Coordinated Entry System

Policy and Procedures

CoC IL-508 - St. Clair County, Illinois

Adopted August 3, 2021
Adopted revisions 6/28/22
Adopted revisions 9/26/23
Adopted revisions 2/27/24

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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 578.3)*

GLOSSARY OF TERMS

Chronic Homelessness	A person is considered chronically homeless 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).
CoC	A Continuum of Care is a local planning body that coordinate efforts to address homelessness in a given community or region.
CoC Program	The Continuum of Care Program 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.
ES	Emergency Shelter is a type of housing that provides short-term bridge housing, Its purpose is to get people off the streets
ESG Program	The Emergency Solutions Grant Program is another HUD funding source to address homelessness. It funds emergency shelters, rapid rehousing, street outreach, HMIS, homeless prevention and administrative activities.
HIC	The Housing Inventory Count 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.
HMIS	The Homeless Management Information System 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.
HUD	The U.S. Department of Housing and Urban Development is a federal agency that funds local projects. HUD is the principal federal entity that addresses homelessness.
IGD	The St. Clair County Intergovernmental Grants Department is the Collaborative Applicant and lead agency for the St. Clair County CoC. It is the lead agency and grantee for HMIS and CE.
OPH	Other Permanent Housing refers to all types of permanent housing which are neither PSH nor RRH.
PII	Personally Identifiable Information 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.
PH	Permanent Housing includes all forms of housing that are stable and not time-limited. It is usually characterized by a lease or mortgage.
PSH	Permanent Supportive Housing 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.

ROI	A Release of Information is written permission by which a participant allows their personal information to be shared with other organizations.
RRH	Rapid Rehousing is a form of housing which combines short-term rental assistance payments with voluntary supportive services.
Sheltered	Sheltered persons are those who live in emergency shelters or transitional housing.
SCCCoC	The Saint Clair County Continuum of Care 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.
TH	Transitional Housing provides temporary housing with supportive services for up to 24 months while persons work to overcome barriers to stable permanent housing.
Unsheltered	Unsheltered persons sleep on the streets, in vehicles, in abandoned buildings, in encampments, or any other place not suited for human habitation.

ROLES

CoC Board	The CoC Board is responsible for the approval of CE Policies & Procedures.
CE Committee	The CE Committee is responsible for advising the CoC Board and the CE Grantee regarding the functioning and evaluation of CE, including recommending CE Policies and Procedures.
CE Grantee	The CE Grantee 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.
CE Staff	The CE Staff operates CE on a day-to-day basis.
Collaborative Applicant	The Collaborative Applicant 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.
HMIS Lead Agency	The HMIS Lead Agency 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 (76 FR part 75953) 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.

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, actual or perceived sexual orientation, gender identify, or marital status.

4. **Cultural competency.** CE incorporates cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.

5. **Fair and equal access.** All people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to CE.[1]

6. **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.

7. **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.

8. **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.

9. **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.

10. **Transparency.** CE makes thoughtful decisions and communicates directives openly and clearly.

11. **Continuous quality improvement efforts.** CE continually strives for effectiveness and efficiency and makes changes to improve the quality of our work.

12. **Collaboration.** SCCCoC practices and promotes inclusive planning and decision-making which involves all affected parties.

13. **HMIS.** CE utilizes HMIS to manage participant information and facilitate quick access to available resources.

14. **Data driven.** SCCCoC uses use data to assess effectiveness, analyze needs, and create a diversity of housing and service options.

AFFIRMATIVE MARKETING

POLICY: All persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

POLICY: No participant may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, status as a victim of domestic violence, sexual assault, stalking or dating violence, or substance use, unless the project's primary funder requires the exclusion.

SCCCoC advertises and markets coordinated entry throughout St. Clair County. The marketing campaign targets those who are least likely to ask for assistance. It is continuous and includes:

- Postings at places where homeless persons gather, such as food pantries, thrift stores, public libraries, mass transit stations, and the like.

- Communications (paper and/or electronic) with organizations where homeless persons are likely to turn for help, such as religious institutions, aid offices, and township supervisors.

- Use of social media and news media.

Public postings and other communications advise persons how to contact CE 24 hours a day. They also urge victims of domestic violence to make direct contact with the Violence Prevention Center.

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.

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.[2] 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 have equal access to all 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 Risk Frailty Scoring Matrix. 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 Risk Frailty Scoring Matrix in the same manner and using the same process.

   The Risk Frailty Scoring Matrix 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. The Risk Frailty Matrix 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 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.

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 Risk Frailty Matrix 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 Risk Frailty Matrix 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 Risk Frailty score, their chronic homeless status and their suitability for available housing.

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 December 2015 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 risk frailty tool.

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 re determined by the Risk Frailty 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 Categoress):

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

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

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

4th 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::

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

2nd 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: After a client is placed on a prioritization list, CE will attempt to make contact at least every 30 days to maintain communication and to gather updated information.

After every contact, CE staff enters data concerning current housing status in HMIS. As appropriate, CE staff also updates assessment data and position on prioritization lists following contact.

POLICY: CE exits clients who cannot be located after at least three attempts to make contact and 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. SCCCoC 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, or PSH 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. 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 Policy

Referrals to housing providers must be provisionally accepted or rejected 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 a referral from the CE system. When a provider agency declines to accept 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 referrals from coordinated entry. Rejections 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 including the specific reason for rejection, using the form letter in the appendix. The housing provider also must record the rejection in HMIS.

Reasons for rejections 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 (include specific reason cited by property manager).
- Conflict of interest.

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

1. The CoC project rejecting 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. The provider must also provide the participant a copy of the written justification of the referral rejection.
2. The CE Manager must review the rejection and attempt to mitigate if appropriate and possible.
3. The HMIS record must be updated to state the reason for the rejection.
4. A provider who rejects 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 by a participant, the following steps must be taken:

1. The CE Manager must review the rejection and attempt to mitigate if appropriate and possible.
2. The HMIS record must be updated to reflect the reason for the rejection.
3. A participant who rejects 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 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 SCCCoC. 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' personally 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 work days of placement.
- They are known to have left St. Clair County and are living elsewhere.
- They are deceased.
- Their whereabouts are unknown. CE has made at least three attempts to contact them and has had no contact with them for at least 60 days.

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.
- Culturally competent coordinated entry practices and mitigating historical inequities among racial, ethnic, cultural, groups and gender and sexual minorities.

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 such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

POLICY: The CE system adheres to all jurisdictionally relevant civil rights and fair housing laws and regulations.

SCCCoC and its coordinated entry system comply with all applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex (gender identity or sexual orientation), national origin, disability, or familial status.
- 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.
- HUD Equal Access Rules requires equal access to HUD housing programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

COMPLAINT PROCESS

The CE participant information packet includes a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process.

Additionally, this form describes 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. This form is reviewed at the access point by CE staff, and must be signed by each participant. 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 the following pages.

Access to this process in no way restricts participants from filing complaints with local, state, or federal nondiscrimination bodies.

EVALUATION

POLICY: SCCCoC conducts regular and ongoing evaluation of the CE system to ensure that improvement opportunities are identified, that results are shared and understood, and that the CE system is held accountable.

POLICY: Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

SCCCoC evaluates coordinated entry annually in accordance with HUD requirements. During the evaluation, feedback may be solicited from coordinated entry staff, participants, and providers. Evaluators select participants randomly from within specified groups (e.g., participants referred to Rapid Re-Housing). The evaluators may select providers based on types of housing or services offered.

HUD requirements are summarized below:

1. Consult participating projects and participants to evaluate the intake, assessment and referral processes associated with CE. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households.

2. Include the frequency and method by which the CE evaluation will be conducted, including how project participants will be selected to provide feedback.

3. Describe the process by which the evaluation is used to implement updates to exisiting policies.

4. Specifiy adequate privacy protections of all participant information collected during the CE evaluation.

Areas of inquiry may include but are not limited to the following:

- Coordinated entry overage
    - Are all geographic areas of SCCCoC covered by CE?
- System Gaps
    - What is the actual demand for CoC crisis response services?
    - Is demand effectively managed by the available resources and CoC assets?
    - What is the distribution of referrals by project type?
    - What are the patterns of referral rejections (rates, reasons, providers)?
- Assessment Process
    - Is participant assessment data complete, accurate, and timely for referral process?
    - Is assessment process respectful of participant preferences, culturally appropriate, trauma informed?

- Length of time from referral to placement in PH.
- Are prioritized populations being successfully referred and enrolled in available housing and services?

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 _____

PARTICIPANT APPEALS POLICY

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 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

Housing Resource Center

Appeals Policy

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

_____ _____

Signature of Client Date

_____

Please print Name

Appendix A - 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 Statues- 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 B – 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 stays 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 CoC Risk Frailty assessment 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