

# COORDINATED ENTRY SYSTEM

## POLICIES AND PROCEDURES

CoC IL-508 - St. Clair County, Illinois



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## INTRODUCTION

The St. Clair County Continuum of Care (SCCCoC) is the designated planning and coordinating body for homeless housing and services for the East St. Louis/Belleville/St. Clair County Continuum of Care (CoC IL-508). SCCCoc desires to end homelessness in St. Clair County, and it believes that a well-run coordinated entry system is integral toward achieving this goal.

Coordinated entry (CE) is an approach to coordination and management of a Continuum of Care’s housing crisis response system. Coordinated entry enables providers and homeless assistance staff to make consistent decisions from available information to connect people efficiently and effectively in crisis to interventions that will rapidly end their homelessness.

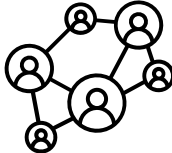
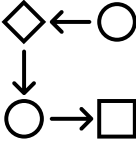

The CoC Program interim rule (24 CFR 578) released by HUD in 2012 requires that CoCs establish and operate a “**centralized or coordinated assessment system.**” The rule defines coordinated entry as:

*...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. [Such a] system covers the [CoC’s] geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. (24 CFR Part 578 )*

## CORE ELEMENTS OF COORDINATED ENTRY

Coordinated Entry is the streamlined effort to connect available housing resources in an area with people who need them in a systematic way.

There are three important parts:

Organization	Clarity	Collaboration
		
A structured, standardized system that ensures all people experiencing homelessness can access housing and services consistently across the CoC.	Transparent processes and clear standards that make the system fair, equitable, and easy to navigate.	A coordinated network of providers working together to share resources and meet community needs effectively.

## GLOSSARY OF TERMS

<b><i>Affordable Housing</i></b>	Housing is considered affordable when the occupant pays no more than 30% of their gross income for housing costs, including utilities. This standard typically applies to households earning at or below 80% of the Area Median Income (AMI)
<b><i>Chronic Homelessness</i></b>	A person is considered <u>chronically homeless</u> if they are literally homeless, have a disability and have been homeless for at least 12 months or four times in the last three years (Note that the precise definition is much more complex).
<b><i>CoC</i></b>	A <u>Continuum of Care</u> is a local planning body that coordinate efforts to address homelessness in a given community or region.
<b><i>CoC Program</i></b>	The <u>Continuum of Care Program</u> is a HUD funding sources that supports local CoCs and projects that address homelessness. It funds coordinated entry, HMIS, permanent supportive housing, rapid rehousing, transitional housing, and supportive services.
<b><i>ES</i></b>	<u>Emergency Shelter</u> is a type of housing that provides short-term bridge housing, Its purpose is to get people off the streets
<b><i>ESG Program</i></b>	The <u>Emergency Solutions Grant Program</u> is another HUD funding source to address homelessness. It funds emergency shelters, rapid rehousing, street outreach, HMIS, homeless prevention and administrative activities.
<b><i>Fair Housing</i></b>	Fair housing means the right to obtain housing without discrimination based on race, color, religion, sex, national origin, disability, or familial status, as protected under the Fair Housing Act (42 U.S.C. §§ 3601–3619).
<b><i>HIC</i></b>	The <u>Housing Inventory Count</u> is an annual survey of housing resources that are available to individuals and families who are experiencing homelessness. It occurs on the same date as the Point-in-Time count in late January of each year.
<b><i>HMIS</i></b>	The <u>Homeless Management Information System</u> is a shared online database, designated by the CoC, to keep track persons who are homeless, record their movements through the system, and provide aggregated data on progress toward ending homelessness.
<b><i>HUD</i></b>	The <u>U.S. Department of Housing and Urban Development</u> is a federal agency that funds local projects. HUD is the principal federal entity that addresses homelessness.
<b><i>IGD</i></b>	The St. Clair County <u>Intergovernmental Grants Department</u> is the Collaborative Applicant and lead agency for the St. Clair County CoC. It is the lead agency and
<b><i>MAP</i></b>	The <u>Matching to Appropriate Placement</u> tool is used in Coordinated Entry systems to assess the needs and vulnerabilities of individuals experiencing homelessness.
<b><i>OPH</i></b>	<u>Other Permanent Housing</u> refers to all types of permanent housing which are neither PSH nor RRH.

<b>PII</b>	<u>Personally Identifiable Information</u> refers to data which can be used to uniquely identify an individual, such as name, social security number, drivers license number, date of birth, and the like.
<b>PH</b>	<u>Permanent Housing</u> includes all forms of housing that are stable and not time-limited. It is usually characterized by a lease or mortgage.
<b>PSH</b>	<u>Permanent Supportive Housing</u> is stable, long-term housing for persons who have been homeless and have a serious life-altering disability. The disability can be physical or behavioral. PSH has supportive services, which are voluntary.
<b>ROI</b>	<u>A Release of Information</u> is written permission by which a participant allows their personal information to be shared with other organizations.
<b>RRH</b>	<u>Rapid Rehousing</u> is a form of housing which combines short-term rental assistance payments with voluntary supportive services.
<b>Sheltered</b>	<u>Sheltered</u> persons are those who live in emergency shelters or transitional housing.
<b>SCCCoC</b>	The <u>Saint Clair County Continuum of Care</u> is the primary planning and oversight body for efforts to reduce and end homelessness in St. Clair County. It is known locally as the Homeless Action Council or HAC.
<b>TH</b>	<u>Transitional Housing</u> provides temporary housing with supportive services for up to 24 months while persons work to overcome barriers to stable permanent housing.
<b>Unsheltered</b>	<u>Unsheltered</u> persons sleep on the streets, in vehicles, in abandoned buildings, in encampments, or any other place not suited for human habitation.

## ROLES

<b>CoC Board</b>	<u>The CoC Board</u> is responsible for the approval of CE Policies & Procedures.
<b>CE Committee</b>	<u>The CE Committee</u> is responsible for advising the CoC Board and the CE Grantee regarding the functioning and evaluation of CE, including recommending CE Policies and Procedures.
<b>CE Grantee</b>	<u>The CE Grantee</u> is the organization that is designated to administer and supervise CE and to receive CE grants from HUD. IGD is the CE Grantee for St. Clair County.
<b>CE Staff</b>	<u>The CE Staff</u> operates CE on a day-to-day basis.
<b>Collaborative Applicant</b>	<u>The Collaborative Applicant</u> is the entity that serves as the “hub” of a local CoC system and is the CE grantee. IGD is the Collaborative Applicant for St. Clair County.
<b>HMIS Lead Agency</b>	<u>The HMIS Lead Agency</u> is the entity that administers HMIS and receives HMIS grants from HUD. IGD is the HMIS Lead Agency for St. Clair County.

## **GEOGRAPHIC COVERAGE**

***POLICY: The CE process covers the entire CoC geographic area, including all of St. Clair County, Illinois.***

## **PARTICIPATION AND COORDINATION**

***POLICY: HUD requires all CoC Program- and ESG Program-funded projects to participate in CE. SCCCoC wants all homeless assistance projects to participate in CE process and works with all local projects and funders in its geographic area to facilitate their participation in the CE.***

Both the CoC Program interim rule and the Emergency Solutions Grants (ESG) program interim rule (24 CFR 578.7(a)(8) require that projects operated by recipients and subrecipients of CoC or ESG grant funds must participate in the established coordinated entry process. The SCCCoC is committed to aligning and coordinating CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Programs funds. <https://www.hud.gov/sites/documents/17-01CPDN.PDF>

## **GUIDING PRINCIPLES**

The St. Clair County Continuum of Care requires that coordinated entry abide by the following guiding principles:

1. **Prioritization of the most vulnerable.** CE resources are first directed to persons and families who are most vulnerable. Less vulnerable persons and families are assisted as resources allow.
2. **Safety and emergency plans.** CE ensures the safety of all individuals and families seeking assistance including assuring rapid linkage to emergency and victim services.
3. **Nondiscrimination.** CE is available to all eligible persons regardless of race/ color, national origin, religion, sex, age, familial status, disability, or marital status.
4. **Cultural competency.** CE incorporates cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
5. **Promote participant choice and participant-centered practices.** CE treats every person with dignity, prevents them from experiencing further trauma; offers at least minimal assistance, and participates in their own housing plan. Participants are offered choice whenever possible.
6. **Low barriers.** SCCCoC identifies system practices and individual project eligibility criteria which may contribute to excluding participants from services; and works to eliminate those barriers. As a “low barrier” CoC, SCCCoC engages and enrolls eligible persons in homeless assistance projects regardless of perceived barriers such as lack of income, lack of sobriety, presence of criminal records, or historical noncompliance with program requirements.
7. **Person-centered practices.** CE reduces the stress of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant’s immediate housing crisis.
8. **Standardization.** CE implements standard assessment tools and practices; and captures only the limited information necessary to determine the severity of the participant’s needs and the best referral strategy.
9. **Transparency.** CE makes thoughtful decisions and communicates directives openly and clearly.

10. **Continuous quality improvement efforts.** CE continually strives for effectiveness and efficiency and makes changes to improve the quality of our work.
11. **Collaboration.** SCCCoC practices and promotes inclusive planning and decision-making which involves all affected parties.
12. **HMIS.** CE utilizes HMIS to manage participant information and facilitate quick access to available resources.
13. **Data driven.** SCCCoC uses data to assess effectiveness, analyze needs, and create a diversity of housing and service options.

## **ACCESS**

### **SINGLE POINT OF ACCESS**

SCCCoC has a single designated point of access to coordinated entry at the St. Clair County Housing Resource Center (HRC), 19 Public Square, Suite 200, Belleville, IL 62220. Individuals in need of assistance can call 618-825-3330, 24 hours a day, to access emergency services. The only exceptions are for persons fleeing domestic violence, who may contact the Violence Prevention Center's 24-hour crisis hotline at 618-235-0892. In addition, the Violence Prevention Center of Southwestern Il will follow the same prioritization procedure with the sole focus on survivors of domestic violence.

### **ACCESSIBILITY**

***POLICY: CE services are physically accessible to persons with mobility barriers. All CE communications and documentation are accessible to persons with limited ability to read and understand English. To the greatest extent practicable, CE provides communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities. CE provides visually and audibly accessible materials when requested by agencies or participants.***

### **SAFETY PLANNING AND RISK ASSESSMENT**

***POLICY: All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to available crisis services within St. Clair County.***

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

### **EMERGENCY ACCESS**

***POLICY: CE initial screening and assessment services may be available during business hours only. Persons needing emergency services, including shelter, during hours when CE is not operating, are served by outreach programs, shelters, and other charitable organizations that are in position to meet urgent needs.***

When persons need to access assistance during non-business hours, they can access emergency shelter or the 24-hour Homeless Hotline (618-825-3330) without first receiving an assessment through coordinated entry. ESG-funded shelters must connect the persons with CE via phone or personal contact on the next day when CE is open. Screening and assessment will be started on all ES participants within 3 days after entry to ES.

## **STREET OUTREACH PROGRAMS**

***POLICY: Street outreach programs are encouraged to link persons experiencing homelessness with CE.***

Street outreach teams and drop-in centers should function as partners in the CE process, seeking to engage persons who may be reluctant to seek assistance. SCCCoC attempts to establish working agreements with these organizations. Because some persons encountered by street outreach programs are reluctant to engage with CE, outreach programs maintain contact and keep track of them and move them towards engagement. When they indicate readiness for engagement, the street outreach program or drop-in center should put them in contact with CE.

## **INTAKE SCREENING, AND DIVERSION**

The CE staff creates a welcoming and accepting atmosphere. The CE worker identifies and addresses immediate crises, identifies and refers victims of domestic violence (including stalking, sexual assault, and trafficking), and determines if diversion is possible and appropriate.

Using the Coordinated Entry Assessment & Prioritization form in HMIS, CE staff asks about:

- Emergencies needing immediate attention from health providers or law enforcement.
- The nature of the problem. This identifies non-housing issues, such as food shortages, that can be promptly connected with community resources.
- Possible exposure to domestic violence. These cases are immediately connected with the Violence Prevention Center hotline (618-235-0892 or 800-924-0096).
- If the person has a safe place to sleep that night.
- If the person has anyone or knows any way to keep them off the streets or a shelter. CE staff repeats this question several times. If the person offers a route of diversion, the worker follows through. Examples could include negotiating with landlords or calling a person's friends or relatives to secure temporary sleeping space.

## **PRIVACY PROTECTIONS**

***POLICY: Coordinated entry staff must obtain consent from the individual seeking assistance prior to sharing any Personally Identifiable Information (PII) that will be stored in HMIS or other data systems.***

Consent to share data must be requested at the early stages, normally after triage and domestic violence screenings described in the section on Assessment. Coordinated entry does not maintain records with PII that indicate if a person is a victim of domestic violence, dating violence, sexual assault, or stalking.

A participant's request for housing crisis response assistance initiated through phone or email communication will be considered notification of intent and inferred to be client consent to disclose PII collected via phone or email. CE participating agencies shall obtain written client consent to share data

from the participant when he or she comes in and when additional data are collected during an in-person assessment.

Participants are free to decide what information they will provide. Coordinated entry does not deny assessment or services to those who refuse to provide information unless the information is needed to establish or document eligibility for specific interventions, or if it is required by statute as a condition of program participation.

Coordinated entry does not require that participants disclose specific diagnoses or disabilities. However, such information may be requested when needed to make appropriate referrals.

## **HOMELESS PREVENTION**

***POLICY: CE screens all persons for homelessness prevention assistance as appropriate.***

The coordinated entry staff may be able to prevent the person from becoming homeless by drawing on available resources. Homeless prevention services include any interventions with organizations that keep persons from homelessness. Typical prevention services include assistance with back rent or utilities, referrals for legal representation, and foreclosure avoidance.

CE follows specific eligibility requirements when prevention services are funded through the Illinois Department of Human Services. Currently, the State of Illinois does not use HUD's Emergency Solutions Grant program (ESG) for prevention.<sup>1</sup> If the state allows ESG funds to be used for prevention in the future, coordinated entry staff will follow HUD's ESG eligibility documentation standards.

Whenever prevention services are offered, participant data is entered into HMIS (see sections on [Privacy Protections](#) and [Data Management](#)). If prevention is successful, the participant does not move to the next step of assessment.

## **VETERANS**

Coordinated entry refers all persons who identify as veterans to the Supportive Services for Veterans Families (SSVF) project operated by Chestnut Health Systems. SSVF screens for VA-related and other mainstream services, and it may make direct referrals for housing and services that are dedicated to veterans. However, CE assesses all homeless veterans in the same manner as non-veterans, and veterans are offered the same housing and services available throughout the CoC.

## **ASSESSMENT**

Coordinated entry employs a progressive assessment approach. Coordinated entry staff asks only those assessment questions directly related to service enrollment and prioritization decisions necessary to progress the participant to the next stage of assessment or determine a referral to a service strategy.

SCCCoC prohibits coordinated entry from screening people out due to perceived barriers to housing or services, including but not limited to too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

## STANDARDIZED PROCESS

**POLICY:** *The CoC's CE process provides a standardized assessment process to all CE participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.*

**POLICY:** *CE follows the assessment and triage protocols of the CE system. The assessment process progressively collects only enough participant information to prioritize and refer participants to available housing and support services.*

## ASSESSMENT PHASES

SCCCoC utilizes the following phased approach to engage and appropriately serve persons seeking assistance through the CE system:

1. **Triage (Immediately):** This first phase identifies the immediate housing crisis; and clarifying that the CoC is the appropriate system to address the potential participant's immediate needs. CE also inquires about domestic violence and if appropriate, makes a warm handoff to the Violence Prevention Center.
2. **Diversion and/or Prevention Screening (Immediately):** The second phase of assessment takes place immediately upon engaging with a participant. During this phase, CE staff examines resources that could be used to avoid the participant entering the homeless system of care.
  - a. In case of diversion, CE collects enough Personally Identifiable Information (PII) to enter and exit the person from the CE project.
  - b. In case of referral for prevention assistance, CE collects enough PII to enter the person in the CE project and keeps them active until they are stably housed.
3. **Crisis Services Intake (Immediately):** The third phase also takes place immediately, as it is intended to collect all information necessary to enroll the participant in a crisis response project such as emergency shelter or other housing. CE collects enough PII to enter the person in the CE project and keeps them active until they are stably housed.
4. **Housing & Service Assessment (Within 5 business days):** During the fourth phase, assessors will collect information to identify a participant's housing and service needs with the intent to address that participant's immediate crises.
5. **Comprehensive Assessment (Within 5 business days after initial assessment):** In the fifth phase, the assessor will administer the "Matching to Appropriate Placement" (MAP) tool. This assessment helps CE prioritize people for scarce resources by targeting resources to those most in need and by suggesting interventions which are most likely to lead to stable housing. CE administers the MAP in the same manner and uses the same process.

The MAP gathers information and quantifies vulnerabilities and risks for the following factors: advanced age, homeless history, emergency service use, legal issues, physical health, substance abuse, mental health, medications, eviction history, credit issues and abuse/trauma. MAP yields a score that suggests the most appropriate housing intervention and can be used to guide the mix of supportive services.

6. **Updated Assessment (Ongoing):** CE will inform participant during the initial assessment to contact CE to update CE staff with emergence of new information. CE enters updated assessment data when new information might suggest a revised referral strategy.

## **UPDATING ASSESSMENTS**

***POLICY: CE updates assessment information at least once a year for persons on the prioritization list. Additionally, staff updates participant records with new information as new or updated information becomes known.***

Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. SCCCoC continuously works to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

## **PARTICIPANT AUTONOMY**

***POLICY: It is crucial that persons served by the CE system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. Participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment question, and/or to refuse housing and service options without retribution or limiting their access to other forms of assistance.***

***Throughout the assessment process, participants will not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.***

Staff must inform participants in cases where non-disclosure may limit future options, such as when an applicable program regulation requires the information to establish or document eligibility.

In the early stages of assessment, it is permissible to enter aliases or estimates in HMIS, as stated in the current "HMIS Data Standards" published by HUD. These standards can be found at [HMIS: Homeless Management Information System - HUD Exchange](#).

## **PROTECTED CLASSES**

CE may collect and document participants' membership in Civil Rights protected classes (such as race, age, and ethnicity) but will never consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options.

## **MAINSTREAM SERVICES**

CE staff assists persons who appear to qualify for mainstream services with on-site and/or online applications when possible. Given its limited time and resources, coordinated entry devotes priority attention to those with the greatest risks and vulnerabilities.

## **PRIORITIZATION AND ELIGIBILITY DETERMINATION**

Prioritization and eligibility determination are two different processes. Prioritization refers to determining the most appropriate intervention for a person and establishing the order in which participants are

referred to the identified intervention. Eligibility determination means deciding if a person or family is eligible for a specific project and obtaining documentation required by HUD or other funding source.

## **EMERGENCY SERVICES**

***POLICY: Emergency services are a critical crisis response resource, and access to such services will not be prioritized.***

Each shelter has a set of eligibility standards. For example, shelters funded through HUD's ESG program accept persons based on their self-certification of homeless status. The VPC Domestic Violence shelter accepts persons based on their self-certification that they are fleeing abusive situations. Other shelters have their own eligibility standards.

It is understood that shelters are bridges to permanent housing. Non-DV shelters should inform CE staff of new admissions so that CE can enroll them in CE and conduct assessments.

## **PRIORITIZATION**

***POLICY: CoC will use data collected through the CE process to prioritize homeless persons within the CoC's geography.***

CE uses scores from the MAP as a general guide to indicate which type(s) of housing are recommended for a household and the severity of their service needs.

CE does not use the MAP score as the only factor in prioritization. It considers other factors related to overall length and nature of homelessness, safety, financial resources, support systems, specific health conditions, and others. Persons are referred to housing and services based on the vulnerability reflected in the MAP score, their chronic homeless status and their suitability for available housing.

In the event that funding for a housing program ends and participants are exited from the program due to funding changes, those participants will be placed at the top of the prioritization list for the most appropriate available intervention to maintain housing stability.

## **PRIORITIZATION CRITERIA**

SCCCoC respects the right of participants to choose or reject interventions within limits set by governmental funding sources. The following criteria guide the selection of interventions that are be offered to homeless persons in St. Clair County.

### **PERMANENT SUPPORTIVE HOUSING (PSH):**

Categories 1 & 4 (See attached [appendix A](#), HUD definition of homelessness). The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH are prioritized for available units based on the following criteria (applying the definition of *chronically homeless* set by HUD in its [Homeless Emergency Assistance and Rapid Transition to Housing \(HEARTH\): Defining Chronically Homeless Final Rule](#) ) : A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness. Severe Service needs are determined by the MAP.

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is

dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area.
3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.
4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

**Prioritizing Chronically Homeless Persons in CoC Programs funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness. Severe service needs are determined by the MAP tool.**

**a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe-haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

**b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe-haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which

households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

**c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe-Haven, or Emergency Shelter Without Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe-haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

**d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe-haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe-haven prior to entry in the transitional housing.

**TRANSITIONAL HOUSING (TH):**

The prioritization for persons who are determined to be eligible for TH is consistent with the CoC's scoring range for need and vulnerability associated with TH projects. The CoC prioritizes the following persons for TH (See Attachment A, HUD definition of homelessness for Categories):

**1<sup>st</sup> Priority—Categories 1 & 4 -Homeless Individuals and Families with a Disability with the Most Severe Service Need.**

**2<sup>nd</sup> Priority—Categories 1 & 4-Homeless Individuals and families without a disability with the most severe service needs.**

**3<sup>rd</sup> Priority—Category 2 - Homeless individuals and families with a disability and the most severe service need who are imminently at risk of homelessness.**

**4<sup>th</sup> Priority – Category 2 - Homeless individuals and families without a disability who are imminently at risk of homelessness**

**RAPID REHOUSING (RRH):**

The prioritization for persons who are determined to be eligible for RRH prioritized as follows:

**1<sup>st</sup> Priority—Categories 1 & 4 -Homeless Individuals and Families with a Disability with the Most Severe Service Need.**

**2<sup>nd</sup> Priority—Categories 1 & 4-Homeless Individuals and families without a disability with the most severe service needs.**

## **Other Housing Programs**

The prioritization for persons eligible for OPH is consistent with the CoC's scoring range for need and vulnerability associated with OPH. CE will establish/approve priorities based on funding source requirements of the OPH.

## **UPDATING CLIENT INFORMATION**

***POLICY: CE exits clients who have not made contact or cannot be located after at least 60 days have passed since last contact.***

When clients' whereabouts are unknown, CE exits them from the CE project and removed them from the prioritization list(s). If the client later reappears, they are placed back on the prioritization list based on their current needs and vulnerabilities.

## **REFERRAL**

### **NOTIFICATION OF VACANCIES**

All CoC Program- and ESG Program-funded housing projects must accept referrals exclusively through the CoC's defined CE process as described below, with the exception of victim service projects. SCCoC encourages all other projects to consider the CE process the sole source for referrals.

***POLICY: All CoC Program and ESG Program funded providers must enroll new participants only from the CoC's CE referral process, with the exception of victim service programs.***

***To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify CE of any known and anticipated upcoming vacancies.***

When a TH, RRH, PSH or ESG vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the CE staff within (5) business days of the vacancy or respond within (3) business days to any weekly vacancy requests made by CE staff. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The CE staff will work to identify a prioritized household to fill the vacancy. If CE staff does not receive responses within the time specified above, a letter will be sent from the CE chair. Any agency receiving three (3) no response letters in a three (3) month period will have their information forwarded to the COC Board for review and determination. CE will be notified of determination by the Board.

### **PROJECT ELIGIBILITY**

For the purposes of this policy, eligibility generally refers to projects funded by HUD through its ESG and CoC programs.

Eligibility for CoC funded programs is determined by HUD. Projects must inform CE of their eligibility standards, and CE refers only those persons who are presumptively eligible.

All providers are responsible for responding to client referrals within 3 business days to minimize delays in connecting persons to housing and/or services. Eligibility for a housing program is verified through project-specific requirements by agency staff in coordination with the client. Providers should not delay

or deny housing while working to obtain eligibility documentation. Rather, HUD allows providers to house persons for 45 days while eligibility documentation is compiled or verified.

## **PERSON-CENTERED REFERRALS**

***POLICY: One of the guiding principles of CE is participant choice. This principle must be evident throughout the CE process, including the referral phase. Participants in CE are allowed to reject service strategies and housing options offered to them, without repercussion.***

SCCCoC incorporates a person-centered approach into the referral process. Coordinated entry staff offers clear expectations concerning where participants are being referred, entry requirements, and services provided. Participants are offered choices in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals and families need.

CE makes all non-domestic violence housing referrals through HMIS. When offering referral options to participants, the following information is provided:

- Information about the referred housing providers and housing types.
- Referral Rejection Policy.
- Right to choose options less intensive than the referral offered.
- Guidance about possible impact associated with accepting, rejecting, or changing the project type recommended for the household by the assessment and prioritization process.

## **REFERRAL REJECTION/CANCELLATION POLICY**

Referrals to housing providers must be provisionally accepted, rejected or cancelled by providers and participants within three business days; however, coordinated entry staff may grant extensions due to unusual circumstances.

***POLICY: There may be instances when agencies decide not to accept or cancel a referral from the CE system. When a provider agency declines to accept or cancel a referred prioritized household into its project, the agency must notify the CE Manager of the denial and the reason for the denial.***

Both CoC providers and program participants may reject or cancel referrals from coordinated entry. Rejections or cancellations from providers should be infrequent and must be documented in HMIS or other comparable system with specific justification as prescribed below. The housing provider is responsible for providing CE with written documentation of rejection or cancellation including the specific reason for rejection, using the form letter in [Appendix B](#). The housing provider also must record the rejection in HMIS.

Reasons for rejections or cancellations of referrals by a project or participant must include at least one of the following:

- Participant refused further participation.
- Participant moved out of CoC area.
- Participant does not meet required criteria for project eligibility.

- Participant unresponsive to multiple communication attempts. All communication attempts must be documented in HMIS to include the day, time, staff, and outcome such as “left message”, “answering machine full”, etc. In the case of victim services organizations, the documentation needs to be presented on the rejection report that gets turned in to CE who will then put the information into HMIS.
- Participant resolved crisis without assistance.
- Participant safety concerns. The participant’s/household’s health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues that cannot be addressed by the program.
- The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at capacity at time of referral.
- Participant geographical needs: The referral is too far from participant’s work, school, transportation, childcare, community support systems to be realistic.
- Property management rejection or cancellation (including specific reason cited by property manager).
- Conflict of interest.

In the event of a referral rejection or cancellation by a CoC provider, these steps must be followed:

1. The CoC project rejecting or cancelling the referral must notify the CE Manager within three business days. Within another three business days, the project must send the CE Manager a detailed written justification of the referral, rejection or cancellation. The provider must also provide the participant with a copy of the written justification of the referral rejection or cancellation.
2. The CE Manager must review the rejection or cancellation and attempt to mitigate if appropriate and possible.
3. The HMIS record must be updated to state the reason for the rejection or cancellation.
4. A provider who rejects or cancels three referrals within a three-month period will be required to participate in a case conferencing meeting with the CE Manager. CE Manager will notify CE chair of results and Chair will provide information to COC Board for review. CE will be notified of determination by Board.

In the event of a referral rejection or cancellation by a participant, the following steps must be taken:

1. The CE Manager must review the rejection or cancellation and attempt to mitigate if appropriate and possible.
2. The HMIS record must be updated to reflect the reason for the rejection or cancellation.
3. A participant who rejects or cancels three referrals within a three-month period will be required to participate in a case conferencing meeting with the CE Manager. CE Manager will notify CE

chair of results and Chair will provide information to COC Board for review. CE will be notified of determination by Board.

4. Participants who reject or cancel referrals to providers keep their places on the prioritization list.

## **DATA MANAGEMENT**

***POLICY: CE process partners and all participating agencies contributing data to CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.***

Coordinated entry abides by HUD HMIS standards, as well as the approved HMIS Policies and Procedures for the SCCoC. Participants must receive and acknowledge a "Participant Consent" form prior to the sharing of data. The form identifies what data will be shared with others.

The CoC must protect all participants' personal identifiable information (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether or not PII is stored in HMIS. All CE participating projects will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD-established HMIS privacy and security requirements.

***POLICY: Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Data Manual.***

Victim service providers may enter non-personally identifying, anonymous data into the HMIS. HUD requires that they must use a comparable database outside HMIS to store data with personally identifiable information.

## **PARTICIPANT CONSENT**

***POLICY: Data is not shared without the consent of participants, according to the defined privacy policies adopted by the CoC.***

As part of the assessment process, CE staff provides or reads the CoC's "Participant Consent" form, which identifies what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is. Participants will have the option to decline sharing data; doing so does not make them ineligible for CE.

## **EXITING CLIENTS FROM CE**

Clients can be exited from CE for one of the four following reasons only:

- They have obtained permanent housing. Agencies are required to notify CE staff of housing placement within five workdays of placement.
- They are known to have left St. Clair County and are living elsewhere.
- They are deceased.
- Their whereabouts are unknown. CE clients who have made no contact or cannot be located after 60 days have passed since last contact.

## TRAINING

***POLICY: The SCCCoC is committed to ensuring that all staff who administer CE operations and agencies who receive COC & ESG funding will participate in trainings. All agencies should be participating in the CE system in a manner consistent with the vision and framework of the SCCCoC, as well as in accordance with the policies and procedures of HUD, IGD, and other governing authorities.***

SCCCoC will arrange for at least an annual training for persons who will manage access point processes, conduct assessments, and accepts referrals from CE. All CE staff and COC/ESG funded agencies must have a representative in attendance for trainings. Topics for trainings will include the following:

- Review of CoC's written CE policies and procedures, including variations adopted for specific subpopulations.
- Requirements for use of assessment information to determine prioritization.
- Intensive training on the use of the CE assessment tool.
- HMIS Policies and Procedures including participant confidentiality and privacy, access requirements, data collection, data entry, date use, data analysis, workstation security, user groups, report generation, and HMIS lead agency and participating project responsibilities.
- Domestic violence training.
- Motivational interviewing, trauma-informed care, and Housing First.
- Implementing best practices for coordinated entry that ensure equitable access to services, address barriers affecting different populations, and incorporate culturally competent approaches to mitigate historical inequities that may affect different populations.

## NONDISCRIMINATION COMPLIANCE AND COMPLAINTS

### COMPLIANCE

***POLICY: SCCCoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis.***

***POLICY: The CE system adheres to all laws and regulations and shall ensure that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under any program or activity.***

Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination provisions of Federal civil rights laws, including the following:

- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with

disabilities in all their services, programs, and activities, which include housing, and housing related services such as housing search and referral assistance.

- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

## **COMPLAINT PROCESS**

The CE will inform who the point of contact is for filing and addressing any discrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process.

CE staff will describe and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. Coordinated entry notifies all participants of their rights to appeal decisions of the coordinated entry system or any partner agency. Participants may file complaints alleging unfair treatment by coordinated entry. The process is described on [Appendix C](#) and the CE procedures are located on the St. Clair County website:

[St. Clair County Illinois > Departments > Intergovernmental Grants > Community Development \(RC Version: 9.13.3.0\)](#)

Click on IL CE Coordinated Entry Policy and Procedures.

Access to this process in no way restricts participants from filing complaints on housing issues with local, state, or federal discrimination bodies, i.e U.S. Department of Housing and Urban Development at 1-800-669-9777.

All complaints not specifically addressed in the sections above should be managed by the respective agency. Each agency participating in the coordinated entry system shall have a policy that outlines the complaint process. Any party who feels aggrieved may have access to this policy, which clearly details the steps and procedures for addressing and resolving such issues.

## **HOUSING PROGRAM TRANSFER POLICY:**

### **POLICY STATEMENT**

Under certain circumstances, transferring a client from one housing program to another may better serve their needs and ensure they remain housed. Transfers can be initiated by the housing provider or the client .

### **Initiating Transfers**

- **Housing Provider Initiated Transfers:** If a housing provider can no longer serve a client due to a change in the client's circumstances or funding limitations, they must contact the St. Clair County Coordinated Entry Manager to initiate the transfer process.
- **Client Initiated Transfers:** Transfer requests should attempt to be resolved internally with the housing provider and be completed in accordance with agency policies and procedures. If a transfer cannot be resolved internally, the provider should deny the request in writing and provide

client with a policy that clearly details the steps and procedures for addressing and resolving such issues.

### Eligible Reasons for Transfer

Transfers may be requested for the following reasons:

- **Program Suitability:** The provider and client agree that another program better suits the client's individual needs.
- **Service Inadequacy or Unfair Treatment:** The client feels they are not receiving necessary services or are being treated unfairly by the current provider, and all attempts to resolve these issues without a transfer have been unsuccessful.
- **Household Composition Changes:** The client has experienced a change in household composition that the current provider cannot accommodate.
- **Risk of Harm:** There is a significant risk of harm to the client or agency staff in their current placement.
- **Reasonable Accommodation:** The client requires a reasonable accommodation that necessitates a transfer.
- **Budget Constraints:** The provider does not have sufficient funds in their budget to continue serving the client.
- **Agency Closure:** The provider elects to cease operation of the agency or program.
- **Preventing Homelessness:** Transfers are permissible in situations to prevent a client's return to homelessness.

### Review Process

All transfer requests will be reviewed as part of the transfer request process. Other issues affecting a client's current placement will be considered on a case-by-case basis.

### Procedure for Requesting a Transfer

1. **Provider Transfer Request document:** Providers seeking to transfer a client must complete and submit a Provider Transfer Request document (letter) to the Chair of the COC and the Coordinated Entry Manager.
2. **Documentation:** Providers must submit documentation of the reasons for the transfer request as stated above (Eligible Reasons for Transfer), along with the document.

**Eligibility:** Clients will only be considered for transfers to programs for which they meet the eligibility requirements. Eligible clients will be prioritized to fill program vacancies as they become available by being placed at the top of the prioritization list.

- **Service Continuity:** Providers must continue to provide services until the transfer is completed.

### Client Rights

- **Option to Decline:** Clients may decline a transfer. If declined, clients may face termination and eviction but would be required to contact St. Clair County CE and will be required to complete

another vulnerability assessment, with homelessness duration recalculated from the exit date of the previous housing program.

**Set forth by Notice CPD-17-01, under the authority of 24 CFR 578.7(a)(8):**

*“...The coordinated entry process must allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance...”*

*“...CoCs should include participants’ choices in coordinated entry process decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals or families need...”*

### **Transfer Request Processing**

1. **Acknowledgment:** Once the Transfer Request Form is submitted, the CE Manager will acknowledge receipt in writing within ten business days.
2. **Final Determination:** A final determination will be made by COC Board and possibly in consultation with Housing and Urban Development CPD representative.
3. **Emergency Accommodations:** If emergency accommodation is needed before the transfer review process is completed, St. Clair County CE should be notified by phone immediately.

## **HOME ARP POLICY AND PROCEDURE**

ARP establishes the qualifying populations that are eligible for assistance with HOME-ARP funds. A Participating Jurisdiction (PJ) (see HOME regulations <https://www.ecfr.gov/current/title-24/subtitle-A/part-92> ) may establish reasonable preferences among the qualifying populations to prioritize applicants for HOME-ARP projects or activities based on the Participating Jurisdiction PJ’s needs and priorities, as described in its HOME-ARP allocation plan. The PJ must comply with all applicable civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a) when applying preferences through its referral methods.

St. Clair County has established for HOME ARP it’s preference as (see HUD notice CPD-21-10 for Qualifying Population definitions:

<https://www.hudexchange.info/resource/6479/notice-cpd-2110-requirements-for-the-use-of-funds-in-the-home-arp-program/>

QP1 – Homeless, as defined in 24 CFR 91.5 Homeless (1), (2) or (3) and;

QP3 – Fleeing or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD.

St. Clair County CE will incorporate and adopt the HOME ARP Expanded Coordinated Entry requirements. St. Clair County Coordinated Entry will prioritize QP’s 1 and 3 for first available HOME ARP projects prior to all other QP’s. St. Clair County CE will also prioritize QP’s 1 and 3 by qualifying criteria currently utilized in St. Clair County CE policies and procedures. CE currently coordinates with DV agencies for QP 3’s to

ensure housing is available and will continue to do so wither thru HOME ARP or the DV agencies programs. If there are no QP's 1 or 3 available, St. Clair County would then refer a QP 2 or 4 will be to a first available HOME ARP project. St. Clair County currently refers QP's 2 and 4 to prevention services and support services available throughout the County.

## **SHELTER DIVERSION POLICY**

### **SHELTER DIVERSION STANDARDS**

The purpose of Shelter Diversion (SD) projects is to (a) prevent individuals and families who are at greatest risk of homelessness from becoming literally homeless, (b) limit individuals and families staying in emergency shelter to less than fourteen (14) days.

#### **Shelter Diversion Eligibility**

The target population is unsheltered, at-risk homeless households, including adults and youth. Specifically, this program serves households that are newly presenting to a shelter, police station, hospital, or other place of refuge. Youth ages 12 to 24, living on the street, precariously housed, or “couch surfing” (meaning they are securing housing on a night-by-night basis, with no secure place to stay on a regular basis) is another priority target population. Shelter Diversion assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — the resources and services provided are tailored to the unique needs of the household.

#### **Assessing for Diversion**

Families presenting for service should be assessed to determine the stability of their housing and if additional resources are needed to avert a loss of housing. Coordinated Entry staff will ask predefined screening questions to determine when families are candidates for diversion, such as:

- Where did you sleep last night? If they slept somewhere where they could potentially safely stay again, this might mean they are good candidates for diversion.
- What other housing options do you have for the next few days or weeks? Even if there is an option outside of shelter that is only available for a very short time, it's worth exploring if this housing resource can be used.
- What issues are making it difficult for you to remain in your current housing situation? Can those issues be resolved with financial assistance, case management, etc.? If the issues can be solved with case management, mediation, or financial assistance (or all of the above), diversion is a good option.
- (If coming from their own unit) Is it possible/safe to stay in your current housing unit? What resources would you need to do that (financial assistance, case management, mediation, transportation, etc.)? If the family could stay in their current housing with some assistance, systems should focus on a quick prevention-oriented solution that will keep the family in their unit.

#### **Documentation and Record-keeping Requirements**

All SCC COC SD projects must ensure they abide by all the documentation (of homeless or at-risk of homelessness status and project eligibility) and record-keeping requirements.

#### **Low Barrier - Shelter Diversion**

It is the goal of the SCC COC to implement inclusive, low barrier policies governing the delivery of shelter diversion assistance. For SD projects, the following practices and policies must be adopted and implemented at minimum:

- SD projects must minimize any barriers to entry into their project. Projects cannot require things of potential clients to enter their project over and beyond demonstrating meeting basic eligibility requirements and population prioritizations.
- Coordinated Entry will screen people applying for diversion assistance to identify people with greater vulnerabilities and/or urgency, i.e., closer to becoming literally homeless, to prioritize applicants for assistance when demand exceeds resources
- Persons in doubled up situations and persons in their own rental unit will be prioritized for assistance based on their risk for literal homelessness using the MAP tool.
- Persons in emergency shelter for less than 14 days will be prioritized to minimize the length of their homeless episode
- SD projects must offer services on a voluntary basis. Projects may require program participants to meet with case managers on a regular basis for purposes of working through plans/steps related to overcoming immediate and direct housing barriers and securing/maintaining housing.

### **Housing Focused Assistance**

- SD projects' primary goal is to prevent literal homelessness as quickly as possible, regardless of other personal issues or concerns.
- SD financial assistance (i.e., rental assistance) is individualized and flexible. This means, for example, that SD projects do not have a policy of providing only one month of financial assistance.

All SD projects should assess program participants' need to determine their individualized amount of financial assistance and the duration of that.

## **EVALUATION AND ASSESSMENT OF COORDINATED ENTRY**

The St. Clair County Continuum of Care (SCCCoC) conducts regular and ongoing evaluations of the Coordinated Entry (CE) system to ensure compliance with HUD requirements under [24 CFR Part 578](#) and to promote continuous improvement. Evaluation is not a one-time task but an ongoing process aligned with HUD's guidance on [Coordinated Entry Self-Assessment](#) and SCCCoC's compliance monitoring framework. Compliance Monitoring Policies and Procedures are located on the county website at [St. Clair County Illinois > Departments > Intergovernmental Grants > Community Development](#). SCCCoC uses HUD's Coordinated Entry Self-Assessment tool as a reference to identify key aspects of CE design, implementation, and management and compare current practices against HUD standards. Evaluation includes a formal annual assessment and periodic external reviews by an independent third party to ensure objectivity and system accountability.

### **Evaluation Objectives**

- Ensure CE meets HUD standards and SCCCoC Written Standards.
- Provide accessible, transparent, and efficient access to housing and services.
- Identify gaps and opportunities for improvement through data and stakeholder input.

## EVALUATION COMPONENTS

### 1. Annual Self Assessment

The Coordinated Entry Committee Chair conducts an annual self-assessment using HUD-recommended tools (or SCCCoC-approved alternatives if HUD tools are unavailable) to review CE design, implementation, and compliance with SCCCoC Written Standards

### 2. Annual Independent Evaluation

SCCCoC designates MISI, the HMIS provider and policy oversight entity, to conduct an annual evaluation of the CE system. This evaluation ensures independence from the CE management entity and includes analysis of performance metrics, accessibility, and compliance with HUD requirements.

### 3. Performance Metrics

The Coordinated Entry Lead Organization reviews system metrics quarterly to monitor effectiveness:

- Average length of time on the prioritization list.
- Number of open units and utilization rates.
- Placement rates and time from referral to housing.
- Capacity indicators to identify resource gaps.

### 4. Surveys and Feedback

Feedback is collected from:

- Participating agencies (at least annually).
- Program participants after housing placement. Surveys cover intake, assessment, and referral processes. Responses are anonymous and used to evaluate system quality and participant experience.

### 5. Committee Review and Policy Updates

The Coordinated Entry Committee analyzes metrics and survey data, recommending updates to CE policies and procedures. Recommendations are presented to the Homeless Action Council Board for review and adoption.

### 6. External Evaluation

SCCCoC will contract with an independent third-party evaluator every 4–5 years to conduct a comprehensive assessment of the CE system, reviewing compliance, effectiveness, and stakeholder satisfaction.

## PRIVACY PROTECTIONS

All evaluation data is collected through HMIS or comparable databases and is de-identified prior to analysis to protect confidentiality. Survey responses do not require names or other identifiers, ensuring participant privacy.

## CONTINUOUS IMPROVEMENT

Findings from these evaluations inform updates to Coordinated Entry policies, staff training, and resource allocation in collaboration with the CE Committee, HAC Board when approval is required, and other CoC members as appropriate.

# APPENDIX A

## COORDINATED ENTRY PROCESS

### Access

Individuals and families experiencing homelessness can call the housing hotline 618.825.3330



### Assessment

A standardized assessment (MAP) is used to determine housing and service needs



### Prioritization

Persons placed on prioritization list based on level of need



### Referral

Persons referred to appropriate housing programs as vacancies become available

## **APPENDIX B**

### **HUD DEFINITION OF HOMELESSNESS**

#### **Category 1**

Literally Homeless- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

#### **Category 2**

Imminent Risk of Homelessness- Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

#### **Category 3**

Homeless Under Other Federal Statutes- Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

#### **Category 4**

Fleeing/ Attempting to Flee DV- Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing.

## APPENDIX C

### HOUSING TYPES AVAILABLE THROUGH THE COORDINATED ENTRY SYSTEM

Housing Type	Purpose	Eligibility	Length of Stay	Key Features
<b>Emergency Shelter (ES)</b>	Provides temporary shelter for households with no other housing options.	Category 1, 2, or 4	Short-term	Immediate safety, basic needs, Housing First approach
<b>Transitional Housing (TH)</b>	Helps individuals/families move to permanent housing when they cannot resolve homelessness quickly.	Category 1, 2, or 4	Up to 24 months	Housing-focused, voluntary services
<b>Rapid Re-Housing (RRH)</b>	Moves households quickly into permanent housing with short-term rental assistance.	Category 1, 4 or Subject to NOFO-defined eligibility criteria	Up to 24 months	Flexible rental assistance, case management
<b>Permanent Supportive Housing (PSH)</b>	Permanent housing with supportive services for people with disabilities.	Category 1 or 4 + disability	No time limit	Long-term subsidy, intensive services
<b>Homelessness Prevention (HP)</b>	Prevents households at risk from becoming homeless.	Category 2 or 4, At-Risk	Varies	Short-term financial assistance, housing stabilization

# APPENDIX D

## REFERRAL REJECTION LETTER

**Referral Rejection Letter**

**Organization:** \_\_\_\_\_

**Project:** \_\_\_\_\_

**Project Type:**

TH                       PSH                       RRH                       OPH

**Client Name:** \_\_\_\_\_

**Client ID:** \_\_\_\_\_

Reason for Rejection (choose all that apply):

- Participant refused further participation.
- Participant moved out of CoC area.
- Participant does not meet required criteria for project eligibility.
- Participant unresponsive to multiple communication attempts.
- Participant resolved crisis without assistance.
- Participant safety concerns. The participant's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues that cannot be addressed by the program.
- The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at capacity at time of referral.
- Participant geographical needs: The referral is too far from participant's work, school, transportation, childcare, community support systems to be realistic.
- Property management rejection (include specific reason cited by property manager).
- Conflict of interest.

**Notes:**

**Date of Rejection:** \_\_\_\_\_

**Signature/Title** \_\_\_\_\_

**APPENDIX E**  
**HOUSING RESOURCE CENTER**  
**APPEALS POLICY**

**Client Name:** \_\_\_\_\_

All clients of the St. Clair County Intergovernmental Grants Department Housing Resource Center may file an appeal on issues related to the delivery of Coordinated Entry services provided. Clients may also file an appeal on issues related to the denial of an application for services or termination of services. Every effort will be made to resolve the complaint to the client’s satisfaction.

The following procedure will be followed for the filing and resolution of a client appeal:

1. All appeals should be filed with the St. Clair County Intergovernmental Grants Department Executive Director in writing within 5 days of incident. The Director will use the following procedure for the resolution of client appeals.
  - a) Document information received at the time the appeal is filed.
  - b) The investigation of the complaint will be completed within 10 working days of the filing of the appeal with the Director. The results of the investigation and recommendations will be sent in writing to the client. A copy of the report will be filed at the Housing Resource Center.
2. Every attempt will be made to maintain confidentiality at every level of the appeal process.

**Contact and mailing information:**

St. Clair County Intergovernmental Grants Department  
19 Public Square, Suite 200  
Belleville, IL 62220  
Phone: (618) 825-3200  
Fax: (618) 236-1190

Attn: Executive Director

By signing, the client is acknowledging awareness of the Intergovernmental Grants Department Housing Resource Center appeals procedure.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print Name

## REVISION HISTORY

<b>Event</b>	<b>Date</b>
Adopted	August 3, 2021
Adopted revisions – Board Approved	June 28, 2022
Adopted revisions – Board Approved	September 26, 2023
Adopted revisions – Board Approved	February 27, 2024
Adopted revisions – Board Approved	March 25, 2025
Adopted revisions – Board Approved	June 24, 2025
Adopted revisions – Board Approved	January 27, 2026