



# MCHENRY COUNTY

Strategic Plan to End Homelessness

2019 - 2022

This report serves as an extension of the first Strategic Plan to End Homelessness entitled, *CONFRONTING HOMELESSNESS IN MCHENRY COUNTY* authored by Amy Rynell and Amy Terpstra of the Social Impact Center of Heartland Alliance. For the 2016 – 2018 Strategic Plan visit [www.socialimpactcenter.issuelab.org](http://www.socialimpactcenter.issuelab.org).

# MCHENRY COUNTY

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**2019 - 2022**

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Prepared for the McHenry County  
Continuum of Care to End Homelessness  
September 2019

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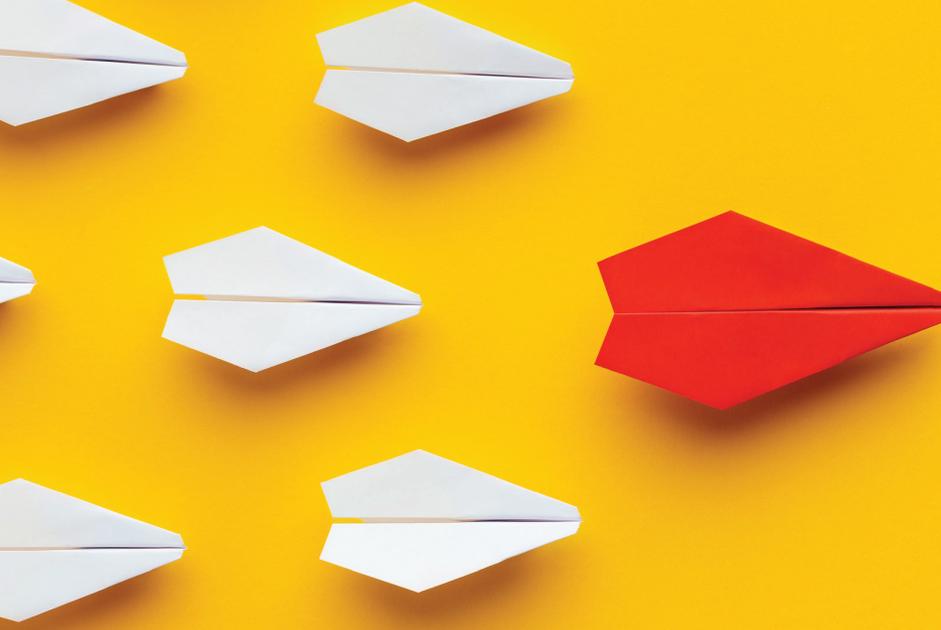


In 2016, the McHenry County Continuum of Care to End Homelessness approved *Confronting Homelessness in McHenry County*, the first of such plans in over 10 years. Beginning in the summer of 2016, a desire to include more objective outcomes in the plan began to materialize.

This resulted in a long-term planning process that began with the *sticky note* activity. This activity involved a fun way to include a wide variety of stakeholders in developing this new Plan.

What was learned from these activities and subsequent planning was that confronting and ending homelessness is not a *one size fits all* activity. Rather, a true continuum and spectrum of activities and services are needed to help with a continued reduction in the overall number of homeless individuals in McHenry County.

This plan identifies the housing and shelter methodologies that have been, or could be, employed to engage and serve homeless clients, and should be supported by the CoC should funding be available.



# Leadership

Since the original 2016-2018 Strategic Plan, the McHenry County Continuum of Care (CoC) has updated its bylaws in an attempt to refresh its governance charter to align with this plan to end homelessness and priorities set out by the Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH). Additional changes included establishing a clear hierarchy of authority and responsibility with delegation of duties to committees and ad-hoc work groups.

The CoC is committed to continue to grow and engage stakeholders including non HUD-funded service agencies, people experiencing homelessness, police, emergency room staff, religious groups, and businesses.

In 2015, HUD introduced objective analysis tools called “System Performance Measures,” which address key aspects of homeless service provision and seek to ensure that homelessness will be **rare, brief, and nonrecurring**. To best address this overarching goal, the McHenry County CoC used the

system performance measures as an opportunity to make data-driven decisions that inform policy and direct program design.

This initiative is limited in functionality without the context of system and client-level data.

Increased effort and training were dedicated to improving the usage of the Homeless Management Information System (HMIS) database, which houses all client data, services rendered, and program entries and exits. Data entered into the HMIS was thoroughly examined for completeness and accuracy, and any retroactive corrections were made in order to assure data integrity. In tandem with HUD, McHenry County used the 2014 – 2015 Federal Program year as its initial baseline, with increasing, incremental performance goals and targets set for each following year.

To evaluate if homelessness in McHenry County is **rare**, the HMIS lead and CoC tracked the number of newly homeless and the overall reduction in number of those experiencing homelessness; to determine if homelessness is **brief**,

they tracked the length of time individuals spent homeless and their overall job and income growth; and last, to gauge if homelessness is **nonrecurring**, the number of successful permanent housing placements and returns to homelessness were continually monitored and each case examined for performance insight.

The CoC incorporated the System Performance Measures in the scoring tool utilized during Continuum of Care funding competitions; a financial capacity analysis using commonly accepted accounting ratios for nonprofits was implemented in order to identify any organizations in financial distress that could threaten program efficacy; and last, a scoring and ranking system that rewarded programs that address priority populations or had clear planning for effective usage of funds that facilitate rare, brief, and nonrecurring experiences of homelessness.

The McHenry County CoC designed and implemented its Coordinated Entry policy by 2017. Working in tandem, the HMIS administrator and CE lead developed policies and

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procedures which followed industry best practices, such as Progressive Engagement, Housing First program models, and diversion from shelter when appropriate or financially possible.

The most vulnerable people were prioritized using the Vulnerability Index Service Population Decision Assistance Tool (VI-SPDAT); an assessment used nationwide to measure threats to a person's health and safety or chance of morbidity without intervention.

A custom Rapid Rehousing Housing Barriers Assessment tool was created utilizing the best practices put forth by the National Alliance to End Homelessness and was imbedded in the HMIS in order to feed into the by-name list and support objective housing placements.

McHenry County's Continuum of Care (CoC) continues to work collaboratively to address the myriad of homeless issues in the County; including emergency, transitional, permanent housing, and a range of social services agencies.

Following the first plan, and moving

into this next Strategic Plan, two major issues impacting the level of homelessness in the County are being actively addressed: the lack of affordable housing and the lack of a year round shelter site in the community. In addition, limited public transportation options impact the ability of low-income households to access employment centers and social services.

In collaboration with the McHenry County Mental Health Board, the McHenry County CoC and the McHenry County Community Development Division act as a team to find cross-cutting solutions for service gaps, such as substance abuse treatment beds and evidence-based mental health programs.

The McHenry County Housing Authority, in partnership with the McHenry County Community Development Division and non-profit housing developers have dedicated project-based vouchers in order to help developers leverage funds and gain tax credits that greatly defray the staggering cost of new affordable housing developments.

The Community Development Division held limited application cycles open just to developers in an attempt to draw more affordable housing into the county, effectively bringing \$18 in return for \$1 worth of new construction.

The influx of new housing units since 2016 coincides with the County's dedication to avoiding homelessness before it starts: more than a quarter million dollars has been invested in HOME-funded Tenant Based Rental Assistance (TBRA), and during the next County Five-Year Consolidated Plan HOME TBRA will remain a priority goal.

The next three years will bring increased attention to subpopulations and age cohorts to analyze how they access and utilize the homeless assistance system and inform further strategic decision making. Through the combined efforts of all the Continuum of Care's partners and stakeholders, McHenry County continues to focus its planning and target its resources toward the goal of matching community need with a robust community response.

## HISTORY OF HOUSING COSTS

Since the 1800's, a popular colloquialism suggested a family should pay *one week's wages for one month's rent*, based on then average costs for shelter and other needs. The New Deal era brought forth multiple social changes; among them the National Housing Act ratified in 1937, which ushered in federally subsidized housing to address the growing number of Americans that could not afford housing without assistance. Over the next two decades, maximum rents were established to replace maximum income thresholds which determined eligibility for subsidized housing.

Thirty years after the Housing Act, buckling under the pressure of rising housing costs, Congress passed the Housing and Urban Development Act of 1968 and, to right-size growing public housing expenditures, in 1969 the Brooke Amendment established a national barometer for what is considered affordable housing: 25% of household income. It wasn't until 1980 that "affordable housing" rose to 30% or less of household income.

The Federal Poverty Line was established in much the same way in 1963 as part of the war on poverty. Researchers examined the cost of food against the income threshold that triggered the assessment of federal income tax. The resulting *poverty line* was determined to be three times the cost of a minimal monthly food basket, and correlated directly to the bare minimum of income a household could earn before accessing public benefit programs.

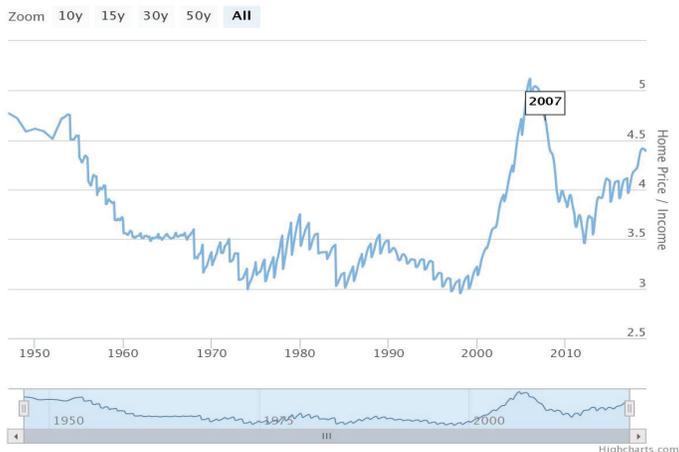
It is important to note the federal poverty line is not analogous to housing affordability. The cost of housing has never been equal to the cost of food. As housing and other costs of living continue to rise, the disparity between the cost of shelter and the cost of sustenance will widen.



A decade has passed since the *great recession* that decimated the housing market across America. Since 2008, scores of homeowners became renters, and communities struggled to rebuild the American dream. For many, the struggle to obtain and retain affordable housing seemed to be unreachable. In McHenry County, the number of available rental units decreased every year from 2010 to 2017, compounding the shortage of affordable housing with the diminishing number of units available to rent – to prospective tenants from any income level. According to the most recent HUD 2012-2016 Comprehensive Housing Affordability Strategy (CHAS) data, just over 20% of McHenry County households were renters. Of those households, over one quarter were at or above the HUD Area Median Family Income (HAMFI). The remaining 74% of renters had household incomes below the median for McHenry County. According to a report published by the Joint Center for Housing Studies of Harvard University, *The State of the Nation's Housing*, national median rent has risen 20% faster than inflation from 1990 – 2016, and the median price for a home has risen 41% faster. In short, the cost of shelter has disproportionately increased compared to overall inflation and household income. This creates an environment in which the disabled or disadvantaged will face greater difficulty affording and maintaining stable housing.

According to the Shiller Case Home Price Index, the average home cost three to four times the average household income. When that ratio spikes higher, households become unstable and risk foreclosure and eviction. At the beginning of the 2007 Housing Bubble and subsequent Great Recession home prices reached over 5 times the average household income. As of January 2019, the ratio of home price to median income was 4.4: a high America hasn't seen since March of 2008. This disturbing trends underscores the lack of affordable housing for both renters and owners alike. Utilizing the System Performance Metric *Number of First Time Homeless*, the McHenry County CoC can anticipate and respond to increased need for shelter and services.

Shiller Case Homes Price Index / US Median Annual Income



Renowned American Psychologist Abraham Maslow introduced his theory of human development known as *Maslow's Hierarchy of Human Needs* in 1943.

He posited all individuals have the same core developmental stages, and inevitable human growth is built upon the progressive fulfillment of needs. These need stages begin with the most basic: food, shelter, and rest.

Without the ability to nourish the body the human will suffer a failure to thrive and eventually succumb to malnutrition or starvation. For most, the ability to obtain sustenance is nearly assured; but for many others, such as children dependent on free or reduced school lunches, not knowing if or when they will have their next meal can affect academic performance or worse, stunt their physiological growth and future maturation. The need for rest, water, and food are so instinctual that deprivation can have haunting, life-long negative consequences.

Once the most basic needs are met, Maslow theorized the individual would advance to the next tier up, motivated to fulfill more than their need for shelter, safety, and protection. Even animals in the wild have a hard-wired

response to environmental threats, and seek protection from predators and the elements. Humans that suffer from a lack of protection from the world that surrounds them are subject to myriad dangers: crime, intense heat or cold, and even a place to rest with some modicum of privacy.

The United Nations identified the need for shelter as a basic human right, citing the implications of a lack of adequate shelter to one's dignity, physical, and mental health. Article 25.1 of the Universal Declaration of Human Rights states:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

United Nations decrees and covenants intended to protect and promote human growth are often associated with the plight of developing nations or refugees seeking asylum from the ravages of war. But their declaration is as applicable to a nation as wealthy as

the United States when its citizenry suffer from the same deprivations. Invoking the global standard of basic human needs through the lens of American society produces a startling disparity: a first world nation that enjoys unparalleled economic success is incongruent with the image of an American sleeping in a cardboard box.

New Deal Progressives passed the 1934 Housing Act on the same predication, reforming the slums and rejecting the idea of Americans suffering from pestilence and languishing on the street.

From these altruistic ideals modern housing policy has developed and adapted to our changing society. Recent economic dips and growing wealth disparities led to an emerging social class of street homeless, whom responded to their need for shelter with de-facto "tent cities" and un-authorized encampments.

Often many of these individuals suffer from substance abuse disorders or untreated mental health issues. A new sub-class of substance abusing homeless grew, and were often turned away from existing shelters due to their active substance use or unpredictable behavior.



## Street Outreach

Meeting the client in their literal homeless situation in the community. Generally, this type of service involves repeated attempts to engage the client to trust the outreach worker. McHenry County covers its entire geographic region within the scope of Street Outreach. Ideally, outreach staff can be deployed to any client location in the County in which known homeless individuals are present in efforts to engage and provide services, and ultimately, intake to shelter and housing.

## Emergency Shelter

A low-barrier engagement that involves 24/7/365 sheltering for literally homeless individuals, including those fleeing domestic violence. A shelter stay should be as brief as possible, with longer term shelter clients being evaluated for housing that better meets their needs.

## Transitional Shelter/Transitional Housing

A shelter involving a stay of up to 24 months. This could involve a longer term plan for clients to enter into a more permanent setting that they currently are not prepared for. Transitional shelters historically have imposed a great deal of barriers on client entry; the focus should be on a reduction of these barriers to the greatest extent possible.

## Shelter Diversion

A program that involves linkage and referral to clients who are precariously housed, imminently at risk of being homeless, or literally homeless in efforts to prevent entry into the homeless system in the first place. Diversion is a housing first, person-centered, and strengths-based approach to help households identify the choices and solutions to end their homeless experience with limited interaction with the crisis response system.

A staff member trained in the techniques of diversion initiates an exploratory conversation to brainstorm practical solutions for households to resolve their homelessness quickly and safely. Staff help households see beyond their current crisis by encouraging them to generate creative ideas and identify realistic options for safe housing based on their own available resources rather than those of the crisis response system.

## Homelessness Prevention

An intervention that targets households that are faced with an eviction, most commonly one related to a sudden reduction in income levels. This can involve payment in rental arrears but may involve legal services to intervene on behalf of a client to mitigate the pending eviction.

## Homeowner-Occupied Rehabilitation and Rental Housing Rehabilitation

Interventions designed to keep individuals stably housed so as to prevent entry into the homeless system in the first place. Both programs can involve a public-private partnership, such as the coordination of a church group with rehabilitation skills combined with grant dollars to fund hard costs. Rental Housing Rehabilitation keeps currently affordable units intact. Homeowner-Occupied Rehabilitation may be employed to repair a failing roof or to retrofit housing for a client who has become disabled.

## Tenant Based Rental Assistance

Up to two years of rental assistance and utility assistance in the unit of the household's choice. This subsidy is flexible and program design is determined by community need.

Maximum rents are determined by zip code, and participants' gross rent is determined by household income. Tenant based rental assistance is a priority goal for McHenry County Community Development and the McHenry County Continuum of Care.



## Rapid Rehousing

An intervention involving the placement of a client into permanent housing directly from a homeless situation. This typically involves the payment of rent and security deposits, with a titrating level of rental assistance provided until the client is stably housed. This intervention is particularly effective with clients who face little or no barriers to rehousing.

## Permanent Supportive Housing

A higher level of care for clients with a physical, behavioral, or substance abuse diagnosis (or combination thereof). Typically, these are longer term homeless clients who need a higher level of care and support. Therefore, barriers to entry should be as minimal as possible with a focus on serving longer term homeless and chronically homeless individuals.

## Moving On Programs

An intervention involving the collaborative effort of a service providers and a Housing Choice Voucher to move clients from CoC programs into community-based rental units. Most commonly, this intervention involves the movement of clients from Permanent Supportive Housing units/beds in efforts to turn over these units/beds for the use of another client.

## Mainstream Voucher Program

Additional housing vouchers that could be employed by a Public Housing Authority (PHA) to target funds to assist non-elderly persons with disabilities who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, currently experiencing homelessness, previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing program, although not limited to these types of households. The CoC should also support funding for case management at the PHA and for wraparound services that they clients will need longer-term in order to remain stably housed.

## Affordable Housing Development

Involves the production of new units of affordable housing. In some cases, there is a specific target population such as elderly or disabled veterans. Developers frequently will partner with one or more organizations to provide supportive services to clients in these units. Development in McHenry County is targeted to areas in which it is geographically needed, basically excluding Woodstock and Harvard.

## Section 202 Supportive Housing for the Elderly

Capital Advance funding and project rental subsidies for the development and ongoing operation of supportive rental housing for very low-income persons, aged 62 years or older. This funding, leveraged with other financing sources, will expand affordable housing opportunities that are physically designed and that have a robust set of services that will allow seniors to live independently and age in community. These awards require a non-profit to partner with a developer; the applicant may not be a unit of government. At the time of drafting this plan, 31% of clients using CoC services are age 55 and over.

## Specialized Programs

From time to time, other initiatives are available to target a specific client population. This may include initiatives for organizations specializing in sheltering human trafficking victims, lead-based paint abatement programs, Jobs-Plus programs for recipients of Housing Choice Vouchers, and other important programs that are available from time to time.



# Best Practices

## HARM REDUCTION

The concept of harm reduction was introduced in the 1980's as a means of reducing, and thereby limiting, the deleterious impact of illicit substance abuse. For those in the throes of addiction, abstinence can be too intimidating an undertaking; but with a Harm Reduction approach, clinicians encourage decreased usage and safer practices. Needle exchanges and methadone clinics are an example of harm reduction in practice. Shelters and transitional housing that employ a harm reduction model are considered to be *low-barrier* programs that prioritize an individual's immediate safety over strict enforcement of complete abstinence.

In Canada and the UK, there are tiered low-barrier, harm reduction shelters which acknowledge the compulsion to use overrides most other needs. Alcohol dependence is the most cited example of varying implementations of harm reduction, and take the form of either 'wet', 'damp', or even 'dry' shelters. Research has shown that among chronically homeless, lifelong alcoholics, acceptance and monitoring of ingestion leads to "lower levels of consumption (up to 400%), a larger percentage of which is higher quality beverage alcohol (as opposed to non-beverage alcohol such as mouthwash); fewer incidents with police and fewer trips to the emergency room (ER); higher self-reported levels of happiness with quality of life; fewer instances of violence; improved sleep; healthier weight; immunization and treatment of other health concerns for clients; better hygiene and improved compliance with health and medical staff; [and] a first step for many lifetime alcoholics to join detox programs" (Reed 2008).

## HOUSING FIRST

Modern homelessness is the result of the convergence of national policy reform, reduced funding to social service programs, deinstitutionalization and the loss of commensurate affordable housing. The 1980's saw a steep decline in public support for the mentally ill, and thus the emergence of a subpopulation of poverty-stricken people living in places not meant for human habitation. The response to this epoch followed a basic recipe of entry to rescue missions or other often faith-based groups, which provided shelter to individual's plagues with untreated mental health issues and/or substance abuse, and mandatory participation in interventions intended to *fix* the underlying issues causing one's homelessness. This *blame the victim* mentality constructed a system in which housing was available only to those who were able to successfully combat their disabling conditions, and left everyone else to languish as a consequence of their perceived lack of will-power and self-control.

In 1992, New York University school of Medicine trained psychiatrist Dr. Sam Tsemberis founded Pathways to Housing in New York City, and espoused a radical new approach to homeless services: Housing First, and everything else after. Dr. Tsemberis ascribed to the belief that housing is a human right, and the basic need for shelter should not be conditioned on successful abstention from substance use, or revoked as a punishment for failure to apply personal discipline to treatment plans amid a daily struggle to survive.

Housing First is a theoretical application to social service, and its implementation varies based on local providers and their unique community landscape. The implementation of Housing First is most often associated with Rapid Rehousing, a temporary and functionally immediate offering of financial assistance and support for those moving from homelessness back into stable housing. The joining of the ideological principles of Housing First alongside the practical implementation of Rapid Rehousing has proven to be staggeringly successful. According to the National Alliance to End Homelessness, research has shown that on average, between 75%-91% of individuals or households who accessed Rapid Rehousing remained stably housed one year later. McHenry County has prioritized Rapid Rehousing in its Strategic Plan to End Homelessness and its overall Consolidated Plan which governs other HUD Community Development grant-supported programs.

## HOMELESS PREVENTION & DIVERSION

Every homeless experience is unique, but years of trends analysis has suggested there are three types of homelessness: episodic, transitional, and chronic homelessness. Episodic or transitional homelessness is defined much as it sounds; a one-time crisis such as catastrophic health issues with oppressive medical bills, loss of household income, or major financial expenses such as car repair or legal entanglement. The majority of homelessness can be attributed to one-time causation.

Homelessness, however long in duration, is a traumatic event that can erode a person's sense of self-esteem and confidence. To avoid the damage of such an ordeal, homelessness prevention interventions are encouraged to stem off the flow of newly homeless individuals by addressing other expenses that compete with paying the rent. Methods of shelter diversion fall under the over-arching social services umbrella, and include mainstream benefits such as food assistance, utility assistance, subsidized child-care, and job training programs.

Clients enrolled in McHenry County homeless assistance programs receive initial assessments to determine what, if any, benefits they are eligible to receive. Linkage with other social service providers facilitate rapid referrals and serve to wrap around the individual and alleviate a myriad of financial and emotional stressors. This plan includes goals that address gaps in service needs that extend beyond the housing sector. The Continuum of Care and relevant stakeholders have identified areas of deficit that include the lack of a comprehensive public transportation system, shortage of affordable housing, and the absence of residential substance abuse facilities located within McHenry County.

## EMPLOYMENT & INCOME IMPROVEMENT

Linking individuals and families with stable earned income from employment is a critical tool in the fight to prevent and end homelessness. One of the HEARTH Act performance measures, jobs and income growth for people experiencing homelessness, brings attention to the importance of employment as a solution within homeless systems. Providers serving people experiencing homelessness can play a role in connecting individuals with employment opportunities and should be aware of the service models and strategies that are most effective in serving this population. McHenry County will focus on the following employment goals:

1. Re-engage the workforce network as an active partner of the Continuum of Care
2. Use the Illinois Workforce Network and the Volunteer Center for job training, shadowing, resumé writing, interview preparation, and job placement
3. Develop provider knowledge and skills in best practices in employment programs for people experiencing homelessness and implement best practices, such as evidence based programs
4. Educate employers on homelessness and hiring incentives for certain groups
5. Seek out innovative transportation solutions by partnering with PACE, McHenry County Department of Transportation, local funders, Dial-a-Ride, and the Senior Services Grant Commission
6. Foster the development of innovative programs, such as the Jobs Plus initiative, to free up Housing Choice Vouchers
7. Track the outcomes of programs not entered into the HMIS, such as the Homeless Veterans Reintegration Program

Between:

PLAINTIFF

AND:

DEFENDANT'S

## SEIZURE BY SHERIFF

This Building and Inventory has been seized by  
**County Sheriff Services**  
under a Writ of Execution.

### As stated in the Writ of Execution:

Under an order of this Court made on the 13<sup>th</sup> day of January, 2013, in favour of the plaintiff, YOU ARE DIRECTED to seize and sell the real and personal property within your county of \_\_\_\_\_ and to realize from the seizure and sale the following .....

Any attempt to enter these premises and/or remove any items without written consent from the Plaintiff or Sheriff may result in criminal charges.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

For further information contact:

Sheriff

## COORDINATED ENTRY

In *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* first published in 2010 by the United States Interagency Council to End Homelessness (USICH), a collaboration of 19 federal partners such as the Veteran's Administration (VA), the Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS) convened to identify a plan to end homelessness nationwide.

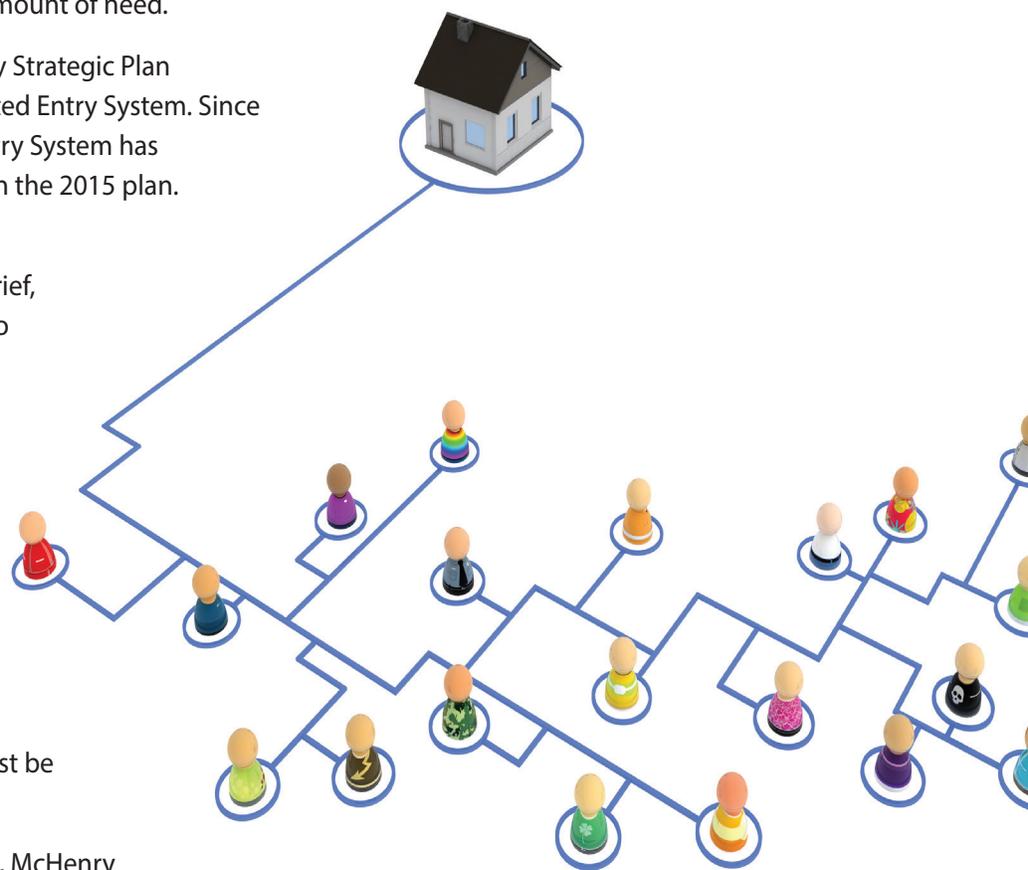
The goals set forth in that document (since amended) are: (1) Prevent and end homelessness among Veterans in 2015; (2) Finish the job of ending chronic homelessness in 2017; (3) Prevent and end homelessness for families, youth, and children in 2020; and (4) Set a path to end all types of homelessness. These goals remain the national priority of cross-sector Federally funded homeless services.

For HUD's role, regulations governing homeless assistance programs were modified to include a required Coordinated Entry System, intended to streamline and equitize access to housing programs and put an end selective acceptance of lower-need clients by funded agencies. The end result of Coordinated Entry is a *by-name-list*, in which individuals and families are assessed and placed on one common list in which those most vulnerable are prioritized for housing based on greatest amount of need.

The original version of this McHenry County Strategic Plan enumerated several goals for the Coordinated Entry System. Since then, the McHenry County Coordinated Entry System has evolved to meet the several goals laid out in the 2015 plan.

The goal of Coordinated Entry is to ensure homelessness in McHenry County is rare, brief, and nonrecurring. The most effective way to ensure this objective is to avoid entry into the homeless service system by means of effective homeless diversion strategies. McHenry County recognizes there is a significant service gap due to limited funding for these programs. As such, increased efforts to coordinate other social service supports, such as food assistance, job training, and health care must be pursued.

During the period this strategic plan covers, McHenry County will incorporate all CoC funded programs, including transitional housing, rapid rehousing, and permanent supportive housing into the objective Coordinated Entry system. Additional plans include the development of a homeless diversion program and utilize the HMIS database and Coordinated Entry System to track effective interventions that prevent people from ever having to enter into the homeless service system.



# Racial Disparity Analysis

On June 4, 2018, the National Alliance to End Homelessness (NAEH) issued data related to the racial inequities identified in the homeless population throughout the United States.

The NAEH report identified startling trends related to the sheltered/unsheltered homeless population in the United States. African-Americans make up 13% of the overall population, but more than 40% of the homeless population. Although a small percentage of the population, American Indians/Alaska Natives, Native Hawaiians, Pacific Islanders and people who identify as two or more races make up a disproportionate share of the homeless population. Latinos make up a share approximately equal to their share of the general population. White and Asian individuals are significantly underrepresented (or non-represented) in the population. Over time, the disparities of populations negatively impacted has tended to have become worse.

Analysis of the tables below would suggest the following:

- The overall homeless population increased over time, as was predicted in the Collaborative applications (see numbers indicated in brackets)
- The population of African-American clients in shelter began as 12 times higher than the representation in the County's population and is now trending at 10 times higher than the representation in the County's population
- The population of African-American homeless clients initially mirrored the 13% figure in the general American population
- White and Asian clients have typically been under-represented in the homeless population, mirroring the NAEH Study
- Latinos initially represented the homeless population in a manner consistent with the County's population, but have seen their population actually decrease over time
- Due to better data collection, there are lower instances of *Unknown* race

The next step would be to evaluate whether there or not permanent housing interventions systemically are demonstrating any levels of inequities. The charts below indicate data similar to the charts above, but instead represents the population placed in permanent housing solutions like Permanent Supportive Housing, Affordable Housing, Rapid Rehousing, and Transitional-Housing – Rapid Rehousing interventions:

October 1, 2016 – September 30, 2017 Population Estimate: 308,760 2010 Census (350)			October 1, 2017- September 30, 2018 Population Estimate: 308,570 2018 ACS (471)			October 1, 2018- August 19, 2019 Population Estimate: 308,570 2018 ACS (238)		
RACE	MCHENRY COUNTY POPULATION	SHELTERED UNSHELTERED POPULATION	RACE	MCHENRY COUNTY POPULATION	SHELTERED UNSHELTERED POPULATION	RACE	MCHENRY COUNTY POPULATION	PH INTERVENTION
White	90.1%	78.0%	White	93.1%	74.9%	White	93.1%	62.6%
African-American	1.1%	13.7%	African-American	1.7%	15.7%	African-American	1.7%	27.3%
Asian	2.5%	1.1%	Asian	3.0%	0%	Asian	3.0%	0.42%
Native American	0.3%	0.6%	Native American	0.5%	1.1%	Native American	0.5%	0%
Other - Unknown	4.3%	5.7%	Other - Unknown	0.1%	6.6%	Other - Unknown	0.1%	0.4%
Two or More Races	1.7%	0.9%	Two or More Races	1.6%	1.7%	Two or More Races	1.6%	2.1%
Latino Ethnicity	11.4%	11.1%	Latino Ethnicity	13.4%	11.9%	Latino Ethnicity	13.4%	19.7%

October 1, 2016 – September 30, 2017 Population Estimate: 308,760 2010 Census (208)			October 1, 2017- September 30, 2018 Population Estimate: 308,570 2018 ACS (200)			October 1, 2018- August 19, 2019 Population Estimate: 308,570 2018 ACS (238)		
RACE	MCHENRY COUNTY POPULATION	PH INTERVENTION	RACE	MCHENRY COUNTY POPULATION	PH INTERVENTION	RACE	MCHENRY COUNTY POPULATION	PH INTERVENTION
White	90.1%	75.5%	White	93.1%	74.5%	White	93.1%	62.6%
African-American	1.1%	16.3%	African-American	1.7%	16.5%	African-American	1.7%	27.3%
Asian	2.5%	0%	Asian	3.0%	0%	Asian	3.0%	0.42%
Native American	0.3%	0%	Native American	0.5%	0%	Native American	0.5%	0%
Other - Unknown	4.3%	5%	Other - Unknown	0.1%	0.5%	Other - Unknown	0.1%	0.4%
Two or More Races	1.7%	0.1%	Two or More Races	1.6%	.02%	Two or More Races	1.6%	2.1%
Latino Ethnicity	11.4%	19.7%	Latino Ethnicity	13.4%	19.5%	Latino Ethnicity	13.4%	19.7%

Analysis of the above tables would suggest the following:

- Organizations have been continuously encouraged to mind their data collection
- Overall, the CoC has seen an increase in the number of Permanent Housing beds, but the pace of the homeless entering the system has been higher
- CoC-funded organizations with Permanent Housing are required to follow their own Affirmatively-Furthering Fair Housing Marketing Plans (AFFHMP); these Plans have been requested since the 2017 Competition
- The data suggests that more affirmative measures have taken place to make permanent housing placements available to African-American clients

Further analysis overall would suggest that the CoC increase its efforts at:

- Deflecting households from entering the system in the first place
- Increasing the availability of affordable housing/permanent housing interventions
- Continuing to require updates to AFFHMP's at least once every two years, with a special focus on affirmative efforts at placements
- Monitoring trends of clients entering the system to ensure interventions are best meetings needs and reducing disparities among the homeless population

In 2012, HUD published the Equal Access Rule guaranteeing all eligible persons are provided equal access to all HUD-funded programs regardless of marital status, sexual orientation or gender identity. The McHenry County CoC embraces these protections for all people, and incorporating policy changes which integrate non-discrimination language and affirmatively protect the values enumerated in the Civil Rights Act & Fair Housing Act.

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**SHELTER**

“  
Overcoming poverty  
is not a gesture of  
charity. It is an act of  
justice. It is the  
protection of a  
fundamental human  
right, the right to  
dignity and a  
decent life.”

Nelson Mandela,  
former President  
of South Africa

## EMERGENCY SHELTER

During the period of time the first Strategic Plan to End Homelessness covered, the majority of emergency shelter beds in McHenry County were operated on a seasonal basis between October 1 and April 30, hosted in rotating faith-based locations, and staffed primarily through volunteers. From May through September there were limited emergency shelter beds. To respond to this context and to meet the goals of reducing how many people enter the homeless system and their length of stay, McHenry County worked toward the creation of a year-round homeless shelter.

Over 30 years ago, concerned residents saw the growing number of people experiencing homelessness, and a band of faith-based organizations joined forces to offer emergency, overnight shelter during the coldest months of the year. This initiative became known as PADS, or Public Action to Deliver Shelter. In 2006, a merger between McHenry County PADS and the Pioneer Center for Human Services occurred, and Pioneer Center took the mantle, and McHenry County PADS became a program of Pioneer Center, where it continued to offer seasonal shelter for the next decade. In 2016, community leaders began to discuss a year round shelter in earnest, and Pioneer Center stepped forward a second time, committed to serving the homeless population and absorbing the daunting task of identifying a location and raising the over \$1,000,000 needed to convert an existing building into a permanent, fixed-site shelter.

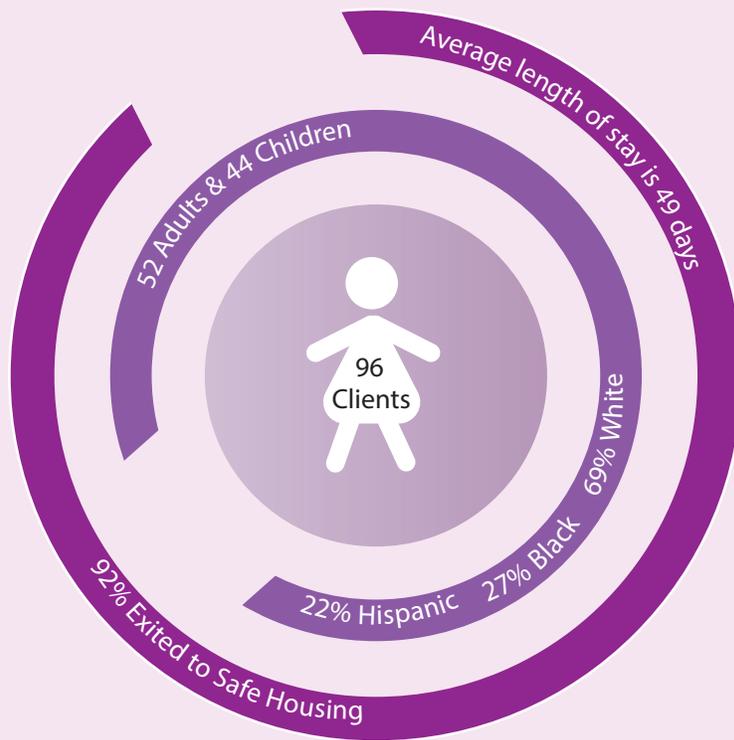
After nearly a year of stakeholder meetings, Pioneer Center had found a faith-based partner, The Chapel, which offered to donate 10,000 square feet of space in their McHenry location to host a 50-70 bed shelter. The first investors in the project were the McHenry County Community Development and Housing Grant Commission, which recommended to the County Board a \$286,382 Community Development Block Grant for infrastructure improvements at the Chapel. In tandem, the McHenry County Mental Health Board saw the opportunity to support the project while also addressing the desperate need for more sober living beds. They invested an additional \$675,000, which allowed for the sale of the existing Pioneer Center homeless day center and transitional housing campus to an organization that would convert the building into a 34 bed recovery home, and more than double the number of sober living beds in the county from 25 to 58. At time of this report's publication, the shelter is scheduled to open in the Spring of 2020.

Turning Point is McHenry County's only Domestic Violence Shelter. They offer programs intended to address the complexities of abuse within the usual safety of one's home or intimate relatives. In accordance with the Illinois Domestic Violence Act, Turning Point never charges for victim services.

During the 2018 - 2019 program year, Turning Point served over 1300 adult victims and 170 children across several programs. Their advocates are specially trained in trauma-informed care and evidence-based Domestic Violence advocacy. All services are offered in English & Spanish. Their hotline responded to over 5 calls a day, totaling 2,132.

In one year, their staff helped survivors file 583 Orders of Protection: nearly 50 every month.

Through a county-wide community awareness program, 9,266 students were educated on anti-bullying and teen dating violence.



## LEARN THE SIGNS OF A VICTIM OF HUMAN TRAFFICKING

Does the person appear disconnected from family, friends, community organizations, or houses of worship?

Has a child stopped attending school?

Has the person had a sudden or dramatic change in behavior?

Is a juvenile engaged in commercial sex acts?

Is the person disoriented or confused, or showing signs of mental or physical abuse?

Does the person have bruises in various stages of healing?

Is the person fearful, timid, or submissive?

Does the person show signs of having been denied food, water, sleep, or medical care?

Is the person often in the company of someone to whom he or she defers? Or someone who seems to be in control of the situation, e.g., where they go or who they talk to?

Does the person appear to be coached on what to say?

Is the person living in unsuitable conditions?

Does the person lack personal possessions and appear not to have a stable living situation?

Does the person have freedom of movement? Can the person freely leave where they live? Are there unreasonable security measures?

## PARTNER ABUSE INTERVENTION PROGRAM (PAIP)

The auxiliary building, which was built adjacent to Turning Point's main facility using funds from a generous Sage Legacy Foundation grant, provides space for the agency's Partner Abuse Intervention Program as well as larger meeting space for meetings and trainings. The increased space allowed Turning Point to dedicate its main facility solely to victims' services and fundraising.

The new building includes four PAIP facilitator offices, two bathrooms, a kitchenette and two group rooms with a retractable wall for larger meetings. At the main facility, the former PAIP space is now used by fundraising staff and includes a work space for volunteers. The basement is dedicated to children's programming space, and the entire main floor of the building is used solely for victims' services and mental health therapy for former victims of domestic violence.

The PAIP program provides education to adults who are abusive or are at risk of abusing their partners or family members. The program centers around a 26-week curriculum focused on perpetrator accountability and healthier responses to anger. 180 participants have benefitted from the Partner Abuse Intervention Program to date.



1-800-199-1233

## TRANSITIONAL HOUSING

Through research and the emergence of newer housing and service models, McHenry County has completely reallocated its CoC housing portfolio to have only projects with a permanent housing component. This includes Permanent Supportive Housing and Transitional Housing – Rapid Rehousing, a newer program model that combines the important transitional shelter component with Rapid Rehousing rental assistance.

McHenry County has a history of transitional housing that has been effective and continues to evolve based on best practices including shorter length of stay and focused case management. In order to create the right mix of housing types for those within the homeless system and to promote housing stability and success, McHenry County has incorporated the new joint transitional housing and rapid rehousing program.

## RAPID REHOUSING

Rapid Rehousing is best used with a Progressive Engagement model of case management. In this application, assistance is offered gradually and increases only as the client needs require additional support. Most cases of homelessness are considered episodic -- a result of a one-time crisis and frequently can be ameliorated within a brief period of time with limited engagement in the homeless response system.

## SYSTEM COLLABORATIONS

Turning Point provides Emergency Shelter and crisis response services for victims of Domestic Violence. But after the trauma of abuse and the whirlwind of the criminal justice system, survivors face the daunting task of rebuilding their lives. Through partnerships with other homeless service providers, households are able to access affordable housing with ongoing “aftercare” supportive services. One such partnership exists between Turning Point and Home of the Sparrow, an organization with a robust offering of agency-owned affordable housing and access to multiple programs that provide employment training, finance and budgeting skills, mental health care, and provision of every day necessities such as clothing and household furnishings.

# Keys to Success: Home of The Sparrow Affordable Housing Programs

**Transitional Shelter-Rapid Rehousing Program (Homelessness to Housing)** is a hybrid program that assists clients identified for success by moving them from the Transitional Shelter Program to permanent housing within 30 days of Shelter entry. Case management services will continue for as long as needed. The shelter serves approximately 100 individuals each year of which 22 individuals have been placed in the Rapid Re-Housing component of this program. The joint Transitional Shelter & Rapid rehousing program has a very high success rate of 95% of those who exit enter permanent housing.

**Subsidized Apartment Program** is designed for shelter graduates who need time to build skills and resources required for independent living while continuing to receive services offered in the Transitional Shelter Program can move into one of three Home of the Sparrow owned units. Outcomes of this program are an impressive 100% of households exit to permanent housing.

**Rapid Rehousing Program** provides community based rental assistance for 4-6 months and case management services for clients who need short-term assistance to remain independent in the community. During the last federal fiscal year, 55 individuals were served. The prior year saw 59 individuals served and 95% remain housed after one year.

**Affordable Housing Program** is available to those whose income is at or below 50 percent of the area median income. Home of the Sparrow owns 26 units of scattered site affordable housing units. In 2019 there were 75 individuals in the program.





Great programs begin with thoughtful planning. To that end, the McHenry County Continuum of Care is joining Community Solutions, a collaborative of communities across the United States and Canada that employs effective methodology designed to match available affordable housing stock with the anticipated inflow of newly homeless with the outflow of individuals exiting the homeless system into stable, permanent housing. The goal is attainment of *functional zero*, or at any one time having enough housing to accommodate need. With the tools offered in the *Built for Zero* initiative, and continued hard work, **we can end homelessness**, one person at a time.

# Built For Zero.

COMMUNITY  
SOLUTIONS

## 2019-2022 McHenry County Continuum of Care to End Homelessness (CoC) Prioritization and Ranking Policy

1. To be eligible for prioritizing and ranking, all projects – new and renewal – must pass all facets of the application evaluation process including:
  - a. All projects must meet all HUD eligibility criteria
  - b. All projects must be HEARTH & CoC regulation compliant
  - c. All projects must meet the application deadlines, as set by the McHenry County Continuum of Care to End Homelessness
  - d. All projects must meet criteria outlined in the Notice of Funding Availability (NOFA)
2. As a general rule, the CoC Planning project (funding for the Collaborative Applicant to carry out planning activities on behalf of the CoC) and Unified Funding Agency (UFA) costs, if available, will not be included in the ranking. CoC planning funds will not detract from direct service/housing funds. The Collaborative Applicant/UFA is determined prior to the annual CoC Registration that commonly will begin in January annually.
3. On an annual basis, local needs will be established through the use of the McHenry County Strategic Plan to End Homelessness as well as through the annual HUD NOFA to establish a Ranking/Scoring rubric for use in the annual Competition for funding.
4. The Ranking/scoring rubric emphasizes projects that promote the HEARTH Act goals of ending homelessness and HUD's policy priorities as outlined in the NOFA. Measures that reflect HUD's expectations regarding project performance review, as outlined in the FY19 NOFA, are considered. Annual Performance Reports, when available, are used to measure project outcomes and performance.
5. The Ranking/Scoring rubric will be authored and placed out for public comment for a period of at least seven (7) calendar days. An open meeting will be held to review the Ranking/Scoring rubric during the public comment period. There will be a Ranking/Scoring rubric for renewal projects and a separate Ranking/Scoring rubric for projects that have not yet submitted an Annual Performance Report (APR).
6. The Homeless Management Information System (HMIS) and the Coordinated Entry (CE) projects shall always be placed within the Tier 1 of project ranking as they are required program components.
7. The remaining project applications will be ranked according to the established rubric in numerical descending order based on their scores, and may include some or all of the following factors in addition to newer factors:
  - a. System Performance Measures
  - b. Housing Stability
  - c. Increasing or Maintaining Income
  - d. Length of Stay
  - e. Access to and enrollment in mainstream benefits
  - f. Housing First model of service and housing delivery
  - g. The extent to which the project serves sub-populations
  - h. Cost effectiveness
  - i. Severity of Service needs of clients served during program year
  - j. Utilization Rates of beds
  - k. Spend-down of funding, if a renewal
  - l. Attendance at Full CoC Board meetings

8. All new project applications for new, first-time renewal, or bonus permanent housing dollars (PSH, RRH and TH-RRH) will be evaluated by the CoC Ranking Workgroup using the more limited Ranking/Scoring Rubric evaluation tool that is similar to the one used for renewal projects, but will be based on proposed numbers of clients served (meaning there will not be a score for past performance as there will not be past performance).

A project presentation will glean the organization's capacity to carry out the project based on the proposed figures. New project applications for permanent housing bonus dollars will be most competitive if they align with HUD policy priorities, demonstrate the organizational capacity to administer federal grant funds, are able to serve households or individuals effectively, demonstrate a clear understanding of best practices in the delivery of the program model (PSH, RRH and TH-RRH), and adopt a housing first model of service delivery. New applicants must meet HUD's minimum thresholds.

9. All new or bonus permanent housing projects will be ranked competitively with renewal projects to ensure the most effective use of CoC resources allocated to McHenry County
10. Bonus funding is available from time to time in the CoC Competition and is commonly targeted to a specific population or intervention. To the greatest extent possible, the CoC should have a project applicant for bonus funding.

On an annual basis, the severity of need for the bonus project should be taken into consideration when mapping out the Ranking/Scoring rubric. If the bonus is determined by the CoC to be a low priority, and the bonus project would be removed from the ranking and separately funded, then the bonus will be placed in last place in the competition. If the bonus project is determined to be low priority, and would potentially rank within the competition, then it should be scored accordingly.

11. All projects will require a presentation to the Ranking Workgroup. The Ranking Workgroup shall score project applicants on their presentations and on responses to Workgroup questions. The presentation score will vary annually and is based on a series of questions that are developed annually along with the Ranking/Scoring workgroup. This allows for the CoC to gain a better understanding of the effectiveness of the housing and service models being proposed and could potentially alter the final objective ranking of projects.
12. If allowable through the competition, organizations with similar renewal project types may combine these together for streamlining purposes. This will require the organization to submit both renewal projects and a new combined project so as to determine where in the ranking the project would fall.
13. Organizations must submit all project applications in E-snaps by the timeline established by the Collaborative Applicant. Failure to meet this timeline will result in a rejection of the project application.
14. Project applicants should view the annual submission of projects as a competition with no guarantee of new or renewal funding.
15. Permanent Supportive Housing and Rapid Rehousing Projects, including the Transitional Housing – Rapid Rehousing Component, shall compete equally in the CoC Competition unless the following occurs:
  1. With a baseline of XX for FY 2018, the number of systemwide chronically homeless individuals increases by 15%, then PSH projects shall be entitled to a 10% addition in points in the competition.
  2. With a baseline of XX for FY 2018, the total number of systemwide unhoused individuals (meaning sheltered or street homeless) increases by 15%, then RRH projects shall be entitled to a 10% addition in points in the competition.
  3. If both criteria are met, Rapid Rehousing and Permanent Supportive Housing shall compete equally in the following competition.

The following shall apply to funding recommendations for the Emergency Solutions Grant (ESG) Program:

1. The State of Illinois acts as the grantee for this program. The McHenry County Continuum of Care to End Homelessness shall follow the Policies and Procedures for the ESG Program established by the State of Illinois with the addition of local policies.
2. In any given grant year, McHenry County may receive its own formula allocation of ESG pursuant to 24 CFR 576. Should the County be notified of impending receipt of ESG, the following shall apply:
  - a. The County will establish a parallel allocation process through which funding recommendations are made by the CoC and ultimately approved by the McHenry County Board.
  - b. The County's five year Consolidated Plan will be updated to approve the addition of ESG activities to the Plan pursuant to McHenry County's Citizen Participation Plan.
  - c. ESG projects will be required to be consistent with the County's Consolidated Plan.
  - d. The County will initiate a subrecipient agreement with each organization funded under its ESG allocation and separate from the State of Illinois allocations.
3. Currently, a 60/40 split of activities are required under the ESG allocation. This means that at least 40% of the activities must be some form of Rapid Rehousing allocation. The CoC shall advocate to eliminate this requirement.
4. On an annual basis, the State of Illinois will notify CoC's of project types that will be ineligible for the program year. Should the County receive its own allocation of ESG, any activity eligible under the 24 CFR 576 and associated regulations will be considered for funding, pursuant to a scoring methodology to be established within 30 days of the notice of receipt of ESG funding.
5. Pursuant to 24 CFR 576, a transitional shelter that was funded as an emergency shelter in the 2010 ESG Program may be considered for emergency shelter funding. This is subject to change should regulations be modified to exclude such projects.
6. The CoC shall establish the following Ranking/Scoring rubrics for Rapid Rehousing and Emergency Shelter and Operations projects:
  - a. Average length of stay in shelter before exit or average length of time until a client is placed in Rapid Rehousing. Projects will automatically receive 20 points. Based on the annual CoC target for reduction in the length of time, project will score bonus points for the % of reduction in length of time or will lose points for an average length of time that is higher than the annual target. For example, if the target is 90 in shelter and the average 81 days, there is a 10% improvement and the project will be allocated 20 points plus a 2 point bonus for a total of 22 points. If the average was 99 days, the project is 10% over the target and would be score 10% less, or 18 points.
  - b. Improvements in living situation - 20 points – exit to better outcome for shelter and maintain housing with RRH. Using the annual targets set forth in the Plan, project is scored on a scale based on the target.
  - c. Timely data entry - 10 points – standard set to 14 days and points awarded in the average length of stay. If 14 days is exceeded, organization will lose points but can obtain more points if beating the 14 day target.
  - d. HMIS data field completion - 10 points - Project is awarded 10 points with a deduction based on the percentage of missing fields.
  - e. Percentage of clients obtaining benefits - 10 points – % of people with at least on benefit – score on a scale and tethered to the annual goal.
  - f. Percentage of income improvement – using overall income - 20 points maximum - % with overall income, also tethered to the annual goal for this measure.
  - g. Oral Score – 10 points – based on review of entry and exit policies as well as interview questions related to ESG regulations and community needs.
7. Project participants are strictly limited to a total of 24 months of rental assistance in a lifetime with a maximum cost of \$18,000. Project participants may continue in service-based projects and in shelters with no limitation.
8. In efforts to reduce the length of stay of clients, funding recipients shall not deliberately exit clients from shelter or services without due cause.

## **SOCIAL DETERMINANTS OF HEALTH**

According to the Center for Disease Control, social determinants of health are, “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” A person’s sense of security and well-being are greatly influenced by the quality of their environments, and extreme poverty has a significant influence on health outcomes.

For example, exposure to the elements leads to frost bite and impaired mobility. Poor nutrition impairs growth and cognitive ability. Substandard housing invites pests and environmental dangers like lead-based paint and overcrowded conditions. Understanding the relationship between environment and quality of life is fundamental to homeless service provision and overall community resilience.

## **PERMANENT SUPPORTIVE HOUSING**

Permanent Supportive Housing is reserved for individuals with the greatest stabilization needs who would benefit from subsidized housing with case management and in-home supportive services. To qualify for this advanced level of care, individuals placed in Permanent Supportive Housing must have a disabling

condition verified by a qualified healthcare provider. Disabled individuals that have have experienced homelessness for at least a year are considered “chronically homeless” and are often prioritized for this level of support.

According to a report released by the United States Interagency Council on Homelessness, the “social costs” attributed to chronically homeless, that is emergency room visits, treatment facilities, inpatient psychiatric admissions, etc, average upwards of \$50,000 a year. Providing stable, supportive housing reduces that figure to less than half – on average a year of housing with case management and stabilization serves cost approximately \$20,000 per person.

## **SERIOUS & PERSISTANT MENTAL ILLNESS**

In the last decade, the specter of mental illness has been challenged as society has recognized the debilitating effects of post traumatic stress disorder, anxiety, and major depressive disorder. Individuals experiencing homelessness report higher than average rates of mental illness, and the chronically homeless often have serious conditions that impair their ability to self-sustain.

In McHenry County, Thresholds is the largest provider of permanent

supportive housing for the seriously mentally ill. Their approach is geared toward developing natural supports and building on one’s strengths and protective factors. Interventions are provided primarily in natural settings, such as the home, or anywhere in the community, by well-trained and supervised clinicians.

## **TREATMENT MODELS**

Assertive Community Treatment (ACT)

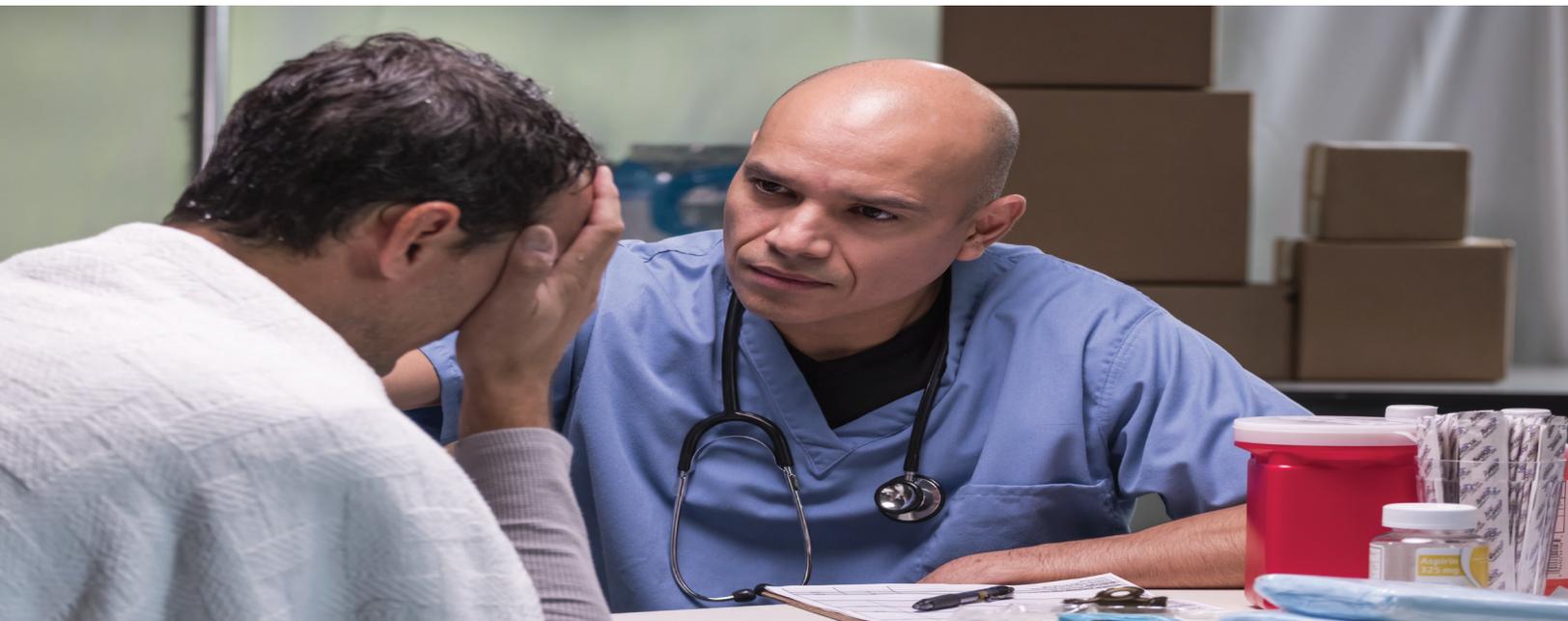
ACT is the highest level of care and typically serves individuals diagnosed with Bipolar Disorder and Psychotic Disorders that present with complex needs that require significant coordination and more frequent interventions.

Community Support Team (CST)

CST is the middle level of care; serving those with co-occurring substance use disorders and significant medical concerns. Individuals require a minimum of one face-to-face visit with their clinical team per week due to the severity of their needs.

Community Support Individual (CSI)

CSI is the lowest level of care. Patients require support in the community in order to maintain functioning and stability, but do not require as frequent or intense interventions.



A close-up photograph of a person's hand holding a black, house-shaped patch. The patch has a white outline and contains the text "I NEED A HOME" in white, uppercase, sans-serif font. The hand is positioned behind the patch, with fingers visible on the left and right sides. The background is dark and out of focus.

I NEED  
A  
HOME

# Performance Goals

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25% of Emergency Shelter exits and 70% of Transitional Housing exits are to permanent housing

---

75% of Households utilizing rapid rehousing will remain stably housed 6 months after move-in and 70% will remain stably housed one year after move-in

---

75% of Permanent Supportive Housing placements will maintain stable housing or exit to other permanent housing solutions

---

10% decrease in newly homeless individuals or households every year over three years

---

15% decrease in length of time spent homeless in Emergency Shelter or Transitional Shelter every year for three years

---

2% or less than all permanent housing placements will return to homelessness within two years of program exit

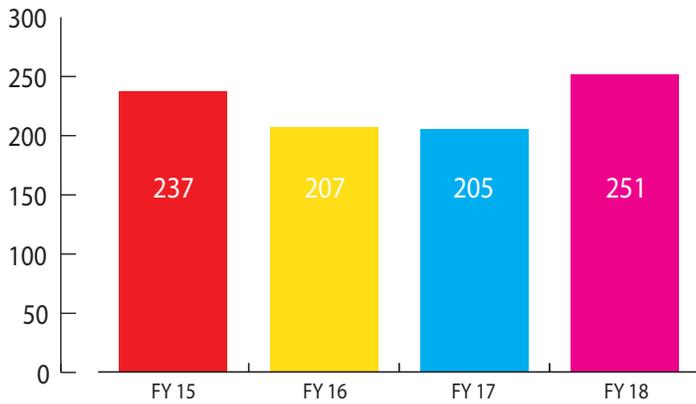
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10% of program participants will sustain or improve earned income and 50% will sustain or improve mainstream benefits

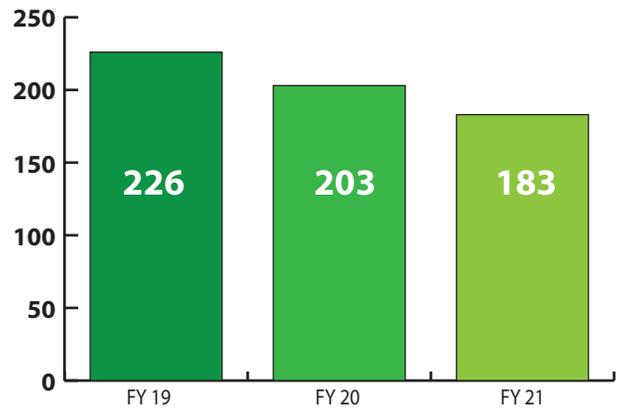
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Rare.

**SYSTEM PERFORMANCE METRIC 2  
NUMBER OF NEWLY HOMELESS**

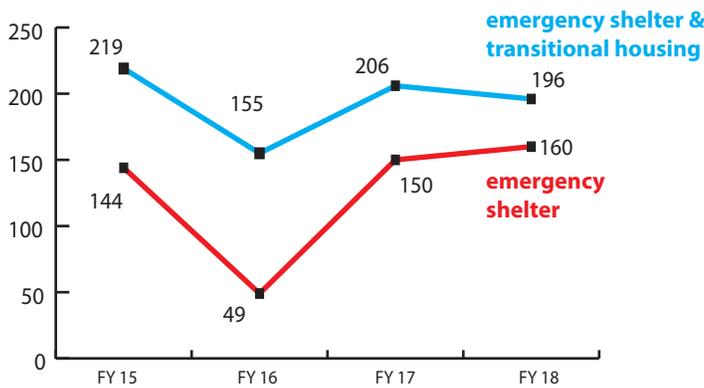


**GOAL FOR NEXT THREE YEARS  
10% DECREASE EVERY YEAR**

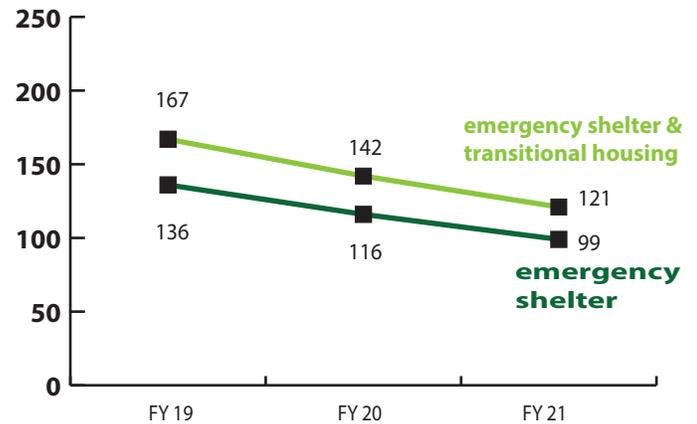


Brief.

**SYSTEM PERFORMANCE METRIC 1  
LENGTH OF TIME HOMELESS  
(days)**

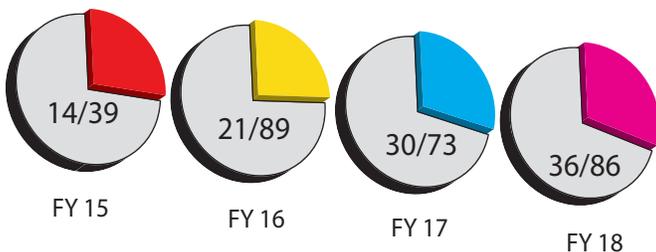


**GOAL FOR NEXT THREE YEARS  
15% DECREASE EVERY YEAR**



Nonrecurring.

**SYSTEM PERFORMANCE METRIC 5  
INCOME IMPROVEMENT**

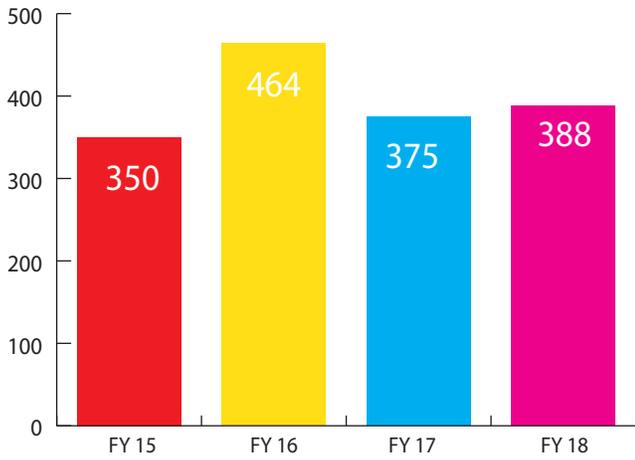


Number of adults exiting program with improved income (earned & unearned)  
\* CoC funded projects only

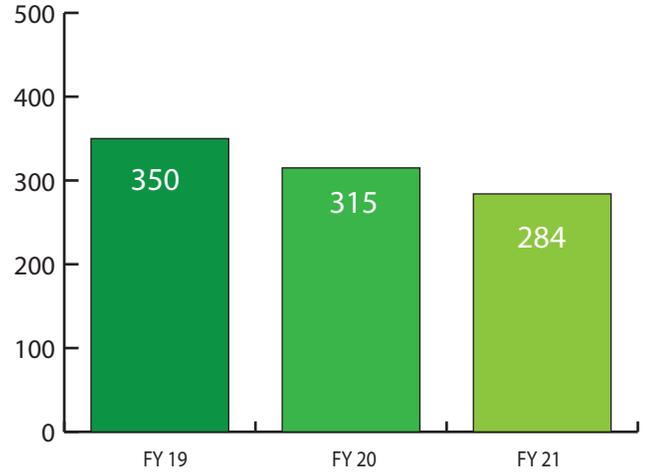
**GOALS FOR NEXT THREE YEARS**

- 
**PROGRAM PARTICIPANTS WILL SUSTAIN OR IMPROVE EARNED INCOME**  
 2019 - 20%    2020 - 24%    2021 - 28%
- 
**PROGRAM PARTICIPANTS WILL SUSTAIN OR IMPROVE OVERALL INCOME**  
 2019 - 50%    2020 - 55%    2021 - 59%
- 
**PROGRAM PARTICIPANTS WILL SUSTAIN OR IMPROVE MAINSTREAM BENEFITS**  
 2019 - 50%    2020 - 55%    2021 - 60%

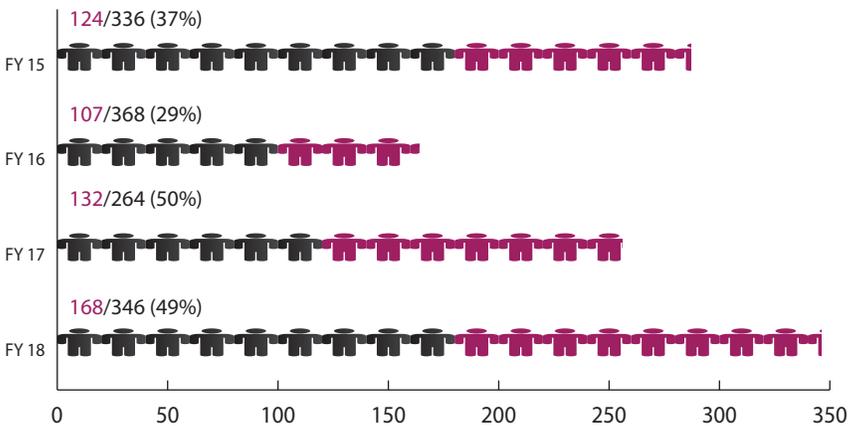
SYSTEM PERFORMANCE METRIC 6  
REDUCTION IN NUMBER OF PEOPLE HOMELESS



GOAL FOR NEXT THREE YEARS  
10% DECREASE EVERY YEAR



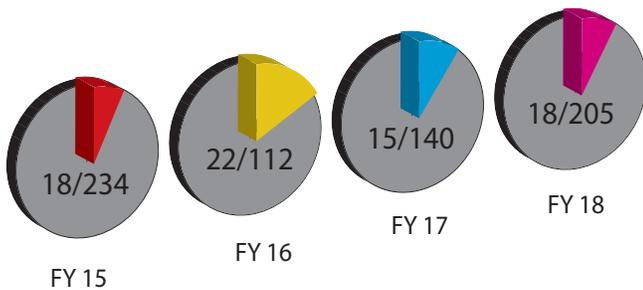
SYSTEM PERFORMANCE METRIC 3  
NUMBER OF EXITS TO PERMANENT HOUSING



GOALS FOR NEXT THREE YEARS

- 25% of emergency shelter exits will be to permanent housing
- 70% of transitional housing exits will be to permanent housing
- Develop 8 units of safe haven (low-demand) housing
- Develop 4 units of housing for ex-incarcerated individuals
- Maintain 12 "Moving On" Housing Choice Vouchers
- Develop or maintain 75 units of affordable housing (over 3 years)
- Develop 36 new Permanent Supportive Housing units (over 3 years)
- Provide 100 households rapid rehousing & tenant based rental assistance (over 3 years)

SYSTEM PERFORMANCE METRIC 4  
RETURNS TO HOMELESSNESS

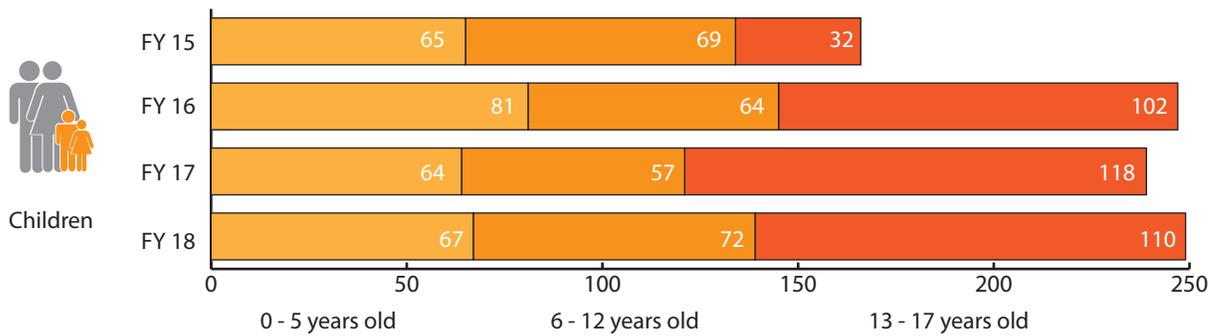
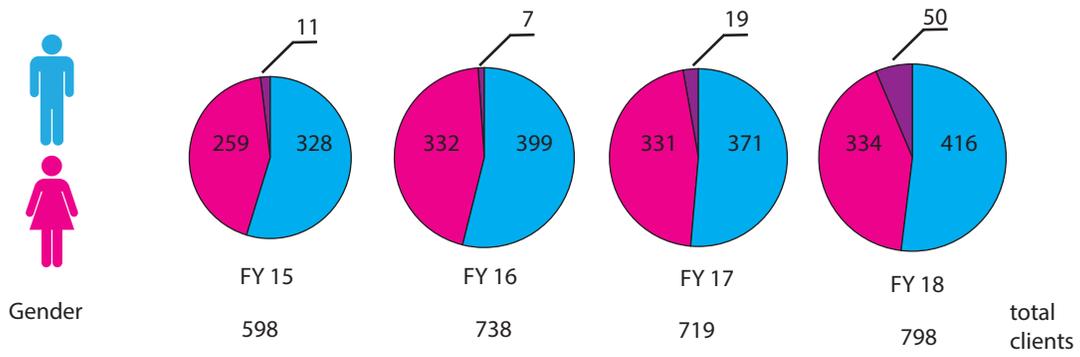


Number of exits to permanent housing that returned within 2 years of move-in  
\* CoC funded projects only

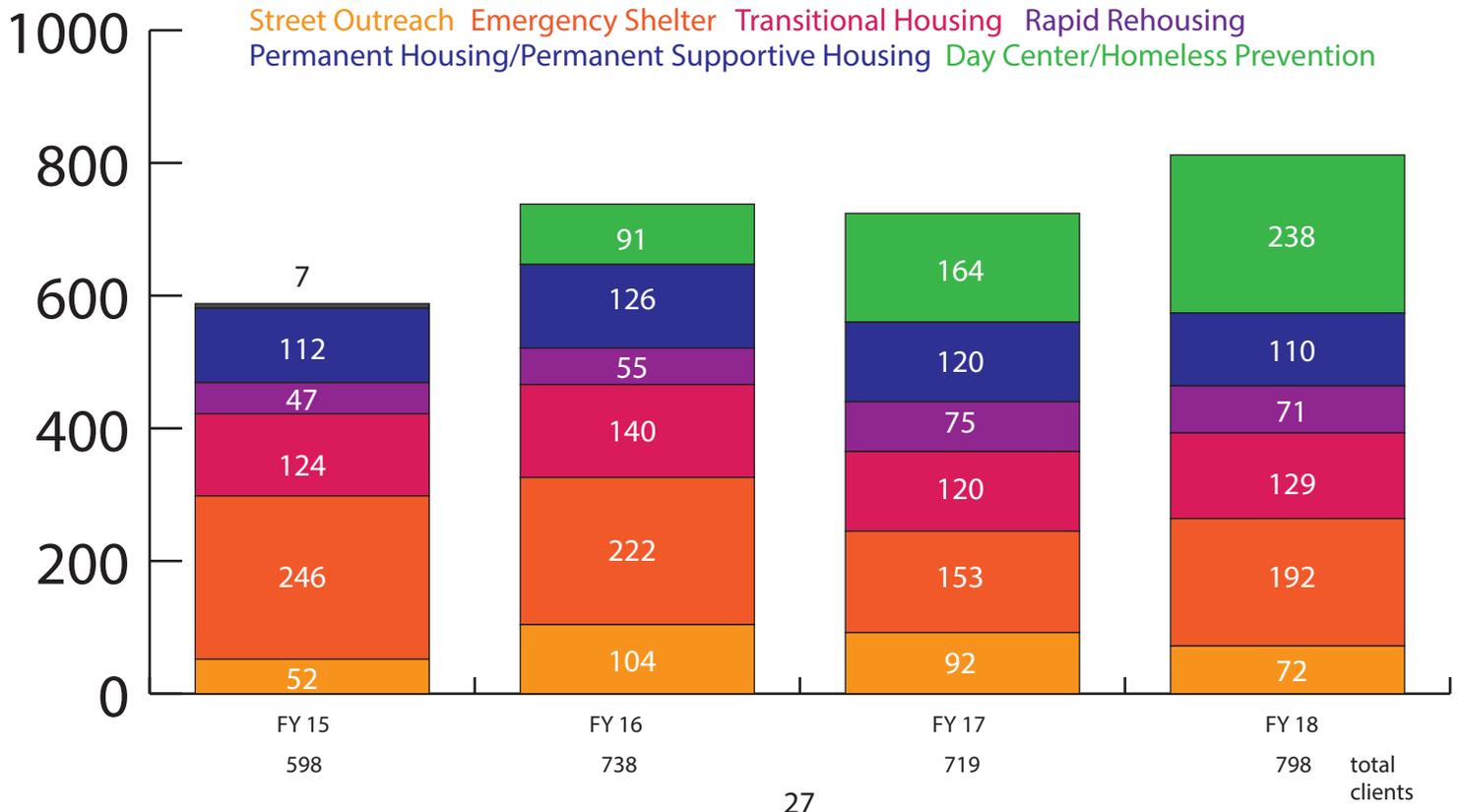
GOAL FOR NEXT THREE YEARS

- 2% OR LESS OF ALL PERMANENT HOUSING PLACEMENTS WILL RETURN TO HOMELESSNESS WITHIN 2 YEARS OF PROGRAM EXIT
- 75% OF RAPID REHOUSING PLACEMENTS WILL REMAIN STABLY HOUSED 6 MONTHS AFTER MOVE-IN
- 70% OF RAPID REHOUSING PLACEMENTS WILL REMAIN STABLY HOUSED 12 MONTHS AFTER MOVE-IN

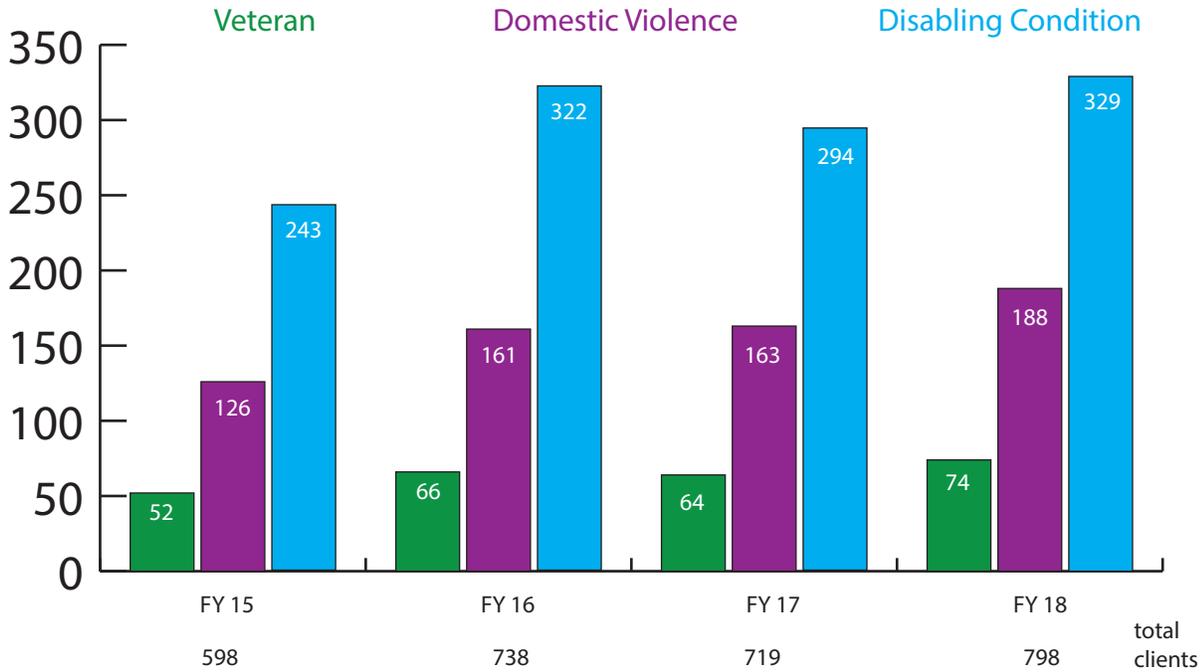
# DEMOGRAPHICS | HOMELESSNESS IN MCHENRY COUNTY 2015 - 2018



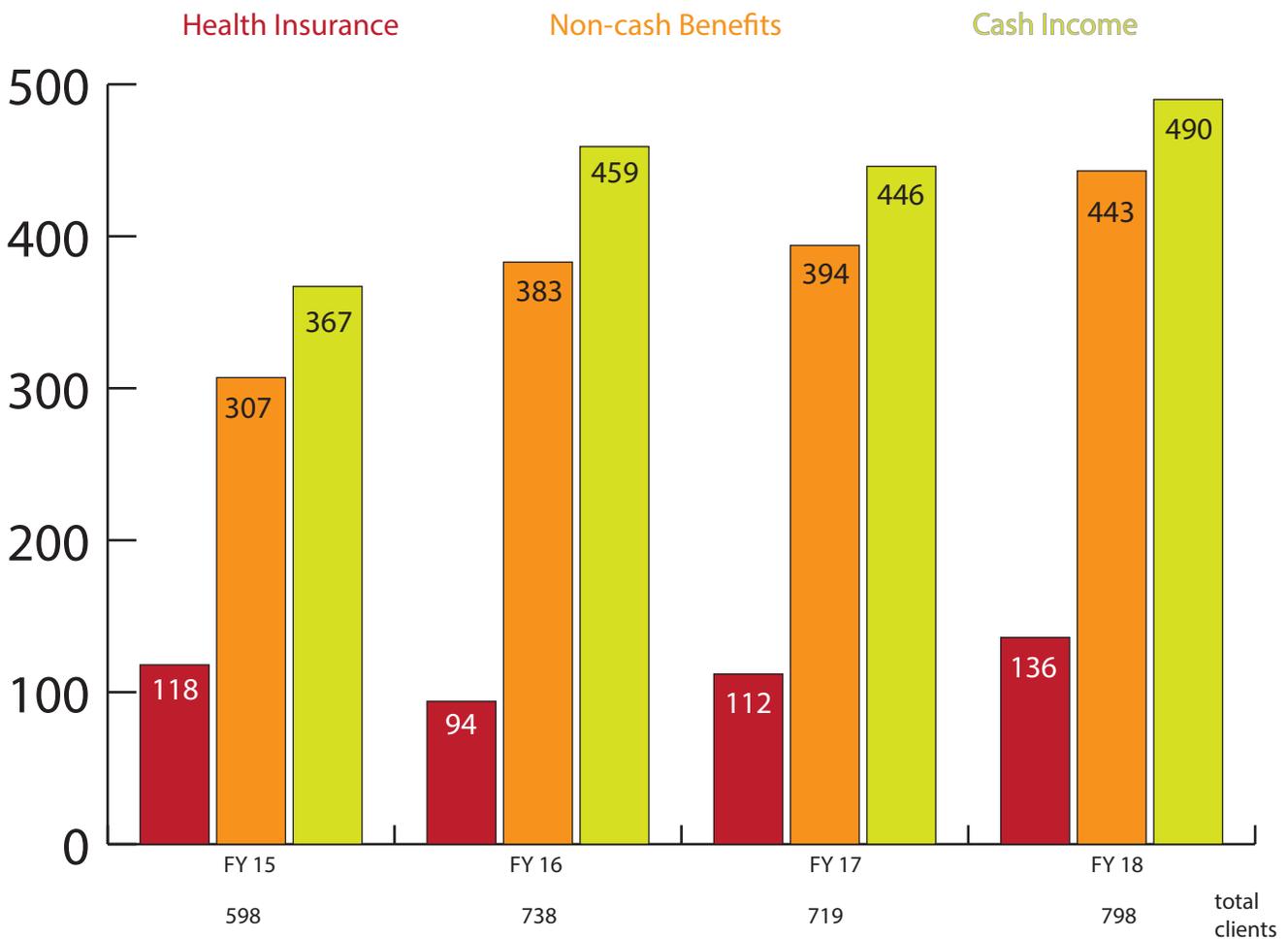
## Clients served by program type



# DEMOGRAPHICS | HOMELESSNESS IN MCHENRY COUNTY 2015 - 2018



Clients reporting NOT receiving the following income & benefits at program entry



# Veteran Homelessness

TLS Veterans serves the northwest suburbs of Chicago, including McHenry County Veterans experiencing homelessness. They are staffed primarily by veterans and those with first-hand connections to those who have served or currently are serving, and offers a compassionate, skilled response to many who have difficulty asking for help.

TLS Veterans offer a variety of programs such as the Veteran Community Action Team, delivering furniture, food, and household items to re-housed veteran families; the Outdoors Program, offering therapeutic outdoor experiences with veterans and their families; and Legacy Corps for Veterans and Military Families which provides caregiver respite for veterans and military families.

In the last federal fiscal year, October 1, 2017 - September 30, 2018, TLS served 39 individuals in their Transitional Housing Program, funded through HUD and the Veterans Administration's (VA) Grant Per-Diem homeless program. Newly implemented Rapid Rehousing, Tenant Based Rental Assistance, and Permanent Supportive Housing programs provide an estimated ten households the resources and support to move back into stable housing.

TLS Veterans provides on-site case management to veterans placed in housing developments with veteran dedicated project based housing vouchers.

304 individuals were provided peer-support and homeless prevention services. 133 individuals benefitted from the on-site and mobile food pantry.

**The Homeless Veterans Reintegration Program (HVRP)** is funded through the Department of Labor and focuses on employment training and services intended to connect veterans with gainful employment in high-demand fields. TLS Veterans has served 60 homeless Veterans through this program during the last fiscal year.

**The Supportive Services to Veteran Families Program (SSVF)** is funded through the Veterans Administration (VA). It is a housing and stability program that provides both homeless prevention, in the form of rental assistance and support, or rapid rehousing for Veterans residing in a place not meant for human habitation. TLS Veterans provided homeless prevention assistance to six households and rapidly rehoused 17 households.

Ending Veteran homelessness is national priority, and McHenry County is dedicated to working to that goal in our community. Through the Built for Zero collaborative, the McHenry County Continuum of Care will have access to resources and tools designed to perform a comprehensive needs analysis and housing stock survey and measure available resources to current demand.

VA



U.S. Department of Veterans Affairs



“

It's about how we treat our veterans every single day of the year. It's about making sure they have the care they need and the benefits they earned when they come home. It's about serving all of you as well as you've served the United States of America.

”

## I. COC REALLOCATION PROCESS

- A. Under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH), the HUD reallocation process allows Continuums of Care (CoC) to fund new projects by transferring all or part of funds from any existing CoC grant which is eligible for renewal into a new project.
- B. On an Annual basis, both HEARTH CoC Regulations and the current Notice of Funding Availability (NOFA), should be reviewed to determine if a reallocation project can be funded. Most commonly, this includes, but is not limited to:
  - The reallocation project is for permanent housing (permanent supportive housing for chronically homeless, rapid re-housing for families or individuals coming from the streets or shelters), dedicated HMIS project, SSO project for coordinated entry, construction or rehabilitation of a facility to expand existing eligible CoC activities (if permitted by HUD), or the Transitional Housing-Rapid Rehousing hybrid project.
  - The reallocation project meets all of HUD's threshold requirements
- C. The McHenry County Continuum of Care to End Homelessness will reallocate funds granted through HEARTH CoC programs as needed to more effectively confront homelessness, help households achieve stable housing and improve CoC performance. Namely, McHenry County is seeking to significantly reduce the population of homeless individuals as quickly as possible.
- D. CoC program funds may be reallocated either by a voluntary process or by a competitive system transformation process.

## II. COMPETITIVE REALLOCATION

- A. The annual NOFA will be considered an annual competition with no promise of continual funding.
- B. If a project is deemed to be low performing by scoring poorly in the project scoring process and/or having unsatisfactory project performance outcomes, the CoC Collaborative Applicant, Ranking Workgroup, and the CoC reserve the right to reallocate funding and make it available through a competitive process.
- C. The CoC Collaborative and Ranking Workgroup may initiate a competitive system transformation process due to a renewal grantee ending a CoC program.
- D. As part of the pre-bid process for renewal projects, applicants may be required to supply cursory information, data, and outcomes so that the CoC Collaborative Applicant can determine if each renewal project will meet the minimum threshold requirements. However, the submission of a project application in e-Snaps by the established timeframe would be the most common methodology for obtaining this information.
- E. If the CoC Collaborative Applicant determines that a renewal project does not meet minimum threshold requirements, the Ranking Workgroup will recommend whether or not funds should be released for a competitive reallocation process. The following process will be followed:
  1. Due to the time constraints involved in grant applications, voting may be handled via conference call, e-mail or web site communication.
  2. Any member of the Ranking Workgroup or CoC receiving funding through the CoC programs shall recuse him or herself from the deliberation process.
  3. The CoC Lead Agency and Ranking Workgroup will recommend rejection of the renewal application for any agency that does not meet the minimum threshold requirements.
  4. All Ranking Workgroup and CoC deliberations will be documented in meeting minutes.
  5. If any renewal projects' application is rejected, the funds that were allocated to that project will be released as new funds and agencies will have the opportunity to be allocated said funds. Any organization submitting a project concept or application that is rejected will be notified in writing by the data set by the CoC Lead Agency/Collaborative Applicant.

## III. VOLUNTARY REALLOCATION PROCESS

- A. CoC grantees are able to self-nominate to voluntarily reallocate CoC-funded renewal funds to create new projects. Depending on the HUD NOFA and Ranking/Scoring rubrics in effect, this may result in a higher score and the ability for the organization to receive the reallocation.
- B. A grantee seeking the ability to reallocate funding through the Voluntary grantee-self-nominating process must do so in accordance with the timeline set by the CoC Collaborative Applicant in that year's application process and complete a new project application by the deadline set by the CoC Collaborative Applicant in order to be eligible.
- C. The CoC Ranking Workgroup will review the applications and make determinations regarding the acceptance and ranking of the proposed project.
- D. If the new project meets HUD's CoC funding priorities, local needs, and is an eligible reallocation project type under the NOFA, the applicant will be given the opportunity to be considered under the scoring mechanisms for the new project.
- E. If the new project does not meet HUD's CoC priorities, local needs, is an ineligible project type, or does not request the full grant amount awarded to the existing project, the funds either in total or in part not covered by the request, will be available for other eligible projects under the Continuum of Care funding process.
- F. First-time renewal are treated as new applications due to the lack of outcomes on the first year of award. Funding of a new project should be considered a de facto two year commitment. The Ranking Workgroup shall make every effort to strongly consider a renewal to commit to a second year of funding in order to obtain outcome measures for the project.

## IV. NEW AND/OR BONUS FUNDING

- A. Projects, whether new or renewal, shall be scored in a capacity that allows for new or bonus projects to compete with renewals in McHenry County's efforts to most effectively confront homelessness. If an organization voluntarily agrees to forfeit its award, the funding for this project population type will strongly be considered for funding to an alternate agency capable of carrying out similar activities.

# McHenry County Housing Inventory Count Reported to HUD for the 2019 Annual Homeless Assistance Report (AHAR)

This is not a comprehensive list of all  
housing available to McHenry County clients;  
It is the units tracked in the  
Homeless Management Information  
System Database (HMIS) and uploaded to  
HUD for the Annual Homeless Assessment Report

\*Reported as beds available on any given night

## ***Emergency Shelter***

Pioneer Center/PADS (Public Action to Deliver Shelter)  
seasonal beds provided by local faith-based locations from  
October 1 - April 30 every year: 40

Pioneer Center Emergency Sleeping Rooms: 12

Pioneer Center Runaway & Homeless Youth: 60 nights of  
shelter to children under the age of 18

Turning Point Domestic Violence Shelter: 20

## ***Transitional Shelter/Housing***

Home of the Sparrow: 24

TLS Veterans: 21

## ***Rapid Rehousing***

Home of the Sparrow: 55

TLS Veterans: 2

## ***Permanent Supportive Housing***

Thresholds: 22

Pioneer Center: 13

TLS Veterans: 2

## ***Affordable Housing (non CoC funded)***

Home of the Sparrow: 71

## ***Tenant Based Rental Assistance (non CoC funded)***

Home of the Sparrow: 12

TLS Veterans: 8

# Trends Analysis | Stella

The McHenry County Continuum of Care to End Homelessness has long understood the value of reviewing objective information to make quantitative and data-driven decisions. Over time, this has led to the desire to gain a better understanding of what interventions clients are using and which interventions are the most effective in a particular client situation.

In Federal Fiscal Year 2018, the United States Department of Housing and Urban Development transcended from using a report known as an Annual Housing Assessment Report (AHAR) to a Longitudinal System Analysis (LSA). The purpose of this change was to better correlate client level data into more comprehensive and detailed reporting. Like the AHAR, the LSA is submitted annually from data provided in the Homeless Management Information System (HMIS). A resultant reporting mechanism of the LSA is the data visualization module known as Stella.

The System Performance Map in Stella provides a way for a CoC to understand how households use different combinations of project types, or pathways, during the time they are served in the homeless system. Using the pathway concept, the System Performance Map visually presents performance data for the main pathways in the homeless system, as well as overall system-level data, such as average days homeless, exits to permanent housing, and returns to the homeless system.

A pathway is the combination of project types that a household uses before it exits the homeless system and, ideally, enters permanent housing. Pathways are helpful to demonstrate the combination of project types that households use within a community's homeless response system and how effective those combinations are at resolving homelessness.

Moving forward, the CoC will have an improved method of:

1. Understanding how its system is performing
2. Model an optimized system that full addresses homelessness
3. Identifying how individuals move through the homeless system
4. Highlighting outcome disparities in the system
5. Developing the annual Ranking/Scoring Rubric



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