fails to submit a written plan, ICA may suspend the participating agency's ability to enter data into the HMIS, and will contact any appropriate state and federal funders, notifying these funders of the participating agency's non-compliance with the HMIS data entry mandates. ICA HMIS staff will report the suspension to the Rock River Homeless Coalition Board of Directors.

The ICA HMIS staff will investigate all potential violations of any security protocols. A participating agency's access may also be suspended or revoked if serious or repeated violation(s) of the HMIS Policies and Procedures occur by agency users. Any user found to be in violation of security protocols will be sanctioned which may include, but are not limited to:

- A formal letter of reprimand
- Suspension of system privileges
- Revocation of system privileges

**2018 HDX Competition Report
 PIT Count Data for IL-501 - Rockford/Winnebago, Boone Counties CoC**

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	255	291	256
Emergency Shelter Total	131	183	134
Safe Haven Total	0	0	0
Transitional Housing Total	76	76	79
Total Sheltered Count	207	259	213
Total Unsheltered Count	48	32	43

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	47	31	18
Sheltered Count of Chronically Homeless Persons	38	14	0
Unsheltered Count of Chronically Homeless Persons	9	17	18

**2018 HDX Competition Report
 PIT Count Data for IL-501 - Rockford/Winnebago, Boone Counties CoC**

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	23	38	30
Sheltered Count of Homeless Households with Children	23	38	30
Unsheltered Count of Homeless Households with Children	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	71	13	23	21
Sheltered Count of Homeless Veterans	65	6	20	16
Unsheltered Count of Homeless Veterans	6	7	3	5

2018 HDX Competition Report
HIC Data for IL-501 - Rockford/Winnebago, Boone Counties CoC

HMIS Bed Coverage Rate				
Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	210	40	108	63.53%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	102	12	90	100.00%
Rapid Re-Housing (RRH) Beds	90	0	90	100.00%
Permanent Supportive Housing (PSH) Beds	348	0	348	100.00%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	750	52	636	91.12%

2018 HDX Competition Report
HIC Data for IL-501 - Rockford/Winnebago, Boone Counties CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	164	128	63

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	4	19	24

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	8	77	90

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)
Summary Report for IL-501 - Rockford/Winnebago, Boone Counties CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)		Median LOT Homeless (bed nights)	
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017
1.1 Persons in ES and SH	966	1332	42	39	13	12
				-3		-1
1.2 Persons in ES, SH, and TH	1120	1455	82	64	22	16
				-18		-6

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	966	1302	48	50	2	13	13	0
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1120	1429	96	88	-8	23	18	-5

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	35	1	3%	3	9%	1	3%	5	14%
Exit was from ES	70	5	7%	3	4%	1	1%	9	13%
Exit was from TH	81	0	0%	2	2%	6	7%	8	10%
Exit was from SH	0	0	0%	0	0%	0	0%	0	0%
Exit was from PH	82	0	0%	1	1%	10	12%	11	13%
TOTAL Returns to Homelessness	268	6	2%	9	3%	18	7%	33	12%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	255	291	36
Emergency Shelter Total	131	183	52
Safe Haven Total	0	0	0
Transitional Housing Total	76	76	0
Total Sheltered Count	207	259	52
Unsheltered Count	48	32	-16

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	1125	1480	355
Emergency Shelter Total	965	1348	383
Safe Haven Total	0	0	0
Transitional Housing Total	201	160	-41

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	141	154	13
Number of adults with increased earned income	7	7	0
Percentage of adults who increased earned income	5%	5%	0%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	141	154	13
Number of adults with increased non-employment cash income	27	59	32
Percentage of adults who increased non-employment cash income	19%	38%	19%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	141	154	13
Number of adults with increased total income	32	65	33
Percentage of adults who increased total income	23%	42%	19%

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	97	40	-57
Number of adults who exited with increased earned income	35	6	-29
Percentage of adults who increased earned income	36%	15%	-21%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	97	40	-57
Number of adults who exited with increased non-employment cash income	15	20	5
Percentage of adults who increased non-employment cash income	15%	50%	35%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	97	40	-57
Number of adults who exited with increased total income	49	24	-25
Percentage of adults who increased total income	51%	60%	9%

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1019	1344	325
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	45	248	203
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	974	1096	122

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1077	1541	464
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	50	322	272
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1027	1219	192

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	616	201	-415
Of persons above, those who exited to temporary & some institutional destinations	276	19	-257
Of the persons above, those who exited to permanent housing destinations	191	86	-105
% Successful exits	76%	52%	-24%

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	228	334	106
Of the persons above, those who exited to permanent housing destinations	180	160	-20
% Successful exits	79%	48%	-31%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	330	409	79
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	309	391	82
% Successful exits/retention	94%	96%	2%

**2018 HDX Competition Report
FY2017 - SysPM Data Quality
IL-501 - Rockford/Winnebago, Boone Counties CoC**

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

**2018 HDX Competition Report
FY2017 - SysPM Data Quality**

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach			
	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2013- 2014	2014- 2015	2015- 2016	2016- 2017
1. Number of non-DV Beds on HIC	210	199	175	166	212	155	96	87	372	386	324	346				
2. Number of HMIS Beds	190	57	32	104	212	155	96	87	372	288	223	343				
3. HMIS Participation Rate from HIC (%)	90.48	28.64	18.29	62.65	100.00	100.00	100.00	100.00	100.00	74.61	68.83	99.13	100.00	100.00	100.00	100.00
4. Unduplicated Persons Served (HMIS)	133	122	123	235	173	186	187	118	311	312	296	352	0	17	32	153
5. Total Leavers (HMIS)	87	88	88	160	85	100	121	56	83	58	48	43	0	2	5	60
6. Destination of Don't Know, Refused, or Missing (HMIS)	10	17	2	28	8	14	11	3	9	6	2	8	0	0	0	4
7. Destination Error Rate (%)	11.49	19.32	2.27	17.50	9.41	14.00	9.09	5.36	10.84	10.34	4.17	18.60	0.00	0.00	0.00	6.67
																50.00
																27.03

2018 HDX Competition Report

Submission and Count Dates for IL-501 - Rockford/Winnebago, Boone Counties CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/22/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

Rock River Homeless Coalition – Policy on Chronic Homelessness

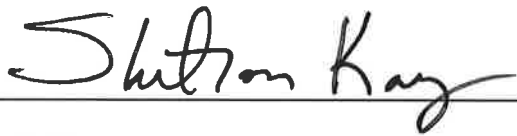
The Rock River Homeless Coalition policy on chronic homelessness is to adopt the orders of priority for all CoC funded PSH as described in Notice CPD 14-012.

First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.

Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.

Fourth Priority—All Other Chronically Homeless Individuals and Families.

A handwritten signature in cursive script that reads "Shelton Kay". The signature is written in black ink and is positioned above a horizontal line.

Chair Signature

Rock River Homeless Coalition

Coordinated Intake & Assessment Procedure

The Rock River Homeless Coalition (formerly known as the Mayors' Task Force on Homelessness & the Continuum of Care) will implement a Coordinated Intake & Assessment (CI/A) system effective January 2, 2015. This system will be utilized for persons/families that are homeless and in need of housing in Winnebago & Boone Counties.

This system will be comprised of a Single Point of Entry (SPOE) location. This location will be at the office of the Community Action Agency located at 555 N. Court Street #301 in Rockford, IL. This location will be open from 8:00 am until 4:00 pm on Monday-Friday, excluding recognized holidays. An after-hours "Hotline" will be available for 24 hour contact. For those clients in Boone County, contact can be made through the "Hotline". **The number to contact (24/7) is 844-710-6919 Extension 5 for assistance.**

The SPOE will conduct initial screening and assessments which will allow for service matching and referral to appropriate housing options. The SPOE will also be responsible for maintaining a Centralized Waiting list. Immediate placements into permanent housing are not likely but temporary placements will be offered based on a case by case basis.

All Rock River Homeless Coalition (RRHC) member agencies that operate any housing programs including Permanent/Permanent Supportive Housing (PH), Transitional Housing (TH), Emergency Shelters (ES), Rapid-Rehousing, or Homeless Prevention for the homeless will be asked to operate by this procedure in order to better serve the homeless population. This does include both CoC/ESG funded agencies and those funded through other means. The RRHC will also be seeking collaborations with other key stakeholders in order to make this a community-wide effort to end homelessness in Winnebago and Boone Counties.

Intake:

The SPOE will conduct an initial assessment with a client to determine his/her homeless status. These statuses include:

1) Literally Homeless: individual or family who lacks a fixed, regular, and adequate nighttime residence which includes a primary nighttime residence of:

*Place not meant for human habitation such as cars, abandoned buildings, bus/trains, camping, etc.

*Publicly operated shelters or transitional housing (when appropriate), including hotel/motel paid for by an agency

*A person that is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in a shelter or place not meant for human habitation immediately prior to entering the institution.

2) Imminently at-risk of Homelessness: Individual or family is being evicted within 14 days from their primary nighttime residence (including exits from transitional housing programs) and:

*No subsequent residence has been identified

*The household lacks (and can verify) the resources or support networks (i.e. family, friends, faith-based or other social networks) needed to obtain other permanent housing

3) Fleeing/Attempting to Flee Domestic Violence: Any individual or family who:

*Is fleeing, or is attempting to flee, DV,

*Has no other residence;

*Lacks the resources or support networks to obtain other permanent housing.

*The SPOE cannot require person to have a police report or order of protection. A self-declaration can be accepted as proof.

An intake and assessment will be conducted on each literally homeless individual or family (including those that are fleeing domestic violence) who enter the facility. Initial intakes will collect data required by HUD (required HMIS data element), enter the client into the HMIS system, and conduct a Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) assessment to ensure they meet the definition of homeless and to prioritize, and make referrals to appropriate programs.

For after-hours/weekend calls and other special circumstances, phone intakes can be done on an as needed basis. On the following business day, a referral will be sent to the receiving agency.

If a client presents in person at an agency that is not the SPOE, they should inform the client of the site location. Again, entry into the system through a "side-door" will not be allowed, everyone must go through the SPOE. However, you may enter the Emergency

Updated: 8/9/16

Shelters without a referral but you must inform the client of the SPOE and make sure they get there within 3 days.

In the event of a Domestic Violence (DV), the DV agency will have the ability to keep a client's name and address anonymous if they feel it is necessary for safety reasons. However, in the case of clients who do need housing, they should still be sent to the SPOE as soon as possible, not when they are approaching their out date.

Clients that present as "Imminently at-risk of Homelessness" will be sent to "Shelter Diversion" programs if they are available which will stop them from becoming literally homeless.

Those living with friends/family will not have an intake done but can be referred for shelter services if eligible (for example, pregnant or parenting girls under 21 would be referred to MELD) even if they are with friends/family.

Prioritization:

Based on HUD recommendations, the RRHC will prioritize clients based on lowest income, longest/chronically homeless and greatest barriers. These items will be assessed using an initial questionnaire and VI-SPDAT. The client with the highest priority score will get the first available spot for housing.

In addition to the score that is received from the VI-SPDAT, clients will also earn 5 points for a "Local Preference" for those who can prove prior residency in Boone or Winnebago County. Chronically homeless and veterans will also receive 5 extra points. Domestic violence victims and youth (under age 24) will also each receive an extra 4 points.

In accordance with the Housing First Model, those with the highest score will be directed to Permanent Housing options first (including supportive and non-supportive housing options) followed by Transitional Housing and Emergency Shelters. By conducting the above assessment, a score will be assigned which will assist in determining which program type the client should be referred to.

In accordance with RRHC policy on chronic homelessness priorities for CoC PSH funded projects, prioritization is as follows:

- 1) Chronically homeless individuals & families with the longest history of homelessness and with the most severe service needs
- 2) Chronically homeless individuals & families with the longest history of homelessness.

- 3) Chronically homeless individuals & families with the most severe service needs
- 4) All other chronically homeless individuals & families.

Referrals:

After the intake is complete and the assessment has been conducted, the SPOE will send a referral to the most appropriate place with beds available. A completed standardized referral form will be sent with the client to provide to the receiving agencies or faxed/emailed to the agency. The receiving agency will send the referral form back to the SPOE to inform them of the outcome of the referral for tracking purposes. Clients will have a maximum of 7 days to report to the receiving agency. After 7 days, the referral will be considered void. This referral does include a basic release of information statement which allows the SPOE to give and receive housing related information to the referral agency.

All persons that are eligible for shelter stays will be referred to the appropriate shelter for temporary stays. If the clients leave the shelter and are no longer literally homeless, they do risk being removed from the waiting list.

This policy does acknowledge that households fleeing or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, may have different needs than non-victims. Providers will be trained on sensitivity in regards to victims' assistance, and referrals will ONLY be made to domestic violence providers (when possible). In addition, the HMIS data of victims will continue to be treated with the highest level of confidentiality, and victims' data is not shared with other providers. In the case that the DV provider does not have available beds, the SPOE will look for other options that would provide a safe place for the clients.

Waiting Lists:

One Centralized Waiting List will be kept by the SPOE. Clients should be placed on the list according to their prioritization score and the date and time that they applied for services. When a housing option becomes available, the person at the top of the list will be contacted. As long as they meet any special population requirements for the specific agency/program, the said housing agency should proceed with housing them.

Each client that is assessed and placed onto a waiting list will have the responsibility to contact the SPOE at least weekly to keep his or her application active. Clients can update their file in person at the SPOE office or by phone at 844-710-6919. If they are part of a program, their case manager can also do the check in for them. A written policy will be provided to each client that signs up for services. If the SPOE has not

Updated: 8/9/16

heard from the client for more than 4 weeks, the client will become inactive, as it will be assumed that they have found other housing.

Any clients that have not been heard from or have not had any documented contact with the SPOE (or partner agencies), they will be considered inactive. If they re-appear or make contact with the SPOE or partners, they will be re-activated. The score should be updated as needed and the entry date will be revised to the date in which they returned. If it has been more than 30 days since their removal from the waiting list (or since their closure in HMIS), they will need to do a new entry into the HMIS system.

Clients who have been assessed will be referred for Emergency Shelter (ES) when no other permanent housing options are available. In the event of no ES beds available, clients may be sent to a motel if funding is available. Because staying in an ES or motel still qualifies someone as Literally Homeless, a client in ES/motel will not be removed from the waiting list. The client will be able to keep his/her place on the waiting list and will still be offered a more permanent option when it comes available.

In the event that we have knowledge of a homeless individual or family who is unwilling to apply for the SPOE services, they can still be added to the list using their basic information. It is recommended that outreach be conducted to collect as much information as possible (even to complete a mobile version of the VI-SPDAT, if the client will comply).

Program vacancies:

A bed tracker function may be available in HMIS for those agencies that use HMIS. Agencies will be responsible for updating this function as available units come open. In trying to fill all vacancies as soon as possible, agencies must contact the SPOE as soon as they know a unit is going to be vacated. A Vacancy Notice form will be used which each agency can complete and fax to the SPOE at 888-433-6927. The SPOE will then look at the waiting list and ensure that an eligible person will be ready to be sent to that program.

Once the SPOE has been notified of an opening, they will have 48 hours to send referrals for the opening. The referrals will be for the person/family who is highest on the waiting list and qualified for the unit. If possible, the SPOE will send at least two eligible households for each opening to ensure that the receiving agency can reach someone. The SPOE will not always notify the client ahead of time, so it is assumed that the receiving agency will make contact with them. The receiving agency is responsible for verifying all information such as chronic status.

Each evening by 8 pm, each Emergency Shelter will contact the SPOE (Phone/text: 779-208-0710, email: csbgadministration@rockfordil.gov, or fax: 888-433-6927) to report their availability for the night in case of any after-hours emergencies. These “emergencies” will usually be brought to the attention of the SPOE by the hospitals, Police or Fire Departments.

Acceptance of clients:

Programs will accept all clients provided that they meet the Special Population requirements for the specific programs. They will take those persons that have the highest prioritization score. According to the Housing First Model, clients will be taken as they are and not required to be involved in services in order to obtain housing.

If a referral is made on behalf of a client and the receiving agency is not able to contact them within 5 days, a different referral will be made.

Programs shall not discriminate against any individuals or families including against those that are part of the LGBTQ community. In the event of a transgendered individual enters, HUD requires that an agency houses the individual based on whatever gender the person identify him/herself as. It is also the policy of the SPOE to keep all families intact and refer them to places where they may stay together.

Clients who are Registered Lifetime Sexual Offenders will not be denied for services; however, placement in housing programs will be determined based on the safety of other people in the said program and any other legalities. Other services may be offered in the event that there is not an appropriate housing placement.

Termination from Housing Programs:

For Shelter Programs:

If a shelter is discharging someone from their program, they should notify the SPOE as to the discharge date and reason for discharge to allow SPOE to better follow up with services. If the discharge is for a specified amount of time, please indicate that also. The referral form that the SPOE send to the agencies initially does contain a release of information for housing information. Each situation will be assessed individually and the SPOE will assist based on the circumstances.

For Transitional/Permanent Program:

An agency may terminate assistance to a program participant who violates their lease agreement or occupancy agreement. Termination under this section does not prohibit

the agency from providing further assistance at a later date to the same individual or family.

For the Hard to House Population and those agencies that are providing Permanent Supportive Housing, the agencies will be required to exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that the program participant's assistance is terminated only in the most severe cases.

If a client is being terminated from a program, the terminating agency should ensure that the client is referred back to the SPOE if they have not identified another housing option.

All clients should be given the termination policy to read and sign upon their acceptance to a program.

Due Process:

In terminating assistance to a program participant, the agency must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

*Providing the program participant with a written copy of the lease or occupancy agreement and the termination process before the participant begins to receive assistance

*Written notice to the program participant containing a clear statement of the reasons for termination

*A client has the right to request a review of the decision in writing within 30 days to the terminating agency. The program participant will have the opportunity to present written or oral objections to the termination.

*Prompt written notice of the final decision to the program participant.

**Racial Make-up of By-name List
as of 9/1/2018**

Category	Black/African American	White	Hispanic	Other/Multi
Singles	130	73	8	3
Families	78	14	4	1
Youth	80	21	6	7
Veterans	3	1	0	0
Chronic	2	0	0	0
Totals	293	109	18	11

Total number of persons/families on By-name list= 431

- 69.9% African American
- 25.2% White
- 4.2% Hispanic/Latino
- 2.5% Other

*The number of African Americans entering our Coordinated Entry System is significantly higher than other races.

Rockford, IL percentage of total population by racial make-up

- 66.4% White
- 21.2% African American
- 12.4% Other
- 17.9% Hispanic/Latino



TAY VI-SPDAT - VI-SPDAT SCORES BY RACE - YOUTH

Race (Secondary and Primary)	Average Score	Client Count	Assessment Count
2 or more Races	5.333333		9
American Indian or Alaska Native (HUD)			
Asian (HUD)			
Black or African American (HUD)	4.615942		138
Native Hawaiian or Other Pacific Islander (HUD)			
Unknown			
White (HUD)	4.969697		66

Ethnicity	Average Score	Client Count	Assessment Count
Hispanic/Latino (HUD)	5.421052632	19	19
Non-Hispanic/Non-Latino (HUD)	4.690721649	194	194

Gender	Average Score	Client Count	Assessment Count
Female	4.823129252	147	147
Male	4.615384615	65	65
Trans Female (MTF or Male to Female)		4	1

VI-SPDAT SCORES BY RACE - SINGLES

This document contains a summary of all VI-SPDATs conducted and entered into ServicePoint

VI-SPDAT 1.0 (Score revised to match 2.0)

Race (Secondary and Primary)	Average Score	Client Count	Assessment Count
2 or more Races	5.884615385	47	52
American Indian or Alaska Native (HUD)	6.4	4	5
Asian (HUD)	3	4	4
Black or African American (HUD)	5.470967742	588	620
Native Hawaiian or Other Pacific Islander (HUD)	6	3	3
Unknown	4.5	16	16
White (HUD)	6.329365079	473	504

Ethnicity(896)	Average Score	Client Count	Assessment Count
Data not collected (HUD)	5.1	10	10
Hispanic/Latino (HUD)	5.768115942	69	69
Non-Hispanic/Non-Latino (HUD)	5.852546917	1050	1119
		4	6

Gender(894)	Average Score	Client Count	Assessment Count
Data not collect	7	1	1
Female	5.738636364	508	528
Male	5.891402715	616	663
Trans Male (FTI)	9.333333333	1	3
	5.666666667	9	9

VI-SPDAT 2.0

Race (Secondary and Primary)	Average Score	Client Count	Assessment Count
2 or more Races	5.5	20	20
American Indian or Alaska Native (HUD)	7	4	4
Asian (HUD)	3.5	2	2
Black or African American (HUD)	4.5125	399	400
Native Hawaiian or Other Pacific Islander (HUD)	4.333333333	3	3
Unknown	4.666666667	9	9
White (HUD)	4.900255754	391	391

Ethnicity	Average Score	Client Count	Assessment Count
Hispanic/Latino (HUD)	4.5	44	44
Non-Hispanic/Non-Latino (HUD)	4.745501285	777	778
	4.428571429	7	7

Gender	Average Score	Client Count	Assessment Count
Female	5.039426523	279	279
Male	4.565693431	547	548
Trans Female (MTF or Male to Fem)		2	1
Trans Male (FTM or Female to Male)		11	1

CoC Rock River CoC

VI-F-SPDAT SCORE BY RACE - FAMILY

Race (Secondary and Primary)	Average Score	Client Count	Assessment Count
2 or more Races	7.75	12	12
American Indian or Alaska Native (HUD)			
Asian (HUD)	14.	1	1
Black or African American (HUD)	6.528384279	229	229
Native Hawaiian or Other Pacific Islander (HUD)	7	1	1
Unknown	7	5	5
White (HUD)	7.479591837	97	98

Ethnicity	Average Score	Client Count	Assessment Count
Data not collected (HUD)	5	2	2
Hispanic/Latino (HUD)	7.866666667	15	15
Non-Hispanic/Non-Latino (HUD)	6.849693252	325	326
	5.333333333	3	3

Gender	Average Score	Client Count	Assessment Count
Female	6.923322684	312	313
Male	6.363636364	33	33

EVICTIOnS by race

Racial Breakdown of Clients Experiencing Homelessness

Report Dates: 1/1/16 to 8/23/18

Total Evicted Clients in Report 39

2016

Client Primary Race	Count Evicted Clients
Black or African American (HUD)	13
White (HUD)	24

2017

Client Primary Race	Count Evicted Clients
Black or African American (HUD)	12
White (HUD)	17

2018 (1/1/18 - 8/1/18)

Client Primary Race	Count Evicted Clients
Black or African American (HUD)	7
White (HUD)	15

EES with Non-Null Value for "Homelessness Primary Reason"	
Total EES	1154
Field Completeness Rate	10215
	11.30%

* NOT ENOUGH eviction entries to show results.

Angie Walker

From: Angie Walker
Sent: Friday, July 20, 2018 3:03 PM
To: 'gnigon@community.solutions'
Cc: Jennifer Jaeger; julia parshall
Subject: RE: Built for Zero Race Equity Pilot!

From: Garen Nigon <gnigon@community.solutions>
Sent: Thursday, July 12, 2018 7:45 AM
To: Angie Walker <Angie.Walker@rockfordil.gov>
Subject: Built for Zero Race Equity Pilot!

Built For Zero.

COMMUNITY SOLUTIONS

Hello, Built for Zero!

This is the first of a few emails you'll be receiving over the coming days to follow-up on the conference and kickstart your work for this action cycle. We hope you've settled in and are ready to get moving! Now, down to business.

During this action cycle, we're convening a learning group of communities in the Built for Zero collaborative on the topic of race and equity in homeless systems. This email serves as our formal call for pioneers. We're looking for communities to raise their hands to participate.

What's involved?

We're hoping to zoom in on race and equity in our systems from two angles:

- **Data:** We love data on the Built for Zero team, have you noticed? As a participant in this learning group, we'll ask you to track down data on race and equity in your homeless systems, both in terms of the composition of the homeless population, and the experience of people moving through your systems. We'll provide some guidance, but what to track and how to track it will be largely up to you.
- **Leadership:** So you've got the data, now what? How can you embed conversations about race and equity in your ongoing work to end homelessness? As a participant in this learning group, we'll ask you to take your data and get it on the agenda at an

upcoming system-level meeting. We're excited to learn from the conversations that you start, and design next steps together.

Can you be a little more specific?

Sure.

- We'll hold a kick-off call for all participating communities in early August.
- As mentioned above, we'll ask you to do some work on your own.
- We'll also check in with you one-on-one at some point during the action cycle to see how things are going.
- We'll also schedule one or two webinars so communities can check in with each other, and learn from some of our partners who are engaged in this work.
- Participants should expect to commit 4-5 hours / month to this work.

Are there any prerequisites?

- A firm belief that working to close racial disparities is imperative, and it's our responsibility.
- A firm belief that the problem *CAN* be solved. The answers are out there.
- A commitment to failing forward and sharing experiences, even the ones that are tough to share, and learning from others.

That's it! We will figure out the rest together!

Is there any kind of application process?

Yes. There are no firm prerequisites other than what's listed above. But, we do need to know some things about you before we kick off! Please reply to this email with answers to these questions.

1. Community Name: [Rockford/Winnebago & Boone Counties, IL](#)
2. Your name/team members interested in leading on this work (please include email addresses, or copy the appropriate folks in your response):
Jennifer.Jeager@rockfordil.gov & angie.walker@rockfordil.gov
3. Why is this something you are interested in working on? We noticed several years ago what we felt was a racial disparity in our community. When it came to the

placement of people into permanent and TH programs, it seemed like a significant number of those slots were going to white males versus other races.

4. What (if any) work has your community already done on this front that we should know about (ex: participation in SPARC, race/equity trainings, independent data analysis etc)? NOTE: there is no prerequisite here, we just want to understand how far along folks are so we can tailor the content/discussions. We started tracking race on our BNL since February so we would have some data to look at. We have reviewed the data but have not dove into it deeply yet!
5. Do you have access to your community's demographic data for the general/deep poverty populations? Yes, we can get it.
6. Does your community currently have the availability to look at monthly data (inflow, outflow, actively homeless #s) by race? Yes
7. Would you/your team be available to participate in a kickoff call on August 9th, 2:00-3:00 ET (11:00-12:00 PT)? It looks like we are already booked but will try to be available.

Anything else I should know?

We are excited to learn together! With questions, or if you'd like to discuss, we have a whole team working on this learning group for the next few months. They can be reached here:

- Garen - gnigon@community.solutions
- Aras - ajizan@community.solutions
- Julia - jparshall@community.solutions
- Elaine - evilorio@community.solutions

Looking forward,

Garen, Aras, Julia, Elaine, and the Built for Zero Team

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of Rockford Human Services Department

Project Name: Attached

Location of the Project: Attached

Name of the Federal
Program to which the
applicant is applying: HUD Homeless Continuum of Care

Name of
Certifying Jurisdiction: City of Rockford, IL

Certifying Official
of the Jurisdiction
Name: Thomas McNamara

Title: Mayor

Signature: 

Date: 9/6/18