

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: IL-514 - DuPage County CoC

1A-2. Collaborative Applicant Name: Du Page, County Of

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Du Page, County Of

1B. Coordination and Engagement–Accountable Structure and Participation

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1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	No	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Nonexistent	
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	No	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	4

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	4
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	0
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

A.The CoC conducts and communicates a transparent CoC membership process with an open invitation made publicly available on its website <https://dupagehomeless.org/>. Under “Helping the Homeless” in the section “Continuum Overview” there are tabs “To Join the Continuum,” “Membership Process,” and “Membership.” CoC membership consists of both Individual and Organizational memberships. Members may choose to be a part of the CoC General membership or be active on one or more of the CoC’s eight standing committees or subcommittees. Application for membership is inclusive and open year-round. New members are encouraged to complete a CoC interest form and return it by mail, email, or fax. A phone number is provided in the “Contact Us” section of the CoC website if prospective members have further questions. Invitations to attend the bi-annual Full Continuum meetings are sent CoC-wide through accessible electronic communication and a notice is published under the CoC Membership Process that anyone may attend.

B.A formal, annual CoC invitation process occurs during the month of August. Although membership is open and available year-round, a membership outreach process has been developed to ensure consistency. Each year, during the month of June, the CoC undergoes the annual development of the CoC Committee meeting calendar. Once the calendar schedule is approved by the end of July, the calendar is distributed to the entire Continuum of Care in August. With that communication, an invitation is made available along with information on how to contact the CoC along with a copy of the fillable CoC interest form.

1B-3.	CoC’s Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC’s transparent process (e.g., communicated to the public on the CoC’s website) to solicit and consider opinions regarding the CoC’s general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC’s geographic area.
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(limit 2,500 characters)

A.The CoC solicits and considers opinions regarding the CoC’s general performance, strategies, and priority setting process through the hosting of regularly scheduled, published public meetings of eight CoC directed committees focused on the intent to prevent and end homelessness within the community. The CoC also solicits and considers opinions during other open and transparent forums to solicit information through both virtual and in person meetings, as well as through email and communicated via public website postings. Responses are collected via direct email, through the website, and with the inclusion of a direct phone number if feedback is requested through verbal communication. Focus groups are held to gather insights and feedback from individuals with experience of homelessness. These focus groups offer a unique perspective from those who use or have used the services the CoC provides.

B.Included in the broad array of individuals and organizations and their knowledge or interest in preventing or ending homelessness within the CoC’s geographic area are representatives from housing and service providers, members with lived experience of homelessness, street outreach and emergency shelter, homelessness prevention, substance use treatment, faith community members, veterans, behavioral health, victim service providers, senior services, and organizations dedicated to human trafficking, law enforcement, healthcare, school districts, and the local Public Housing Agency (DuPage Housing Authority).

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC’s transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

A.The CoC notifies the public with an open Notice of Request for CoC Funding Proposals for the HUD Continuum of Care Homeless Application Process. This notification is done through a posting on the CoC's website, through CoC-wide electronic communication, and addressed during all formal and informal CoC committee meetings. In that communication is specific language that the CoC is seeking applications from organizations that had not previously received CoC program funding. Also made public is an informational document with instructions and a link to the internet-based, online application for review prior to applying for funds. The notice also provides detailed instruction that all new and renewal applicants must submit a project eligibility pre-application for review and approval before the internet-based business plan project application and cost forms could be completed for consideration. This is done to ensure all new and renewal projects meet HUD priorities and address local gaps and needs. Deadline dates, renewal and new project information with eligible program components, and eligible funded activities meeting HUD eligibility criteria are provided along with contact information for local technical assistance. All projects are initially evaluated by the CoC Gaps & Needs Committee, and later by the Rank & Review Committee, who then makes recommendations to the Leadership Committee. Minimum requirements and threshold considerations are made available during both in person meetings and website postings. This allows for fair and equitable consideration of each project. A member with former lived experience of homelessness takes part in this process as a member of the Leadership Committee.

B.The CoC has received proposals from organizations that have not previously received CoC Program funding. Several of these organizations have submitted proposals that do not easily fit into HUD's defined project components or eligible activities. One example is a proposal from a faith community agency providing a long-term (five + years) transitional living model which exceeds HUD's 24 month transitional housing requirements. Another example is an agency serving people who are housing insecure but do not meet HUD's definition of homelessness at project entry. Unless the housing model or population does not align with HUD requirements, all are encouraged to apply.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The DuPage CoC will incorporate strategies which have been proven to be effective at reducing homelessness generally and reducing homelessness for relevant subpopulations as described in 42 U.S.C. 11386b(d). One identified gap is housing affordability/scarcity. DuPage County is a high-cost housing market. The County's 2025–2029 Consolidated Plan reports approximately 41,153 renter households that are housing cost burdened, representing 46.1% of renter households. The County identifies rising housing costs, a tight rental market, and insufficient affordable rental housing as significant community concerns. This issue is severe for extremely low income households with many receiving employment income, yet unable to secure housing at current market rents.

The CoC will continue to utilize coordinated, data-driven strategies to reduce homelessness by preventing housing loss whenever possible, reducing length of time households experience homelessness, increasing access to housing, and strengthening services for households with complex needs. This strategy is intended to address the needs of all relevant subpopulations, including homeless and at risk individuals/families, veterans, youth, survivors of domestic violence, older adults, and people with behavioral health and substance use related needs.

The CoC will use quantifiable HUD System Performance Measures, HUD Longitudinal System Analysis (LSA), and Community Performance, Community Analysis, and other dashboards which provide monthly information on people experiencing homelessness, housing exits, returns to homelessness, and time from identification to housing to determine the effectiveness of our strategies.

The CoC has developed a centralized landlord engagement strategy. Tasks and timelines include establishing the Landlord Engagement Task Force (Jun 2026), hosting the CoC Landlord Engagement Resource Fair (Oct 2026), create a database of participating landlords and available units accessible to CoC housing navigators (Dec 2026), launch a centralized recruitment campaign (Jan 2027), recruit 15 new landlord/property owner relationships (Mar – May 2027), identify a funding partner to establish a risk mitigation fund (July 2027).

Funding includes resources available through the HUD CoC Planning Grant and the Illinois Office to Prevent and End Homelessness funds. The body responsible for overseeing implementation of this specific strategy will be the Service and Program Coordination Committee.

1B-5a Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes

4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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	1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	79%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC has projects that work with outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. The DuPage County Health Department (DCHD) operates outpatient centers in Wheaton, Addison, Westmont, and Lombard. They act as the primary safety net for the community by providing Outpatient and structured Intensive Outpatient Programs (IOP); Psychosocial Rehabilitation (PSR) services, which offer skill-building and counseling to help adults with severe mental illness live independently; dedicated psychiatric services alongside Medication-Assisted Treatment (MAT) using Naltrexone and Buprenorphine for opioid use disorders; 24/7 access to suicide prevention and crisis services via the DuPage County Crisis Recovery Center (CRC) which provides immediate, on-site psychiatric stabilization, withdrawal management, and crisis intervention; and recovery supports through case management and the Community Support Team (CST) for intensive team-based care.

The CoC also has projects which work with specialized, longer term residential substance use rehabilitation centers offering 24/7 90-day residential treatment, inpatient care, Partial Hospitalization Programs (PHP) as well as telehealth-virtual IOP, intensive therapy tracking anxiety and severe depression using stabilization protocols, structured sober living, relapse-prevention tools, and ongoing accountability networks including peer led group support and designated continuing care therapy groups. CoC projects work with local recovery homes (sober living home) to provide safe, alcohol and drug-free living spaces for people recovering from substance use. These residential homes provide step down care, acting as a bridge between formal treatment and independent living, offering mutual aid through peer support and daily structure to help prevent relapse and encourage self-sufficiency.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The CoC has projects which provide access to peer recovery specialists, peer support, and recovery navigation. The DuPage Recovery-Oriented System of Care (ROSC) program, as administered through Serenity House Counseling Services, is a coordinated network of community-based services and support designed to support long-term recovery from substance use and mental health conditions. It moves beyond short-term, acute treatment to focus on whole-person health, wellness, and quality of life. ROSC offers continuous support by maintaining ongoing connections to resources instead of discharging patients into isolation after substance use or mental health treatment. ROSC is person-centered, placing the individual and their unique needs, values, and goals at the center of the care process. The program builds on the personal resilience and assets of individuals, families, and communities rather than focusing only on clinical problems. ROSC uses peer support specialists, recovery coaches, and family networks who share lived experience.

Peer support specialists and recovery coaches receive their main recovery related certification through the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc. People who have earned the CRSS (Certified Recovery Support Specialist) or CPRS (Certified Peer Recovery Specialist) credential are professionals trained to incorporate their unique personal recovery experiences with mental health and/or substance use challenges to support the recovery of others.

In addition to DuPage ROSC, the CoC has projects which also provide access to peer recovery specialists, other forms of peer support, and recovery navigation through the National Alliance on Mental Illness (NAMI) DuPage Living Room. The Living Room is a free, peer-led alternative to the emergency room for adults experiencing a mental health crisis. A visit to the Living Room provides the guest a safe and calm atmosphere where he or she can talk through and de-escalate the crisis, develop a plan to manage symptoms and receive resource information.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The CoC identifies individuals experiencing serious mental illness through behavioral indicators, professional screening, and reports from local support networks, including Street Outreach, shelter, and other housing and healthcare programs. Key indicators include functional impairments or cognitive deficits, such as difficulty managing activities of daily living like housing, hygiene, or basic money management; social disruption, including trouble maintaining relationships or adhering to social norms, and crisis involvement where there may be frequent calls to emergency services, risk of self-harm, or criminal legal system involvement.

These individuals experiencing Serious Mental Illness are connected with the DuPage County Health Department, which offers an assertive and intensive team-based care model through its Community Support Team (CST) for individuals with serious mental health needs. The CST provides services to individuals with serious mental health needs that respond to an intensive and highly integrated approach and who may not progress with office-based appointments or infrequent community-based interventions. A team approach is used to support individuals in all areas of functioning with the intention of reducing crises, connecting with community resources, and engaging individuals while reducing individual and community harm. The CST program is designed to help individuals experiencing chronic homelessness, legal system involvement, history of multiple crises for behavioral health-related issues, medical complexity, and chronic substance use disorder with goals of reducing unnecessary hospitalization, trauma, arrests and incarceration.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

DuPage County 18th Judicial Circuit Court's Problem-Solving Courts; DuPage County Drug Court and DuPage County Mental Illness Court Alternative Program (MICAP) programs.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC has several partners working with the DuPage County 18th Judicial Circuit Court's Problem-Solving Courts to serve individuals experiencing homelessness who have severe mental illnesses and substance use disorders. Within these specialized Problem Solving Court systems, CoC partners coordinate closely with two specific specialty court programs designed to divert vulnerable individuals from the criminal justice system into housing and supports. 1) DuPage County Drug Court serving individuals whose criminal justice involvement stems from severe substance use disorders, and 2) the Mental Illness Court Alternative Program (MICAP), a specialized diversion court specifically targeting individuals with serious mental illnesses.

DuPage County Drug Court works to break the cycle of addiction that drives criminal behavior of the non-violent drug user. Through the coordinated efforts of the Judiciary, Drug Court team members, Community Service Providers, supportive family and friends, the drug court participant is integrated back into their communities through either long term residential or Intensive Outpatient Treatment (IOP) to maintain long-term recovery, achieve housing stability, maintain employment, and support their families, thus breaking the cycle of addiction and crime.

DuPage County MICAP is a court supervised program for participants who have been charged with a criminal offense that is determined to be related to a diagnosed mental illness or the symptoms and behaviors of an undiagnosed mental illness. The goal of MICAP is to enhance the quality of life for participants by engaging them in treatment and community-based support systems using a problem-solving court model to facilitate new skills, which leads to a reduction in recidivism and the stigma associated with mental illness. MICAP includes regular court appearances, treatment appointments with both a psychiatrist and clinician, frequent appointments with a probation officer, and random drug testing. Services are tailored to the individual needs of participants, including psychiatric consultations for medications, mental health services, crisis intervention services, and medical services. The program also provides additional supportive services based upon individual needs such as supportive employment program, substance use treatment, cognitive behavioral groups, trauma, anger management groups, and parenting classes/groups.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC partners with the Crisis Recovery Center (CRC). The CRC provides immediate, 24/7 support for those facing mental health or substance use crises and offers stabilization and connection to long-term care. The CRC also offers a 988 Suicide and Crisis Lifeline, mobile crisis response and outreach services, and Post Crisis Response Teams (PCRT) to ensure individuals are connected to treatment and community resources, reduce the likelihood of future emergencies, and improve long-term outcomes.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	209

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

DuPage County operates certified community mental health and behavioral health services through DuPage County Health Department Behavioral Health Services. The CoC has a formal partnership with the DuPage County Health Department which operates multiple public health center locations offering outpatient counseling, case management, and psychiatric care.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Serenity House is a provider of sober living transitional housing (TH) in DuPage County. Serenity House operates sober housing in accordance with 24 CFR 578.93(b)(5). It is not a CoC program funded project. The agency's program model, program admission criteria, non-compliance with HUD's standard rules for rent calculation, no time limits for length of stay, and housing quality standards do not meet HUD requirements for CoC TH program funding.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC coordinates warm hand-offs with the DuPage County Health Department (DCHD), DuPage Recovery Oriented System of Care (ROSC), Community Support Team (CST), DuPage County 18th Judicial Circuit Court's Problem-Solving Courts, and the Crisis Recovery Center (CRC) services through one or more primary methods: 1) local agencies use the Integrated Referral and Intake System (IRIS), a web-based community platform with over 100 county partners. Instead of handing a client a brochure, a partner agency submits a digital referral directly through IRIS. This sends the client's details securely to the targeted network provider who accepts the referral, addresses the service need, and updates the status, effectively closing the loop. 2) the Crisis Recovery Center (CRC) features a dedicated, secure entrance specifically designed for law enforcement and first responders to conduct seamless warm handoffs. Community support teams or case managers can also physically accompany individuals directly to the 24/7 triage and sobering space. 3) Community agencies, schools, and legal representatives can request an on-site evaluation by calling the DuPage County Crisis Line and requesting on site coordination and warm handoff with the Mobile Crisis Response (MCR) team. 4) for DuPage ROSC, a warm handoff relies on connecting individuals to peer-led recovery networks rather than clinical crisis intervention 5) all warm handoffs to the DuPage County 18th Judicial Circuit Court's Problem-Solving Courts such as Drug Court or MICAP the process must navigate both legal and clinical systems. Unlike medical or crisis referrals, a legal warm handoff requires more formal consent from a multidisciplinary courtroom team.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$8,427,148
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$3,870,249
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	46%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$1,230,058

5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	61%
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1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The CoC has consulted and continues to consult with both ESG program recipients – DuPage County and the State of Illinois – as defined in 24 CFR 576.2, in the planning and allocation of ESG funds to rapidly rehouse individuals and families experiencing homelessness and to prevent people from losing their housing. This consultation allows for strategic allocation of resources and to establish performance standards and success metrics for ESG funded projects. The CoC participates with both ESG recipients on the evaluation and performance of ESG subrecipients to determine whether the subrecipients met program requirements and to improve subrecipient performance by providing guidance and making recommendations. This information is used by the CoC in future planning and allocation of ESG funds. The CoC provides key data, including Point-in-Time (PIT) counts and Housing Inventory Counts (HIC) to identify where funding is most urgently needed.

The CoC consults with both ESG program recipients to offer funding recommendations which are based on demonstrated subrecipient performance, an assessment of the community's homeless assistance and housing needs as addressed in the County's Consolidated Planning process, and the development of the annual Action Plan. Evaluation of performance of ESG subrecipients is done through a variety of measures consisting of desk top review, which includes evaluation of requests for payment, and on-site visits with program and file review. The CoC has developed written performance standards which are updated annually, reviewed and approved by the ESG recipients, measured through quarterly performance reporting set forth in subrecipient agreements for both DuPage County and the state, and evaluated through the ESG monitoring process. Each year CoC staff coordinated with the county recipient by providing information into the ConPlan, ensuring local homeless information is communicated and addressed in annual ConPlan updates. Information on homeless populations, subpopulations, housing, health and the social services needs of households experiencing homelessness and those at risk, and CoC System Performance Measures are updated annually.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The CoC coordinates with shelter providers to connect homeless individuals and families to CoC housing and support services assistance in three primary ways: 1) All emergency shelters coordinate entry to housing through the CoC's centralized Coordinated Entry (CE) process, which uses shared, standardized assessments and an integrated data system to connect people to housing assistance. In DuPage County, emergency shelters and street outreach projects act as access points where staff use uniform assessment tools to evaluate a client's homeless history and service needs. Shelter or street outreach staff submit client assessments directly into the Coordinated Entry System allowing the CoC to match and refer individuals to transitional housing, rapid re-housing or permanent supportive housing resources. The CoC establishes objective vulnerability and priority rules so that high-barrier or chronically homeless individuals staying in shelters are routed to the most intensive housing interventions first. 2) The CoC also coordinates connecting eligible sheltered households with rental assistance resources that can help overcome financial barriers to obtaining or maintaining housing, such as security deposits, rental arrears, or short-term rental assistance. 3) Emergency shelter providers also serve as key access points to the homeless response system and work with households to assess immediate safety and housing needs, including exploring diversion opportunities when safe and appropriate. Diversion conversations may identify alternatives to emergency shelter, such as reunification with family or friends, short-term financial assistance, mediation, problem-solving, or connections to mainstream and community resources. Shelter diversion interventions show that the CoC and shelter providers are working together to match the household with the least intensive, most appropriate, and safest solution to their housing crisis.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

Within the DuPage County HMIS Privacy Policy, its privacy notice is specific to client level information. The PIT, HIC, LSA, and SPMs are not client level data but aggregate data. Under the DuPage County HMIS Privacy Notice, client opt outs or standard Release of Information (ROI) forms apply to identifiable personal data, not to aggregate datasets. Aggregate data is completely stripped of Protected Personal Information (PPI) before it is shared with state data officials in Illinois. Because it does not contain identifying client details, it falls under a different set of rules than individual case data. State entities like the Illinois Department of Human Services use aggregate counts to justify and distribute state and federal grants. State data officials look at community-level system performance patterns to evaluate the efficiency of local housing programs. Aggregated statistics are reviewed by state and local government to reveal broader trends in homelessness across counties, which guides state-wide and local policy decisions.

If state officials or academic researchers request specialized datasets that look beyond public reports, they must first sign strict data sharing and data use contracts. These agreements explicitly block any attempt to re-identify clients. All information regarding the HMIS privacy and security plan is available within the HMIS Standard Operating Procedures at <https://www.dupagehomeless.org/hmis/sop/>. The CoC reviews, revises, and approves a privacy plan and security plan for HMIS annually. The privacy and security plan for the DuPage Coc HMIS was last approved on 4/6/26.

The CoC has partnered with the Illinois Office to Prevent and End Homelessness to share in coordinated statewide data collection and reporting efforts to improve housing security and address systemic issues. Data sharing at this level is used to coordinate strategy, effort, and impact in programs for persons experiencing homelessness and housing instability.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The DuPage CoC is part of a shared HMIS implementation with the Alliance to End Homelessness Suburban Cook (the “Alliance”). Although the CoC is not currently participating in any formal data exchange involving health care utilization and claims data, electronic health care record data or admission, discharge, and transfer data, the Alliance took part in the Chicago Regionwide Community Information Exchange (CIE) pilot in December 2023. The Alliance continues to fully participate in the CIE. Today the CIE is no longer a pilot program; it officially went live as a fully functional coordinated network in March 2026. The Chicago Regionwide CIE serves the Chicago and Cook County regions of Illinois but does not yet serve DuPage County. The initial area of focus is to improve outcomes for people experiencing homelessness. Developed by the Illinois Public Health Institute (IPHI) in partnership with city and county health departments, it transitioned from its initial pilot phase into an active regional care network. The design of the CIE technology model leverages advances in data-sharing technology and data-sharing agreements. This includes the use of application programming interfaces (APIs), which provide a software intermediary that allows two applications to talk to each other. This can reduce or eliminate the need for participating providers to work outside of their existing systems, reducing the burden of reentering data. The initial issue of people experiencing homelessness is being used to help develop the system. Additional issues will be added to address the complexity of interrelated needs.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC has a partnership with WorkNet DuPage, our Workforce Innovation and Opportunity Act (WIOA) partner and the DuPage County Workforce Innovation Board, a business led policy and decision making body created under WIOA federal law. The CoC also works with College of DuPage, the local community college, and makes referrals to the Technology Center of DuPage, providing career and technical education programs for high school students in DuPage County.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The CoC's street outreach project partners with law enforcement by providing education to law enforcement agencies about street outreach, emergency shelter programs, and drop offs to the DuPagePads Access Center of persons they identify as unsheltered and seeking assistance. DuPagePads operates the Access Center (day site), provides street outreach services, and is the CoC's largest provider of shelter and housing. When an encampment is located, law enforcement notifies the street outreach team. The team follows up with in-person attempts to engage those that are staying in the encampment. If the community plans to remove the encampment, the team provides support to those needing shelter. This support includes case management, linkage to local shelter or shelters outside the jurisdiction, and connection to other community resources such as healthcare and workforce development.

Several municipalities have police social workers which engage with street outreach teams regularly for consultation and referrals. Prior to the winter months, the team meets with police social workers to navigate how people can receive assistance during the colder weather, as extended shelter capacity and a newly opened overnight warming center were both made available during the winter season. The local police departments also refer families DuPagePads for shelter and services to avoid entering into unsheltered homelessness. DuPagePads agency leaders have met with police chiefs to review Access Center operations which include new client screening, connection to shelter, and managing safety. When the annual Point-in-Time count is scheduled, DuPagePads connects with law enforcement to help us locate people experiencing homelessness. DuPagePads staff accompanies law enforcement when engaging unsheltered people encountered in local parking garages. The police department conducts regular rounds of agency shelter to ensure safety and to provide a presence to deter unwanted behavior. Staff contact 911 to conduct wellness checks when needed, and we also facilitate police completing wellbeing checks at our locations as appropriate.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The CoC and its funded recipients support family and support-network reunification as one potential strategy for helping individuals and families experiencing homelessness achieve safe, stable housing. Through homelessness prevention and diversion activities, and housing-focused case management, CoC providers work with participants to identify family members, friends, or other natural supports who may be able to assist with resolving a housing crisis or supporting a transition to stable housing.

For participants enrolled in CoC-funded housing programs, ongoing case management can also help identify opportunities to strengthen family and natural-support connections as part of long-term housing stability and self-sufficiency planning. Where an appropriate reunification or relocation plan is identified, the CoC and its providers may seek available resources to address practical barriers, including transportation, moving, or other transition-related costs, when allowable under the applicable funding source. When appropriate, case managers may help reconnect individuals or families with supportive relatives or other networks, assess whether reunification is safe and sustainable, and coordinate a plan for housing and services. This may include communication and planning with family members, assistance identifying housing or services in another geographic area, and coordination with providers or other community resources where the participant plans to relocate.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	No	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The DuPage County CoC recognizes that public safety is a shared community responsibility and works collaboratively with local governments, law enforcement, fire/EMS, behavioral health, public health, and other first responders when addressing encampments. The CoC does not interfere with or impede lawful local efforts to protect public health and safety. Rather, it uses its homelessness response system to help connect individuals experiencing homelessness with shelter, housing, treatment, behavioral health services, and other resources. First responders have worked with CoC street outreach to provide shelter triage and access, along with other wraparound supports, when addressing and ending encampments.

The CoC does not interfere with enforcement of laws regarding illicit drug use or engage in any activities that support the public use of illicit drugs. Providers work with first responders and individuals to facilitate access to substance use disorder treatment, behavioral health services, crisis services, shelter, and housing when appropriate.

CoC providers support established emergency, behavioral health, medical, and law enforcement procedures when individuals present a danger to themselves or others. Providers do not substitute homelessness services for emergency interventions and assist with appropriate referrals and follow-up. Provider teams are trained in identifying and addressing concerns of imminent risk to oneself or others, including engaging first responders, our local mobile crisis response, mandated reporting to Adult Protective Services, and engaging in the petitioning process for involuntary commitment.

The CoC supports compliance with applicable federal, state, and local requirements regarding sex-offender registration and notification and does not restrict lawful information sharing by authorized agencies. Street outreach teams provides services which support a client's compliance, including providing assistance to register at any police departments necessary, attend probation / parole appointments if needed, and meet other obligations.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

DuPage County and other public entities within the CoC's jurisdiction have several legal and regulatory tools that may be used to address unauthorized camping and encampments on public property. Under the Forest Preserve District of DuPage County General Use Regulation Ordinance 20-076 Chapter II, Section 3, camping in a forest preserve, structure, or facility is prohibited without a permit or other authorization. DuPage County also has an explicit prohibition on camping on County trail property which includes over 500 miles of recreational and bikeway trails. DuPage County Code of Ordinances, Chapter 23, Article VII expressly prohibits camping on the Illinois Prairie Path and Great Western Trail and provides that violators may be deemed trespassers and subject to penalties provided by law. In unincorporated areas, the DuPage County Zoning Ordinance provides that tents may not be used as permanent residences and generally may not be established on vacant parcels. Depending on the ownership and characteristics of a particular property, additional federal, state, County, municipal, park district, or other property specific regulations may also apply.

To leverage beneficial policies and overcome these barriers, the CoC's street outreach team works with DuPage County, municipalities, public property owners, law enforcement agencies, and service providers to establish plans for a coordinated encampment response. This includes repeated engagement with individuals residing in encampments, assessment of individual needs, offers of appropriate shelter, housing, diversion, reunification, behavioral health, and mainstream resources, and coordination regarding transportation and personal belongings. During the January 28, 2026 unsheltered PIT Count, CoC volunteers encountered 37 people, including 21 who were observed and 16 who were interviewed, across multiple DuPage communities. Individuals were encountered in locations including tents, vehicles, train stations, parking garages, in front of buildings, and near police departments. The CoC's street outreach team was provided with information on those who were unable to be interviewed, and the team returned to their locations to begin engagement efforts and assessment of needs. Where appropriate, individuals were placed into shelter or diverted to temporary housing. Others have been entered into Coordinated Entry following a signed release of information and completing an initial Coordinated Entry assessment.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

The CoC typically does not currently experience large or long term encampments. Most unsheltered encampment locations identified within the CoC's geographic area are small and transitory, usually involving one or two individuals who may remain in a location for only one night before moving elsewhere. Many individuals experiencing unsheltered homelessness are staying in vehicles rather than in tents or established encampments, allowing for greater mobility which makes tracking individuals a challenge. The CoC has experienced a larger gathering involving up to 15 individuals. When this encampment was identified, local health officials, public safety personnel, law enforcement, and homeless service providers work collaboratively to address immediate health and safety concerns and connect individuals with appropriate services and shelter. Through this coordinated approach, this larger encampment was successfully mitigated and resolved. The CoC's street outreach team plays an important role in identifying tents, encampments, and other locations where individuals are experiencing unsheltered homelessness. Outreach staff actively monitor the community and respond to gatherings of any size, working to engage individuals quickly, assess immediate needs, offer connections to emergency shelter and housing resources, and provide other essential services and supplies. This outreach approach helps prevent small, temporary locations from becoming larger or more established encampments.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

In DuPage County, the legal framework used to address public drug use, possession, and connection to care is a combination of Illinois Compiled Statutes (ILCS) enforced locally, the DuPage County Municipal Code, and localized municipal ordinances. When local law enforcement officers such as the DuPage County Sheriff or municipal police intercept individuals using or possessing illicit substances in public, they cite the following primary state laws: 720 ILCS 570/402 (Illinois Controlled Substances Act): This is the core law cited for the knowing possession of a controlled substance (such as heroin, cocaine, fentanyl, or unprescribed opioids) and 720 ILCS 600/3.5 (Drug Paraphernalia Control Act): This statute makes it a Class A misdemeanor to possess drug paraphernalia (such as pipes, needles, or baggies) with the intent to consume a controlled substance.

The plan for how the CoC will leverage beneficial policies is to utilize the 24/7 Co-Responder Hand-Off Model which is supported by the DuPage Crisis Recovery Center (CRC). Law enforcement officers who encounter individuals using illicit drugs in public can execute a direct secure hand-off to a 24-hour medical and sobering environment. This quickly clears public spaces while offering immediate treatment access. Regionally, extensive public relations campaigns and proactive first-responder diversion has contributed to a 24% drop in overdose fatalities locally. Local marketing efforts surrounding the decrease in overdose deaths have heavily focused on transparency, community-led data tools, and educational outreach. Marketing efforts shift dramatically around late August for International Overdose Awareness Day. The DuPage County Health Department uses local channels and social media to highlight positive metrics validating the community's hard work, pushing the narrative that "visibility saves lives" while promoting localized crisis support.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

The Heroin/Opioid Prevention and Education (HOPE) Taskforce is a joint county policy initiative in DuPage County that creates a coordinated framework to reduce substance misuse, restrict drug access, and manage overdoses. In the CoC's geographic area, a DuPage County Opioid Awareness GIS application has been created to collect available data on illicit drug use in public spaces in the CoC's geographic area. This is a public-facing interactive map managed by the DuPage County GIS Department and the DuPage Naloxone Program. This application catalogs municipal-level overdose reversals. It provides the CoC and outreach workers with geographic data on which municipal centers are seeing the highest frequency of public space substance use interventions. This allows for targeted education of partners about location-specific circumstances and risk factors, alerting health providers, public health professionals, the DuPage medical examiner's office, and other partners of newly emerging drug threats, informing drug overdose prevention and response planning, and evaluating the impact of overdose prevention and response efforts. Planned efforts in DuPage also includes the DuPage Narcan Project, which has equipped all local police and first responders with overdose reversal kits, education, and extensive community harm reduction outreach.

In 2025, DuPage County recorded 65 opioid involved drug overdose deaths, continuing a highly encouraging downward trend. This is a 43% decrease in overdose deaths within the past four years. Overdose deaths in DuPage County climbed consistently for over a decade, hitting a dangerous high of 150 deaths in 2022. The first significant drop occurred in 2023 (a 24% decrease), and the numbers have steadily declined since. Public health and county officials attribute this year to year improvement to aggressive localized initiatives. DuPage County addresses illicit drug use in public spaces through a combination of strict legal enforcement, public health interventions, and community-focused crisis response. Under Illinois law, enforced locally by DuPage County agencies and municipal police, delivering or using controlled substances in protected public zones—such as parks or near schools—carries heightened felony charges (often Class X felonies).

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Illinois law provides a legal pathway for emergency evaluation and involuntary admission when statutory criteria are met. Under the Illinois Mental Health and Developmental Disabilities Code 405 ILCS 5/1-119, a person may be subject to involuntary inpatient admission when, because of mental illness, they are reasonably expected to engage in conduct resulting in physical harm to themselves or another person or are unable to provide for basic physical needs so as to guard against serious harm. Illinois law also permits emergency admission when immediate hospitalization is necessary to protect the individual or others from physical harm. The CoC operates within a legal and behavioral health framework that provides resources for responding when a person experiencing homelessness presents a serious danger to themselves or others.

The CoC itself does not have authority to involuntarily hospitalize or commit an individual. Its role is to establish rapid connection to qualified crisis, medical, behavioral health, and law-enforcement partners when necessary. The CoC's plan focuses on building a stronger partnership of education, crisis intervention, outreach, behavioral health, substance use treatment, and post-crisis housing coordination to address people before they reach that threshold. Data include in 2025, 805 total calls were made to the Mobile Crisis Response team, with approximately 76%, involving youth age 17 and under. Within the Crisis Recovery Center, 745 assessments were completed in the first four months following the center's opening. Qualitative data includes DuPage County's expansion of behavioral health crisis services, including a 24/7 Crisis Line, Mobile Crisis Response that can respond at the location of a crisis, the Crisis Recovery Center, crisis stabilization services, and partnerships supporting post-crisis follow-up. These resources provide alternatives to relying solely on emergency departments, involuntary hospitalization, or law enforcement intervention.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Enacted in 2006, Title I of the Adam Walsh Child Protection and Safety Act - the Sex Offender Registration and Notification Act (SORNA) replaced a patchwork of state and federal statutes to create a baseline standard for sex offender registration and public notification. In keeping with the Act, the U.S. Dept. of Justice (DOJ) conducted a substantial implementation review of the State of Illinois in July 2016. In it, the DOJ, "acknowledged the State of Illinois for the work that has gone into its effort to substantially implement SORNA." Illinois has taken several specific legislative and administrative steps toward SORNA implementation: 1) Registry Overhaul (Public Act 97-578): Passed to shift Illinois toward a more conviction-based model and eliminate statute of limitation defenses for specific sex crimes, bringing the state closer to SORNA's framework. 2) Expanded Data Tracking: The state upgraded software, computers, and scanners using federal reallocation funds to track biometric data (finger and palm prints) and DNA to meet federal information-sharing guidelines. 3) Enhanced Law Enforcement Coordination: Illinois has utilized grant funds to maintain and develop updated record management systems that streamline the registration process across local and national databases. According to the Sex Offender Registration and Notification Act (SORNA) State and Territory Implementation Progress Check of May 22, 2025, only 22 states are substantially compliant with SORNA, while 28 are not. Illinois is in the latter group and complies with more sections than many other states but compares most closely in terms of compliance with Montana, Texas, Utah, and West Virginia, among others. Illinois is steadily working to substantially implement SORNA and has consistently provided funding to new localities to promote SORNA compliance, committing \$1,218,556 to this effort since 2018.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Homeless outreach is provided through information made public on the DuPage Homeless website, 211 DuPage via call or text, food pantries, libraries, police departments, health departments, and throughout the faith community. This includes information on how to access services, how to qualify, and the availability of multiple language translation services, including sign language. Multiple outreach workshops and resource fairs take place several times each year within the CoC's geographic area. Those with cognitive or physical disabilities are assisted using accessibility services coordinated by the Street Outreach team, including Video Relay Service (VRS), or Telecommunications Relay Services (TRS) at any time by dialing 711 from any phone line for the deaf and hard of hearing populations. The CoC's efforts to reach all people experiencing homelessness within its geographic area is coordinated among a variety of stakeholders (housing and social service providers, community social workers, law enforcement, healthcare systems, behavioral healthcare providers, regional office of education, veterans and youth serving organizations) but is focused on people who are unsheltered and otherwise not engaged in services.

The CoC partners with two Street Outreach teams – DuPagePads Street Outreach and the newly created 360 Youth Services Street Outreach teams. Unsheltered individuals are quickly identified and provided with ongoing engagement with goals of assisting them with the access and support needed to move from unsheltered homelessness into shelter and housing. Street outreach efforts are connected to the Coordinated Entry process and persons are assessed and prioritized for assistance. Street Outreach staff target areas known to be frequented by persons experiencing homelessness including the Illinois Prairie Path, Great Western Trail, local parks and forest preserves, train stations, emergency departments, libraries, and other places not meant for human habitation. Unsheltered individuals are also identified through a well-publicized 24-hour Street Outreach Hotline which can be accessed by anyone within the community to notify the Street Outreach Team of individuals who might need assistance or for the person needing assistance themselves.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	

9.	MOU with DuPage Early Childhood Collaborative 5/2022 – 5/2027	Yes
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1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC adopted a CoC-wide policy on October 13, 2010 requiring all CoC and ESG providers serving homeless families with children to submit a written, board approved policy that follows all provisions of the McKinney-Vento education laws. This policy is part of the annual project Ranking Criteria scoring. Included in this policy: Assist in the identification of homeless families for local liaisons; distribute information and inform homeless families and youth of their eligibility for early childhood and education services; consider the educational needs of children when families are placed in emergency or transitional shelter, place families with children as close as possible to their school of origin; conduct training for staff regarding the student rights of students; coordinate closely with local school homeless advocates and early childhood providers; and identify a staff person whose responsibility it is to ensure that homeless children are enrolled in school or preschool and connected to appropriate services within the community. All front-line case management staff are trained and educated on homeless student rights regarding education. This training takes place annually and training materials are made available to participants.

Additional training is offered at least quarterly by the Regional Office of Education McKinney-Vento Student Advocate. These trainings are focused on more specific McKinney-Vento topics. At intake, providers give full information to the program participant about education rights, including the right for education at all levels to continue to attend the prior school they had been attending, with transportation provided by the school district or to enroll in the local school. The provider ensures that preschool and school-aged children are referred to the local liaison immediately so that as little time as possible lapses in their school attendance. The children's educational needs are included as part of each case record.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The CoC coordinates with the discharge protocol mandated by the Youth Housing Assistance program (YHAP) under the Illinois Dept. of Children and Family Services (IDCFS) for youth aging out of foster care. The YHAP prevents foster youth who are approaching emancipation or who are already emancipated, from being discharged into homelessness. Housing advocacy is provided for youth at least 17 ½ and less than 21. Cash assistance is provided to youth between their 18th and 21st birthdays. Cash assistance includes assistance with security deposit and move-in expenses, and funds to help pay for monthly rent and essential utility costs. Youth who age out of care but later decide that they want to return prior to turning 21 can do so by contacting DCFS. They will then be eligible to receive services from different program options like the Independent and Transition Living Programs. Caseworkers from IDCFS develop a discharge plan and refer foster care youth to the Youth Housing Assistance Program six months before discharge if they are in need of housing.

Members of the CoC participate in coordinating efforts to ensure these youth are not discharged into homelessness. In the CoC, housing advocacy is provided by Outreach Wheaton, a comprehensive youth and family resource center offering family stabilization services and cash assistance is provided by Metropolitan Family Services. Outreach Wheaton is an active member of the Homeless Prevention community and the CoC Service and Program Coordination Committee, and Metropolitan Family Services is a member of the CoC Gaps and Needs Committee. This YHAP discharge policy is understood and followed by the Continuum members and the local IDCFS offices. The policies in place are the state Department of Children and Family Services regulations and the brochure containing the discharge guidelines is used by members of the CoC.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The CoC does not have any existing U.S. Department of Health and Human Services (HHS) RHY-funded programs.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

DuPage Daybreak Transitional Housing Project provides homeless families with children with stable housing and support services needed to maximize self-sufficiency. Housing ensures families have better access to other basic need services that are critical for breaking the cycle of homelessness. Households receive up to 24 months of assistance and intensive case management services as needed. Case managers provide trauma informed service delivery and support to reduce barriers and complex issues.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

DuPage Daybreak Transitional Housing connects the client to a full time project Employment Counselor with over 20 years of Workforce Development experience. The counselor accompanies clients to job fairs, coaches them, recruits' volunteers to assist with mock interviewing and explores all employment, educational, vocational, and trade school opportunities for both shelter and housing clients. Clients who are unemployed work with the Employment Counselor on a weekly basis until employment is secured.

Clients are also connected to WorkNet DuPage Career Center and Goodwill Workforce services. WorkNet DuPage provides one on one career counseling with access to dedicated career coaches who assist with specialized assessments, personalized employment plan mapping, and individual guidance. WorkNet also offers an On-the-Job Training (OJT) Wage Reimbursement program and a Registered Apprenticeship Development program, providing direct structural guidance to help local employers design, set up, and register official apprenticeship programs through the U.S. Department of Labor. Goodwill Workforce services provide job search support and free technology access to high-speed internet, computers, printers, and scanners specifically for submitting online applications, researching employers, and building resumes.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

DuPage Daybreak's Transitional Housing program directly builds a client's path to financial self-sufficiency by pairing targeted money management instruction with the strategic maximization of mainstream benefits. Case managers work one-on-one with clients to apply for and secure eligible public resources such as SNAP (food assistance), TANF (cash assistance), Medicaid, and childcare subsidies. By leveraging funding to cover baseline living costs, clients can safely allocate a portion of their household income toward expense contributions. This real world budgeting practice mirrors independent living conditions, allowing clients to steadily gain the skills and financial confidence needed to maintain a household. To monitor progress and ensure absolute transparency, case managers work with clients to regularly review bank statements and check stubs, verifying that mainstream resources are optimized and personal savings are actively growing prior to program exit.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

DuPage Daybreak Transitional Housing combines housing stabilization with an integrated network of wraparound supports, ensuring that families have the health, education, and childcare resources required to sustain long term independence. Lack of natural support systems often leave families without reliable childcare, becoming a barrier to employment immediately upon program entry. Case managers guide clients through complex application processes for state-funded childcare subsidies. Staff connect pregnant households and children to primary care physicians, ensuring access to prenatal care, pediatrics, and routine child healthcare. Clients participate in our in-house counseling services and parenting classes. If needed, collaboration with partners specializing in childcare, parenting support, pregnancy-related and child healthcare are invited to provide educational materials and resources.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC has a partnership with both the Hines VA and Midwest Shelter for Homeless Veterans, an organization providing Permanent Supportive Housing, temporary shelter, SSVF, and clinical support typically involving a combination of trauma-focused therapies, transition coaching, and substance use counseling. Hines VA supports the veteran By Name List, VASH housing resources, and workforce opportunities.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC partners with Family Shelter Services (FSS), a victim service provider offering emotional supportive services, case management, and safety planning. FSS coordinates housing opportunities with a local provider of rapid rehousing specifically targeted to survivors of survivors of domestic violence, dating violence, sexual assault, and stalking.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC partners with JUST of DuPage (Justice, Understanding, Service, and Teaching), a non-profit, faith-based organization that provides rehabilitation, education, and reentry services to incarcerated individuals inside the DuPage County Correctional Facility. JUST of DuPage staff work with provider partners to identify appropriate housing referrals for individuals completing their sentence to prevent immediate cycles of housing loss or re-arrest.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC partners with Access DuPage, a specialized support program that coordinates and subsidizes care through a network of local doctors, hospitals, and clinics through primary care assignment, specialty care referral, local hospital networks to provide necessary diagnostic testing, and prequalification for free prescription assistance through the DuPage Dispensary of Hope which provides up to a 90-day supply of essential medications completely free of charge.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The CoC partners with DuPage County Senior Services (DCCS). DCCS helps individuals in need of housing and homelessness assistance. DCCS works with seniors and their families to explore options for long term care, including home and community-based services. Options can include nursing home placement, supportive living facilities, assistive living, in-home services, Community Care Program and Home Delivered Meals. DCCS offers Adult Protective Services, and Long Term Ombudsman program.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

DuPagePads is the largest provider of housing (RRH and PSH) in the CoC, and is also the largest provider of Emergency Shelter within the CoC. The agency prioritizes all households (individuals and families) experiencing chronic homelessness through participation within the CoC Coordinated Entry System (CES). The CE Assessment Tool prioritizes available permanent housing based on acuity and chronicity.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

All DuPagePads RRH and PSH projects are scattered-site, so on-site behavioral healthcare is arranged on a unit-by-unit, client-by-client basis. Eligible clients are connected to one of two local Community Support Team (CST) interventions which provide field-based behavioral health services. DuPagePads staff is also trained in various behavioral health interventions including Crisis Prevention Intervention (CPI), Mental Health First Aid (MHFA), and 40-Hour Domestic Violence Training to provide staff with tools to effectively assist people subjected to domestic violence, dating violence, sexual assault, and stalking. Several staff are licensed clinicians and provide clinical assessments and treatment planning. The local Mobile Crisis Response program is contacted when a client is in crisis, so an assessment and recommendation can be made on-site.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

DuPagePads assesses all clients using customized assessments to identify appropriate services, supports, and interventions. Several DuPagePads staff hold clinical licensure and can consult on complex cases. Additional external documentation is gathered, and external assessments are coordinated, such as neuropsychological assessments where needed. Additionally, the agency contacts subject-matter experts (i.e. DuPage County Senior Services and Adult Protective Services) to support the assessment and decision making. To address barriers to access, meetings and tours are coordinated with prospective providers to ensure client questions are answered and fears are alleviated. Providers of higher levels of care are welcomed on site to provide education, assessment, and service coordination. DuPagePads also participates in monthly CoC case conferencing, as well as more frequent internal case conferencing, to review those individuals who may require an assisted living or nursing home placement, or a referral to a residential treatment center to address any substance use disorder or mental healthcare needs.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

All DuPagePads projects engage with clients in a routine assessment of their financial and personal readiness for moving on to unsubsidized or other permanent housing. Staff are trained in Motivational Interviewing (specifically includes assessing for readiness), agency values (includes good stewardship of funding), and ethics (supports using the least intensive resources to achieve goals). When clients are admitted into street outreach or shelter, we engage clients in a broad discussion about housing solutions and explore within and beyond the CoC Coordinated Entry system and existing CoC projects to meet client needs. When added to the Coordinated Entry System, all eligible clients are also registered in the Statewide Referral Network (SRN). The SRN is an Illinois program that connects vulnerable households with affordable, permanent supportive housing. To qualify for an SRN unit, a household must meet specific income and eligibility guidelines, including income at or below 30% of the Area Median Income (AMI) and have a head of household or family member with a disability (physical, developmental, or mental limitations, substance use disorders), or domestic violence situations. DuPagePads staff also work with the client to create a housing goal plan which can include independent housing, family reunification, and applications for senior housing, public housing, and other options. If an opportunity exists outside of DuPage County, such as finding affordable housing in another state, we will also help facilitate that transition.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/24/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/24/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/30/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	07/30/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

- 1)The DuPage CoC annually reviews the option of reallocation of HUD funded resources for the CoC competition. Reallocation discussions and recommendations take place within different levels of the CoC committee structure, and final decisions must be approved by the CoC Leadership Committee. The reallocation process is transparent, equitable and data-driven, with an emphasis on local needs. Underperforming projects are defined as those which are found during the review process to be deficient in project capacity, financial management, performance outcomes (including system performance measures), lack of compliance with regulations, or not meeting/addressing identified local need. The DuPage CoC maintains full authority to reallocate funding to maximize services and to address underperforming projects. The CoC may choose reallocation from any CoC project to meet its responsibility to ensure the CoC Consolidated Application best aligns with HUD and local priorities and contributes to a competitive application. Each renewal project is carefully reviewed during the process of preparing an application for funds, and all decisions made in accordance with the CoC Collaborative Application Process and the CoC Governance Charter.
- 2)All renewal projects underwent a thorough review process. The CoC's reallocations were not the result of poor performance or diminished community need. Rather, they were a strategic response to significant changes in HUD priorities and program requirements. Several renewal projects were identified as having the flexibility to transition or reallocate to project components that better aligned with the revised federal priorities while continuing to meet the needs of individuals and families experiencing homelessness.
- 3)With the response to changes in HUD priorities, the CoC reallocated PSH and RRH projects to TH this year. The CoC followed its Reallocation Policy as outlined in its Governance Charter to ensure all projects reallocated met the CoC's responsibility to ensure a CoC Consolidated Application which best aligned with both HUD and local priorities and contributed to a competitive application.
- 4)Not applicable.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Not applicable. There was no change in the 2026 sheltered PIT Count implementation, neither to methodology nor data quality. 100% of Emergency Shelter and Transitional Housing CoC funded providers contribute data to the PIT count. The CoC continued to use HMIS reporting and provider surveys for its Domestic Violence (DV) programs, along with follow up. Client level data in HMIS was the primary data source for the sheltered PIT count for Emergency Shelter and Transitional Housing projects along with supplemental data provided by our DV partner. Follow up was conducted with individual housing providers to check the HMIS data against their records for that night and corrections in HMIS were made as necessary. There were also no changes in the unsheltered PIT methodology. DuPage CoC PIT counts are a complete coverage census count. Trained volunteers conducted surveys among many persons encountered. The surveys included demographics, household type, members, specific location of where persons were sleeping, identifying characteristics, history of homelessness (to determine chronic homeless status), and disability. The Continuum Planner reviewed all surveys which aided in de-duplication. The CoC continued the use of GIS technology; each trained volunteer used GIS technology to appropriately track and identify unsheltered persons and input survey data directly for completeness and analysis. Utilizing a mobile device with GIS technology allowed for data to be immediately captured and the volunteer's contact information readily available if there were questions or a need for follow up.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The CoC has selected an evaluation period of January 1, 2025 to December 31, 2025.

During the evaluation period, the CoC Street Outreach teams reported managing small-scale, scattered homeless encampments, usually involving one or two people, with sites identified in unincorporated Carol Stream, Elmhurst, Wheaton, Naperville, and Metra train stations. Encampments generally consisted mostly of individuals in vehicles. The largest encampment identified in the CoC's geographic area contained 15 individuals in the unincorporated Carol Stream location. For this larger encampment, efforts focused on clearing the dangerous, fire-prone Carol Stream site through inter-agency collaboration which included Street Outreach, local law enforcement, social workers, and the mobile crisis response team. All unsheltered individuals were assessed and provided with emergency shelter if appropriate, a referral to the DuPage County Health Department for short term placement in the behavioral health unit or diverted to family or friends through shelter diversion resources. The Metra train's no-trespassing policy was utilized to move individuals toward shelter services. Individuals identified within their vehicles were provided a connection to the DuPagePads Access Center for additional resources, including an assessment for referral to overflow shelter as appropriate.

2A-4a.	Reduce Encampments—Number of Encampments.	
1.	Enter the estimated number of encampments in the beginning of your evaluation period.	7
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2. Enter the reduction in the number of encampments during your evaluation period.	3
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2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	21
2. Enter the reduction in the number of people in encampments during your evaluation period.	4

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not applicable. The DuPage CoC has reduced encampments.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC seeks to decrease the number of individuals and families experiencing homelessness for the first time by strengthening a coordinated, community-wide approach to homelessness prevention, diversion, housing stabilization, and early intervention. The CoC participated in a statewide, 100-Day Homelessness Prevention Challenge to develop new strategies to reduce first time homelessness. These included using warm handoffs during the referral process, individual follow up to identify if the referral met the household's need, and if not, what additional supports and services were needed to keep the household from entering the homeless crisis response system. The CoC also included non-traditional homeless prevention partners in this effort, involving representatives from the faith community, McKinney-Vento homeless student liaisons, and community walk in assistance programs. Homeless prevention partners also reviewed individual risk factors during initial assessment to identify persons vulnerable to becoming homeless for the first time. These individual assessments were performed during intake at food pantries, shelter locations, at agencies providing utility assistance such as LIHEAP, the Coordinated Entry System process, eviction court, and through engagement with social workers across systems.

The CoC will focus on housing problem-solving and diversion strategies which include mediation with landlords or family members, assistance with transportation or moving costs, short-term financial assistance, identification of shared housing or other temporary alternatives, and connections to community-based resources. The goal is to resolve the immediate crisis with the least amount of intervention necessary while avoiding unnecessary entry into emergency shelter and homelessness. The CoC is seeking additional funding resources to reduce first time homelessness. Funds will be provided for rent assistance, security deposits, utility payments, moving costs, case management, landlord mediation and credit repair. DuPage County has experienced significant rental unit increases of approximately 46% to 49% since early 2020. In January 2020, a two bedroom unit had a baseline average rent around \$1,432 to \$1,447 per month. Current housing index data places average overall two bedroom unit rent between \$2,093 and \$2,137. Additional strategies include increasing landlord engagement activities to promote education and relationship building.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The CoC's strategy to reduce the length of time individuals and persons in families remain homeless include enhancing our Coordinated Entry practices by streamlining the access, assessment, and referral processes, lowering barriers, and prioritizing vulnerable households who have been homeless the longest and have the most severe service needs. The CoC was successful in housing several chronically homeless individuals with disabling conditions by applying intensive case management and addressing independent living skills, healthcare navigation, and psychiatric stability. The CoC was also successful in housing several very large family households that had challenges moving into units large enough to accommodate a family size from 7 – 9 individuals. This was accomplished by engaging non-traditional landlords with single family homes that would meet municipal safety codes and baseline guidance standards and regulations. The CoC also identified opportunities to move persons quickly into housing using new resources such as the Emergency Rental Assistance Program (ERAP) and other rental assistance resources. The Coordinated Entry team hosts formal monthly case conferencing and encourages informal, ongoing agency discussions to identify housing needs for those prioritized and for the dedication of Permanent Supportive Housing units to people with disabling conditions. For those who are reluctant to enter housing, ongoing outreach and engagement efforts are applied.

	2A-7. Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	55.85%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC HMIS Lead queried ALL client unique ID's, and their project exit details, including destination and project exit date, where the project exit date was on or between the reporting dates, 10/1/24 - 9/30/25, and that their project type was a TH, PH-PSH, PH-RRH in Continuum of Care IL-514 DuPage CoC. Noting that a client may have more than one exit and destination in this reporting period, it is important to not sum the numbers but rather reference the de-duplicated client TOTAL. Each Permanent Housing Destination type includes a de-duplicated count of the client unique ID (Individuals) and a percentage of the de-duplicated TOTAL of PH exit types. The NOFO specifically only requested 4 of the 5 possible Permanent Housing destinations but we opted to also share the 5th destination, strictly for reference: "Rental by client, WITH ongoing housing subsidy (HUD)". A percentage breakout by Permanent Housing Destination includes: Owned by client, no ongoing housing subsidy (HUD) = .84%; Rental by client, no ongoing housing subsidy (HUD) = 55.23%; Staying or living with family, permanent tenure (HUD) = 12.13%; Staying or living with friends, permanent tenure (HUD) = 1.67%; and the 5th destination for reference only: Rental by client, with ongoing housing subsidy (HUD) = 30.13%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	350	30	350	92.11%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	128	0	128	100.00%
4. Rapid Re-Housing (RRH) beds	214	0	214	100.00%
5. Permanent Supportive Housing (PSH) beds	365	0	365	100.00%
6. Other Permanent Housing (OPH) beds	290	0	290	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

no applicalbe - all coverage is over 85%.

3A. Policy Initiatives

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1	09/20/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f.	09/20/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3	09/20/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10	09/20/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1	09/20/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c	09/20/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b	09/20/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP	09/20/2026
11. Other	No		

Attachment Details

Document Description: 1C-1

Attachment Details

Document Description: 1C-1f.

Attachment Details

Document Description: 1C-3

Attachment Details

Document Description: 1C-10

Attachment Details

Document Description: 1D-1

Attachment Details

Document Description: 1D-2c

Attachment Details

Document Description: 2A-8b

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/21/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/21/2026
1C. Coordination and Engagement	09/23/2026
1D. Project Review/Ranking	09/21/2026
2A. HMIS Implementation	09/21/2026
3A. Policy Initiatives	09/21/2026
4A. Attachments Screen	09/21/2026
Submission Summary	No Input Required



1C-1 LIST OF TH/RRH/PSH PROJECTS AND TREATMENT PROVIDERS WITH ON-SITE SUBSTANCE ABUSE TREATMENT

LIST OF TH/RRH/PSH PROJECTS AND TREATMENT PROVIDERS WITH ON-SITE SUBSTANCE ABUSE TREATMENT –DUPAGE COC

% of projects with on site treatment = 11/14 = 78.5%

	AGENCY	Project Name	Component Type	SA Treatment Provider	ON site available
1	DuPagePads, Inc.	Carol's Place Expansion	PSH-new	Serenity House, Healthcare Alternative Systems, DuPage County Health Dept.	yes
2	Catholic Charities, Diocese of Joliet	Partners In Housing	PSH-renew	Catholic Charities Counseling	yes
3	DuPagePads, Inc.	Carols Place	PSH-renew	Serenity House, Healthcare Alternative Systems, DuPage County Health Dept.	yes
4	DuPagePads, Inc.	New Horizons	PSH-renew	Serenity House, Healthcare Alternative Systems, DuPage County Health Dept.	yes
5	Midwest Shelter for Homeless Veterans	Freedom Harbor	PSH-renew	Hines VAMC, Linden Oaks, Glen Oaks hospitals	no

	AGENCY	Project Name	Component Type	SA Treatment Provider	ON site available
6	Catholic Charities, Diocese of Joliet	DuPage Daybreak	TH-renew	Catholic Charities Counseling	yes
7	360 Youth Services	Youth In Transition	TH-renew	Serenity House	no
8	Catholic Charities, Diocese of Joliet	SHIFT- New Hope	TH-new transition	Catholic Charities Counseling	yes
9	Catholic Charities, Diocese of Joliet	DuPage Daybreak Expansion	TH- new	Catholic Charities Counseling	yes
10	DuPagePads, Inc.	New Beginnings	TH – new Transition	Serenity House, Healthcare Alternative Systems, DuPage County Health Dept.	yes
11	DuPagePads, Inc.	Pathways	TH - new	Serenity House, Healthcare Alternative Systems, DuPage County Health Dept.	yes
12	DuPagePads, Inc.	Linda's Light	TH – DV new	Serenity House, Healthcare Alternative Systems, DuPage County Health Dept.	yes
13	360 Youth Services	Youth In Transition Expansion	TH - new	Serenity House	no
14	DuPagePads, Inc.	Rylee's Light	TH- NEW DV BONUS	Serenity House, Healthcare Alternative Systems, DuPage County Health Dept.	yes

% of projects with on site treatment = 11/14 = 78.5%



1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

LIST OF COC PROJECT UNITS THAT REQUIRE SUBSTANCE ABUSE TREATMENT – DUPAGE COC

	Project Name	Component Type	# of total Housing units	Requires SA treatment	# requires treatment
1	Carol's Place Expansion	PSH-new	4	Yes	4
2	Partners In Housing	PSH-renew	18	no	0
3	Carols Place	PSH-renew	71	Yes	71
4	New Horizons	PSH-renew	26	Yes	26
5	Freedom Harbor	PSH-renew	4	No	0
6	DuPage Daybreak	TH-renew	11	no	0
7	Youth In Transition	TH-renew	5	yes	5
8	SHIFT- New Hope	TH-new transition	25	no	0
9	DuPage Daybreak Expansion	TH- new	4	no	0
10	New Beginnings	TH – new Transition	14	Yes	14
11	Pathways	TH - new	26	Yes	26
12	Linda's Light	TH – DV new	25	Yes	25
13	Youth In Transition Expansion	TH - new	18	yes	18
14	Rylee's Light	TH- NEW DV BONUS	20	Yes	20
		Total units	271		209

Number of units that require treatment = 209

of person reporting chronic substance abuse in 2026 PIT = 15



1C-3. LANGUAGE FROM PROJECT SUPPORTIVE SERVICE AGREEMENTS

360 Youth Services

Catholic Charities, Dioces of Joliet

Dupage Pads

Midwest Shelter for Homeless Veterans

LANGUAGE FROM PROJECT SUPPORTIVE SERVICE AGREEMENTS –DUPAGE COC

**360 Youth Services
Transitional Housing Program
Required Participation Agreement**

(360 Youth Services staff should offer to read aloud this document in completion or provide a summary overview and answer any clarifying question the participant may have.)

While enrolled in Transitional Housing Program and receiving the support of 360 Youth Services, you, the participant agrees to the following program requirements:

1. To meet as scheduled with your case manager to participate in the development of your individualized service plan focused on the goal of Housing Stability and actively engage in working to meet those goals.
2. To be honest with your case manager. This allows the program to better meet your needs and identify areas of progress or need for additional support/guidance.
3. To maintain a minimum of 20 hours of productive work per week in any of the following areas as agreed upon with your case manager.
 - a. Employment
 - b. Education or job training
 - c. Counseling
 - d. Transitional housing program activities or requirements.
4. Complete a monthly Budget and engage in Financial Literacy education.
5. It is expected that this contract be reviewed and resigned every 90-day unless an exception is given. Should such an exception be granted the participant understands that all terms and conditions of this contract will remain in full force and effect for the entire duration of the participant's participation in 360 Youth Services Transitional Housing Program.

The participant will receive a full copy of each signed contract for their reference and records.

	Name	Signature	Date
Participant			
Case Manager			

CATHOLIC CHARITIES, DOJ Supportive Housing Contract of Participation in Supportive Services

_____ is a supportive housing program for homeless families.
The primary goal of _____ is to help families function at their highest level so they may obtain and maintain stable housing after they leave the program.

RESPONSIBILITIES OF PARTICIPANTS IN HOUSING PROGRAMS:

1. TH housing participants will maintain a minimum of 20 hours of productive work per week in any of the following areas as agreed upon with your case manager.
 - Employment
 - Education or job training
 - Counseling
 - Transitional housing program activities or requirements.
2. PSH participants will also be required to participate in supportive services with no hours requirement. Participation in supportive services is a core component of the Permanent Supportive Housing (PSH) program and is designed to help clients achieve long-term housing stability and greater self-sufficiency. Clients are required to actively engage with case management and individualized supportive services, including goal setting, budgeting, employment or income development, healthcare coordination, and connections to community resources. Through regular meetings with their case manager, clients develop and work toward a personalized service plan that addresses barriers to stability while building the skills and resources necessary to maintain permanent housing independently. This collaborative approach promotes personal growth, increased independence, and long-term success while ensuring clients receive the support needed to reach their goals.
3. This contract is valid beginning on the date of project entry and ending at project exit. This contract will be reviewed every 90 days. Participants who do not meet the program's requirements and responsibilities may be exited from the program.
4. The participant understands that **ALL** terms and conditions of this contract will remain in full force and effect for the entire duration of the family's participation in the Housing Program.
5. I have read and agree to the above conditions. All participants over the age of 18 must sign.

Participant

Date

DUPAGEPADS

Client Agreement to participate in Supportive Services What is a Supportive Housing program?

Affordable Housing + Supportive Services = Supportive Housing.

- All DuPagePads housing programs are considered "supportive housing."
- By entering a DuPagePads housing program, you agree to participate in supportive services and pay your calculated rent / occupancy costs.

Are supportive services required?

YES. All clients must participate in supportive services. All clients see a Pads case manager regularly, and additional services will be recommended, and may be required, based on our assessments. Our staff will work with you to craft a plan that makes sense.

Supportive services help you to obtain long-term housing by addressing goals

that increase financial and personal stability. Examples include:

- Case management
- Job readiness support, skill training, career development, adult education
- Budgeting and financial literacy training and support
- Training in independent living skills and household management
- Self-sufficiency planning
- Care for medical, dental, vision, mental health, and/or substance use needs
- Services for intellectual or developmental needs
- Parenting and family services

HUD Transitional Housing: housing and assistance is temporary, and you must work towards successful program completion and transition to your own housing. You agree to at least 20 hours weekly of employment, support services, or a combination of both. This is a minimum; additional hours are often needed and may be expected to achieve financial and self-sufficiency goals.

Clients may be exempt from the 20 hours requirement if a) they are age 62 or above or b) they prove a physical disability/impairment or a developmental disability, not including substance use disorder (24 CFR 582.5). Even if you are technically exempt under HUD's rules, all clients should engage in work and/or any other activities to successfully complete the program and obtain permanent housing.

HUD Rapid Rehousing: permanent housing where our assistance is only temporary, as you must work towards taking full financial responsibility for your lease and staying in the unit. HUD does not set a minimum number of weekly hours of work and/or support services, but you must participate in case management, develop an approved goal plan, follow Pads expectations, and complete actions towards self-sufficiency.

HUD Permanent Supportive Housing: assistance without pre-set time limits for those with significant disabling conditions and extensive homelessness histories. HUD does not set a minimum number of weekly hours; however, you must participate in case management and any additional services we determine are necessary for your housing success.

AGREEMENT

I understand and agree to participate in all required supportive services. I also agree to fairly consider any recommended services, even if not required. I understand that DuPagePads may proceed with discharge if I do not follow any program requirements.

Please sign			
	Client Name	Client Signature	Date
	Staff Name	Staff Signature	Date

Midwest Shelter for Homeless Veterans

Client Agreement to Participate in Supportive Services

What is Permanent Supportive Housing Program?

- Permanent Supportive Housing (PSH) is a housing model that combines affordable rental units with supportive services to help individuals experiencing homelessness achieve long-term stability.
- By entering a Midwest Shelter for Homeless Veterans' PSH housing program, Freedom Harbour you agree to participate in supportive services.

What are Supportive Services?

Supportive services help to improve your ability to obtain and sustain long-term housing. Examples include:

- Case management
- Job readiness support, skill training, career development
- Budgeting and financial literacy training and support
- Training in independent living skills and household management
- Self-sufficiency planning
- Medical care
- Recovery support for mental health and/or substance use
- Services for intellectual or developmental needs

Are Supportive Services Required?

YES. Participation in supportive services is a requirement of the Freedom Harbour Permanent Supportive Housing Program. All participants are required to meet with their assigned case manager, complete assessments, participate in service planning, and engage in supportive services identified through the Individual Service Plan (ISP).

Our Intensive Housing Case Manager will work with you to craft an Individual Service Plan (ISP) together that makes sense.

We provide case management, employment support, and clinical services, and other services may be provided by other organizations.

PSH hours have no number of required hours, but it is required that participants take part in supportive services that ensure participants can obtain and retain permanent housing.

AGREEMENT

I understand and agree to participate in all required supportive services. I also agree to fairly consider any recommended services, even if not required. Failure to comply with program requirements, including participation in required supportive services, may result in corrective action and could lead to discharge from the program

Please sign			
	Client Name	Client Signature	Date



1C-10 EVIDENCE OF COORDINATION AND NON-INTERFERENCE WITH LOCAL EFFORTS TO ADVANCE PUBLIC SAFETY

DUPAGE COC IL 514

According to local government records, local reporting, park-district records, and other public sources there are no documented large homeless encampments in the local cities of DuPage County, IL. DuPage County has unsheltered homelessness but any encampments consist of transitory small numbers of persons. DuPagePads continues to operate street outreach specifically for unsheltered people, including people encountered through police departments, businesses, libraries and other organizations. Its 2025–26 this county-funded program reported that its outreach team engaged 246 unsheltered people. The DuPagePads Street Outreach Team travels out in the community to engage with persons referred by police departments, fire departments, first responders, businesses, churches, libraries, school districts and concerned citizens. There is a team approach with an emphasis on housing connection, treatment engagement, stabilization, and public safety coordination. Case managers provide field-based engagement, distribute basic needs supplies and connect individuals to health care, behavioral health services, income supports and other community resources. Referrals are received through the DuPagePads hotline and through partnerships with local police departments, libraries, hospitals and social service providers across the county. Street Outreach staff meet individuals where they are in the community to build trust and provide support to those who may not access traditional shelter or service settings due to mental illness, safety concerns or other barriers. The DuPagePads Street Outreach teams coordinate with law enforcement and first responders for safety planning, crisis situations, or encampment responses. DuPagePads does not interfere or impede with the enforcement of local laws. DuPagePads partner with law enforcement by providing education to law enforcement agencies about our street outreach and emergency shelter programs and drop offs of persons they identify as homeless and seeking assistance to our Access Center.

When an encampment is located, law enforcement notifies the street outreach team, and they will follow-up with in-person attempts to engage those that are homeless. If the community is planning to remove the encampment, the street outreach team provides support to those needing shelter. That assistance includes case management, linkage to shelter, and connection to other community resources such as healthcare and workforce development. Several municipalities have police social workers which engage with the teams regularly for consultation and referrals. Prior to this past winter, street outreach teams met with many police social workers to help outline how people can receive assistance during the winter months, as there was extended

shelter capacity and an overnight warming center. The local police departments will refer families to DuPagePads to assist them in avoiding unsheltered homelessness. DuPagePads does not impede public safety activities but rather work in concert to reach shared safety, housing, and service objectives. First responders have worked with our team to provide shelter triage and access, along with other wraparound supports, when addressing and ending encampments.

1. Homeless encampments

DuPage County does not have one single “encampment law” governing every location in the county. The applicable rules depend on whether the property is county-owned, municipal, a forest preserve, a trail, or private property.

DuPage County specifically prohibits camping on the Illinois Prairie Path and Great Western Trail. The county ordinance says camping there is prohibited, and a violator is treated as a trespasser and subject to the penalties applicable to trespassers. ([Municode Library](#))

In unincorporated areas, the DuPage County Zoning Ordinance provides that tents may not be used as permanent residences and generally may not be established on vacant parcels.

Individual municipalities have their own camping, obstruction, trespass, park, or public-property ordinances. For example, a municipality elsewhere in DuPage County may have substantially different rules from the county itself. Naperville, Aurora, Wheaton, Glendale Heights, Lombard, Addison, unincorporated DuPage, etc. can have different ordinances.

The county's online code is currently shown as updated through February 5, 2026, although it notes that some recently enacted ordinances may not yet be incorporated. ([Municode Library](#))

There is also an important constitutional development: in *City of Grants Pass v. Johnson* (2024), the U.S. Supreme Court held that enforcing generally applicable public-camping laws against people experiencing homelessness does not, by itself, violate the Eighth Amendment's prohibition on cruel and unusual punishment. ([Legal Information Institute](#))

That means a government generally has more authority to enforce a valid camping prohibition than it did under the earlier *Martin v. Boise* framework.

Actual encampment

Situation	Potential legal basis for enforcement
Camping on Illinois Prairie Path / Great Western Trail	County camping prohibition
Camping in a city/village park	Municipality's park/camping/public-property ordinances
Camping on county property	County property rules, trespass, applicable ordinances
Camping on private property without permission	Trespass/property law
Blocking sidewalk, trail, roadway, entrance, etc.	Applicable obstruction/right-of-way laws
Openly possessing illegal drugs	Illinois Controlled Substances Act
Injecting/using illegal drugs in public	Underlying drug offense + potentially other offenses
Smoking/consuming cannabis in public	Illinois Cannabis Regulation and Tax Act
Drug sales/distribution	More serious Illinois controlled-substance offenses

2. Public drug use

For illegal controlled substances such as heroin, cocaine, methamphetamine, or illegally possessed fentanyl, the principal law is Illinois state law, rather than a special DuPage County “public drug use” ordinance. Illinois' Controlled Substances Act makes unauthorized possession of controlled substances unlawful, and other provisions address manufacture, delivery, and possession with intent to deliver. ([Illinois General Assembly](#)) Under Illinois law, enforced locally by DuPage County agencies and municipal police, delivering or using controlled substances in protected public zones—such as parks or near schools—carries heightened felony charges (often Class X felonies). So if someone is openly injecting or smoking an illegal controlled substance in a public park, sidewalk, trail, etc., there can be a criminal drug offense regardless of whether the location has an encampment ordinance. Depending on the circumstances, other offenses—such as trespass, disorderly conduct, or possession of drug paraphernalia—may also be relevant.

3. Homeless persons that are a danger to themselves or other

Illinois law has specific mechanisms for dealing with a person who is a danger to themselves or others, including someone who is homeless. Homelessness itself is not the legal basis for intervention; the person's behavior and condition are what matter.

Illinois involuntary mental-health admission

Under the Illinois Mental Health and Developmental Disabilities Code, a person can qualify for involuntary inpatient admission when, because of mental illness:

- They are reasonably expected to engage in conduct that would cause physical harm to themselves or another person unless hospitalized;
- They are unable to provide for their basic physical needs and are at serious risk of harm without assistance; or
- In certain circumstances, they are refusing or unable to understand the need for treatment and are reasonably expected to deteriorate into one of the above conditions. ([Illinois General Assembly](#))

Importantly, being homeless, intoxicated, mentally ill, or behaving strangely by itself does not automatically satisfy the standard. There generally needs to be evidence connecting the person's condition to the danger or inability to care for themselves.

Police can be involved in an emergency. Illinois law provides for emergency admission when someone meets the involuntary-admission criteria and immediate hospitalization is necessary to protect that person or others from physical harm. The statute permits emergency admission through the procedures in Article VI of the Mental Health Code. ([Illinois General Assembly](#))

A petition for involuntary admission can also be initiated by an adult when immediate hospitalization is necessary for protection from physical harm. The petition is supposed to describe the person's behavior, threats, signs/symptoms, and the circumstances supporting the claim.

([Illinois General Assembly](#))

This can apply even when the person is living in an encampment.

For example, there is a significant legal difference between: "There is a homeless person sleeping in a park." and: "There is a person at an encampment who is threatening people with a weapon, attempting to seriously injure themselves, wandering into traffic, or is so severely mentally impaired that they cannot protect themselves from serious physical harm."

The second situation can potentially trigger mental-health emergency intervention, independent of the camping issue.

There can also be criminal-law grounds for intervention if the person is committing an offense—such as assault, threatening behavior, drug possession, or other crimes. Mental illness or homelessness doesn't immunize someone from ordinary criminal laws.

DuPage County has a crisis system. DuPage County Health Department operates crisis services, including a 24/7 crisis line (630-627-1700) and crisis evaluations. The county also operates a voluntary crisis-residential program in Wheaton. ([DuPage Health Department](#))

Particularly important is the point that: "danger to self or others" isn't limited to someone explicitly saying "I'm going to hurt myself." The person's actual conduct, threats, recent behavior, and circumstances can be relevant to determining whether the statutory standard is met. Illinois law specifically permits consideration of behavioral history in determining whether the involuntary-admission criteria are satisfied. ([Illinois General Assembly](#))

4. Sex Offender Registry and Notification

SORNA is federal law, while DuPage County's day-to-day registration process is primarily carried out under Illinois's Sex Offender Registration Act (SORA).

a. A homeless registrant still has to register. SORNA expressly requires jurisdictions to register homeless and transient sex offenders. Federal guidance says that someone who has no fixed address must provide a description of where they habitually live that is as specific as reasonably possible under the circumstances. ([Sex Offender Registry Office](#)) Illinois goes further in its own statute. Under 730 ILCS 150/3, a person who lacks a fixed residence must report weekly, in person, to:

- the sheriff if located in an unincorporated area; or
- the municipal police chief if located within a municipality.

The registering agency must document all locations where the person stayed during the preceding seven days. ([Illinois General Assembly](#)) That is particularly significant for an encampment situation.

b. The location information goes into the law-enforcement system

Illinois requires the registering agency to enter the registration information into LEADS (Law Enforcement Agencies Data System) and forward the required information to the Illinois State Police within three days. ([Illinois General Assembly](#)) Illinois State Police then maintains the statewide sex-offender database. The database is derived from LEADS, and Illinois law requires the public database to be searchable geographically through a mapping system identifying registered offenders within five miles of an identified address. ([Illinois General Assembly](#))

So there are essentially multiple layers:

Registrant → local law enforcement → LEADS/Illinois State Police → statewide registry → public registry

c. Information is shared between jurisdictions

SORNA requires immediate sharing when a registrant's information changes. This includes sharing with:

- other jurisdictions where the person resides;
- jurisdictions where the person works;
- jurisdictions where the person attends school; and
- jurisdictions from or to which the person changes residence, employment, or student status.

The federal SMART Office specifically describes this as an immediate information-sharing obligation. ([Sex Offender Registry Office](#)) Thus, if a homeless registrant moves from an encampment or other location in one DuPage municipality to another jurisdiction, that isn't simply information that remains in the original police department's files.

d. Illinois specifically requires sharing when someone cannot be located

Illinois has an especially relevant provision in **730 ILCS 150/8-5(c)**. When a sex offender fails to respond to address-verification attempts or otherwise absconds from registration, Illinois State Police is required to share information with local law-enforcement agencies and use available analytical resources to help determine the person's potential whereabouts. ([Illinois General Assembly](#))

So the information flow isn't limited to a person's registered street address. It can include information used by law enforcement to locate the person.

e. What becomes public?

This is where SORNA and the law-enforcement database need to be distinguished.

Federal SORNA requires the public registry to contain, among other things:

- name and aliases;
- residence address, including information about where a person **habitually lives**;
- employer address;
- school address;
- vehicle information;
- physical description;
- photograph; and
- offense information.

The federal SMART Office specifically says this applies to homeless registrants as well. ([Sex Offender Registry Office](#))

But not every piece of information law enforcement possesses is necessarily put on the public website. The law-enforcement database can contain considerably more information than the public-facing registry.

f. Why this matters for an encampment

For an individual without a fixed residence, Illinois law requires weekly reporting and documentation of all locations where the person stayed during the previous seven days. ([Illinois General Assembly](#))

That could provide law enforcement with information concerning an encampment, shelter, vehicle, or other locations, subject to what the person actually reports and what law enforcement can verify.

There is also a distinction between "where the person is registered" **and** "where law enforcement knows or believes the person currently is." The latter can involve investigative/law-enforcement information that isn't necessarily displayed on the public registry.



1D-1. LOCAL COMPETITION SCORING TOOL

2025/2026 DuPage CoC IL 514

Priorities	Criteria	Maximum Points
See question C.2. The severity of Needs/Barriers experienced by program participants in order to serve those with the highest needs.	Project serves: • Chronically homeless • Youth • Veterans • Low or no income • Current substance abuse, significant health or behavioral health challenges, or functional impairments • Coming from the streets • Criminal history • Abuse/victimization or a history of victimization/abuse, Domestic Violence, Sexual Assault, Childhood Abuse, sex trafficking • High utilization of crisis or emergency services to meet basic needs • Length of time homeless • Risk of continued homelessness • Risk of illness or death • Only project of its kind in the CoC geography	10 <i>(1 point for each population served up to 10 pts maximum)</i>

2025/2026 CoC Ranking Criteria

.7 The project will require participants to take part in supportive services (case management, life skills, employment training, substance abuse and mental health treatment) by attaching a participant service agreement.	• Contract • Occupancy agreement • Lease • Equivalent Narrative describes the extent and scope of services provided.	6 points
See question C.3. Supportive Services Project has committed to providing an array of supportive services. The project will provide or partner with other organizations to provide eligible supportive services to assist participants to obtain and maintain housing and achieve self-sufficiency.	Applicant describes how the project will provide or partner with other organizations and their roles. Includes what supportive services are available.	Up to 5 points

2025/2026 CoC Ranking Criteria

See question C.4. Mainstream Resources The project will be supplemented with other public and private resources such as mainstream health, social and employment programs.	Applicant shows coordination with health organizations, social services, treatment services and/or vocational/employment programs.	Up to 3 points
See question C.5. Ensures that the project assists participants to the maximum extent in obtaining mainstream benefits including Medicare, Medicaid, SSI and SNAP.	• Project provides transportation assistance to appointments • Use of a single application form for 4 or more benefits • Annual follow-ups to ensure benefits are received and renewed • Helps participants applying for SSI/SSDI and get the technical assistance they need • SOAR training for staff is accessible.	5 1 point for each criteria met (up to 5 points possible)
See question C.6. Monitor the capacity of the project to operate with full unit utilization.	Give the project's average unit occupancy rate over the past operating year.	5 5 points if unit occupancy was 95% or over 4 points if unit occupancy was between 90 – 94.9% 3 points if unit occupancy was between 80 – 89.9% 0 points if unit occupancy was less than 80%

2025/2026 CoC Ranking Criteria

See questions C.7. & C.8. Meets CoC System Performance goals of housing and employment income.	C.7. Measurable outcomes of the project meet these HUD housing stability goals: 80% of leavers are exiting to another permanent housing destination or exiting transitional housing to a permanent housing destination: FOR RENEWALS ONLY (10 points) C.8. Measurable outcomes of the project meet these HUD income goals: 50% of leavers exit with employment income FOR RENEWALS ONLY (10 points)	20 a) 10 points if at least 80%, 5 points if at least 50%, 0 points if below 50% b) 10 points if at least 50%, 5 points if at least 25%, 0 points if under 25%
See Question C.9. Timely draw down of funds. At minimum funds must be drawn on a quarterly basis.	4 points = demonstrates draw down of funds on at least a quarterly basis	4
See question D.1. Monitor the amount of funds unspent from each renewal project for possible reallocation to new beds in order to utilize all CoC funds most effectively.	Indicate the percentage and amount of funds that were unspent. 5 points if 0 – 5% are unspent 4 points if 5.1 – 10 % are unspent 2 points if 10.1 – 15% are unspent 0 points if 15.1% or more are unspent	Up to 5 points
See question D.2. Monitor the capacity of the project to meet HUD reporting requirements.	Timely submission of the project Annual Progress Report (APR) for the last operating year in Sage on or before the due date. 5 pts no APR 0 pts.	5

2025/2026 CoC Ranking Criteria

See question D.3. Applicant follows McKinney-Vento laws regarding education of homeless students.	1 point = Agency has a dedicated staff person to coordinate linkages to services for homeless students. 1 point = Agency has developed policies and procedures. 1 point = Agency has adopted policies and procedures through Board Action. 1 point = Agency has written agreement(s) with agencies serving infants, toddlers and preschool children (i.e. MOU w/Head Start program)	4 (1 point for each criteria met)
See question D.4. and UPLOADED COST FORMS. Funding request is appropriate to scope/size of proposed project. Average cost per household is reasonable. See information below and review UPLOADED COST FORMS. Applicant organization demonstrates it has funding request appropriate to scope and size of the proposed project and has identified sources of non-federal 25% cash match.	5 points = Includes an acceptable budget in sufficient detail, costs are adequately tied to project activities, all costs are justified and reasonable 1 point = Meet minimum requirement of having 25% match with identified sources of non-federal cash match in appropriate amount/s.	Up to 6 points
See question D.5. Made program modifications when appropriate, to best serve its participants.	Agency adequately describes qualitative and quantitative evidence which demonstrated either the strength of the existing program or the need for improvements, change, or no changes.	2
See question D.6. New Projects. Coordination with Housing and Healthcare.	- Describe possible sources of housing leveraging equal to at least 25% of units for PSH or participants for RRH that are not funded by the CoC or ESG – (5 pts.) - Describe possible sources of leveraging for healthcare resources that equal at least 25% of the request - (5 pts.) - Provide the timetables established to achieve project goals and discuss how the project will be staffed – (5 pts).	Up to 15 points

2025/2026 CoC Ranking Criteria

See questions D.7 and D8. Required Participation in Support Services for Housing Projects Attachment required is Supportive Housing Contract of Participation for Residents. D9. Lived Experience	The PH or TH project requires participants to take part in support services (case management, life skills, employment /vocational training, counseling, etc.) For TH projects this must be at least 40 hours per week. The attachment is a written document/contract signed by each resident that identifies the support services that are required to be participated in. For TH projects, the contract states at least 40 hours per week of participation is required. D.9. How do you involve individuals with lived experience in 1) service delivery and 2) decision making processes? (2 pts)	6 (Up to 6 pts maximum)
See Questions E.1. and E.2. - Applicant has demonstrated capacity to achieve proposed project goals and verified use of best practices through a third party review.	2 points • Application process • Financial and organizational review OR program review • End result is funding, licensure, certification, or accreditation for a specific time period.	5 (Up to 5 points possible)
	3 points • Application process • Financial and organizational review, site visit, program review – (Has 2 of these 3 items) • End result is funding, licensure, certification, or accreditation for a specific time period 5 points (MUST include all 4 items) • Application process • Financial and organizational review, site visit • Program review • End result is funding, licensure, certification, or accreditation for a specific time period – revise this	

2025/2026 CoC Ranking Criteria

See Question E.3.a - Applicant organization has demonstrated a level of participation in the DuPage County Continuum of Care CONTINUUM COMMITTEE CHAIRS WILL PROVIDE THIS SCORE.	Active and regular participation in Continuum committee meetings: <u>1</u> point = Active in one committee <u>2</u> points = Active in two committees <u>3</u> points = Active in three or more committees And / Or: 2 points = Agency has employed a Committee Chairperson in the past twelve months with regular and active participation and/or a staff member with active participation in special CoC projects, subcommittees, task forces, etc. with chairperson recommendation.	5 (Up to 5 points possible)
See Question E.3.b - Applicant HMIS Participation. HMIS LEAD WILL PROVIDE THIS SCORE.	5 points = Contributes consistent and quality data containing the Minimum Data Elements and Program specific data elements for all clients served. At least 50% of agency end users have been certified. Agency has addressed any issues identified at last security monitoring visit. Agency Data Administrator	5 (Up to 5 points possible)
	attends all mandatory training sessions and meetings. 3 points = Contributes consistent and high-quality data containing the Minimum Data Elements and Program specific data elements for all clients served or domestic violence service provider that has demonstrated utilization of comparable data base. 1 point = Contributes data but is not of sufficient quality to meet standards. 0 points = Domestic violence service provider that cannot demonstrate utilization of comparable data base.	

2025 CoC Ranking Criteria re

See Questions E.3.c - Applicant participates in CoC Street Count planning and implementation during years when CoC Biennial Point in Time Street Count activity takes place. CONTINUUM STREET COUNT COMMITTEE WILL PROVIDE THIS SCORE.	5 points = One decision maker staff or their delegate staff participates in each planning meeting. Agency provides a minimum of one team (2+ persons) to participate on the night of the count. Two meetings (Nov/Dec) One training (Jan) Night of the Count (Jan)	5 (Up to 5 points possible)
See Question F.1. Applicant has demonstrated the need for this project targeted to survivors of domestic violence who meet the definition of homeless. Need must use data from HMIS or a comparable database that meets HMIS standards. THIS IS FOR DOMESTIC VIOLENCE PROJECTS ONLY.	<u>2</u> points = Agency has data to quantify the need for this project within the CoC from a database comparable to or using HMIS. <u>3</u> points = Agency has demonstrated the extent of need for this project within the CoC, identified gaps within the system, and how this project will fill this gap.	5 (Up to 5 points possible)
See Question F.2. Project involves survivors with a range of lived expertise in policy and program development throughout the project's operation. THIS IS FOR DOMESTIC VIOLENCE PROJECTS ONLY.	5 points – Agency adequately describes how the project involves survivors with a range of lived expertise in policy and program development throughout the project's operation.	5 (Up to 5 points possible)
	Total Score Max Available - Renewal Projects 100 Total Score Max Available - New Projects 69 Total Score Max Available - Renewal DV Projects 79 Total Score Max Available - New DV Projects 110	



1D -2c. LOCAL COMPETITION SELECTION RESULTS

Table of FINAL PROJECT SCORES with Status

2026 DUPAGE COC HUD PROJECT AMOUNTS with SCORES Local Competition Selection Results							
AGENCY	PROJECT NAME	TYPE	Score	Status	Rank	Amount Recommended	Reallocated Funds
DuPagePads, Inc.	Carol's Place Expansion	PSH-new	67.0	Accepted	1	\$125,430	\$125,430 of Hope Place
Catholic Charities, Diocese of Joliet	Partners In Housing	PSH-renew	92.8	Accepted	2	\$518,12	0
DuPagePads, Inc.	Carols Place	PSH-renew	87.0	Accepted	3	\$1,748,98	0
DuPagePads, Inc.	New Horizons	PSH-renew	69.0	Accepted	4	\$677,542	0
Midwest Shelter for Homeless Veterans	Freedom Harbor	PSH-renew	71.4	Accepted	5	\$91,633	0
Catholic Charities, Diocese of Joliet	DuPage Daybreak	TH-renew	98.8	Accepted	6	\$222,546	0
360 Youth Services	Youth In Transition	TH-renew	85.0	Accepted	7	\$215,848	0
DuPage County	Coordinated Entry	SSO-renew	96.0	Accepted	8	\$ 90,736	0
DuPage County	HMIS	SSO-renew	0	Accepted	9	\$212,094	0
Catholic Charities, Diocese of Joliet	SHIFT- New Hope	TH-new transition	68.6	Accepted	10	\$1,165,296	\$1,165,296 of SHIFT PSH
DuPagePads, Inc.	Street Outreach	SSO - new	62.8	Accepted	11	\$170,000	0
Catholic Charities, Diocese of Joliet	DuPage Daybreak Expansion	TH- new	68.8	Accepted	12	\$273,594	\$273,594 of Journey Home Joint TH-RRH

DuPagePads, Inc.	New Beginnings	TH – new Transition	96.0	Accepted	13	\$436,042	\$436,042 of New Beginnings PSH
DuPagePads, Inc.	Pathways	TH - new	69.0	Accepted	14	\$651,851	\$651,851 of Hope Place PSH
DuPagePads, Inc.	Linda's Light	TH – DV new	79.0	Accepted	15	\$1,288,600	\$1,288,600 of Haven of Hope RRH
360 Youth Services	Youth In Transition Expansion	TH - new	66.6	Accepted	16	\$1,339,100	\$708,828 of 360 Joint TH-RRH + bonus
DuPagePads, Inc.	Access Center Extended Hours	SSO-new Standalone	63.0	Accepted	17	\$463,800	
DuPagePads, Inc.	Rylee's Light	TH- NEW DV BONUS	79.0	Accepted	18	\$873,357	
DuPage County	Planning		n/a	Accepted	Not ranked	\$421,357	0



3A.DP COC STATEMENT TO ADVANCE RECOVERY

IL 514



DuPage County Continuum of Care Statement on Prohibited Drug Related Activities in

CoC Funded Housing Projects

Purpose

The DuPage County Continuum of Care (CoC) is committed to operating housing and supportive services programs in a manner that promotes housing stability, participant well-being, compliance with federal law, and responsible stewardship of federal funds. Consistent with 21 U.S.C. §§ 856(a)(1), 856(a)(2), and 863, 2 CFR 200.300(a), and applicable U.S. Department of Housing and Urban Development (HUD) regulations, all housing projects submitted for funding through the DuPage County CoC shall comply with the requirements outlined in this statement.

Prohibited Activities

Any housing project receiving or seeking Continuum of Care funding through the DuPage County CoC shall not:

1. Operate, establish, maintain, or support a drug injection site, "safe consumption site," or any facility intended for the purpose of unlawful drug use in violation of federal law;
2. Knowingly permit the use, possession, manufacture, distribution, or trafficking of illicit drugs on property under the ownership, management, or control of the project in violation of 21 U.S.C. § 856(a)(2);
3. Knowingly distribute drug paraphernalia on or off property under the ownership, management, or control of the project in violation of 21 U.S.C. § 863;
4. Conduct, permit, encourage, facilitate, or allow any of the activities described above under the pretext of "harm reduction" or any similar program model that would violate applicable federal law.

Nothing in this statement shall be construed to prohibit lawful, evidence-based harm reduction practices that are otherwise permissible under federal, state, and local law and do not involve the operation of drug injection sites, the distribution of illegal drug paraphernalia, or the facilitation of illegal drug use.

Project Compliance and Monitoring

All CoC-funded housing providers shall certify compliance with this statement as part of the application, contracting, and monitoring processes. The DuPage County CoC reserves the right to investigate credible allegations of noncompliance and may require corrective action, documentation, site reviews, or other measures necessary to determine compliance.



Remedies for Noncompliance

If the DuPage County CoC determines that a CoC funded housing project has violated this statement, the CoC may take one or more of the following actions, as appropriate:

1. Require the agency to submit and implement a corrective action plan within a specified timeframe;
2. Place the project on probationary status and increase monitoring requirements;
3. Reduce the project's ranking or priority status in future CoC funding competitions, as permitted by HUD regulations;
4. Recommend reallocation of funding from the noncompliant project in accordance with HUD requirements;
5. Refer the matter to HUD or other appropriate authorities for further review or enforcement action; and/or
6. Take any additional action authorized under applicable federal regulations, grant agreements, or CoC governance documents.

Support for Treatment and Recovery Services

The DuPage County CoC encourages all housing providers to maintain strong partnerships with substance use disorder treatment providers, recovery support services, recovery housing programs, healthcare providers, and community-based organizations. Providers are encouraged to offer referrals and facilitate voluntary access to treatment, recovery supports, medication-assisted treatment, behavioral health services, and recovery housing opportunities both within and outside the Continuum of Care service area.

Housing Models and Participant Requirements

Nothing in this statement shall be interpreted as requiring program participants to be sober as a condition of receiving housing assistance, requiring participation in treatment as a condition of receiving assistance, or requiring termination of assistance for a first-time violation of a drug-related program policy or lease provision.

Likewise, nothing in this statement shall restrict or prohibit CoC-funded housing projects that, consistent with 24 CFR Part 578 and other applicable laws, require sobriety or participation in treatment as a condition of assistance. Individual agencies may establish program eligibility requirements and operating policies that are permitted under federal regulations and are clearly communicated to participants.

Effective Date 7-22-2026

This statement shall apply to all housing projects submitted by the DuPage County Continuum of Care for Continuum of Care Program funding and shall remain in effect until amended or rescinded by the DuPage County CoC Leadership Committee.