



Coordinated Entry Policies and Procedures

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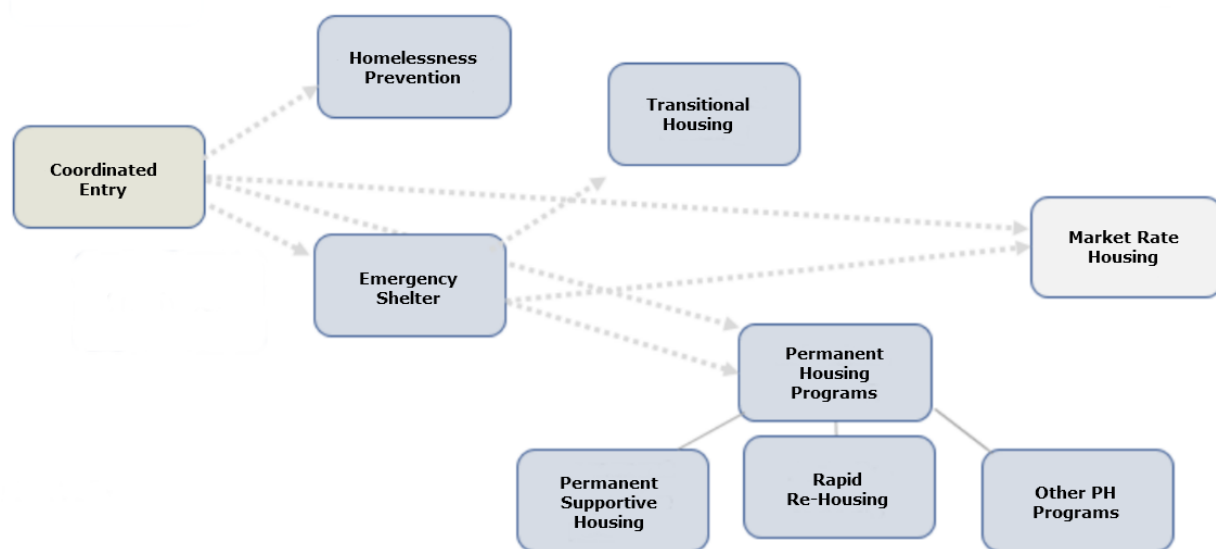
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Introduction

The Kane County Continuum of Care (CoC) has established a Coordinated Entry process in order to ensure that housing assistance is prioritized based on vulnerability and severity of assistance needs so that people who need help the most can receive it in a timely manner. The implementation of this process is in accordance to 24 CFR 578.7(a)(8), Notice CPD-17-01 and Notice CPD-16-11.

As the diagram from the US Department of Housing and Urban Development below illustrates, the Coordinated Entry Process provides multiple pathways to housing (or housing stability) for people who are homeless or at risk of homelessness. A family's needs and preferences are incorporated into the decision-making process.



Geographic Coverage

This Coordinated Entry system covers the entire geographic area of Kane County, IL. Homeless and at-risk families and individuals can present for services at any homeless housing and service provider in the county. These Coordinated Entry Access Points cover and are accessible throughout the entire CoC.

Public Awareness

The Coordinated Entry process and associated housing and supportive services are affirmatively marketed to and available to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap and those who are least likely to apply in the absence of special outreach.

Marketing materials are placed at each organization within the Continuum of Care's geographic boundaries that regularly encounter people who are homeless, or that periodically encounter people in hard to reach homeless subpopulations, such as people who are service-resistant.

In addition, materials are furnished to police departments, parks departments, schools systems and religious institutions for distribution to individuals and families who are homeless or are unstably housed. A current list of all organizations receiving marketing materials is attached to this policy manual.

Marketing materials include:

- Posters that list Access Points, their locations and phone numbers
- Fliers containing information on Access Points and how the Coordinated Entry process works
- Laminated business cards with Access Points information, for distribution to people needing assistance

The Continuum of Care also issues a quarterly mass email and press release updating the community on the Coordinated Entry process and its achievements. CoC member agencies are also encouraged to place information about the Coordinated Entry process on their websites. A web page template is available for this purpose.

Management

The Continuum of Care Coordinator manages the Coordinated Entry Process. The Coordinator is responsible for:

- Convening participants on a monthly basis to review recent referrals and permanent housing placements and to facilitate resolution of referral issues as they arise
- Monitoring performance of the Coordinated Entry system, including participants' compliance with these policies and procedures
- Raising awareness of the Coordinated Entry system, including creating, circulating and updating marketing materials, as needed

Accessing the Coordinated Entry System

All people in different populations and subpopulations in Kane County, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, must have fair and equal access to the Coordinated Entry process.

The Kane County Continuum of Care has adopted a "No Wrong Door" approach to Coordinated Entry. The same assessment approach, including standardized decision-making, is offered at all Access Points and all Access Points are usable by all people who may be experiencing homelessness or are at risk of homelessness. Mobile outreach workers also perform Coordinated Entry activities, including assessment and referral, when and where they encounter people who are homeless.

Specialized Access Points have been established to meet the unique needs of people who are or have been a victim of domestic violence, dating violence, sexual assault or stalking. A list of current Access

Points is attached to this policy and shall be updated from time-to-time. All agencies listed as Access Points shall have entered into a Memorandum of Understanding with the Kane County Continuum of Care as evidence of their understanding of these Coordinated Entry Policies and Procedures and their commitment to fulfilling the roles and responsibilities associated with serving as an Access Point.

Emergency Services

Emergency services, including all domestic violence and emergency services hotlines, drop-in service programs and emergency shelters, domestic violence shelters and other short-term crisis residential programs, must operate with as few barriers to entry as possible. People must be able to access emergency services independent of Coordinated Entry intake and assessment operating hours. Pre-screening is not required prior to emergency services program entry under these circumstances.

When emergency services are provided before a pre-screening is administered, the family or individual must be screened by the end of the next business day.

Domestic Violence

No one will be denied access to the Coordinated Entry process - or any Access Point - on the basis that he or she is or has been a victim of domestic violence, dating violence, sexual assault or stalking. These people, even if they are seeking shelter or services from non-victim service providers, must have safe and confidential access to the Coordinated Entry process and victim services and immediate access to emergency services such as domestic violence hotlines and shelter.

Nondiscrimination

All recipients and subrecipients of CoC program and ESG program funding in the Kane County CoC must comply with the non-discrimination and equal opportunity provisions of Federal Civil Rights Laws as specified at 24 C.F.R. 5.105 (a), including but not limited to the following:

- Fair Housing Act,
- HUD's 2012 and 2016 Equal Access Rules,
- HUD's Gender Identity Final Rule
- Title II of the Americans with Disabilities Act,
- Section 504 of the Rehabilitation Act; and
- Title VI of the Civil Rights Act.

Providers must have non-discrimination policies in place and conduct assertive outreach to people least likely to engage in services. Their marketing and admission procedures for their housing programs should provide equal housing opportunities. Program funding shall market housing and supportive services to eligible persons regardless of age, race, color, national origin, religion, sex, actual or perceived gender identity, sexual orientation, familial status, or disability; and shall provide program participants with information, in writing, on their rights and remedies under applicable federal, state and local law.

Organizations will make reasonable accommodations and allow reasonable modifications that may be necessary to allow persons with disabilities to enjoy their housing. Organizations will provide meaningful access to Limited English individuals. Program procedures will ensure equal access is

available to all eligible individuals and families regardless of their actual or perceived sexual orientation and gender identity. Anti-discrimination policies must ensure that LGBTQ+ individuals and families receive supportive services, shelter and housing free from discrimination.

ESG Program and CoC Program recipients and sub-recipients will be asked to submit their anti-discrimination policies to the CoC for review annually. The CoC will notify agencies of any necessary changes to their policies.

Persons with Disabilities

Access Points must be physically accessible to individuals with disabilities, including people who use wheelchairs. The CoC will also ensure that Access Points are located in areas convenient to people who are least likely to access homeless assistance.

The Pre-Screening Process

The first phase of the Coordinated Entry process involves pre-screening for diversion or prevention. This step helps the Continuum of Care ensure that only people who need permanent housing end up on the Coordinated Entry Priority List. If prevention or other mainstream services can address the housing needs of a family or individual, a referral to these services must be offered at this point.

There are at least two significant benefits to including this diversion step in the Pre-Screening process. People receive services that are the most appropriate for them, and wait lists for permanent housing are shortened.

Pre-screening must occur when a family or individual first contacts in person a provider that is serving as a Coordinated Entry Access Point or, in an emergency or after hours situation, as soon after that first contact as possible. If a family or individual is fleeing domestic violence or sexual abuse and chooses to be immediately referred to a domestic violence services provider, pre-screening should take place at the domestic violence provider.

Pre-Screening Instrument

The Kane County Continuum of Care's Coordinated Entry process utilizes a pre-screening instrument designed to:

- screen for homelessness/chronic homelessness
- assess housing needs to determine need for diversion/prevention services or emergency shelter
- identify barriers to housing

Based on information supplied during the pre-screening, a family or individual may be referred for prevention services or other mainstream assistance, or may move to the Assessment stage of the Coordinated Entry process.

Performing a Pre-Screening

Individuals conducting a pre-screening must use the entire introductory script supplied to them by the Continuum of Care. No part of the script may be skipped.

People who are being screened must be freely allowed to decide what information they provide during the pre-screening process, to refuse to answer questions and to refuse housing and service options without retribution and without limits being placed on their access to other forms of assistance. *Note: collection of specific information may be required to establish or document eligibility for certain programs.*

Shelter Placement

People who are literally homeless should be offered a referral to a local emergency shelter. People fleeing domestic violence must be immediately offered a referral to a local domestic violence provider. People have a right to refuse these referrals and still continue through the Coordinated Entry process. People do not have to complete a Coordinated Entry assessment in order to receive a shelter referral.

The Assessment Process

If pre-screen results indicate that a family or individual is appropriate for housing placement, an assessment of the family or individual must be conducted within 14 days of enrollment into the Coordinated Entry program, utilizing the appropriate version of the Mapping for Appropriate Placement (MAP) tool. In the rare event that a permanent housing unit remains vacant, families or individuals whose pre-screening scores indicate they may qualify for placement in that unit should be assessed immediately.

Assessment Approach

The Kane County Continuum of Care is committed to person-centered, Housing First approaches to ending families' and individuals' homelessness. This means that everyone involved in the Coordinated Entry process must work to ensure that people who are assessed are asked about their preferences regarding location and type of housing, level and type of services, and other characteristics of projects where they may be referred, and that these preferences are taken into account when offering referral options.

Assessment Instrument

Regardless of which organization a person enters in the Coordinated Entry process, that person will be assessed using the MAP. Agency staff administering and scoring these assessments must have successfully completed MAP training offered by the Continuum of Care.

Staff administering and scoring the MAP are prohibited from screening people out of the Coordinated Entry process 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 disability-related services or supports that may be needed, history of evictions, poor credit, lease violations or the absence of previous leases, or criminal record.

Assessor Training

The Continuum of Care conducts Coordinated Entry training on a quarterly basis, more frequently if needed. The purpose of this training is to ensure that staff assigned to Coordinated Entry clearly understand and can fully comply with the Continuum's assessment and referral policies and procedures. This training includes:

1. Review of policies and procedures, including any variations for specific subpopulations
2. Instruction on how to use assessment information to determine prioritization for referrals
3. Criteria for uniform decision-making and referrals

Coordinated Entry training protocols and materials are reviewed, updated and redistributed to participating organizations at least once per year.

Performing an Assessment

As noted above, assessments must be performed within 14 days of enrollment into the Coordinated Entry program. Though there are different assessments for families, single adults and unaccompanied youth, each assessment collects:

- Basic Information (name, date of birth, preferred language, etc.)
- History of Housing and Homelessness
- Risks
- Socialization and Daily Functioning
- Wellness
- Family Unit (if not unaccompanied)

Assessment responses are scored and a total score is generated. A person's total score is used to determine their place on the Continuum-wide priority list for permanent housing.

People administering the assessment must use the introductory script supplied to them by the Continuum of Care. No part of the script may be skipped.

People who are being assessed must be freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution and without limits being placed on their access to other forms of assistance.

Note: Collection of specific information may be required to establish or document eligibility for certain programs.

Information collected before or during the assessment process may not be used to screen people out of housing referrals 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, disability-related services or supports that are needed, history

of evictions or poor credit, lease violations or lack of a leasing history, or criminal record. During the assessment process, participants must be informed of the ability to file a non-discrimination complaint.

In certain circumstances, when the individual administering the assessment believes a client's score is not truly representative of their vulnerability, they may seek approval of a score adjustment. The application and approval process for such adjustments is prescribed in the Continuum of Care's Case Conferencing Policy, which is attached to this manual.

Eligibility Determination

Information collected during assessment may be used to determine eligibility for certain programs and services in the Continuum of Care. This is a different process than prioritization, detailed below. Though assessment data cannot be used to discriminate, in certain circumstances some projects may use disability status or other protected class information to limit enrollment; however, this requires explicit allowability by Federal or State statute. For instance, some permanent housing programs require a mental health disability, and HOPWA programs require an HIV diagnosis.

The Prioritization Process

Prioritization Factors

The Kane County Continuum of Care utilizes MAP to prioritize referrals to available housing resources. The MAP uses the following factors to determine vulnerability:

- Risk of harm, as evidenced by recent encounters with healthcare and crisis services, law enforcement and the criminal justice system, legal issues and risk of exploitation
- Issues with socialization and daily functioning, such as money management, meaningful daily activity, self-care and social relationships
- Wellness, as reflected by status of physical health and mental health, and any medications, substance abuse, tri-morbidity, abuse or other trauma

The MAP assigns a score to each client, based on these factors. These scores, along with the dates that each family or individual most recently entered the Coordinated Entry process, determine each family's or individual's ranking on the Priority List. Any housing preferences expressed during the Assessment process are also noted on the Priority List and are used when determining housing placement options.

Data collected during the assessment process must not be used to 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 identity or marital status.

Priority List

The Priority List is maintained in real time within Kane County's HMIS. It is very important that people be added to the Priority List as soon as their assessments have been completed, and removed from the Priority List as soon as they have been referred to housing or have otherwise exited the Coordinated Entry process.

Priority List, referral and housing placement activity is monitored on a monthly basis to ensure that Coordinated Entry policies and procedures are followed. Client information in the Priority List is covered by the same privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.

Priority Ranking

As mentioned above, each family and individual on the Priority List has a MAP score that is used to determine the type of housing to be offered to them, and their place in line for that housing. Complete lists of current priority ranking criteria are contained in the Continuum of Care's Transitional Housing Assistance, Rapid Rehousing Assistance and Permanent Housing Assistance Policies. Any housing preferences mentioned during the assessment process must also be considered when presenting referral options to clients.

The Referral Process

The Kane County Continuum of Care has incorporated a person-centered approach into its referral policies and procedures. This means that as referrals are made, potential program participants have choices regarding location and type of housing, level and type of services, and other project characteristics. During the referral process, people must be provided with options and recommendations that guide and inform their choices and don't make rigid decisions about what they need. People have the right to decline a referral to housing that they feel does not meet their needs.

Housing Referrals

When a vacancy in Permanent Housing, Rapid Re-housing or Transitional Housing program exists, that vacancy must be filled from the Coordinated Entry Priority List. There are no exceptions to this rule. Perceived barriers to housing or services must not be used to reduce or eliminate a household or individual's referral options.

The following guidelines must be used when preparing referral options:

- If a family's or individual's MAP score is equal to or greater than 14 and all HUD requirements for chronicity are met, the family or individual is recommended for referral to a Permanent Housing program.
- A MAP score of 13 or lower will be referred to Rapid Rehousing.

When filling a vacancy from the Coordinated Entry Priority List, a provider may choose to offer the housing opportunity to a family or individual directly, or may reach out to staff at the Access Point where the family or individual was pre-screened. Should the family or individual or Access Point not respond within five business days, the housing opportunity may be offered to the next qualifying family or individual on the Priority List.

Referrals for Services

Referrals for prevention and other, mainstream services may be made following Pre-screening, and between placement on the Priority List and housing placement. The process of prioritizing access to ESG prevention funds must be developed collaboratively by the CoC and the recipient of ESG funding for Kane County.

Data Management

HMIS

Organizations participating in Coordinated Entry, with the exception of domestic violence services providers, are required to use the CoC's Homeless Management Information System (HMIS) to collect and report data on persons served in the Coordinated Entry process. Organizations that access HMIS must participate in the Coordinated Entry process. Domestic violence services providers must use a comparable database (as defined in HUD's HMIS Data and Technical Standards), which is not linked to the CoC's HMIS.

Night by Night Shelter Policy

Emergency Shelters are required to document shelter bed utilization in the HMIS using either the Entry-Exit or Night-by-Night method, as described in HUD's current HMIS Manual. If a shelter utilizes the Night-by-Night method, clients must receive a project exit (from Emergency Shelter) in the following circumstances:

- Upon the client entering another project type (e.g., TH, PSH) or otherwise obtaining housing.
- When the client passes away
- It has been 90 days since the client has accessed the residential services in the night- by- night shelter.

Privacy Protections

To protect personal privacy, Coordinated Entry staff should collect only enough participant information to prioritize and make referrals to available housing and support services. Disclosure of specific disabilities or diagnosis must not be required unless needed to determine program eligibility or to make appropriate referrals.

Personal information must not be shared between organizations participating in the Coordinated Entry process unless the affected individual has consented to information sharing, and that consent has been properly documented. Services must not be denied to participants who refuse to allow their data to be shared unless Federal statute requires collection, use, storage and reporting of a participant's personally identifiable information as a condition of program participation.

Secure Document Management

When physical documents (printed assessments, priority lists, referral forms, etc.) containing personal information are created during the Coordinated Entry process, the following best practices must be followed.

Limited Access

Access to these documents must be granted only to people who need the information contained in these document to do their work.

Secure Storage

These documents, when not in use, must be securely stored and protected either in locked cabinets or a locked room.

Retention and Destruction

These documents must be completely destroyed (shredded or burned) when they are no longer needed or when the document retention period adopted by the organization that holds the documents expires, whichever is longer.

Other Standards and Requirements

Where there is a conflict between a Coordinated Entry privacy protection and a law, licensing requirement or professional standard, the more stringent of the two applies.

Evaluation

The Kane County Continuum of Care and participating providers continuously work to evaluate and enhance the Coordinated Entry process, and adapt it to changing community needs. A formal evaluation is conducted annually.

Evaluation input is collected through:

- Focus groups
- Analysis of HUD System Performance Measures and other pertinent data
- Comments and suggestions made in Continuum of Care meetings
- Anonymous surveys of provider executives, staff, and clients

This information is compiled in a formal evaluation report that is delivered to the Continuum of Care, which may approve changes to Coordinated Entry processes, policies and procedures based on the report's recommendations.

Performance Metrics

Reports on key Coordinated Entry success measures will be published annually. Metrics will include:

- Number of families and individuals placed in housing
- Average length of time on priority list
- Average and median assessment scores
- Who didn't get housed, and why

Addenda

Policy: STREET OUTREACH SERVICE DELIVERY STANDARDS:

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to establish and consistently follow written standards for providing assistance under the Emergency Solutions Grants (ESG) and Continuum of Care (CoC) programs. (24 CFR 578.7(a)7). At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in street outreach, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs (24 CFR 578.7(a)(9).
- Program standards that meet HUD's requirements for street outreach to define policies and procedures for engagement, program enrollment, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of domestic violence, dating violence, sexual assault, and stalking.
- Policies and procedures for coordination among street outreach programs, emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid re-housing programs, and permanent supportive housing programs.
- Definitions for participation in the CoC's Homeless Management Information System (or comparable database for domestic violence or victims' service programs).

The Aurora, Elgin/Kane County CoC (IL-517) is establishing the following street outreach program standards to ensure:

- Program accountability to individuals and families experiencing unsheltered homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Program compliance with the Department of Housing and Urban Development
- Service consistency within programs.
- Adequate program staff competence and training, specific to the target population served

All Street Outreach programs operating within the IL 517 CoC using Department of Housing and Urban Development ESG funding must adhere to these performance standards. The CoC recommends that street outreach programs funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first.

STREET OUTREACH:

Communities can and should operate street outreach programs to connect the most vulnerable members of the homeless population to necessary services and permanent housing. Street outreach programs are designed to engage unsheltered people at non-traditional settings such as campsites, public parks, libraries, bus or train stations, exit or entrance ramps to roads and highways, abandoned buildings, or under bridges. Outreach workers may also engage people at local basic needs organizations such as feeding sites, soup kitchens, clothing centers, or other sites. Street outreach

programs serve as the front door for unsheltered individuals to homeless and permanent housing services. Effective street outreach programs connect ignored or underserved people with emergency services, longer-term mental and physical health services, and permanent housing. Street outreach also helps to re-integrate unsheltered homeless individuals and families into the larger community.

In order to effectively engage unsheltered individuals unlikely to seek out assistance, outreach programs must adopt an empathetic and comprehensive approach. This involves:

- Meeting people where they are both geographically and emotionally. Outreach teams shall select locations convenient and accessible for unsheltered individuals, fostering a sense of comfort and familiarity.
- Establishing trusting relationships through active listening, persistent efforts, consistent engagement, and an unwavering commitment to provide support without judgment.
- Prioritizing personal and client safety, displaying strong ethics, boundaries and coping skills when working in difficult and stressful circumstances. Outreach workers must make frequent judgment calls when balancing safety and ethics with clients' needs.
- Providing needed supplies for vulnerable populations living unsheltered with little or no access to services, and assisting people in accessing emergency shelters, coordinated entry, housing and support services especially during very cold or hot times of the year.
- Creating known locations lists that programs can visit and add to over time, regularly engaging community providers, including law enforcement and other city and county departments coming into contact with unsheltered people
- Engaging homeless and formerly homeless individuals to assist in identifying and connecting vulnerable persons to services.

HOUSING FIRST:

Street outreach programs should operate with a Housing First approach. Housing First programs believe that anyone can and should be housed and the barriers to permanent housing should be minimized. Housing First allows street outreach programs to move unsheltered individuals more quickly from places not meant for human habitation into permanent housing.

Street outreach programs must operate using a Housing First approach, which includes:

- Connecting unsheltered persons quickly to permanent, stable housing with no housing readiness requirements and linking clients with voluntary services.
- Ensuring access to projects is not contingent on sobriety, income requirements, lack of a criminal record (including status on the sex offender registry), completion of treatment, participation in services, status, or other unnecessary conditions.
- Emphasizing participation in services is voluntary and not a condition of tenancy, but are used to, persistently engage participants to ensure housing stability.
- Verifying services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Every street outreach program is expected to participate in the CoC's coordinated assessment system.
- Outreach teams will utilize the CoC's screening and assessment tools to prioritize households/individuals for housing and services.

- Street outreach programs should administer the MAP assessment as soon as appropriate, eschewing the agreed upon 14-day waiting period, to quickly get clients onto the community's waiting list for permanent housing.

COORDINATED ENTRY:

Every street outreach program is expected to participate in the CoC's coordinated assessment system. Outreach teams will utilize the CoC's screening and assessment tools to prioritize households/individuals for housing and services. Street outreach programs should administer the MAP assessment as soon as appropriate, eschewing the agreed upon 14-day waiting period, to quickly get clients onto the community's waiting list for permanent housing.

Policy: Rapid Re-Housing Assistance

The Kane County Continuum of Care utilizes the MAP Assessment Tool to prioritize referrals to available housing resources. The MAP Assessment Tool uses the following factors to determine vulnerability: risk of harm, issues with socialization and daily functioning, and wellness. The MAP Tool assigns a score to each client, based on these factors. These scores, along with the dates that each family or individual became homeless, determine each family or individual's ranking on the Priority List. Any housing preferences expressed during the Assessment process are also noted on the Priority List and are used when determining housing placement options.

Procedure

1. When a Rapid Re-Housing provider is able to accept a new client or clients, agency staff must select the family or individual with the highest MAP score in the Rapid Re-Housing score range: 13 or below
2. Following the highest MAP score, staff must select the household with the earliest homeless start date. Due to the nature of Rapid Rehousing, including its limited supportive services and length of assistance, clients with Severe Service Needs will be referred to the Permanent Supportive Housing Review Panel.
 - a. Severe Service Needs are defined by the HUD Exchange as:
a client may have severe service needs when any combination of the following factors apply to them: 1) they require a significant level of support in order to maintain permanent housing because they are facing significant challenges or functional impairments—including any physical, mental, developmental, or behavioral health disabilities regardless of the type of disability⁴; 2) they require high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities.
3. When the MAP scores and homeless start dates are equal, preference must be first given to households with minor children, and then to veterans.
4. Rapid Rehousing consumers may be allowed to locate their own housing. If an agency opts to locate available housing units on behalf of its clients, any housing preferences expressed by a family or individual must be considered before a housing placement is recommended. Families and individuals have the right to refuse housing placements and referrals.

Families and individuals are removed from the Priority List if they refuse three permanent housing placements in a row, or are unresponsive to three contact attempts within a single 90 day period. A family or individual who has been removed from the Priority List will be immediately restored to the List after completing a Coordinated Entry pre-screening.

Emergency Transfer Priority: The Kane County Continuum of Care requires that housing providers allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of housing providers to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

Policy: Permanent Supportive Housing Assistance

The Kane County Continuum of Care utilizes the MAP Assessment Tool to prioritize referrals to available housing resources. The MAP Assessment Tool uses the following factors to determine vulnerability: risk of harm, issues with socialization and daily functioning, and wellness. The MAP Tool assigns a score to each client, based on these factors. These scores, along with the dates that each family or individual became homeless, determine each family or individual's ranking on the Priority List. Any housing preferences expressed during the Assessment process are also noted on the Priority List and are used when determining housing placement options.

Priority: Chronically Homeless Individuals and Families with the Most Severe Service Needs and the Longest Histories of Homelessness.

A chronically homeless individual or head of household for whom both of the following are true:

- I. The chronically homeless individual or head of household has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or for multiple episodes in the last three (3) years, where the cumulative total length of the multiple episodes equals at least 12 months

AND

- II. ii. The CoC has identified the chronically homeless individual or head of household as having a qualifying disability and Severe Service Needs. The HUD Exchange defines Severe Service Needs as the following:

a client may have severe service needs when any combination of the following factors apply to them: 1) they require a significant level of support in order to maintain permanent housing because they are facing significant challenges or functional impairments—including any physical, mental, developmental, or behavioral health disabilities regardless of the type of disability; 2) they require high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities.

Procedure:

5. Following establishing chronicity and disability with severe service needs, staff must select the family or individual with the highest MAP score in the Permanent Supportive Housing score range: 14+.
6. Following selection of the highest MAP score agency staff must select the family or individual with the earliest homeless start date. When the MAP scores and homeless start dates are equal, preference must be first given to households with minor children, and then to veterans.
7. Permanent Supportive Housing consumers may be allowed to locate their own housing. If an agency opts to locate available housing units on behalf of its clients, any housing preferences expressed by a family or individual must be considered before a housing placement is recommended. Families and individuals have the right to refuse housing placements and referrals.

Families and individuals are removed from the Priority List if they refuse three permanent housing placements in a row, or are unresponsive to three contact attempts within a single 90 day period. A family or individual who has been removed from the Priority List will be immediately restored to the List after completing a Coordinated Entry pre-screening.

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assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

Permanent Supportive Housing Candidate Review Panel

To ensure best outcomes and success for participants, the PSH Candidate Review Panel will convene monthly meetings to review the priority list for PSH candidates. The PSH Candidate Review Panel will be made up of agency PSH program managers, street outreach workers and Kane County staff. Agencies will be sent a list containing the next group of eligible households in the PSH score range. PSH and Street Outreach Providers funded through CoC recommendations (HUD/IDHS) are required to dedicate a program staff to participate in the meeting. Clients who have not received a Coordinated Entry assessment in the last 6 months will not be reviewed.

The purpose of these meetings will be to:

- Review each eligible household individually in order of priority on the CES list for referrals to PSH programs.
- Candidate referrals to agencies will be based upon assessments & candidate preference in housing locations of housing choice.
- Identify strengths/challenges for the client and collaborate on solutions such as housing placement, employment referrals, supportive services,
- Execute warm handoffs of case management should a client wish to re-locate to a different area.
- Follow-up on housing placements and referrals status from the last meeting.
- Share new landlord and vacancy information.
- The status of placed tenants will be reviewed.
- Approval of PSH participants discharge from PSH.
- Review of program placement of candidates that appear to have been placed out of the CES prioritized order on the CES list.

Policy: Domestic Violence Rapid Rehousing

DV Bonus projects are intended to meet the needs of survivors of domestic violence, dating violence, sexual assault, and stalking who qualify as homeless under paragraph (4) of the homeless definition at 24 CFR 578.3:

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, **e.g.**, family, friends, and faith-based or other social networks, to obtain other [permanent housing](#)

Households will be referred to the agency either directly from other agencies or during Review Panel Meetings. Households actively fleeing DV or Category will take priority over households with Category 4 in their history.

DV Rapid Rehousing Prioritization Scheme	
Eligible Clients: Category 4 and a score of 13 or lower on the MAP If there is insufficient client volume, MAP requirement will be waived and Review Panel will assign households based on Population Characteristics (Category 4, and Tie-Breaker criteria, see below).	
Priority 1: Actively Fleeing DV or other Category 4 situation	Prioritization tie breaker criteria
	1. Length of time Homeless (earliest start date of current episode of homelessness)
	2. Households with Children
	3. Veterans
	4. 1 or more disabling conditions
Priority 2: Coordinated Entry enrollee households that have experienced Domestic Violence or other category 4 situations	Prioritization tie breaker criteria
	1. Length of time Homeless (earliest start date of current episode of homelessness)
	2. Households with Children
	3. 1 or more disabling conditions
	4. 1 or more disabling conditions

Policy: VAWA-Related Emergency Transfers

Emergency Transfers

The Kane County Continuum of Care is concerned about the safety of tenants in the county, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),^[1] HP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.^[2] The ability of a housing provider to honor such requests for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the housing provider has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that housing providers are in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify the housing provider's management office and submit a written request for a transfer to her/his housing provider. The housing provider will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing provider's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

The housing provider will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the housing provider written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act for more information about the housing provider's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

The housing provider cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The housing provider will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The housing provider may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the housing provider has no safe and available units for which a tenant who needs an emergency is eligible, the housing provider will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the housing provider will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

[1] Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

[2] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Coordinated Entry Access Points

360 Youth Services

1305 Oswego Rd, Naperville, IL 60540

(630) 961-2992

Association for Individual Development

309 W New Indian Trail Ct, Aurora, IL 60506

(630) 966-4000

Community Crisis Center

37 S Geneva St, Elgin, IL 60120

(847) 742-4088

Ecker Center for Behavioral Health

1845 Grandstand Pl, Elgin, IL 60123

(847) 695-0484

Hesed House

659 S River St, Aurora, IL 60506

(630) 897-2156

Hines VA

5000 S 5th Ave, Hines, IL 60141

(708) 202-8387

Hope for Tomorrow

479 N Lake St, Aurora, IL 60506

(630) 966-9000

Kane County

143 First Street, Batavia IL, 60510

(630) 232-3428

Lazarus House

214 Walnut Street, Saint Charles, IL 60174

(630) 587-2144

PADs of Elgin

1730 Berkley St, Elgin, IL 60123

(847) 608-9744

Midwest Shelter for Homeless Veterans

117 N West St, Wheaton, IL 60187

(630) 871-8387

Local Victim Services Providers

Domestic Violence

Community Crisis Center

37 S Geneva St, Elgin, IL 60120

(847) 742-4088

Mutual Ground

418 Oak Ave, Aurora, IL 60506

(630) 897-0084

Dating Violence

Community Crisis Center

37 S Geneva St, Elgin, IL 60120

(847) 742-4088

Mutual Ground

418 Oak Ave, Aurora, IL 60506

(630) 897-0084

Sexual Assault

Community Crisis Center

37 S Geneva St, Elgin, IL 60120

(847) 742-4088

Mutual Ground

418 Oak Ave, Aurora, IL 60506

(630) 897-0084

Stalking

Community Crisis Center

37 S Geneva St, Elgin, IL 60120

(847) 742-4088

Mutual Ground

418 Oak Ave, Aurora, IL 60506

(630) 897-0084

List: Coordinated Entry Marketing Materials Sites

Emergency Rooms

Delnor, Rush Copley, Sherman, St Joseph

Faith Based Organizations

(Add religious institutions that agree to circulate marketing materials), St Vincent de Paul Societies

Food Pantries

All People's, Aurora Interfaith, Batavia Interfaith, Between Friends, Burlington Hampshire, Church in the Word, Countryside, Elburn Community Center, First Baptist Church of Geneva, FISH, Food for Greater Elgin, Fox Valley Hispanic, Holy Angels, Marie Wilkinson, Salvation Army (Aurora, Elgin, St Charles), South Elgin, St Peter's, Two Rivers Head Start, Westside Church of Christ

Library Systems

Gale Borden Public Library District

Police Departments

Aurora, Batavia, Campton Hills, Elgin, Fox Valley Park District, Geneva, Hampshire, Kane County Sheriff's Department, Maple Park, North Aurora, South Elgin, St Charles

School Systems

State Agencies

DFCS, IDES, DHS, IHDA

Action plan

Pathways MISI recommends that the Continuum of Care continuously review and further develop its Coordinated Entry process during its first year of operation. Suggested actions include:

90 days

- Review Quarterly Performance Metrics and System Performance Measures
- Adjust referral rules, if needed
- Determine who else needs to be at the table

180 days

- Review Quarterly Performance Metrics and System Performance Measures
- Adjust referral rules, if needed
- Review and adjust Coordinated Entry training materials, if needed
- Review assessment needs

1 year -

- Review Quarterly Performance Metrics and System Performance Measures
- Adjust referral rules, if needed
- Review and adjust Coordinated Entry training materials, if needed
- Set parameters and expectations for new assessment based on local needs and priorities