

COORDINATED ENTRY SYSTEM

POLICIES AND PROCEDURES

CoC IL-508 - St. Clair County, Illinois



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SECTION 1: INTRODUCTION

The St. Clair County Continuum of Care (SCCCoC) is the designated planning and coordinating body for homeless housing and services for the East St. Louis/Belleville/St. Clair County Continuum of Care (CoC IL-508). SCCCoC is committed to preventing and ending homelessness in St. Clair County, and recognizes that an effective coordinated entry system is integral toward achieving this goal.

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

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

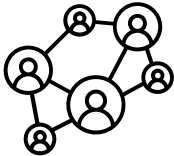
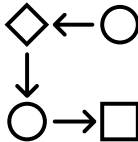
...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. [Such a] system covers the [CoC's] geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive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

This policy establishes the requirements and procedures governing the SCCCoC Coordinated Entry System and applies to all participating agencies and programs required to participate in Coordinated Entry.

1.1 CORE ELEMENTS OF COORDINATED ENTRY

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

There are three important parts:

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

1.2 KEY TERMS AND DEFINITIONS

Affordable Housing

Housing is considered affordable when the occupant pays no more than 30% of their gross income for housing costs, including utilities. This standard typically applies to households earning at or below 80% of the Area Median Income (AMI)

Chronic Homelessness

A person is considered chronically homeless if they are literally homeless, have a disability and have been homeless for at least 12 months or four times in the last three years (Note that the precise definition is much more complex).

Continuum of Care (CoC)

A Continuum of Care is a local planning body that coordinate efforts to address homelessness in a given community or region.

CoC Program

The Continuum of Care Program is a HUD funding source that supports local CoCs and projects that address homelessness. It funds coordinated entry, HMIS, permanent supportive housing, rapid rehousing, transitional housing, and supportive services.

Coordinated Entry System (CE)

A centralized or coordinated process through which individuals and families experiencing homelessness access housing and services, receive standardized assessments, are prioritized according to community standards, and are referred to appropriate housing and service interventions.

Diversion

A housing-focused intervention designed to help individuals and families identify safe alternative housing arrangements and avoid entering the homeless response system whenever possible.

Emergency Shelters (ES)

Emergency Shelter is a type of housing that provides short-term bridge housing. Its purpose is to get people off the streets

Emergency Solutions Grant (ESG) Program

The Emergency Solutions Grant Program is another HUD funding source to address homelessness. It funds emergency shelters, rapid rehousing, street outreach, HMIS, homeless prevention and administrative activities.

Fair Housing

Fair housing means the right to obtain housing without discrimination based on race, color, religion, sex, national origin, disability, or familial status, as protected under the Fair Housing Act (42 U.S.C. §§ 3601–3619).

Housing Inventory Count (HIC)

The Housing Inventory Count is an annual survey of housing resources that are available to individuals and families who are experiencing homelessness. It occurs on the same date as the Point-in-Time count in late January of each year.

Homeless Management Information System (HMIS)

The Homeless Management Information System (HMIS) is a shared online database designated by the CoC to collect information on individuals and families experiencing homelessness, track their movement through the homeless response system, and provide data on community progress toward ending homelessness.

Housing and Urban Development (HUD)

The U.S. Department of Housing and Urban Development is a federal agency that funds local projects. HUD is the principal federal entity that addresses homelessness.

Intergovernmental Grants Department (IGD)

The St. Clair County Intergovernmental Grants Department (IGD) serves as the Collaborative Applicant, HMIS Lead Agency, Coordinated Entry Lead Agency, and administrative support entity for the St. Clair County Continuum of Care.

Matching to Appropriate Placement (MAP)

The Matching to Appropriate Placement tool is used in Coordinated Entry systems to assess the needs and vulnerabilities of individuals experiencing homelessness.

Other Permanent Housing (OPH)

Other Permanent Housing refers to all types of permanent housing which are neither PSH nor RRH.

Personally Identifiable Information (PII)

Personally Identifiable Information refers to data which can be used to uniquely identify an individual, such as name, social security number, drivers license number, date of birth, and the like.

Permanent Housing (PH)

Permanent Housing includes all forms of housing that are stable and not time-limited. It is usually characterized by a lease or mortgage.

Permanent Supportive Housing (PSH)

Permanent Supportive Housing is stable, long-term housing for persons who have been homeless and have a serious life-altering disability. The disability can be physical or behavioral. PSH has supportive services, which are voluntary.

Release of Information (ROI)

A Release of Information is written permission by which a participant allows their personal information to be shared with other organizations.

Rapid Rehousing (RRH)

Rapid Rehousing is a form of housing which combines short-term rental assistance payments with voluntary supportive services.

Sheltered

Sheltered persons are those who live in emergency shelters or transitional housing.

St. Clair County Continuum of Care (SCCCoC)

The St. Clair County Continuum of Care is the primary planning and oversight body for efforts to reduce and end homelessness in St. Clair County. It is known locally as the Homeless Action Council or HAC.

Transitional Housing (TH)

Transitional Housing provides temporary housing with supportive services for up to 24 months while persons work to overcome barriers to stable permanent housing.

Unsheltered

Unsheltered persons sleep on the streets, in vehicles, in abandoned buildings, in encampments, or any other place not suited for human habitation.

1.3 ROLES

CoC Board

The CoC Board is responsible for overseeing the Coordinated Entry System and approving all Coordinated Entry policies and procedures. The Board reviews recommendations from the Coordinated Entry Committee and ensures the Coordinated Entry System operates in compliance with HUD requirements.

Coordinated Entry (CE) Committee

The Coordinated Entry Committee is responsible for advising the CoC Board and Coordinated Entry Lead Agency regarding the implementation, operation, evaluation, and continuous improvement of the Coordinated Entry System. The Committee reviews system performance, identifies areas for improvement, and recommends Coordinated Entry policies and procedures for Board approval.

Coordinated Entry (CE) Lead Agency

The Coordinated Entry Lead Agency is responsible for administering and overseeing the day-to-day operation of the Coordinated Entry System and managing Coordinated Entry funding. The St. Clair County Intergovernmental Grants Department (IGD) serves as the Coordinated Entry Lead Agency for the SCCCoC.

Coordinated Entry (CE) Staff

Coordinated Entry Staff are responsible for the daily operation of the Coordinated Entry System, including staffing the Homeless Hotline, conducting assessments, maintaining the prioritization list, facilitating referrals, communicating with participants and providers, completing required data entry, and performing other functions necessary to maintain an effective Coordinated Entry process.

Collaborative Applicant

The Collaborative Applicant is the entity designated by the CoC to coordinate the annual CoC Program application process, serve as the primary administrative entity for the CoC, and act as the liaison between the CoC and HUD. The St. Clair County Intergovernmental Grants Department (IGD) serves as the Collaborative Applicant for the SCCCoC.

HMIS Lead Agency

The HMIS Lead Agency is responsible for administering the Homeless Management Information System (HMIS), overseeing HMIS participation and compliance, maintaining data quality standards, and managing HMIS funding. The St. Clair County Intergovernmental Grants Department (IGD) serves as the HMIS Lead Agency for the SCCCoC.

Housing Providers

Housing providers participating in the Coordinated Entry System are responsible for complying with Coordinated Entry policies and procedures, notifying Coordinated Entry Staff of program vacancies, reviewing and responding to referrals in a timely manner, documenting eligibility determinations, and coordinating with the Coordinated Entry System to ensure housing opportunities are filled in accordance with SCCCoC prioritization and referral requirements.

1.4 GEOGRAPHIC COVERAGE

POLICY: The SCCCoC Coordinated Entry System serves the entire geographic area of the East St. Louis/Belleville/St. Clair County Continuum of Care (IL-508), including all of St. Clair County, Illinois. Coordinated Entry access, assessment, prioritization, and referral activities shall be available throughout the CoC geographic area and administered in a manner that provides equitable access to eligible individuals and families experiencing homelessness.

1.5 PARTICIPATION AND COORDINATION

POLICY: All housing programs participating in the SCCCoC homeless response system, including but not limited to CoC Program, ESG Program, Illinois Department of Human Services (IDHS), and Home Illinois-funded programs, shall participate in and coordinate with the SCCCoC Coordinated Entry System in accordance with applicable program requirements and SCCCoC Coordinated Entry Policies and Procedures.

Participating housing providers shall utilize the Coordinated Entry System for assessment, prioritization, referral, and housing placement activities. Projects may not establish or maintain separate waitlists, prioritization processes, or referral practices outside of the SCCCoC Coordinated Entry System. This requirement does not apply to domestic violence/ victim service providers operating a parallel Coordinated Entry process for survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking, as authorized under SCCCoC Coordinated Entry Policies and Procedures and applicable HUD requirements.

Individuals and families seeking homeless housing assistance must complete the Coordinated Entry process through the Housing Resource Center (HRC) or another designated access point. Participating housing providers shall not independently enroll, admit, or otherwise place households into housing projects without a Coordinated Entry referral. If a housing provider identifies a potentially eligible household, the household must be referred to Coordinated Entry for assessment, prioritization, and formal referral prior to enrollment. Domestic Violence/ Victim service providers operating a parallel Coordinated Entry process are exempt from this referral requirement and shall follow SCCCoC-approved domestic violence Coordinated Entry procedures designed to protect participant safety, confidentiality, and survivor choice.

1.6 GUIDING PRINCIPLES

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

1. **Prioritization of the most vulnerable.** CE resources are first directed to persons and families who are most vulnerable. Less vulnerable persons and families are assisted as resources allow.
2. **Safety and emergency plans.** CE ensures the safety of all individuals and families seeking assistance including assuring rapid linkage to emergency and victim services.
3. **Nondiscrimination.** CE is available to all eligible persons regardless of race/ color, national origin, religion, sex, age, familial status, disability, or marital status.
4. **Cultural competency.** CE incorporates cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.

5. **Promote participant choice and participant-centered practices.** CE treats every person with dignity, prevents them from experiencing further trauma; offers at least minimal assistance, and participates in their own housing plan. Participants are offered choice whenever possible.
6. **Low barriers.** SCCCoC identifies system practices and individual project eligibility criteria which may contribute to excluding participants from services; and works to eliminate those barriers. As a “low barrier” CoC, SCCCoC engages and enrolls eligible persons in homeless assistance projects regardless of perceived barriers such as lack of income, lack of sobriety, presence of criminal records, or historical noncompliance with program requirements.
7. **Person-centered practices.** CE reduces the stress of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant’s immediate housing crisis.
8. **Standardization.** CE implements standard assessment tools and practices; and captures only the limited information necessary to determine the severity of the participant’s needs and the best referral strategy.
9. **Transparency.** CE makes thoughtful decisions and communicates directives openly and clearly.
10. **Continuous quality improvement efforts.** CE continually strives for effectiveness and efficiency and makes changes to improve the quality of our work.
11. **Collaboration.** SCCCoC practices and promotes inclusive planning and decision-making which involves all affected parties.
12. **HMIS.** CE utilizes HMIS to manage participant information and facilitate quick access to available resources.
13. **Data driven.** SCCCoC uses data to assess effectiveness, analyze needs, and create a diversity of housing and service options.

SECTION 2: ACCESS

2.1 SINGLE POINT OF ACCESS

SCCCoC has a single designated point of access to coordinated entry at the St. Clair County Housing Resource Center (HRC), 19 Public Square, Suite 200, Belleville, IL 62220. Individuals in need of assistance can call 618-825-3330, 24 hours a day, to access emergency services.

Individuals and families fleeing, attempting to flee, or experiencing domestic violence, dating violence, sexual assault, stalking, or human trafficking may access housing and supportive services through the Violence Prevention Center’s 24-hour crisis hotline at 618-235-0892. In addition, the Violence Prevention Center of Southwestern IL will follow the same prioritization procedure with the sole focus on survivors of domestic violence.

The Violence Prevention Center of Southwestern Illinois operates a parallel Coordinated Entry process for survivors of domestic violence and utilizes SCCCoC prioritization policies and procedures in a manner that prioritizes participant safety, confidentiality, and survivor-centered service delivery.

2.2 ACCESSIBILITY

POLICY: CE services are physically accessible to persons with mobility barriers. All CE communications and documentation are accessible to persons with limited ability to read and understand English. To the

greatest extent practicable, CE provides communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities. CE provides visually and audibly accessible materials when requested by agencies or participants.

2.3 SAFETY PLANNING AND RISK ASSESSMENT

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

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

2.4 EMERGENCY ACCESS

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

When persons need to access assistance during non-business hours, they can access emergency shelter or the 24-hour Homeless Hotline (618-825-3330) without first receiving an assessment through coordinated entry. After-hours hotline staff shall collect intake information and facilitate appropriate follow-up based on the household's circumstances. For households seeking Coordinated Entry services, intake information shall be provided to Coordinated Entry staff, who will contact the household on the next business day to complete the screening and assessment process. Individuals and families fleeing or attempting to flee domestic violence shall be immediately connected to the Violence Prevention Center of Southwestern Illinois.

2.5 STREET OUTREACH PROGRAMS

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

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

2.6 INTAKE SCREENING, AND DIVERSION

The CE staff utilize a trauma-informed, person-centered approach when assisting individuals and families seeking housing resources. The CE worker identifies and addresses immediate crises, identifies and refers victims of domestic violence (including stalking, sexual assault, and trafficking), and determines if diversion is possible and appropriate.

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

- Emergencies needing immediate attention from health providers or law enforcement.

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

2.7 PRIVACY PROTECTIONS

POLICY: Coordinated entry staff shall protect the privacy and confidentiality of participant information and comply with all applicable HMIS privacy, security, and data-sharing requirements. Personally Identifiable Information (PII) shall only be collected, used, and disclosed as permitted by applicable laws, regulations, participant consent, and SCCCoC HMIS Policies and Procedures.

Participants shall be informed of their privacy rights and any applicable consent requirements prior to the collection or sharing of PII. Participants are free to decide what information they provide. Coordinated Entry shall not deny assessment or services to individuals who decline to provide information unless the information is required to determine eligibility for a specific housing intervention or is otherwise required by law.

Participants fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking who are served through the Violence Prevention Center of Southwestern Illinois (VPC) shall have their information maintained in a secure and confidential manner consistent with applicable victim service provider requirements. Access to participant information shall be restricted to protect participant safety and confidentiality.

Information entered into HMIS may be available to participating housing and service providers in accordance with participant consent, HMIS privacy settings, and SCCCoC HMIS Policies and Procedures. Participants may request additional privacy protections, including restricting the visibility of their information to other participating providers, as permitted by HMIS policies and procedures.

2.8 HOMELESS PREVENTION

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

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

CE follows specific eligibility requirements when prevention services are funded through the Illinois Department of Human Services, including Home Illinois and other applicable prevention programs. Coordinated Entry staff shall follow the eligibility and documentation requirements established by the applicable funding source when determining eligibility for prevention services.

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

2.9 VETERANS

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

SECTION 3: SHELTER DIVERSION STANDARDS

POLICY: Shelter Diversion assistance shall be used to prevent individuals and families from becoming literally homeless whenever possible and to reduce reliance on emergency shelter through the identification of safe alternative housing options and the provision of flexible housing-focused assistance.

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

3.1 SHELTER DIVERSION ELIGIBILITY

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

3.2 ASSESSING FOR DIVERSION

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

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

systems should focus on a quick prevention-oriented solution that will keep the family in their unit.

3.3 DOCUMENTATION AND RECORD-KEEPING REQUIREMENTS

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

3.4 LOW BARRIER - SHELTER DIVERSION

- Coordinated Entry shall utilize a low-barrier approach when screening households for Shelter Diversion assistance.
- Coordinated Entry shall assess households seeking assistance to determine whether diversion is a safe and appropriate alternative to emergency shelter.
- Coordinated Entry shall prioritize households with the greatest vulnerability or urgency of need when diversion resources are limited.
- Households residing in doubled-up situations or their own rental units may be prioritized based on their risk of literal homelessness as determined through the MAP assessment process.
- Households residing in emergency shelter for less than fourteen (14) days may be prioritized for diversion assistance to minimize the length of their homeless episode.

3.5 HOUSING FOCUSED ASSISTANCE

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

SECTION 4: ASSESSMENT

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

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

4.1 STANDARDIZED PROCESS

POLICY: The SCCCoC Coordinated Entry System utilizes a standardized, evidence-based assessment process for all participants to ensure consistent decision-making, coordination of care, and equitable access to housing and services. The assessment process follows established triage and assessment protocols and progressively collects only the information necessary to determine participant needs, establish prioritization, and facilitate referrals to appropriate housing and support services.

4.1.1 ASSESSMENT PHASES

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

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

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

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

4.1.2 UPDATING ASSESSMENTS

POLICY: Coordinated Entry staff shall update participant assessment information whenever new or revised information becomes known. Participant information shall be reviewed and verified during participant contacts and updated in HMIS as appropriate. Comprehensive assessment information, including the MAP assessment, shall be reviewed and updated at least annually for participants who remain active in the Coordinated Entry process.

Participant data in HMIS may be updated at any time to reflect new information, corrections to previously collected information, changes in household circumstances, or completion of previously unanswered assessment questions. SCCCoC strives to maintain accurate and current participant records to support appropriate prioritization and referral decisions.

Participants who have not had contact with Coordinated Entry for more than sixty (60) days may be removed from the prioritization list and exited from Coordinated Entry in accordance with SCCCoC Coordinated Entry Policies and Procedures. Participants may re-engage with Coordinated Entry at any time and complete an updated assessment as necessary.

4.2 PARTICIPANT AUTONOMY

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

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

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

Participants may choose whether to provide a full Social Security Number, the last four digits of their Social Security Number, or decline to provide a Social Security Number during the assessment process. However, staff shall inform participants that certain housing programs require verification of identity, Social Security Number, citizenship, or eligible immigration status to establish eligibility. Failure to provide required information may limit program eligibility or delay referral to certain housing resources.

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

4.3 PROTECTED CLASSES

Coordinated Entry may collect and document participants' membership in protected classes for reporting, program administration, and compliance purposes. However, membership in a protected class shall never be used as justification for restricting, limiting, prioritizing, or steering participants to particular housing, service, or referral options.

4.4 MAINSTREAM SERVICES

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

SECTION 5: PRIORITIZATION AND ELIGIBILITY DETERMINATION

Prioritization and eligibility determination are two different processes. *Prioritization* refers to determining the most appropriate intervention for a person and establishing the order in which participants are referred to the identified intervention. *Eligibility* determination means deciding if a person or family is eligible for a specific project and obtaining documentation required by HUD or other funding source.

5.1 EMERGENCY SERVICES

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

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

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

5.2 PRIORITIZATION

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

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

CE does not use the MAP score as the only factor in prioritization. It considers other factors related to overall length and nature of homelessness, safety, financial resources, support systems, specific health conditions, and others. Persons are referred to housing and services based on the vulnerability reflected in the MAP score, identified service and housing needs, project eligibility requirements, and the prioritization standards established by SCCCoC.

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

4.3 PRIORITIZATION CRITERIA

SCCCoC respects the right of participants to accept or decline housing and service interventions within limits set by governmental funding sources. The following criteria guide the selection of interventions that are offered to homeless persons in St. Clair County, through Coordinated Entry.

5.3.1 PERMANENT SUPPORTIVE HOUSING (PSH):

POLICY: Permanent Supportive Housing referrals are made through the Coordinated Entry System in accordance with SCCCoC written standards, project eligibility requirements, participant needs, and available housing resources.

Persons referred to PSH must meet the eligibility requirements of the housing project, including disability-related eligibility criteria where applicable.

When multiple eligible households are awaiting referral to PSH, SCCCoC may consider factors including:

- Severity of service needs;
- Disability-related service and support needs;
- Length and nature of homelessness;
- Vulnerability and risk of harm;
- Physical health, behavioral health, and mental health needs;

- Housing barriers;
- Household size;
- Participant choice; and
- Availability of housing resources.

The MAP assessment may be used as one factor in determining prioritization but shall not be used as the sole basis for referral decisions.

5.3.2 TRANSITIONAL HOUSING (TH):

POLICY: Transitional Housing referrals are made through the Coordinated Entry System in accordance with SCCCoC Written Standards, applicable program requirements, project eligibility requirements, participant needs, and available housing resources.

Persons referred to TH must meet the eligibility requirements of the housing project.

When multiple eligible households are awaiting referral to TH, SCCCoC may consider factors including:

- Severity of service needs;
- Length and nature of homelessness;
- Vulnerability and risk of harm;
- Housing barriers;
- Household composition and unit availability;
- Participant choice; and
- Availability of housing resources.

The MAP assessment may be considered as one factor in determining prioritization but shall not be used as the sole basis for referral decisions.

5.3.3 RAPID REHOUSING (RRH):

POLICY: Rapid Re-Housing referrals are made through the Coordinated Entry System in accordance with SCCCoC Written Standards, applicable program requirements, project eligibility requirements, participant needs, and available housing resources.

When multiple eligible households are awaiting referral to RRH, SCCCoC may consider factors including:

- Severity of service needs;
- Length and nature of homelessness;
- Vulnerability and risk of harm;
- Housing barriers;
- Financial resources and housing stability needs;
- Household composition;
- Participant choice; and
- Availability of housing resources.

The MAP assessment may be considered as one factor in determining prioritization but shall not be used as the sole basis for referral decisions.

5.3.4 OTHER HOUSING PROGRAMS AND SERVICE RESOURCES

POLICY: Referrals to other housing and service interventions, including homeless prevention, shelter diversion, problem-solving assistance, and other housing programs, shall be made through the Coordinated Entry System in accordance with SCCCoC Written Standards, applicable program requirements, participant needs, and available resources.

Persons referred to these interventions must meet any eligibility requirements established by the applicable program or funding source. Prioritization and referral decisions shall consider participant needs, available resources, program requirements, and housing stability outcomes.

5.4 CE INACTIVITY AND EXIT PROCEDURES

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

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

SECTION 6: REFERRAL

6.1 NOTIFICATION OF VACANCIES

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

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

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

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

6.2 PROJECT ELIGIBILITY

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

Eligibility for housing programs is determined by the applicable funding source and project requirements. Projects must inform CE of their eligibility standards, and CE refers only those persons who are presumptively eligible.

All providers are responsible for responding to client referrals within 3 business days to minimize delays in connecting persons to housing and/or services. Eligibility for a housing program is verified through project-specific requirements by agency staff in coordination with the client. Providers should not delay or deny housing while working to obtain eligibility documentation. Rather, HUD allows providers to house persons for 45 days while eligibility documentation is compiled or verified.

6.3 PERSON-CENTERED REFERRALS

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

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

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

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

Individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking who contact Coordinated Entry are offered a warm handoff to the Violence Prevention Center of Southwestern Illinois (VPC) for intake, screening, and housing assessment. Participation in the transfer is voluntary, and individuals are not required to speak with VPC or pursue victim services in order to access Coordinated Entry or other available housing resources. Participant choice shall be respected throughout the referral process.

6.4 REFERRAL REJECTION/CANCELLATION POLICY

Referrals to housing providers must be provisionally accepted, rejected or cancelled by providers and participants within three (3) business days; however, coordinated entry staff may grant extensions due to unusual circumstances.

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

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

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

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

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

1. The CoC project rejecting or cancelling the referral must notify the HRC coordinator within three business days. Within another three business days, the project must send the HRC coordinator a detailed written justification of the referral, rejection or cancellation. The provider must also provide the participant with a copy of the written justification of the referral rejection or cancellation in addition to uploading document into client HMIS file.
2. The HRC coordinator must review the rejection or cancellation and attempt to mitigate if appropriate and possible.
3. The HMIS record must be updated to state the reason for the rejection or cancellation.
4. A provider that rejects or cancels three (3) referrals within a three (3) month period shall be required to participate in a case conferencing meeting with the Housing Resource Center (HRC) Coordinator to review referral practices, identify barriers to program participation, and discuss corrective actions, as appropriate.

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

1. The HRC coordinator must review the rejection or cancellation and attempt to mitigate if appropriate and possible.
2. The HMIS record must be updated to reflect the reason for the rejection or cancellation.
3. A participant who rejects or cancels three (3) referrals within a three (3) month period shall be contacted by the Coordinated Entry (CE) Committee Chair to discuss the reasons for the referral rejections or cancellations and to identify potential barriers to housing placement. If the issue cannot be resolved through this process, the participant shall be required to participate in a case conferencing meeting with the CE Committee Chair and the Housing Resource Center (HRC) Coordinator to review housing preferences, barriers to placement, and available housing options.
4. Participants who reject or cancel referrals to providers keep their places on the prioritization list.

SECTION 7: HOUSING PROGRAM TRANSFER

Policy: Under certain circumstances, transferring a client from one housing program to another may better serve their needs, maintain housing stability, ensure participant safety, or address other circumstances identified. Transfer requests may be initiated by either the participant or the housing provider and shall be reviewed through the Coordinated Entry process.

7.1 INITIATING TRANSFERS

- **Housing Provider Initiated Transfers:** If a housing provider can no longer serve a client due to a change in the client's circumstances or funding limitations, they must contact the HRC Coordinator to initiate the transfer process.
- **Client Initiated Transfers:** Transfer requests should attempt to be resolved internally with the housing provider and be completed in accordance with agency policies and procedures. If a transfer cannot be resolved internally, the provider should deny the request in writing and provide client with a policy that clearly details the steps and procedures for addressing and resolving such issues. A copy of this document should also be placed in the client's program file.

7.2 ELIGIBLE REASONS FOR TRANSFER

Transfers may be requested for the following reasons:

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

7.3 REVIEW PROCESS

All transfer requests will be reviewed by Coordinated Entry to determine whether a transfer is appropriate and consistent with this policy. During the review process, Coordinated Entry may request additional information or documentation from the participant, housing provider, or other involved parties as necessary.

Coordinated Entry shall evaluate the participant's current circumstances, housing needs, program eligibility, and the reasons for the transfer request. Other factors affecting the participant's housing stability or current placement may also be considered on a case-by-case basis.

7.4 PROCEDURE FOR REQUESTING A TRANSFER

- **Provider Transfer Request document:** Providers seeking to transfer a client must complete and submit a Provider Transfer Request document (letter) to the Chair of the COC and the Coordinated Entry Manager.
- **Documentation:** Providers must submit documentation of the reasons for the transfer request as stated above (Eligible Reasons for Transfer), along with the document.
- **Eligibility:** Approval of a transfer request does not guarantee placement in a specific housing program. Participants will only be considered for programs for which they meet all applicable eligibility requirements. Eligible participants may be prioritized for available vacancies in accordance with SCCCoC Coordinated Entry prioritization and referral procedures.
- **Service Continuity:** The current housing provider shall continue to provide housing assistance and supportive services, as applicable, until the transfer process has been completed or an alternative housing arrangement has been secured.

7.5 CLIENT RIGHTS

Option to Decline: Participants may decline a transfer opportunity. Declining a transfer shall not limit a participant's access to the Coordinated Entry System or Coordinated Entry services.

Participants remain subject to the policies, procedures, and program requirements of their current housing provider. Any program termination or other adverse action shall be conducted in accordance with applicable program requirements and due process procedures.

Set forth by Notice CPD-17-01, under the authority of 24 CFR 578.7(a)(8), participants have the right to refuse housing and service options and participate in Coordinated Entry decisions regarding housing location, housing type, and service needs.

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

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

7.6 TRANSFER REQUEST PROCESSING

1. **Acknowledgment:** Once the Transfer Request is submitted, the HRC Coordinator will acknowledge receipt in writing within ten (10) business days.
2. **Review:** Coordinated Entry shall review the request and supporting documentation and may request additional information as necessary.
3. **Determination:** A final determination will be made by the HRC Coordinator and in consultation with Housing and Urban Development CPD representative.
4. **Emergency Situations:** If emergency accommodation is needed before the transfer review process is completed, St. Clair County CE should be notified by phone immediately.

SECTION 8: DATA MANAGEMENT

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

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

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

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

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

8.1 PARTICIPANT CONSENT

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

As part of the assessment process, CE staff provides or reads the CoC's "Participant Consent" form, which identifies what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is.

Participants have the right to decline the sharing of their information and may participate in Coordinated Entry even if they choose not to authorize data sharing. Participants may also request additional privacy protections, including restricting the visibility of their information to participating providers within HMIS, in accordance with SCCCoC HMIS Policies and Procedures.

8.2 EXITING CLIENTS FROM CE

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

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

Note: Participants may only be exited from the Coordinated Entry project by Coordinated Entry staff or authorized MISI Administrators acting on behalf of the Coordinated Entry System.

SECTION 9: HOME ARP REFERRALS

POLICY: The SCCCoC Coordinated Entry System shall coordinate referrals to HOME-ARP projects in accordance with applicable HUD requirements, the St. Clair County HOME-ARP Allocation Plan, and the St. Clair County HOME-ARP Policies and Procedures.

St. Clair County has established referral preferences for HOME-ARP projects through its HOME-ARP Allocation Plan. Coordinated Entry shall make referrals to HOME-ARP projects consistent with those preferences and all applicable eligibility requirements.

When making referrals to HOME-ARP projects, Coordinated Entry shall coordinate with participating providers, including victim service providers, as necessary to facilitate appropriate referrals and housing placements.

All determinations regarding HOME-ARP eligibility, documentation requirements, and program administration shall be governed by the St. Clair County HOME-ARP Policies and Procedures and the HOME-ARP Allocation Plan.

SECTION 10: TRAINING

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

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

- Review of CoC's written CE policies and procedures, including variations adopted for specific subpopulations.
- Requirements for use of assessment information to determine prioritization.
- Intensive training on the use of the CE assessment tool.
- HMIS Policies and Procedures including participant confidentiality and privacy, access requirements, data collection, data entry, data use, data analysis, workstation security, user groups, report generation, and HMIS lead agency and participating project responsibilities.

- Domestic violence training.
- Motivational interviewing, trauma-informed care, and Housing First.
- Implementing best practices for coordinated entry that ensure equitable access to services, address barriers affecting different populations, and incorporate culturally competent approaches to mitigate historical inequities that may affect different populations.

SECTION 11: NONDISCRIMINATION COMPLIANCE

POLICY: The SCCCoC Coordinated Entry System and all recipients and subrecipients participating in the Coordinated Entry System shall comply with all applicable non-discrimination laws and regulations, including those enforced by the U.S. Department of Housing and Urban Development (HUD) and any other applicable funding source. The Coordinated Entry System shall ensure that no person is excluded from participation in, denied the benefits of, or subjected to discrimination during the Coordinated Entry process or under any program or activity funded in whole or in part by HUD and/or any other applicable funding source.

SECTION 12: GRIEVANCES AND APPEALS

POLICY: Participants have the right to file grievances and appeals in accordance with the St. Clair County Housing Resource Center Appeals and Grievance Policy.

12.1 GRIEVANCES

A grievance is a complaint regarding the delivery of Coordinated Entry services, staff conduct, accessibility of services, the administration of the Coordinated Entry System, or other issues that do not involve a formal Coordinated Entry decision.

- **Filing a Grievance**
Grievances should be submitted in writing to the Coordinated Entry Lead within ten (10) business days of the incident or concern.
 1. The grievance should include:
 2. The participant's name;
 3. A description of the concern;
 4. The date of the incident; and
 5. Any supporting documentation available.
- **Grievance Review Process**
 1. The Coordinated Entry Lead shall document the grievance upon receipt.
 2. An investigation shall be completed within ten (10) business days of receipt whenever practicable.
 3. A written response outlining the findings and any corrective actions shall be provided to the participant.
 4. If the participant is dissatisfied with the outcome, the grievance may be elevated to the Executive Director or designated reviewer for further review.

12.2 APPEALS

An appeal is a request for review of a Coordinated Entry decision affecting a participant's access to or participation in the Coordinated Entry System.

- Appealable decisions may include, but are not limited to:
 1. Prioritization determinations;
 2. Referral determinations;
 3. Removal from the Coordinated Entry list;
 4. Decisions regarding eligibility for participation in the Coordinated Entry System; and
 5. Other Coordinated Entry decisions affecting access to housing resources or services.
- Filing an Appeal
 1. Appeals must be submitted in writing within ten (10) business days of the date the participant is notified of the decision being appealed.
 2. Appeals shall be directed to the Coordinated Entry Lead or designated reviewer identified in the notice provided to the participant.
 3. Participants may submit supporting documentation or a written explanation for consideration during the review.
- Appeals Review Process
 1. All appeals shall be documented upon receipt.
 2. The appeal shall be reviewed by an individual who did not make the original decision.
 3. The reviewer shall consider:
 - The information used in making the original decision;
 - Any additional documentation submitted by the participant;
 - Applicable Coordinated Entry requirements and policies; and
 - Any extenuating circumstances relevant to the appeal.
 4. A written determination shall be issued within ten (10) business days whenever practicable.
 5. The written determination shall constitute the final Coordinated Entry decision.

SECTION 13: EVALUATION AND ASSESSMENT OF COORDINATED ENTRY

POLICY: SCCCoC shall conduct ongoing evaluation and assessment of the Coordinated Entry System to ensure compliance with applicable HUD requirements, monitor system performance, and support continuous improvement.

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

Evaluation Objectives

- Ensure CE meets HUD standards and SCCCoC Written Standards.
- Provide accessible, transparent, and efficient access to housing and services.

- Identify gaps and opportunities for improvement through data and stakeholder input.

13.1 EVALUATION COMPONENTS

1. Self-Assessment

The Coordinated Entry Committee Chair, or other designee, conducts an annual self-assessment during the second quarter of each calendar year (May through August) using HUD-recommended tools (or SCCCoC-approved alternatives if HUD tools are unavailable) to review CE design, implementation, and compliance with SCCCoC Written Standards. In years when an independent evaluation is conducted, the annual self-assessment requirement may be waived.

2. Independent Evaluation

SCCCoC designates MISI, the HMIS provider and policy oversight entity, to conduct an evaluation of the CE system. The independent evaluation shall be conducted at least once every five (5) years and may be conducted more frequently as determined necessary by the SCCCoC. This evaluation ensures independence from the CE management entity and includes analysis of performance metrics, accessibility, and compliance with HUD requirements.

3. Performance Metrics

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

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

4. Surveys and Feedback

Feedback is collected from:

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

5. Committee Review and Policy Updates

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

6. External Evaluation

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

13.2 PRIVACY PROTECTIONS

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

13.3 CONTINUOUS IMPROVEMENT

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

APPENDIX A

COORDINATED ENTRY PROCESS

Access

Individuals and families experiencing homelessness
can call the housing hotline 618.825.3330



Assessment

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



Prioritization

Persons placed on prioritization list based on level of
need



Referral

Persons referred to appropriate housing programs as
vacancies become available

APPENDIX B

HUD DEFINITION OF HOMELESSNESS

Category 1

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

Category 2

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

Category 3

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

Category 4

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

APPENDIX C

HOUSING TYPES AVAILABLE THROUGH THE COORDINATED ENTRY SYSTEM

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

APPENDIX D REFERRAL REJECTION LETTER

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

APPENDIX E

ADDITIONAL RESOURCES

To access the following policies and procedures, along with other helpful information, please visit the Saint Clair County website:

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

- St. Clair County Illinois Homeless Action Council Of St. Clair County Bylaws
- East Saint Louis/ Belleville/ Saint Clair County Continuum of Care II 508 Homeless Management Information Systems (HMIS) Policies and Procedures Manual
- The Policy and Procedure Manual for Compliance Monitoring

To access additional information and resources, please visit the HUD exchange website:

[Coordinated Entry - HUD Exchange](#)

[Coordinated Entry Management and Data Guide](#)

[HOME ARP: Introduction to Coordinated Entry and HMIS - HUD Exchange](#)

[Coordinated Entry and Victim Service Providers FAQs](#)

[HMIS Data Standards: Common Program Data Elements: 4.19 Coordinated Entry Assessment - HUD Exchange](#)

REVISION HISTORY

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