

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

**1A-2. Collaborative Applicant Name:** All Chicago Making Homelessness History

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** All Chicago Making Homelessness History

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
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	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

HIV/AIDS Housing Advocates	Yes	Yes

**Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.**

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)**

The CoC's governance structure includes an elected Board of Directors, over 17 committees, a Service Providers Commission (SPC) & a Persons with Lived Experience Commission (LEC). The Board & committees have CoC Charter mandated representation from the commissions, government, funders & other key stakeholders. The SPC is made up of organizations that represent a range of services vital to ending homelessness: mental health, substance use, youth services, domestic violence services, outreach, housing & health. The CoC solicits, considers & draws from the feedback and expertise within the community through its governance structure, e-newsletters, surveys, and feedback sessions/focus groups, as necessary. The CoC has utilized community feedback to pass a motion of the CoC Board for a chronic homeless preference for new and turn over units. Feedback surveys from funded partners led to the expansion of SOAR TA.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)**

The CoC solicits new members throughout the year. Information about the CoC and membership information is available on the Collaborative Applicant website and through our monthly eNewsletter. The Membership Committee of the CoC responds to all membership inquiries. New members are encouraged to attend our bi-annual All CoC meetings and the membership committee recruits new members during the event. As committee slots open, the Membership Committee is tasked with filling these slots with new members. The CoC has several examples of targeted outreach. The Lived Experience Commission (LEC) creates and executes a targeted outreach plan to solicit new members. The LEC ensures that their constituency has a voice on all committees of the CoC Board. The CoC created a Youth Advisory Board and recruited members through an application process. The Coordinated Access Steering Committee (CASC) actively pursued individuals from the youth, corrections and PHA to fill empty slots.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to**

**proposals.  
(limit 1000 characters)**

After the CoC determined it would accept new projects, a request for letters of interest (LOI) was distributed community-wide thru the CoC that includes non-HUD funded entities via email on 5/31/2017 & a webinar was conducted on 6/2/2017. The CoC encourages non-HUD funded organizations to apply & become CoC members; join committees; & participate in an orientation which includes an overview of the CoC structure & HUD/local funding priorities. The CoC's New Proj Group develops a scoring rubric to evaluate & select new projects regardless of current HUD funding. The rubric includes such components as: experience working with homeless sub-populations; organizational capacity; public grants experience; ability to address local goals to end homelessness; & demonstrate an effective start-up plan. An agency with no previously HUD CoC-funded project is asked to speak to similar experience. Projects chosen meeting CoC criteria, regardless of HUD experience, are included on the Priority Listing.

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

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)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

**1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)**

The CoC provides PIT & HIC data to the City of Chicago (Con Plan jurisdiction and ESG Recipient). The City & CoC share standard performance measures for the program models consistent with the PTEH (inclusive of ESG funded

models), which are approved by the CoC Board. Each program model has performance measures that contribute to broader system performance. DFSS & CA release quarterly system performance dashboards to the CoC. The City uses these measures in contracts for ESG sub recipients. The HMIS Lead reviews HMIS data quality of all CoC & ESG programs. DFSS incorporates HMIS compliance & program performance into monitoring & funding application review criteria. The CoC is invited to comment on ESG funding through the public comment process for the Action Plan. The CEO of the CA serves on the City's Community Development Advisory Committee, representing the CoC, which serves in an advisory capacity on policy issues related to the Con Plan, Action Plan, CDBG, ESG, HOME & HOPWA.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.  
(limit 1000 characters)**

CoC works w/Chicago Battered Women's Network to incorporate Chicago's DV Help Line (HL) & its safety/security protocols into the CES. The 24-hr DV HL is the central referral source for DV victims. The HL makes direct transfers to 30 victim service providers funded by the CoC, ESG, DOJ, HHS, IL Dept. of Human Services, Attorney General and IL Criminal Justice Authority that provide housing, counseling services, court advocacy, children's services and 500+ non victim service providers. The HL uses de-identified info & callers are assigned a unique caller ID so no personal information is used for referrals. If a victim of DV presents in the homeless system, the start of the CES assessment includes 5 DV questions that trigger referral options, based on client choice. The CoC prioritizes victims of DV for all TH. VSPs report aggregate data & programs that use HMIS for referrals use secure alternate methods like encrypted emails or fax. NVSPs follow CES SOPs for identified victims of DV.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.  
(limit 1,000 characters)**

Skilled assessor training for the CES includes protocol around safety planning, client choice & confidentiality for survivors of DV. If a person answers yes to any of 5 questions in the CES assessment designed to identify people experiencing violence, assessors are trained to stop the assessment, appropriately secure records (locking in HMIS, using alternate methods for referrals such as encrypted emails or fax) & address immediate safety & service needs. Skilled assessor trainings take place 2x/month. The CoC also held trainings on the expanded VAWA guidance and harm reduction, which included elements of trauma-informed service provision. The CoC intends to build off the early partnership with the DV community and hold more cross-training sessions next

year. The CoC uses PIT data on DV as well as annual reports from the DV Help Line which includes aggregate data about characteristics of callers and call volume by community area to inform service needs of survivors at any given time.

**1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.**

**Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Chicago Housing Authority	9.46%	Yes-HCV

**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-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)**

n/a - The PHA has adopted a limited homeless preference as noted above.

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular 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, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)**

The CoC addresses the needs of the LGBT community by ensuring that CoC funded agencies and the Coordinated Entry System (CES) are utilizing gender appropriate language on assessments; service providers provide information to the clients on how to report housing discrimination; the City of Chicago DFSS

has a family preservation policy inclusive of all same sex couples and the HMIS system collects all types of gender identity responses. The Youth Advisory Board advised CES on the language and questions on the assessment to ensure it was appropriate for all including LGBT. The CoC conducts a CoC wide training on implementation of the Equal Access to Housing at least annually. All Chicago is currently working with the True Colors Foundation to train all staff at housing providers. The CoC has formed a work group to develop an anti-discrimination policy. The policy will be developed, passed and begin implementation by the end of 2017.

**1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.**

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



## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

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"/>

**1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)**

N/A

**1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

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

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

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.**

**Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.**

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	No

### 1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)  
 (limit 1000 characters)**

The CoC prioritized projects primarily based on an average of 2016-2017 local evaluation scores. The local evaluation scored all renewal projects on their ability to serve specific populations with high severity of needs and vulnerabilities, such as chronically homeless individuals and families, as well as youth heads of households and those with disabilities. All projects were also assessed on participation in the Coordinate Entry System (CES), which prioritizes referrals based on history of high utilization of emergency services, length of time homeless, and vulnerability. Projects were also scored on the extent to which they utilize the Housing First approach and their ability to serve participants with high severity of needs with few barriers to obtaining and retaining housing. Selection criteria for new projects included vulnerable populations such as chronic homeless (CH) and youth.

**1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.**

**Attachment Required: Documentation demonstrating the objective ranking 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. Attachments must clearly show the date the documents were publicly posted.**

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

**1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.**

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

**Reallocation: Option 1**

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

**1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.** 09/13/2017

**Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.**

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 09/13/2017

**Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.**

## Reallocation Supporting Documentation

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	1E-4 New Projects...	09/25/2017

## Attachment Details

**Document Description:** 1E-4 New Projects Through Reallocation

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Does the 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?** Yes

**Attachment Required:** If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

**2A-1a. 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. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** 33-40

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual.** Yes

**2A-3. What is the name of the HMIS software vendor?** Mediware

**2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.** Single CoC

**2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells**



**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,915	50	1,830	98.12%
Safe Haven (SH) beds	41	0	41	100.00%
Transitional Housing (TH) beds	3,182	334	2,812	98.74%
Rapid Re-Housing (RRH) beds	1,107	0	1,088	98.28%
Permanent Supportive Housing (PSH) beds	9,245	0	6,623	71.64%
Other Permanent Housing (OPH) beds	231	0	189	81.82%

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.  
 (limit 1000 characters)**

For Permanent Supportive Housing, 25% of the non-participating beds are HUD VASH. We are currently collecting HMIS data on clients housed in the HUD VASH units via Coordinated Entry. We are only able to determine the number of Veterans housed with VASH during a selected timeframe based on their exit from CE project. While we do see this as a successful first step, efforts are being made to continue working with our local VAMC and CHA to help users directly enter data into VASH specific projects .

At the time of the 2017 HIC submission, only 1 OPH provider was not participating. That provider is currently participating in HMIS and this project type will be at 100% participation for this project type next year.

**2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?** 6

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 05/02/2017

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

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/26/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 05/02/2017

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

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)**

The 2017 sheltered PIT was a result of hybrid data. In prior PITs, Chicago used a paper-based count in shelters tallying everyone and interviewing at least 10% of beds. For the first time, HMIS data was used from over 70% of projects to determine the total shelter population and demographic data. For those shelters where tally and survey data was used, Chicago was able to determine the challenges with their HMIS data and develop a strategy to ensure they can participate in future PITs via HMIS. Further, to improve survey responses on chronic homelessness, shelter staff was trained extensively on the questions that determine eligibility criteria. The 2017 PIT was able to enumerate the veteran population to match the veteran by-name list in CES. Chicago hopes to duplicate this success as efforts to create a by-name list for chronic homelessness continues and HMIS data is able to extract a more precise number of chronic homeless persons in shelter.

**2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?** Yes

**2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.**

Beds Added:	55
Beds Removed:	23
Total:	32

**2C-3. 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 2017 sheltered PIT count?** No

**2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?** Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

**2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)**

Chicago has conducted a complete canvas with blitz teams in known locations since 2007. In 2016, Chicago required teams to call in veterans found to attempt to match them to the veteran by-name list. Following the protocol again in 2017 led to 9 veterans being found and transported to shelter or to a housing provider. An additional 100 recruited volunteers led to more teams which provided them with smaller areas to cover and resulted in a 40% increase in survey collection on the street. The data from the additional surveys allowed for improved estimates of subpopulations. All volunteers received comprehensive training prior to deployment with special attention this year to the survey questions that identify chronic homelessness. The improved training and increase in survey collection was expected to result in an increase in the number of chronic homeless. In fact, the number came very close to the number of chronic homeless on the chronic by-name list in January.

**2C-5. Did the CoC implement specific measures to identify youth in their PIT count?** Yes

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)**

In 2016, Chicago’s Youth Task Force agreed to participate as one (Cook

County) of 22 sites for the Voices of Youth Count (VoYC). Since 2013, the PIT has expanded beyond the general PIT hours (starting at 3PM to the next evening) and conducted events and counts in targeted places or locations. Based on VoYC, the 2017 PIT included youth peer-driven teams that were compensated to be deployed during the expanded hours. VoYC brought to light that youth were unwilling to disclose locations. Therefore, teams (covering all parts of the city) were trained and allowed to deliberate prior to deployment the locations they would search. The youth were given instructions that locations only needed to be disclosed in the most general terms for mapping purposes, so that the youth team leader and youth being interviewed felt their privacy was being respected. As a result, these teams identified twice as many youth than 2016 and for the first time some that were chronically homeless.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)**

Chicago modified its survey questions for the 2016 count based on issued guidance on chronic homelessness. Although thoroughly tested prior to the count and praised by other CoCs, the response rate showed it failed to capture chronic homelessness in shelter and on the street. The PIT Subcommittee recommended improving survey training rather than modifying the questions. Training for both shelters and volunteers focused on length and duration of homelessness questions. Response rates improved 10 percentage points and together with the increase in surveys collected on the street, the total number of chronic increased but was nearly equal to the by-name list that night. This is true of veterans as well. This marks the first year HMIS was used for the sheltered count. HMIS data was used for over 70% of projects. Reasons for those that were unable to utilize their HMIS data have been identified and Chicago is working on developing strategies on how to reach 100% of projects participating.

## **3A. Continuum of Care (CoC) System Performance**

### **Instructions**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.  
(limit 1000 characters)**

The number of first time homeless increased by 1737 (14%) from 2015 to 2016. In 2015 the largest shelter provider began inputting data into HMIS and increased the number of people in the system. We now have a more accurate representation of people experiencing homelessness.

The CoC relies on HMIS data, Chicago's Homeless Prevention Call Center intake forms, interviews with program participants & lived experience to identify risk factors for becoming homeless. The CoC has two diversion projects in place one at Catholic Charities for youth and one at Salvation Army for families. The Homeless Prevention Constituency group developed a crosswalk of prevention resources to maximize efficiency. A pre-screener was developed to identify and serve populations based on their eligibility for restricted HP public and private funds.

The CE lead entity, CASC Committee of the CoC Board and the Homeless Prevention Constituency group work jointly to oversee this strategy.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.  
(limit 1000 characters)**

The average LOT homeless decreased by 11 days (7%) from 2015 to 2016. We have taken the following actions created new PH beds; implemented Housing System Navigation, which connects vulnerable clients to their housing provider & prioritized PSH placements for those experiencing chronic

homelessness. We have improved the data quality for ESG and CoC projects. Through HMIS we can now see where the longest stays are & exits from the system. This data is regularly reviewed by various CoC committees where system-wide recommendations are formulated and moved to the Board for approval.

The CoC identifies, prioritizes and houses those with the longest length of time homeless through the Coordinated Entry System. We created standardized documentation in HMIS for chronic homelessness which has led to faster receipt of information and reduced admin burden.

The lead entity for Coordinated Entry, CASC and Systems Performance & Evaluation committee (SPEC) jointly work on this strategy.

**3A-3. Performance Measures: Successful Permanent Housing Placement and Retention**

**Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)**

From 2015 to 2016 the CoC saw +6% from street outreach, -10% from all housing except PSH, and +1% from PSH in exits/retention. We have taken the following actions created new PH beds; implemented Housing System Navigation, which connects vulnerable clients to their housing provider; prioritized PSH placements for those experiencing chronic homelessness; and trainings for providers on evidence based practices and trauma-informed care. The CoC utilized monthly System Integration Team (SIT) meetings to discuss clients progress through coordinated entry and their retention in housing. We have improved the data quality for ESG and CoC projects. Through HMIS we can now see system effectiveness from housing match to placement & retention in housing. This data is regularly reviewed by various CoC committees where system recommendations are formulated. The lead entity for Coordinated Entry, CASC and SPEC jointly work on strategies for successful permanent housing placement and retention.

**3A-4. Performance Measure: Returns to Homelessness.**

**Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)**

The Chicago CoC change in rate of returns to homelessness were as follows from 2015 to 2016: 1% at 6 months, 0% 6-12 months, 1% for 13-24 months, and 3% at more than 24 months. This increase is attributed to the largest shelter beginning to use HMIS in 2015. This has allowed us to have a more accurate picture of the homeless system.

We have successfully implemented the Moving On pilot to ensure clients who “graduate” from permanent supportive housing have the skills to manage their

finances and health. For RRH, projects follow up with clients to ensure they remained housed at different intervals. We will continue to reduce returns to homelessness by utilizing flexible prevention funds for vets and the chronic homeless and expanding the SIT to improve housing retention. Oversight of the CoC's strategy to reduce or end homelessness is the CE lead entity, CASC and SPEC of the CoC Board.

**3A-5. Performance Measures: Job and Income Growth**

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)**

From 2015 to 2016, adults in the homeless system had a 3% increase in total income. The CA and Employment Task Group (ETG) have implemented the following strategies to increase access to employment and benefits: development of a cross-systems asset map for workforce & homeless service provider use; piloting an Employment Navigator model; and expanding SOAR. The CA has implemented a cohort model for SOAR training and 15 CoC projects participate. The CE assessment now has employment questions and clients who desire employment assistance receive a follow-up call from the Chicago Jobs Council. ETG has implemented trainings for homeless and employment agencies to expand access to information and resources. In the coming year the ETG plans to increase training opportunities and coordination between the homeless and employment sectors; pilot targeted efforts to improve RRH and youth providers to access employment resources; & expand ETG membership. The CoC's ETG is overseeing these measures.

**3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No**

**3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)**

N/A



**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.** 06/05/2017  
**(mm/dd/yyyy)**

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

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	2,448	2,471	23

**3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.**

Total number of beds dedicated as Dedicated Plus	5,464
Total number of beds dedicated to individuals and families experiencing chronic homelessness	2,253
<b>Total</b>	<b>7,717</b>

**3B-1.2. Did the CoC adopt the Orders of Priority into their 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.** Yes

**3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.**

History of or Vulnerability to Victimization	<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 (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)**

Our current CES assesses families w/i 36 days & refers w/i 85 days to a PH provider. Once matched, families are housed on avg w/i 65 days. Chicago recognizes areas for improvement and has used such data to inform additional strategies such as funding family-specific housing system navigators. CES also established prioritization and matching criteria to ensure families are prioritized for all interventions. Standards have been implemented to ensure unsheltered families are placed into shelter and CES assessments are completed w/i 2 days of shelter entry. Our local performance outcomes expect 50% of families to be housed w/i 30 days of referral and the remaining 50% housed w/i 60 days. Collaborative strategies around landlord outreach & recruitment are also led by CE LE & housing providers. Chicago has prioritized families by creating and applying for new projects in the FY16 & FY17 NOFA. SPEC & CASC committees are responsible for overseeing the strategy.

**3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.**

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	393	210	-183

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination 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. (limit 1000 characters)**

The local government entity (DFSS) implements a family preservation policy for all local funded projects. This policy prevents involuntary separation of families and requires projects to demonstrate written standards for eligibility that promote access to program services for all families, regardless of the age of children, family composition or marital status. For HUD CoC funded projects,

each project is evaluated on a yearly basis and family projects are required to submit written standards for eligibility that are consistent with Housing First principles. All agencies participating in the CoC's Coordinated Entry System have agreed to abide to anti-discriminatory policies and will be reinforced through developing monitoring standards. In addition, CoC trainings are held on a yearly basis on anti-discrimination policies for all projects regardless of funding sources.

**3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.**

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-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.**

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 checked="" type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

**3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)**

Each year, the CoC improves the PIT methodology & continue to grow the focus of youth experiencing homelessness to ensure Chicago has an accurate # of youth experiencing homelessness. Based on this focus, Chicago saw a 125% increase in the youth unsheltered count in the 2017 PIT. In addition, the Chicago CoC applied for the YHDP in Nov 2016. Although, City of Chicago was not selected as a demonstration community, it prompted the CoC to seek alternative funding sources for this sector. Currently, the CoC has met with the

local government entity & private philanthropy partners to seek additional funding to serve this population. Through the work of the YHDP, the local government entity committed to dedicating a full-time staff member to build & develop a 3-year project management plan. This individual will work closely with a system coordinator & jointly coordinate evaluation & conduct data analysis. In addition, the CoC is applying for 2 new youth projects during the FY2017 CoC competition. The CoC has implemented the Youth One List in April 2017 & will be monitoring the list & analyzing the Housing Inventory. Additionally, the Coordinated Entry dashboards are in the early stages of development which will influence the measures in calculating the effectiveness. A CoC committee (Youth Task Force) has a standing working group that has been charged with developing strategies and measuring the effectiveness of the efforts.

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)**

The Chicago CoC and local school district (LEA) collaborate in multiple forms. The Chicago CoC Board of Directors has a voting member from the LEA as well as in the Chicago Task Force on Youth Homelessness. In addition, the CA and youth service providers attend and provide trainings at the annual city wide trainings mandated for the Students in Temporary Living Situations (STLS) program staff to assist school district staff connect with resources available to students experiencing homelessness. Representation from the City of Chicago colleges attend the Task Force meetings to participate in planning discussions impacting youth experiencing homelessness. STLS coordinators provide shelter staff trainings prior to the school year start & visit shelters throughout the year to train & promote collaboration regarding the STLS program. In addition, a formal partnership has been established to pilot a program among 6 local elementary schools to help house families with children.

**3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.**

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

All Families Served Subcommittee Participation	No	Yes

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).  
 (limit 1000 characters)**

The CoC works with Jesse Brown VAMC, GPD & SSVF through its Ending Vet Homelessness Initiative. All outreach staff (VA & CoC) utilize a common assessment tool in HMIS to screen Vets for eligibility for VA services, including VASH, GPD & SSVF, by asking about mil. service. The CoC also screened Vets during the PIT. Vets engaged overnight may go to the VAMC Emergency Dept, where they are connected to CRRC for assessment/shelter/GPD placement. Skilled assessment teams are paired with ES so all Vets entering shelter are assessed. HMIS & the VA's SQUARES program confirm Vet status. Confirmed Vets are placed on the by-name list, prioritized using the CoC's prioritization standards, & matched to VASH/SSVF if eligible. Eligible Vets are only matched to non-VA services & housing when resources are unavailable or they prefer not to connect with the VA. A Vet System Coordinator matches Vets to housing daily & holds weekly system-integration teams with VA & non-VA agencies to coordinate plans.

**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 is assisted to quickly move into permanent housing using a Housing First approach?** Yes

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

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.**

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

**4A-1a. Mainstream Benefits**

**CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)**

In our program model chart, all projects are evaluated on their ability to connect clients to mainstream benefits. The CoC works with mainstream benefits programs through state partners: the IL Department of Human Services, IL Department of Health Care & Family Services and Get Covered Illinois and Illinois Department of Public Health. Homeless providers work closely with the City of Chicago’s Community Centers to ensure client access to mainstream benefits. The CoC has also expanded SOAR training for the community. The CoC added the Recipient Identification Number into HMIS so providers can appropriately assist clients.

Information and trainings about mainstream benefits including open enrollment are shared in the Collaborative Applicant’s monthly newsletter circulated to CoC members and in Lived Experience and Service Provider Commission meetings.

The System Performance & Evaluation Committee of the CoC is responsible for overseeing the CoC’s strategy for mainstream benefits.

**4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?**

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	156.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected “low barrier” in the FY 2017 competition.	156.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as “low barrier”	100.00%

**4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	156.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	156.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

**4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)**

Street outreach services in the CoC are targeted in the following way:

- 1.A City-funded team responds to 311, police, aldermanic, or other community concerns about well-being of individuals in specific locations.
- 2.City outreach delegate agencies are assigned geographic areas in contracts & engage those they identify there.
- 3.Through the CES, the Center for Housing & Health serves as the Outreach Coordinator & ensures that individuals not currently engaged with outreach providers & prioritized for housing are assigned to specific outreach teams (City, VA, non profits).
- 4.The CoC has specialized teams that address special needs such as Polish language proficiency, alcohol/substance use, accessible vans that can transport individuals using wheelchairs.

With all of these strategies, the CoC has full geographic coverage. Teams visit known hotspots weekly at minimum. The CoC conducts city-wide outreach surge events to assess and engage in these hotspots and identify new spots.

**4A-5. Affirmative Outreach**



**Specific strategies the CoC has 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; who are least likely to apply in the absence of special outreach.**

**Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)**

A standardized assessment is done by skilled assessors, applying consistent process to achieve fair, equitable, & equal access to services. Our CES P&P describe the assessment process, including an observational assessment (for SMI), access and matching criteria used for uniform decision making. Access points cover & are accessible throughout CoC are affirmatively marketed to eligible persons regardless of race, color, national origin, religion, sex, age, gender identity, sexual orientation, familial status, disability. 83% of our access points are wheelchair accessible and most can provide American Sign Language for hard of hearing clients. For those with limited English proficiency, 83% of access points have bilingual staff, utilize a language interpretation service or both. CES P&P prohibit screening people out due to perceived barriers to housing. Coordinated outreach efforts are used to ensure skilled assessors are assessing our most vulnerable.

**4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.**

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	595	1,107	512

**4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).** Yes

**4B-8a. If the response to 4A-8 was "Yes" (1) describe how serving this population is of equal or greater priority in meeting the overall needs and objectives of the plan submitted in Section 427(b)(1)(B) as defined in paragraphs 1, 2 and 3; (2) a description of how the requirement in Section 427(b)(1)(F) will be met; and (3) provide a list of the specific project(s) that will be using the funding for this purpose. (limit 1000 characters)**

Chicago CoC reviewed different sources of local data on youth & family homelessness which demonstrate many youth & families experiencing homelessness qualify under other federal definitions. Chicago's CoC only has 21 transitional beds for youth & none for families that can serve those homeless under other federal definitions. Data shows w/o intervention these youth & families are likely to end up in the shelter system. A review of the 2016 AHAR shows 39% of homeless families identified a doubled up living situation prior to shelter stay. Chicago's HMIS 2016 data shows that 38% of unaccompanied youth identified a doubled up living situation prior to shelter. Studies of the impact of homelessness on youth show 50% of all unaccompanied homeless youth report mental health problems, which are predictors of chronic homelessness. Chicago's CoC submitted a request for HUD homeless category #3 adoption & has resubmitted the previously submitted memo in this NOFA competition for consideration.