Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: IL-508 - East St. Louis, Belleville/St. Clair County CoC

1A-2. Collaborative Applicant Name: St. Clair County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: St. Clair County

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

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

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

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	7
25.	Other social service provider(s)	Yes	7
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	0
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	7
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC maintains an open and transparent process for inviting new members to participate in the Homeless Action Council (HAC). Membership information and an invitation to participate are publicly available through the St. Clair County Intergovernmental Grants Department's Homeless Services webpage. The CoC also conducts outreach through its network of homeless-service and community partners to encourage participation by organizations and individuals with knowledge of homelessness or an interest in preventing and ending homelessness.

The CoC seeks broad representation from homeless and formerly homeless persons; nonprofit and faith-based providers; victim service providers; housing and healthcare organizations; behavioral-health and substance-use providers; schools and educational organizations; law enforcement and other public agencies; local government; and other community stakeholders. Outreach also includes efforts to engage people with lived experience of homelessness and organizations serving populations affected by homelessness.

Interested individuals and organizations may participate in HAC meetings and committees and may pursue formal membership consistent with the CoC's governance structure. This open process allows new organizations, community partners, and people with lived experience to become involved in CoC planning, coordination, and decision-making.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The CoC solicits and considers input on system performance, strategies, priorities, and unmet needs through regular Homeless Action Council (HAC) meetings and committees that engage homeless-service providers, public agencies, healthcare and behavioral-health organizations, housing partners, people with lived experience, advocates, and other stakeholders.

The CoC also gathers input through its gaps-analysis process, including focus groups with people experiencing homelessness, street outreach engagement, participant surveys, community meetings, and service-provider interactions with program participants. These methods help identify service gaps, barriers, and opportunities for system improvement.

The CoC considers stakeholder input together with HMIS data, PIT/HIC results, system performance information, and provider experience when identifying gaps, establishing priorities, evaluating strategies, and planning improvements. Information about CoC activities and opportunities for participation is available through the County's Homeless Services webpage and community and provider networks.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The CoC uses a transparent public process to solicit and consider proposals from organizations that have not previously received CoC Program funding, including faith-based organizations. The St. Clair County Intergovernmental Grants Department (IGD), as Collaborative Applicant, publicly posts the local CoC competition announcement, application materials, deadlines, and evaluation materials on the County's Community Development/Homeless Services webpage.

For the FY2026 competition, the publicly posted materials include the CoC Competition Announcement, New Project Application, Renewal Application, SSO Standalone Application, Street Outreach Application, project scorecard, and competition timeline. The availability of a separate New Project Application provides organizations that do not currently receive CoC Program funding with a public mechanism to submit proposals for consideration.

The CoC's Written Standards provide that, following release of the HUD CoC Program NOFO, IGD issues a request for new and renewal programs to apply for funding. The Written Standards also expressly recognize that religious and faith-based organizations may be eligible to receive CoC Program funding.

New proposals are considered through the CoC's established local competition and project review process using the published competition requirements and evaluation materials. This process provides new applicants, including faith-based organizations, access to the same public competition information and an opportunity to have eligible proposals considered for inclusion in the CoC's funding submission.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.

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

(limit 2,500 characters)

The CoC has identified insufficient emergency shelter capacity, particularly a shortage of beds for men, as a gap in its homelessness response system. The Strategic Planning Committee is currently working to identify opportunities to increase emergency shelter capacity for men. The County's 2026 Annual Action Plan also identifies increasing homelessness prevention as a CoC goal and continuing needs for shelter and housing assistance.

During FY2026-27, the CoC will pursue a complementary strategy of increasing emergency shelter capacity while strengthening prevention, diversion, and early intervention through the Housing Resource Center (HRC), Coordinated Entry, and community partners. Strategies will include housing problem-solving; rental, utility, and other financial assistance when available; landlord engagement; mainstream benefits and employment resources; and connections to behavioral health, healthcare, and other supportive services. When prevention or diversion is not possible, households will be connected to available shelter and appropriate housing interventions.

The strategy will serve individuals and families, including youth, Veterans, survivors of domestic violence and trafficking, people with disabilities, and people with behavioral-health or substance-use needs, while specifically addressing the shortage of shelter capacity for men.

The CoC will track: (1) additional emergency shelter beds identified or made available for men; (2) households receiving prevention/diversion assistance; (3) the percentage successfully diverted or maintaining/obtaining stable housing; and (4) subsequent entries into homelessness. During 2026, the Strategic Planning Committee will identify shelter-capacity opportunities and establish prevention/diversion baselines and implementation responsibilities. During 2027, progress will be reviewed at least quarterly and strategies adjusted based on results.

The Homeless Action Council and Strategic Planning Committee will oversee implementation, with IGD/HRC and participating providers implementing activities. Funding will include CoC Program, County/HRC, and eligible CDBG public-service resources, supplemented by other federal, state, local, and partner resources.

1B-5a	Confirmation of Plan Coverage.

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

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes

6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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- Frequently Asked Questions

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

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

(limit 2,500 characters)

N/A

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

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

(limit 2,500 characters)

The St. Clair County CoC partners with Comprehensive Behavioral Health Center of St. Clair County and Chestnut Health Systems to connect people experiencing homelessness with outpatient mental health and substance use disorder treatment across a range of needs and levels of care.

Comprehensive provides outpatient behavioral health and substance use services, including assessment, counseling, psychiatric services, crisis intervention, and recovery-oriented supports. Comprehensive also operates 24/7 emergency and crisis intervention services and the local Projects for Assistance in Transition from Homelessness (PATH) program, supporting outreach and connection to behavioral health treatment for people experiencing serious mental illness and homelessness.

Chestnut provides outpatient mental health and substance use treatment, including individual and group counseling, psychiatric evaluation and medication management, substance use assessment and treatment, medication-assisted recovery, community support, crisis services, and peer/recovery supports. Chestnut's continuum allows individuals to be connected to higher levels of treatment when clinically indicated.

CoC housing, outreach, and Coordinated Entry partners identify behavioral health needs and connect participants with these providers as part of housing stabilization and case management. The providers' continuum includes psychosocial interventions, medication management, crisis and suicide-prevention services, recovery supports, and pathways to more intensive treatment when needed.

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

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

(limit 2,500 characters)

The St. Clair County CoC partners with behavioral health providers that provide access to peer support, peer recovery services, and recovery navigation for people experiencing homelessness.

Chestnut Health Systems provides peer recovery services and support groups through its Certified Community Behavioral Health Clinic model. Its recovery-oriented services emphasize individual choice and empowerment, development of recovery goals, building natural supports, health and wellness, and connection to community resources. Chestnut's Community Support Services also link individuals to treatment, social services, vocational resources, and other supports.

The CoC's behavioral health and outreach network also uses peer-based recovery supports to engage individuals who may be difficult to reach or reluctant to enter treatment. Peer support helps build trust, identify recovery goals, navigate treatment and community resources, and maintain connections to services.

CoC housing, outreach, and case-management providers connect participants with these peer and recovery-oriented services based on individual needs and preferences, providing both professional care coordination and access to peer-based recovery supports.

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

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

(limit 2,500 characters)

The CoC identifies individuals experiencing serious mental illness through Coordinated Entry, street outreach, behavioral-health providers, housing programs and ongoing case management. Individuals with identified behavioral-health needs are connected to local behavioral-health providers, including Comprehensive Behavioral Health Center and Chestnut Health Systems, for assessment and services appropriate to their level of need.

Available services include mental-health assessment and treatment, psychiatric services, medication management, substance use treatment, crisis and mobile-crisis services, case management, community support, recovery services and residential services. Comprehensive also operates PATH services focused on people experiencing or at risk of homelessness.

Chestnut's community-support services assist individuals with mental illness in accessing treatment, managing medications, developing independent-living skills, obtaining housing-related assistance and connecting with community resources. Housing and behavioral-health providers coordinate services and reassess participant needs so individuals can be connected to more intensive treatment, crisis intervention or other supports when necessary to promote behavioral-health and housing stability.

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

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

(limit 500 characters)

The CoC's community behavioral-health and justice network includes TASC and Comprehensive Behavioral Health Center. St. Clair County funds TASC to provide services for the St. Clair County Drug Court and other specialty-court participants and funds Comprehensive Behavioral Health Center for specialty-court case management.

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

(limit 2,500 characters)

St. Clair County's specialty-court service network includes TASC and Comprehensive Behavioral Health Center. TASC provides screening, assessment and specialized case management for people involved with the legal system, along with treatment and recovery support and housing services. St. Clair County specifically funds TASC services for Drug Court and other specialty-court participants. Comprehensive Behavioral Health Center provides behavioral-health treatment, case management, Adult Redeploy services and specialty-court case management.

These services allow justice-involved individuals with mental health and substance use disorders to receive behavioral-health treatment, case management, recovery support and housing-related assistance while participating in court-supervised programs. Specialty-court requirements provide a structure for treatment participation and ongoing case management, while providers address behavioral-health, recovery and housing needs that affect participants' stability and movement toward independence.

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

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

(limit 500 characters)

The CoC's crisis-response network includes Chestnut Health Systems, a CoC housing provider that operates 24-hour crisis intervention for St. Clair County clients and connects clients with 988. Chestnut housing staff contact crisis services for evaluation during mental-health emergencies and coordinate with crisis teams, emergency services, and local authorities as needed to ensure resolution of the crisis.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	

You must enter a response in question 1C-1f.

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

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

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

(limit 500 characters)

The CoC partners with Comprehensive Behavioral Health Center of St. Clair County, a SAMHSA PATH provider serving people experiencing or at risk of homelessness. Comprehensive provides behavioral-health treatment, crisis services, case management, housing-related assistance, and outreach services that connect people experiencing homelessness with treatment and community-based supports.

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

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

(limit 500 characters)

The CoC does not currently fund a dedicated sober living project; however, sober living and recovery housing resources are available within its geographic area. Comprehensive Behavioral Health Center, a CoC Board member and CoC-funded provider, operates a separately funded sober living program, providing opportunities for coordination and referrals to recovery housing.

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

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

(limit 2,500 characters)

The CoC uses the Housing Resource Center/Coordinated Entry (CE) to actively connect people receiving behavioral-health, substance-use, crisis, and recovery services with housing and stabilization resources. CE staff facilitate referrals, communicate with participants and providers, and coordinate housing placement with participating housing providers. If a provider identifies a potentially eligible household, the household is connected to CE for assessment, prioritization, and formal housing referral.

CE also screens for prevention and diversion at initial engagement. Staff actively follow through on viable diversion options, including landlord negotiation or contacting family or other supports, and connect eligible households with prevention resources such as rent/utility assistance and legal services. Households referred for prevention assistance remain active in CE until stably housed.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	0%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	0%

You must provide a response for elements 1, 2 and 4 in question 1C-2.

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

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

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The Illinois Department of Human Services (IDHS), as the State ESG recipient, notifies the St. Clair County CoC of its ESG allocation based on the State's established allocation formula. The CoC then conducts a local competition to solicit applications from eligible organizations for ESG funding. The CoC reviews and evaluates applications through its local process and submits the resulting funding recommendations to IDHS for consideration in the State's ESG allocation process. The CoC will continue to consult and coordinate with IDHS throughout this process to ensure local ESG priorities and identified community needs inform funding recommendations.

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

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

(limit 2,500 characters)

The CoC coordinates with emergency shelter providers through the St. Clair County Housing Resource Center (HRC) and Coordinated Entry (CE). Emergency shelter providers are required to coordinate with CE in accordance with local policies and procedures and to support housing-focused service delivery, including diversion when appropriate and rapid exits to permanent housing.

The HRC serves as the CoC's single designated Coordinated Entry access point. Individuals needing emergency services may call the 24-hour Homeless Hotline, and households needing emergency shelter after regular CE hours may access shelter without first completing a Coordinated Entry assessment. After-hours staff collect intake information and facilitate appropriate follow-up, with information for households seeking CE services provided to CE staff for follow-up on the next business day.

CE uses an immediate crisis-services intake process to connect households to emergency shelter or other crisis-response housing and maintains households in the CE process until they are stably housed. For survivors of domestic violence, the Violence Prevention Center operates a parallel Coordinated Entry process and provides immediate access to crisis and shelter services.

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

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

(limit 2,500 characters)

As part of the Illinois Homelessness Response Collaborative, the St. Clair County CoC shares with the Illinois Office to Prevent and End Homelessness (OPEH) the results of its annual PIT and HIC reports submitted to HUD and reports any subsequent changes resulting from HUD review. PIT data provide demographic information that can inform interventions and service delivery and are used by OPEH, together with American Community Survey data, to calculate homelessness prevalence for Illinois CoCs. HIC data provide information on the geographic distribution of homelessness programs and resources and inform statewide planning.

The CoC also shares HMIS-derived aggregate data through statewide and individual-CoC dashboards developed through Illinois's work with Community Solutions, providing current information about homelessness across the state.

Locally, the CoC conducts PIT and HIC data collection, system performance measurement, and HMIS reporting and analysis as part of its ongoing data-informed planning. These data are used to assess system performance, identify housing and service gaps, establish system priorities, and inform planning with local government and community partners, consistent with applicable privacy and data-sharing requirements.

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

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

(limit 2,500 characters)

The St. Clair County CoC primarily uses HMIS, Coordinated Entry, PIT/HIC, and system performance data to identify participant needs, coordinate services, and evaluate system performance. The CoC also works with healthcare, behavioral-health, education, crisis-response, and justice-system partners, including the St. Clair County Health Department, SIHF Healthcare, behavioral-health providers, the Regional Office of Education, and justice-system partners.

While the CoC does not currently integrate external healthcare claims, electronic health record, admission/discharge/transfer, or corrections datasets directly into HMIS, information obtained through these partner relationships, when available and permitted, is used to support service coordination, identify participant needs, and inform broader system planning. The CoC will continue to explore appropriate opportunities to use additional data sources alongside HMIS to strengthen care coordination and the community's homelessness response.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The St. Clair County CoC partners with the St. Clair County Intergovernmental Grants Department (IGD) Workforce Development Group, which administers the local WIOA workforce system and provides employment and training services through the American Job Center/workNet system. The partnership connects people experiencing homelessness with employment, education, vocational training, apprenticeship, and other workforce-development opportunities.

Workforce Development has participated in CoC meetings and shared information about job openings, education and vocational programs, and apprenticeship opportunities available to CoC participants. Through this partnership, participants can access workforce staff and programs that support skill development, work experience, training, and progress toward long-term employment and increased income.

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

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

(limit 2,500 characters)

The CoC's street-outreach strategy uses behavioral-health and homeless-service partners to engage people experiencing unsheltered homelessness and connect them to housing, behavioral-health services, and other supports. Comprehensive Behavioral Health Center operates PATH outreach for people experiencing homelessness with serious mental illness and provides outreach, crisis intervention, assessment, referrals, and behavioral-health linkages. Outreach activities connect individuals with the Housing Resource Center/Coordinated Entry for access to shelter, housing, and other homelessness services.

The CoC also benefits from behavioral-health outreach conducted through the partnership between Chestnut Health Systems and the St. Clair County Transit District/Metro Transit. Chestnut behavioral-health teams work on the transit system alongside Metro Transit security personnel to engage individuals experiencing behavioral-health and other needs. Security personnel receive mental-health awareness and de-escalation training and can connect individuals who are willing to receive assistance with Chestnut or other service providers. This approach supports non-threatening engagement, de-escalation, and connection to appropriate behavioral-health and community services rather than relying solely on a public-safety response.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC and its providers use individualized case management, housing problem-solving, and diversion to identify safe and appropriate family or other natural-support connections for people experiencing homelessness or living in CoC-funded housing. When reunification or another placement with a support network is appropriate and desired by the participant, staff help identify available supports, assess whether the proposed arrangement is safe and stable, and address barriers to making the connection.

Through Coordinated Entry and provider case management, staff may contact family members or other natural supports, help participants explore housing opportunities with their support network, and coordinate with providers or resources in another community when appropriate. Reunification is individualized and is pursued as a housing-stability option when it is safe, appropriate, and consistent with the participant's goals; when it is not appropriate, providers continue to pursue other housing and service options.

1C-9	**Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.**		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

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

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

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

(limit 2,500 characters)

The CoC cooperates with local government, law enforcement, first responders, behavioral-health providers, and street-outreach partners to connect individuals experiencing homelessness with appropriate services while respecting the responsibilities of local jurisdictions and public-safety agencies. The CoC does not direct, interfere with, or impede lawful local public-safety activities. Its role is to support engagement, service coordination, and connections to housing and other resources.

The CoC's coordination with law enforcement is formalized through an MOU between the St. Clair County Intergovernmental Grants Department, the CoC Collaborative Applicant, and the St. Clair County Sheriff's Department. The agreement recognizes the intersection of homelessness with behavioral-health, substance-use, and public-safety concerns and establishes coordination to improve communication, support timely connections to behavioral-health and other resources, and coordinate responses to safety and crisis situations.

When law enforcement, first responders, or other community partners encounter individuals experiencing homelessness, they can connect them with the CoC and its provider network for street outreach, Coordinated Entry, shelter, housing, behavioral-health and substance-use services, crisis intervention, and other assistance. CoC and outreach partners can assist first responders by engaging individuals, assessing service and housing needs, facilitating referrals, and providing warm handoffs to appropriate resources.

This coordinated approach allows local jurisdictions and public-safety agencies to carry out their respective responsibilities while the CoC focuses on connecting people experiencing homelessness to services and housing. Through these partnerships, the CoC supports local public-safety objectives without interfering with lawful enforcement decisions and helps ensure that first responders have pathways for connecting homeless individuals with appropriate community-based assistance.

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

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

(limit 2,500 characters)

The CoC works with municipalities, law enforcement, first responders, street-outreach providers, and behavioral-health partners to connect people living in tents or encampments with shelter, housing, treatment, and other services. Municipalities retain responsibility for enforcement of local ordinances and decisions regarding encampments within their jurisdictions; the CoC does not direct or interfere with those enforcement decisions.

When law enforcement or other community partners identify an encampment or people living unsheltered, they can contact the CoC and its partners to engage the individuals and connect them with Coordinated Entry and available services. Law-enforcement agencies participate in the CoC's homelessness response and Point-in-Time activities and make referrals for outreach and assistance. The CoC's approach is to support timely engagement and connections to appropriate shelter, housing, behavioral-health, and other resources while local jurisdictions carry out their public-safety responsibilities.

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

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

(limit 2,500 characters)

The CoC continues to experience unsheltered homelessness, including individuals staying in tents and encampments. Outreach staff are currently aware of four newly identified encampments within the CoC’s geographic area. Encampments are not concentrated in a single location and may change as individuals relocate or sites are addressed by local municipalities. The Fairview Heights MetroLink area has also experienced unsheltered homelessness and related service needs. A new overnight Resource Center operated by Comprehensive Behavioral Health Center near the MetroLink station provides individuals experiencing homelessness with a safe place to stay overnight and referrals to housing, behavioral health, and other community resources. The CoC continues to rely on outreach providers, municipalities, law enforcement, emergency agencies, and other community partners to identify emerging encampments and individuals experiencing unsheltered homelessness.

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

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

(limit 2,500 characters)

Responsibility for enforcing laws related to illicit drug use and responding to immediate public-safety concerns rests with law enforcement and other appropriate public agencies rather than the CoC. The CoC's role is to ensure that individuals experiencing homelessness who are encountered using illicit drugs in public can be rapidly connected to appropriate behavioral-health, substance-use, crisis, housing, and other services.

The CoC can leverage its formal coordination with the St. Clair County Sheriff's Department and its relationships with local law enforcement, first responders, behavioral-health providers, and outreach partners. The MOU between the St. Clair County Intergovernmental Grants Department, the CoC Collaborative Applicant, and the Sheriff's Department specifically recognizes substance-use concerns among people experiencing homelessness and establishes coordinated responses to safety and crisis situations, timely connections to behavioral-health and other resources, and communication between homeless-service providers and first responders.

When individuals experiencing homelessness are encountered using illicit drugs in public, law enforcement and other community partners can connect them with the CoC and its provider network for outreach, Coordinated Entry, behavioral-health and substance-use services, crisis intervention, shelter, and housing assistance.

The CoC will leverage these existing coordination and referral pathways to support timely connections to appropriate services when individuals experiencing homelessness are encountered using illicit drugs in public. Its plan focuses on reducing fragmentation between homeless services, behavioral-health and substance-use services, and public-safety partners, while recognizing that enforcement and other public-safety responsibilities remain with the appropriate public agencies.

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

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

(limit 2,500 characters)

St. Clair County continues to experience significant overdose and substance-use concerns. The St. Clair County Coroner reported 51 overdose deaths as of October 10, 2025, and regional overdose tracking reports 58 overdose deaths for St. Clair County in 2025, compared with 53 in 2024 and 66 in 2023.

Available data do not provide a reliable countywide measure of illicit drug use specifically occurring in public spaces. The CoC therefore cannot quantify the number of individuals using illicit drugs in public or characterize the prevalence of public drug use throughout the County based on available data.

Public drug use and overdose risk can intersect with homelessness and unsheltered homelessness. The CoC relies on information from outreach providers, law enforcement, first responders, behavioral-health and substance-use providers, and other community partners to identify situations in which individuals experiencing homelessness may need intervention or services. Through these partnerships, individuals can be connected to substance-use and behavioral-health treatment, crisis services, Coordinated Entry, shelter, housing, and other appropriate resources.

St. Clair County also has an Overdose Fatality Review process that examines overdose deaths and identifies opportunities to improve community response, including stronger connections among emergency departments, recovery services, peer supports, and other community partners.

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

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

(limit 2,500 characters)

Illinois law establishes standards and procedures for emergency and involuntary mental-health intervention when statutory criteria are met and immediate hospitalization is necessary to protect an individual or others from physical harm. These standards provide a mechanism for intervention when an individual experiencing homelessness presents an immediate safety risk, while preserving statutory protections and appropriate clinical and legal review.

The CoC does not determine whether an individual meets the legal standard for involuntary admission. Its role is to ensure that outreach, housing, and service providers can connect individuals experiencing a behavioral-health crisis with appropriate crisis responders, behavioral-health providers, emergency services, and law enforcement when necessary. The CoC's behavioral-health network includes Comprehensive Behavioral Health Center and other providers offering crisis intervention, assessment, treatment, and stabilization services. The CoC's formal coordination with the St. Clair County Sheriff's Department also supports coordinated responses when individuals experiencing homelessness present safety or crisis concerns.

The statutory criteria for involuntary intervention appropriately limit its use; not every individual experiencing a behavioral-health crisis will meet the standard for involuntary admission. When involuntary intervention is not warranted, CoC providers can continue engagement and connect individuals voluntarily to behavioral-health treatment, crisis services, Coordinated Entry, housing, and other supportive services.

The CoC will leverage existing crisis-response, behavioral-health, first-responder, and law-enforcement partnerships to promote timely assessment and appropriate intervention when safety concerns arise, while continuing housing and service engagement whenever possible.

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

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

(limit 2,500 characters)

Illinois law establishes sex-offender registration and reporting requirements that apply to individuals experiencing homelessness as well as individuals with fixed residences. A registrant who lacks a fixed residence must report weekly in person to the sheriff's office in an unincorporated area or the municipal police department where the individual is located. The registering law-enforcement agency documents the locations where the individual stayed during the preceding seven days. This provides an established law-enforcement mechanism for maintaining location information for registrants who are experiencing homelessness.

The CoC does not maintain a separate sex-offender registry or independently determine registrants' reporting obligations. Its role is to support compliance with applicable requirements while continuing to provide eligible individuals with appropriate housing and homeless services. The CoC can leverage its formal relationship with the St. Clair County Sheriff's Department and its relationships with municipal law-enforcement agencies to ensure that providers know where to direct individuals who need assistance understanding or complying with registration requirements.

The CoC will continue to coordinate with appropriate law-enforcement partners regarding applicable registration requirements while ensuring that any disclosure of information by homeless-service providers complies with applicable privacy, confidentiality, and HMIS requirements. When registration requirements affect available housing or placement options, providers can use Coordinated Entry and case management to identify appropriate alternatives while helping participants maintain compliance with applicable law.

This approach leverages Illinois's existing registration and reporting framework and the CoC's law-enforcement partnerships without duplicating the responsibilities of the agencies charged with maintaining sex-offender registration information.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC uses a countywide outreach strategy to identify and engage individuals and families experiencing homelessness throughout St. Clair County, including people who may not independently seek shelter or other homeless services. Outreach partners engage people at known locations of unsheltered homelessness and in other community settings where people experiencing homelessness are identified.

The CoC's outreach network includes St. Vincent de Paul, Supportive Services for Veteran Families (SSVF), Comprehensive Behavioral Health Center of St. Clair County, and other homeless-service and community partners. Comprehensive is the local PATH provider, providing an important outreach and behavioral-health connection for individuals experiencing homelessness who have serious mental illness. Outreach staff provide engagement, basic assistance, assessment, referrals, and connections to Coordinated Entry, shelter, housing, behavioral-health and substance-use services, and other community resources.

The CoC also extends outreach through partnerships outside the traditional homeless-service system. Outreach has been conducted on the MetroLink transit system through collaboration involving the St. Clair County Transit District and Chestnut Health Systems. Law enforcement, first responders, local governments, and other community partners can also identify individuals experiencing unsheltered homelessness and connect them with the CoC and its outreach and service network.

Outreach emphasizes repeated, non-threatening engagement and relationship building for individuals who may initially decline assistance or be difficult to engage. Providers use practical assistance, peer and behavioral-health supports, referrals, and warm handoffs to build trust and help individuals move from outreach into appropriate services and housing. The CoC and its partners also use language and accessibility supports as needed to reduce barriers to engagement.

Through these multiple access points, the CoC seeks to reach people experiencing homelessness across its geographic area and connect them to Coordinated Entry and the housing, healthcare, behavioral-health, veteran, and other resources appropriate to their needs.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No

5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

The CoC has a written Education Policy requiring all CoC- and ESG-funded programs assisting families with children or unaccompanied youth to inform them of their educational rights and available educational services. The policy requires providers to consider children's educational needs when making housing placements and, to the maximum extent practicable, place families close to the child's school of origin to minimize disruption.

As part of intake, providers inform families, high school students, and unaccompanied youth of their educational rights; provide written materials and enrollment assistance; and connect them with McKinney-Vento liaisons for K-12 and college students. Programs serving families designate staff responsible for helping children enroll, attend, and succeed in school. Staff assist households in addressing barriers including transportation, immunization and residency requirements, missing birth certificates or school records, and guardianship issues.

Providers do not require children or unaccompanied youth to enroll in a new school as a condition of receiving services, and parents or unaccompanied youth retain decisions regarding school placement. Programs also post notices of students' rights in appropriate languages.

During intake and case management, staff connect households with McKinney-Vento liaisons and school districts for enrollment, transportation, and resolution of documentation or other barriers. Housing placements are coordinated, whenever practicable, to preserve access to the child's school of origin and minimize educational disruption.

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

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

(limit 2,500 characters)

The CoC coordinates with the Illinois Department of Children and Family Services (DCFS) and local child-welfare providers to reduce the risk that youth transitioning from foster care or other child-welfare settings become homeless. A DCFS representative participates on the CoC council, and local foster-care partners include Caritas and Hoyleton, providing channels for coordination between the homeless-response and child-welfare systems.

DCFS provides multiple housing and transition resources for youth in or leaving foster care, including Independent Living and Transitional Living programs, Youth in College assistance, and the Youth Housing Assistance Program (YHAP). YHAP provides housing advocacy and financial assistance to eligible young people aging out of or recently aged out of DCFS care. Eligible youth may also receive housing assistance through the Foster Youth to Independence (FYI) and Family Unification Program (FUP), rental subsidies, and transition assistance. St. Clair County also serves eligible families through the St. Clair County Housing Authority's FUP.

These resources provide pathways to housing and transition supports before and after youth leave care. When a youth leaving the child-welfare system is homeless or at risk of homelessness, coordination with the CoC and its Coordinated Entry system provides an additional pathway for assessment, referral, and connection to appropriate housing and supportive services.

Through participation by DCFS and local child-welfare partners in the CoC and coordination with housing resources, the CoC works to connect youth leaving foster care with available transition, housing, and homelessness-prevention resources and reduce the likelihood of discharge into homelessness.

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

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

(limit 2,500 characters)

The CoC coordinates with Brightpoint, a CoC participant that operates a federally funded Basic Center Program serving runaway and homeless youth ages 11–17 in St. Clair County. Brightpoint's Basic Center Program provides emergency shelter and crisis intervention, individual and family counseling, family reunification services, and connections to other community resources for youth experiencing or at risk of homelessness.

Brightpoint's participation in the CoC provides a mechanism for coordination between the RHY-funded youth-service system and the broader homelessness-response system. Through this relationship, information about youth needs and available resources can be shared among community partners, and youth who need additional homelessness assistance can be connected with appropriate housing and supportive-service resources. Likewise, the CoC's provider network has access to an RHY-funded resource specifically designed to respond to runaway and homeless youth.

This coordination helps connect youth with age-appropriate crisis, shelter, counseling, family-reunification, housing, and supportive services while integrating Brightpoint's RHY-funded resources into the broader community response to youth homelessness.

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

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

(limit 500 characters)

CDBG Operations Family Living Center (TH) project that serves families with children experiencing homelessness.

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

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

(limit 2,500 characters)

Family Living Center provides housing and supportive services designed to help families increase income and achieve self-sufficiency so they can transition successfully to permanent housing. Each household works with staff to develop an individualized Family Development Plan that identifies goals and needs. Supportive services include employment assistance, case management, life-skills training, individual and group counseling, childcare assistance, parenting skills and training, and referrals to other needed community services.

Residents are expected to work toward or maintain employment, meet regularly with their case manager, continue engaging with other service providers, and participate in scheduled workshops. Through individualized case management, employment assistance, skill development, and connections to community resources, Family Living Center helps participating families increase and stabilize income and prepare to afford and maintain permanent housing after leaving transitional housing.

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

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

(limit 2,500 characters)

Family Living Center leverages mainstream family service systems by connecting participating families to publicly funded benefits and services that supplement the housing and supportive services provided through the CoC-funded project. Family Living Center's program materials document coordination with outside service providers, including TANF, DCFS, and other community providers, for residents receiving comprehensive case management and supportive services.

Through case management, households are assessed for eligibility and assisted in accessing mainstream resources including TANF, WIC, SNAP, Medicaid and CHIP, Head Start, and childcare subsidies. These publicly funded mainstream resources help participating families meet income, food, healthcare, childcare, and other needs while Family Living Center provides transitional housing and CoC-funded supportive services.

Family Living Center uses ESG funding as match for the project. The available documentation does not establish that TANF or another mainstream family-service system provides direct project funding. Instead, the project leverages these mainstream systems by helping participating families access publicly funded benefits and services that supplement the project's housing and supportive services and address needs affecting housing stability.

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

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

(limit 2,500 characters)

Family Living Center combines transitional housing with family-focused supportive services intended to help parents and children achieve stability and transition to permanent housing. Families receive furnished housing with utilities while working with staff on individualized Family Development Plans addressing household goals and needs.

Family Living Center's supportive services include childcare assistance, parenting skills and training, life-skills training, counseling, case management, and referrals to needed community services. Program practices also accommodate parents' responsibilities related to employment, training, medical appointments, childcare and children's school attendance. Through the broader CoC service system, families are assisted in accessing mainstream resources including Medicaid and CHIP, Head Start, childcare subsidies, and community health services.

Together, the housing, case management, parental supports, childcare and educational and healthcare connections allow families to address barriers to stability while residing in transitional housing and prepare for successful transition to permanent housing.

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

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

(limit 500 characters)

The CoC partners with Chestnut Health Systems' Supportive Services for Veteran Families (SSVF) program, Eagle's Nest, and the U.S. Department of Veterans Affairs to coordinate housing and services for Veterans experiencing or at risk of homelessness. Veteran-serving organizations are also represented on the CoC Council, with four members representing different Veteran organizations.

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

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

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

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

(limit 500 characters)

The CoC partners with The Violence Prevention Center (VPC), its local Victim Service Provider, to connect survivors of domestic violence, dating violence, sexual assault, and stalking with confidential, trauma-informed shelter, housing, safety planning, and supportive services. VPC and other domestic violence and anti-trafficking advocates also contribute expertise to CoC planning and service coordination.

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

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

(limit 500 characters)

The CoC partners with the State’s Attorney, Employment Connections, Workforce Development, and other justice-system partners to prevent homelessness during re-entry. Workforce Development receives referrals from the Department of Corrections before release, including up to six months pre-release. Individuals who need housing are connected to Coordinated Entry for assessment and referral to available housing and homelessness services.

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

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

(limit 500 characters)

The CoC partners with SIHF Health Care for the Homeless and Touchette Regional Hospital to coordinate healthcare and homelessness services for people experiencing homelessness, including individuals with significant medical needs and frequent healthcare-system use. These partnerships are supported by MOUs. The CoC does not currently use a separate process or metrics to identify and track individuals specifically as high utilizers.

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

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

(limit 500 characters)

The CoC partners with the St. Clair County Office on Aging, a County government office serving older adults. IGD coordinates regularly with the Office on Aging through County leadership meetings. The CoC also partners with Vivian's Village, which provides housing for seniors, providing a housing and service connection for aging individuals experiencing homelessness.

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

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

(limit 500 characters)

Chestnut Health Systems – The Road Home, a Permanent Supportive Housing (PSH) project, prioritizes individuals experiencing chronic homelessness. Chestnut's HUD housing policy prioritizes applicants who meet HUD's chronic homelessness definition, and current project data indicate that 100% of clients served by The Road Home were chronically homeless.

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

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

(limit 2,500 characters)

The Road Home is operated by Chestnut Health Systems, an integrated behavioral health provider. Behavioral healthcare services are provided on site at The Road Home, allowing participants to access services where they live. Based on assessed need, services include psychiatric evaluation and follow-up, medication services, individual counseling and therapy, substance use treatment, crisis intervention, case management, and community support.

Behavioral health needs are incorporated into individualized assessment and treatment planning, with services coordinated through Chestnut's behavioral health system. This integration of on-site behavioral healthcare with permanent supportive housing allows The Road Home participants to receive behavioral healthcare and ongoing support while reducing barriers to accessing treatment and supporting housing stability.

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

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

(limit 2,500 characters)

Chestnut Health Systems has a written process for assessing whether The Road Home participants require a higher level of care. A participant's medical necessity and independent daily living skills are reviewed every six months during treatment plan review and annually through assessment and the Physical Health Risk Assessment. Additional review and collaboration may occur between the Clinical Director of Housing and Director of Housing Administration, with further evaluation by the Medical Director at Chestnut Family Health Center when indicated.

Chestnut's Continued Stay policy provides for recommendations for alternative services when a participant's level of care or independent living skills change. Its Housing Discharge policy specifically identifies the need for a higher level of care, such as hospitalization or nursing-home care, as a circumstance requiring transition from the current housing setting. These ongoing assessments allow staff to identify changes in participants' clinical, functional, and supportive-service needs and coordinate an appropriate level of care.

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

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

(limit 2,500 characters)

Chestnut Health Systems assesses The Road Home participants' continued need for permanent supportive housing and readiness for a less structured housing environment through ongoing treatment planning and assessment. Permanent supportive housing has no predetermined length of stay, and Chestnut documents the participant's continued need for services at least annually.

A participant's medical necessity and independent daily living skills are reviewed every six months during treatment plan review and annually through assessment and the Physical Health Risk Assessment. Chestnut's written Housing Discharge policy specifically identifies a recommendation for a less structured environment as a circumstance for transition from the current housing program.

This process allows Chestnut to identify participants whose stability and independent living skills indicate readiness for other permanent housing while allowing participants who continue to need PSH-level assistance to remain in permanent supportive housing.

When a participant is ready to move on, staff work with the participant to develop a transition plan, identify appropriate permanent-housing options, and connect the participant with resources and ongoing community supports needed to maintain housing. Participants who continue to require PSH-level assistance continue to receive appropriate supportive services.

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The St. Clair County CoC reviewed existing projects through its local competition, evaluating project performance and community needs. Performance metrics included increases in employment income, exits to unsubsidized permanent housing, returns to homelessness, and expenditure of grant funds. Based on this review, the CoC identified eight of its lowest-performing Permanent Supportive Housing (PSH) projects as candidates for reallocation.

2. Recognizing the community's need for additional Transitional Housing (TH), the CoC elected to fully reallocate all eight PSH projects to create five new TH projects. This decision redirects resources from lower-performing projects to address an identified service gap and improve the overall effectiveness of the CoC's homeless response system.

1D-3a.	**Reallocation Between FY 2021 and FY 2026.**	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	WellSky (ServicePoint)

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The CoC did not make changes to its unsheltered PIT count methodology or data quality procedures between 2025 and 2026. However, the addition of targeted programs serving unsheltered individuals and expanded volunteer outreach during PIT canvassing increased the CoC's ability to engage and identify individuals experiencing unsheltered homelessness. The number of unsheltered individuals counted increased from 23 in 2025 to 54 in 2026. The CoC believes the expanded outreach and engagement contributed to its ability to identify more unsheltered individuals during the 2026 count.

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

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

(limit 2,500 characters)

During the evaluation period, the CoC coordinated with outreach providers, municipalities, law enforcement, emergency agencies, and community partners to identify and engage individuals residing in encampments. Outreach teams conducted direct engagement, connected individuals to Coordinated Entry and available housing and supportive services, and used case conferencing to identify appropriate housing, behavioral health, treatment, and other service options. Law enforcement and emergency agencies assisted in identifying individuals experiencing unsheltered homelessness and made referrals to CoC providers. Municipalities addressed encampment-related public safety and enforcement activities under local ordinances, while the CoC and its providers focused on engagement, service connections, and housing solutions intended to reduce the number of people residing in encampments.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of encampments during your evaluation period.	4

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

The CoC has identified four new encampments and will continue coordinating with outreach providers, municipalities, law enforcement, emergency agencies, and community partners to reduce the number of encampments and persons residing in them. Municipalities, rather than the CoC, manage encampment enforcement under applicable local ordinances. Law enforcement and emergency agencies participate in PIT counts, identify individuals experiencing homelessness, and make referrals to the CoC and its providers. Outreach staff engage individuals at encampments, connect them to Coordinated Entry, and use case conferencing to identify appropriate housing, treatment, and supportive-service options. A new transit-funded overnight Resource Center operated by Comprehensive Behavioral Health Center near the Fairview Heights MetroLink station provides individuals a safe place to stay overnight and referrals to behavioral health, housing, and other community resources. The CoC will continue tracking identified encampments and coordinating outreach and service connections to reduce unsheltered homelessness and resolve encampments when appropriate housing and service options are available.

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

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

(limit 2,500 characters)

The CoC's plan to reduce first-time homelessness focuses on prevention and diversion through its coordinated entry system and community partnerships. The Housing Resource Center (HRC), the CoC's primary point of entry and Coordinated Assessment Center, provides triage and comprehensive assessment to identify households at risk of homelessness and connect them to appropriate resources before they enter the homeless response system. Prevention resources include eviction counseling, rental and housing assistance, legal assistance, housing vouchers, and connections to other mainstream and community resources. CoC agencies also secure Illinois Department of Human Services funding to support homelessness prevention and diversion programs.
The CoC will continue strengthening prevention and diversion through coordinated referrals among public agencies, nonprofit organizations, and service providers and by connecting households to available financial assistance and supportive services. Through coordinated entry, households are assessed consistently and connected to resources based on their needs, allowing the CoC to intervene earlier and reduce entries into homelessness.

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

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

(limit 2,500 characters)

The CoC's plan to reduce the length of time individuals and families remain homeless focuses on coordinated entry, timely assessment and referral, prioritization based on need, and connection to appropriate housing resources. The Housing Resource Center serves as the centralized point of entry and coordinates assessment and referrals to available housing and services.

Through Coordinated Entry, the CoC prioritizes households for housing based on vulnerability, service needs, and applicable program eligibility. Length of time homeless is considered in prioritizing households for permanent supportive housing, helping ensure that individuals and families experiencing longer periods of homelessness are not displaced by households with shorter histories of homelessness. The CoC will continue coordinating among outreach, shelter, housing, and service providers to identify households experiencing homelessness, connect them to Coordinated Entry, address barriers to housing placement, and match them as quickly as possible to available housing resources.

The CoC will use HMIS and System Performance Measure data to monitor length of time homeless and identify opportunities to improve movement from homelessness to permanent housing.

2A-7.	Successful Permanent Housing Placement–Exits to Unsubsidized Housing.	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	25.88%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC calculated the percentage using HMIS data for the applicable reporting period. The denominator (398) represents the total number of clients included in the calculation, and the numerator (103) represents clients with permanent exits. The CoC divided 103 by 398 and multiplied the result by 100, resulting in 25.88 percent.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/26/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	28	35	63	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	45	0	45	100.00%
4. Rapid Re-Housing (RRH) beds	123	47	170	100.00%
5. Permanent Supportive Housing (PSH) beds	337	0	311	92.28%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Not applicable. The CoC has no Safe Haven beds, and the FY 2026 HDX Competition Report reflects zero adjusted Other Permanent Housing beds after the applicable exclusions. Therefore, the 0 percent coverage rates for these project types reflect zero-bed denominators and do not represent projects with HMIS or comparable database coverage below 85 percent. All project types with adjusted beds have coverage rates above 85 percent.

3A. Policy Initiatives

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

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

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

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	

You must select values for question 3A-1.

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/27/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	MOU St Clair Coun...	09/25/2026
05. 1D-1. Local Competition Scoring Tool	Yes	IL-508 Local Comp...	09/25/2026

06. 1D-2c. Local Competition Selection Results	Yes		
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/26/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: MOU St Clair County Sheriff's Department

Attachment Details

Document Description: IL-508 Local Competition Scoring Tool 2026

Attachment Details

Document Description:

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/27/2026
1C. Coordination and Engagement	Please Complete
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	Please Complete
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

Notes:

All fields must be completed in order to submit the form.

FY 2026 Continuum of Care Program Competition

1C-3 - Language from Project Supportive Service Agreements

St. Clair County Continuum of Care (IL-508)

The St. Clair County Continuum of Care has adopted the participant engagement language contained in Section 4.4, *Participant Engagement Requirements (CoC Programs Only)*, of its Board-approved Written Standards.

For applicable CoC-funded projects, the CoC requires this language to be incorporated into the contract, occupancy agreement, lease, or other equivalent agreement governing program participation, consistent with applicable HUD requirements and the exceptions stated in the Written Standards.

The following page is the applicable page from the St. Clair County Continuum of Care Written Standards, approved by the CoC Board on September 22, 2026.

Attachment: Language from Project Supportive Service Agreements

system in accordance with applicable program requirements and local Coordinated Entry policies, where applicable. Projects may not establish or operate separate waitlists or prioritization processes outside of the SCC COC Coordinated Entry system. Coordinated entry is a centralized and streamlined system for accessing housing and support services to end homelessness in a community and is required by HUD for all CoCs as stated in 24 CFR 578.7 of the CoC Program Interim Rule. SCC CoC 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.

Coordinated Entry / HRC staff use the CoC's Coordinated Entry Assessment Tool, specifically the Matching for Appropriate Placement (MAP) to determine the severity of service needs for homeless individuals. Assessment results are used to inform system-wide prioritization in accordance with the SCC COC Coordinated Entry Policies and Procedures. The goal of this process is to ensure that individuals and families receive the level of support necessary to achieve housing stability while promoting independence and efficient use of system resources.

If available, information about a homeless person's use of local crisis services can supplement the assessment, providing a more comprehensive understanding of their severity of need. 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 framework, with survivor-centered approach focused solely on survivors of domestic violence.

SCC COC HUD funded projects must abide by all approved SCC COC Coordinated Entry policies and procedures. Please visit the St. Clair County webpage to locate the IL-508 Coordinated Entry System Policy and Procedures for the Saint Clair County Continuum of Care. St. Clair County Illinois > Departments > Intergovernmental Grants > Community Development (RC Version: 9.13.3.0)

4.4 Participant Engagement Requirements (CoC Programs Only)

For Continuum of Care (CoC)-funded programs, service providers must ensure that program participants are engaged in at least 20 hours per week of combined employment, services, or program-related activities. Engagement may include, but is not limited to, case management, counseling, treatment services, volunteer activities, work therapy, education, job training, and community-building activities. Employment may count toward the required 20 hours. This requirement does not apply to Permanent Supportive Housing (PSH) programs, program participants age 62 or older, or to individuals with disabilities as defined under 24 CFR 8.3 or developmental disabilities as defined under 24 CFR 578.3. or programs in which participation in supportive services may not be required, recipients and subrecipients must make reasonable efforts to engage program participants in services and other program-related activities that support housing stability and participant goals. This requirement establishes a program standard for engagement and does not, on its own, constitute a separate reporting or documentation requirement beyond existing program requirements.

Memorandum of Understanding

Between St. Clair County Intergovernmental Grants Department (IGD) and St. Clair County Sherriff's Department (SCCSD)

Effective Date

July 6, 2026

This Memorandum of Understanding (MOU) is entered into by and between IGD and SCCSD to establish a collaborative partnership that supports coordinated responses to homelessness, strengthens communication between homeless service providers and first responders, and improves connections to appropriate services while supporting community safety and individual well-being.

Both parties recognize that individuals experiencing homelessness may face complex challenges, including housing instability, behavioral health needs, substance use concerns, and barriers to accessing services. The parties agree that coordinated responses and timely connections to appropriate resources improve outcomes for individuals and the broader community.

II. Shared Goals

The parties agree to collaborate toward the following goals:

1. Improve communication between IGD and SCCSD regarding community concerns involving individuals experiencing homelessness;
2. Support timely connections to shelter, housing, supportive services, behavioral health resources, and other appropriate assistance;
3. Promote coordinated responses to situations involving safety concerns, crisis situations, or individuals who may require additional support;
4. Reduce barriers between homeless service providers, first responders, and community partners;
5. Support community efforts to address unsheltered homelessness through outreach, engagement, and service connection.

III. Roles and Responsibilities

IGD agrees to:

- Provide housing-focused services, case management, and referrals to participants;
- Maintain communication with appropriate community partners when safety or service coordination concerns arise;
- Participate in coordinated community responses when appropriate;
- Provide information regarding available resources, referral pathways, and service

options;
• Notify the Agency of concerns involving immediate safety risks when appropriate and consistent with confidentiality requirements;
• Participate in meetings or discussions related to improving homelessness response coordination.

SCCSD agrees to:

• Serve as a community partner in supporting individuals experiencing homelessness;
• Connect individuals encountered during calls for service or community interactions with appropriate homeless services, outreach, or crisis resources when appropriate;
• Communicate with the Program regarding recurring concerns impacting participant or community safety;
• Participate in collaborative problem-solving efforts related to homelessness response;
• Support referrals to available services when individuals may benefit from housing, behavioral health, or other supportive resources.

IV. Crisis and Safety Coordination

The parties recognize that some situations involving individuals experiencing homelessness may require coordinated intervention.

The parties agree to:

• Promote communication between first responders and service providers;
• Identify appropriate referral pathways for behavioral health, crisis response, and supportive services;
• Coordinate, when appropriate and legally permissible, to support individuals experiencing a crisis or presenting a risk to themselves or others;
• Encourage responses that prioritize connection to appropriate services while maintaining public safety.

V. Information Sharing

The parties understand that information sharing must comply with applicable laws, regulations, confidentiality requirements, and agency policies.

Information exchanged under this MOU will be limited to information necessary for coordination, safety planning, referrals, or service delivery and will only be shared when permitted.

VI. Training and Collaboration

The parties agree to support opportunities for:

- Cross-training between homeless service providers and first responders;
- Sharing information regarding available community resources;
- Improving understanding of homelessness, crisis response, and available interventions;
- Developing coordinated approaches to community concerns.

VII. Meetings and Communication

The parties agree to designate points of contact:

Program Contact:
Name: Rick Stubblefield/Christina Anderson
Title: Executive Director/CDBG-HRC Coordinator
Phone/Email: 618-825-3203/618-825-3218
Richard.Stubblefield@co.st-clair.il.us/Christina.Anderson@co.st-clair.il.us

Agency Contact:
Name: Lee Graham
Email: lee.graham@co.st-clair.il.us

VIII. Non-Discrimination

The parties agree to provide services and assistance without discrimination based on race, color, national origin, religion, sex, disability, familial status.

IX. Term and Termination

This MOU shall remain in effect from July 6, 2026 to December 30, 2027 unless modified or terminated by either party with written notice. This MOU may be extended for one additional year based on agreement by both parties.

X. Signatures

St. Clair County Intergovernmental Grants Department

Signature: _____
Name/Title: Rick Stubblfield/Executive Director
Date: July 6, 2026

St. Clair County Sherriff's Department

Signature: _____
Name/Title: Major Lee Graham, Executive Deputy
Date: July 6, 2026