



Coordinated Entry System

Policy and Procedures

CoC IL-508 - St. Clair County, Illinois

Adopted August 3, 2021

Table of Contents

- Introduction 1
 - Glossary of Terms..... 2
 - Roles 3
 - Geographic Coverage 3
 - Participation and Coordination 4
 - Guiding Principles..... 4
 - Affirmative Marketing 5
- Access..... 6
 - Single Point of Access 6
 - Accessibility 6
 - Safety Planning and Risk Assessment..... 6
 - Emergency Access 6
 - Street Outreach Programs..... 7
 - Intake Screening, and Diversion 7
 - Privacy Protections..... 7
 - Homeless Prevention 8
 - Veterans 8
- Assessment 9
 - Standardized Process 9
 - Assessment Phases..... 9
 - Updating Assessments 10
 - Participant Autonomy 10
 - Protected Classes 11
 - Mainstream Services 11
- Prioritization and Eligibility Determination 11
 - Emergency Services..... 11
 - Prioritization 11
 - Prioritization Criteria 12
 - Permanent Supportive Housing (PSH):..... 12
 - Transitional Housing (TH): 13
 - Rapid Rehousing (RRH):..... 13
 - Other Permanent Housing..... 13
- Updating Client Information 13

Referral	14
Notification of Vacancies.....	14
Project Eligibility.....	14
Person-Centered Referrals	14
Referral Rejection Policy	15
Data Management	17
Participant Consent.....	17
Exiting Clients from CE	17
Training	18
Nondiscrimination Compliance and Complaints.....	18
Compliance.....	18
Complaint Process.....	19
Evaluation	20
Rejection Letter.....	21
Participant Appeals Policy.....	22

INTRODUCTION

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

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

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

...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. [Such a] system covers the [CoC's] geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. (24 CFR part 578.3)

GLOSSARY OF TERMS

Chronic Homelessness	A person is considered <u>chronically homeless</u> if they have a disability and have been homeless for at least 12 months in the last three years (Note that the precise definition is much more complex).
CoC	A <u>Continuum of Care</u> is a local planning body that coordinate efforts to address homelessness in a given community or region.
CoC Program	The <u>Continuum of Care Program</u> is a HUD funding sources that supports local CoCs and projects that address homelessness. It funds coordinated entry, HIMS, permanent supportive housing, rapid rehousing, transitional housing, and supportive services.
ES	<u>Emergency Shelter</u> is a type of housing that provides short-term bridge housing, Its purpose is to get people off the streets
ESG Program	The <u>Emergency Solutions Grant Program</u> is another HUD funding source to address homelessness. It funds emergency shelters, rapid rehousing, and homeless prevention.
HIC	The <u>Housing Inventory Count</u> is an annual survey of housing resources that are available to individuals and families who are experiencing homelessness. It occurs on the same date as the Point-in-Time count in late January of each year.
HMIS	The <u>Homeless Management Information System</u> is a shared online database used to keep track persons who are homeless, record their movements through the system, and provide aggregated data on progress toward ending homelessness.
HUD	The <u>U.S. Department of Housing and Urban Development</u> is a federal agency that funds local projects. HUD is the principal federal entity that addresses homelessness.
IGD	The St. Clair County <u>Intergovernmental Grants Department</u> is the Collaborative Applicant and lead agency for the St. Clair County CoC. It is the lead agency and grantee for HMIS and CE.
OPH	<u>Other Permanent Housing</u> refers to all types of permanent housing which are neither PSH nor RRH.
PII	<u>Personally Identifiable Information</u> refers to data which can be used to uniquely identify an individual, such as name, social security number, drivers license number, date of birth, and the like.
PH	<u>Permanent Housing</u> includes all forms of housing that are stable and not time-limited. It is usually characterized by a lease or mortgage.
PSH	<u>Permanent Supportive Housing</u> is stable, long-term housing for persons who have been homeless and have a serious life-altering disability. The disability can be physical or behavioral. PSH has supportive services, which are voluntary.

ROI	<u>A Release of Information</u> is written permission by which a participant allows their personal information to be shared with other organizations.
RRH	<u>Rapid Rehousing</u> is a form of housing which combines short-term rental assistance payments with voluntary supportive services.
Sheltered	<u>Sheltered</u> persons are those who live in emergency shelters or transitional housing.
SCCCoC	The <u>Saint Clair County Continuum of Care</u> is the primary planning and oversight body for efforts to reduce and end homelessness in St. Clair County. It is known locally as the Homeless Action Council or HAC.
TH	<u>Transitional Housing</u> provides temporary housing with supportive services for up to 24 months while persons work to overcome barriers to stable permanent housing.
Unsheltered	<u>Unsheltered</u> persons sleep on the streets, in vehicles, in abandoned buildings, in encampments, or any other place not suited for human habitation.

ROLES

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

GEOGRAPHIC COVERAGE

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

PARTICIPATION AND COORDINATION

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

Both the CoC Program interim rule and the [Emergency Solutions Grants \(ESG\) program interim rule](#) (76 FR part 75953) require that projects operated by recipients and subrecipients of CoC or ESG grant funds must participate in the established coordinated entry process. The SCCCoC is committed to aligning and coordinating CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Programs funds.

GUIDING PRINCIPLES

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

1. **Prioritization of the most vulnerable.** CE resources are first directed to persons and families who are most vulnerable. Less vulnerable persons and families are assisted as resources allow.
2. **Safety and emergency plans.** CE ensures the safety of all individuals and families seeking assistance including assuring rapid linkage to emergency and victim services.
3. **Nondiscrimination.** CE is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.
4. **Cultural competency.** CE incorporates cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
5. **Fair and equal access.** All people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to CE.¹
6. **Promote participant choice and participant-centered practices.** CE treats every person with dignity, prevents them from experiencing further trauma; offers at least minimal assistance, and participates in their own housing plan. Participants are offered choice whenever possible.
7. **Low barriers.** SCCCoC identifies system practices and individual project eligibility criteria which may contribute to excluding participants from services, and works to eliminate those barriers. As a "low barrier" CoC, SCCCoC engages and enrolls eligible persons in homeless assistance projects regardless of perceived barriers such as lack of income, lack of sobriety, presence of criminal records, or historical noncompliance with program requirements.

¹ It is noted that the VI-SPDAT assessment instrument currently in use by many CoCs throughout the United States has been found in some studies to lead to racially disparate housing outcomes. The SCCCoC Coordinated Entry Committee is investigating other options.

8. **Person-centered practices.** CE reduces the stress of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
9. **Standardization.** CE implements standard assessment tools and practices, and captures only the limited information necessary to determine the severity of the participant's needs and the best referral strategy.
10. **Transparency.** CE makes thoughtful decisions and communicates directives openly and clearly.
11. **Continuous quality improvement efforts.** CE continually strives for effectiveness and efficiency and makes changes to improve the quality of our work.
12. **Collaboration.** SCCCoC practices and promotes inclusive planning and decision-making which involves all affected parties.
13. **HMIS.** CE utilizes HMIS to manage participant information and facilitate quick access to available resources.
14. **Data driven.** SCCCoC uses use data to assess effectiveness, analyze needs, and create a diversity of housing and service options.

AFFIRMATIVE MARKETING

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

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

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

- Postings at places where homeless persons gather, such as food pantries, thrift stores, public libraries, mass transit stations, and the like.
- Communications (paper and/or electronic) with organizations where homeless persons are likely to turn for help, such as religious institutions, aid offices, and township supervisors.
- Use of social media and news media.

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

ACCESS

SINGLE POINT OF ACCESS

SCCCoC has a single designated point of access to coordinated entry at the St. Clair County Housing Resource Center (HRC), 19 Public Square, Suite 200, Belleville, IL 62220, telephone 618-825-3330. The only exceptions are for persons fleeing domestic violence, who may contact the Violence Prevention Center's 24-hour crisis hotline at 618-235-0892.

ACCESSIBILITY

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

SAFETY PLANNING AND RISK ASSESSMENT

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

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

EMERGENCY ACCESS

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

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

STREET OUTREACH PROGRAMS

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

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

INTAKE SCREENING, AND DIVERSION

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

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

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

PRIVACY PROTECTIONS

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

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

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

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

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

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

HOMELESS PREVENTION

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

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

CE follows specific eligibility requirements when prevention services are funded through the Illinois Department of Human Services. Currently, the State of Illinois does not use HUD's Emergency Solutions Grant program (ESG) for prevention.² If the state allows ESG funds to be used for prevention in the future, coordinated entry staff will follow HUD's ESG eligibility documentation standards.

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

VETERANS

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

² The single exception to this is temporary CV (COVID) relief assistance.

ASSESSMENT

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

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

STANDARDIZED PROCESS

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

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

ASSESSMENT PHASES

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

1. **Triage (Immediately):** This first phase identifies the immediate housing crisis, and clarifying that the CoC is the appropriate system to address the potential participant's immediate needs. CE also inquires about domestic violence and if appropriate, makes a warm handoff to the Violence Prevention Center.
2. **Diversion and/or Prevention Screening (Immediately):** The second phase of assessment takes place immediately upon engaging with a participant. During this phase, CE staff examines resources that could be used to avoid the participant entering the homeless system of care.
 - a. In case of diversion, CE collects enough Personally Identifiable Information (PII) to enter and exit the person from the CE project.
 - b. In case of referral for prevention assistance, CE collects enough PII to enter the person in the CE project and keeps them active until they are stably housed.
3. **Crisis Services Intake (Immediately):** The third phase also takes place immediately, as it is intended to collect all information necessary to enroll the participant in a crisis response project such as emergency shelter or other housing. CE collects enough PII to enter the person in the CE project and keeps them active until they are stably housed.

4. **Housing & Service Assessment (Within 5 business days):** During the fourth phase, assessors will collect information to identify a participant’s housing and service needs with the intent to address that participant’s immediate crises.
5. **Comprehensive Assessment (Within 5 business days after initial assessment):** In the fifth phase, the assessor will administer the VI- SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool). VI-SPDAT 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 VI-SPDAT in the same manner and using the same process.³

VI-SPDAT gathers information and quantifies vulnerabilities and risks for the following factors: advanced age, homeless history, emergency service use, risk of harm, legal issues, risk of exploitation, money management, meaningful daily activities, self-care, social relationships, physical health, substance abuse, mental health, medications, and abuse/trauma. VI-SPDAT yields a score that suggests the most appropriate housing intervention and can be used to guide the mix of supportive services.

6. **Updated Assessment (Ongoing):** CE enters updated assessment data when new information might suggest a revised referral strategy.

UPDATING ASSESSMENTS

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

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

PARTICIPANT AUTONOMY

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

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

³ See footnote on page 4.

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

In the early stages of assessment, it is permissible to enter aliases or estimates in HMIS, as stated in the current “HMIS Data Standards” published by HUD.

PROTECTED CLASSES

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

MAINSTREAM SERVICES

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

PRIORITIZATION AND ELIGIBILITY DETERMINATION

Prioritization and eligibility determination are two different processes. Prioritization refers to: (1) Determining which intervention for which a person is eligible is most appropriate; and (2) Establishing the order in which participants are referred to housing and service programs. Eligibility determination means deciding if a person or family is eligible for a specific project and obtaining documentation required by HUD or other funding source.

EMERGENCY SERVICES

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

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

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

PRIORITIZATION

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

CE uses scores from the VI-SPDAT as a general guide to indicate which type(s) of housing are recommended for a household. The types of housing are:

- Permanent Supportive Housing (PSH): Scores of 9 and above.

- Transitional Housing (TH): Scores of 7-8, plus all households where everyone is under 25, plus persons fleeing domestic violence.
- Rapid Rehousing (RRH): Scores of 5-8.
- Other Permanent Housing (OPH): Scores of 0-4. People with these low scores are unlikely to obtain housing through CoC projects due to their low priority.

CE does not use the VI-SPDAT score as the only factor in prioritization. It considers other factors related to needs and vulnerabilities including overall length and nature of homelessness, safety, financial resources, support systems, specific health conditions, and others.

PRIORITIZATION CRITERIA

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

PERMANENT SUPPORTIVE HOUSING (PSH):

The prioritization for PSH is consistent with HUD’s Prioritization/PSH Notice. Persons eligible for PSH are prioritized for available units based on the following criteria (applying the definition of *chronically homeless* set by HUD in its December 2015 Final Rule):

1st Priority—Chronically homeless individuals and families with the longest history of homelessness **and** with the most severe service needs.

2nd Priority—Chronically homeless individuals and families with the longest history of homelessness but **without** severe service needs.

3rd Priority—Chronically homeless individuals and families **with** the most severe service needs.

4th Priority—All other chronically homeless individuals and families not already included in priorities 1 through 3.

5th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.

6th Priority—Homeless individuals and families who are not chronically homeless but do have a disability **and** a long period of continuous or episodic homelessness.

7th Priority—Homeless individuals and families who are not chronically homeless but do have a disability **and** are coming from places not meant for human habitation, Safe Havens, or emergency shelters.

8th Priority—Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.

Tie Breaker—When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers will be used in this order: (1) Veteran household; (2) longest length of homelessness; (3) lowest household income.

TRANSITIONAL HOUSING (TH):

The prioritization for persons who are determined to be eligible for TH is consistent with the CoC's scoring range for need and vulnerability associated with TH projects. The CoC prioritizes the following persons for TH:

1st Priority—Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.

2nd Priority—Households consisting of unaccompanied youth.

3rd Priority—Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders.

RAPID REHOUSING (RRH):

The prioritization for persons who are determined to be eligible for RRH will be consistent with the CoC's scoring range for need and vulnerability associated with RRH projects. Additionally, the CoC has opted to prioritize the following persons for RRH:

1st Priority—Households with a single parent and 3 or more dependent children under the age of 6.

2nd Priority—Households experiencing domestic violence.

3rd Priority—Households consisting of unaccompanied youth.

4th Priority—Households with a previous episode of homelessness within the most recent 12 months.

OTHER PERMANENT HOUSING

The prioritization for persons eligible for OPH is consistent with the CoC's scoring range for need and vulnerability associated with OPH.

1st Priority—Length of homelessness

2nd Priority—Number of persons in household

UPDATING CLIENT INFORMATION

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

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

POLICY: CE exits clients who cannot be located after at least three attempts to make contact and after at least 60 days have passed since last contact.

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

REFERRAL

NOTIFICATION OF VACANCIES

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

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

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

When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the CE staff within 5 business days of the vacancy. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The CE staff will work to identify a prioritized household to fill the vacancy.

PROJECT ELIGIBILITY

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

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

Housing providers have responsibility for making final determinations of eligibility and obtaining the documentation required by HUD. They must not delay or deny housing while obtaining documentation. Providers should place persons referred by coordinated entry into housing as quickly as possible and then obtain documentation of eligibility. HUD allows providers to house persons for up to 45 calendar days while they are obtaining documentation.

PERSON-CENTERED REFERRALS

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

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

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

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

REFERRAL REJECTION POLICY

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

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

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

CE staff shall notify the CE Committee Chairperson of any project which repeatedly rejects referrals. The Chairperson shall meet with the project to gather information and submit it to the SCCoC Board for review.

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

- Participant refused further participation.
- Participant moved out of CoC area.
- Participant does not meet required criteria for project eligibility.
- Participant unresponsive to multiple communication attempts.
- Participant resolved crisis without assistance.
- Participant safety concerns. The participant's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues that cannot be addressed by the program.
- The program does not offer the services and/or housing supports necessary to successfully serve the household.

- Program at capacity at time of referral.
- Participant geographical needs: The referral is too far from participant's work, school, transportation, childcare, community support systems to be realistic.
- Property management rejection (include specific reason cited by property manager).
- Conflict of interest.

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

1. The CoC project rejecting the referral must notify the CE Manager within three business days. Within another three business days, the project must send the CE Manager a detailed written justification of the referral rejection. The provider must also provide the participant a copy of the written justification of the referral rejection.
2. The CE Manager must review the rejection and attempt to mitigate if appropriate and possible.
3. The HMIS record must be updated to state the reason for the rejection.

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

1. The CE Manager must review the rejection and attempt to mitigate if appropriate and possible.
2. The HMIS record must be updated to reflect the reason for the rejection.
3. A participant who rejects three sequential referrals will be required to participate in a case conferencing meeting with the CE Manager. However, any participant who has rejected referrals to victim service providers are not required to participate in this case conference meeting, as this is a violation of HUD Housing First principles of voluntary services.
4. Participants who reject referrals to providers keep their places on the prioritization list.

DATA MANAGEMENT

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

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

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

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

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

PARTICIPANT CONSENT

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

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

EXITING CLIENTS FROM CE

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

- They have obtained permanent housing.
- They are known to have left St. Clair County and are living elsewhere.
- They are deceased.
- Their whereabouts are unknown. CE has made at least three attempts to contact them and has had no contact with them for at least 60 days.

TRAINING

POLICY: The SCCCoC is committed to ensuring that all staff who assist with CE operations are capable of administering the CE system in a manner consistent with the vision and framework of the SCCCoC, as well as in accordance with the policies and procedures of HUD, IGD, and other governing authorities.

SCCCoC will arrange for at least annual training for persons who will manage access point processes and conduct assessments for CE. Topics for training 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.
- Culturally competent coordinated entry practices and mitigating historical inequities among racial, ethnic, cultural, groups and gender and sexual minorities.

NONDISCRIMINATION COMPLIANCE AND COMPLAINTS

COMPLIANCE

POLICY: SCCCoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

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

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

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.

- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.
- HUD Equal Access Rules.

COMPLAINT PROCESS

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

Additionally, this form describes and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form is reviewed at the access point by CE staff, and must be signed by each participant. Coordinated entry notifies all participants of their rights to appeal decisions of the coordinated entry system or any partner agency. Participants may file complaints alleging unfair treatment by coordinated entry. The process is described on the following pages.

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

EVALUATION

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

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

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

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

- Coordinated entry coverage
 - Are all geographic areas of SCCCoC covered by CE?
- System Gaps
 - What is the actual demand for CoC crisis response services?
 - Is demand effectively managed by the available resources and CoC assets?
 - What is the distribution of referrals by project type?
 - What are the patterns of referral rejections (rates, reasons, providers)?
- Assessment Process
 - Is participant assessment data complete, accurate, and timely for referral process?
 - Is assessment process respectful of participant preferences, culturally appropriate, trauma informed?
 - Length of time from referral to placement in PH.
 - Are prioritized populations being successfully referred and enrolled in available housing and services?

REJECTION LETTER

Referral Rejection Letter

Organization: _____

Project: _____

Project Type:

TH PSH RRH OPH

Client Name: _____

Client ID: _____

Reason for Rejection (choose all that apply):

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

Notes:

Date of Rejection: _____

Signature/Title _____

PARTICIPANT APPEALS POLICY

Housing Resource Center Appeals Policy

Client Name: _____

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

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

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

Contact and mailing information:

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

Attn: Executive Director

Housing Resource Center

Appeals Policy

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

Signature of Client

Date

Please print Name