

OHIO BALANCE OF STATE CONTINUUM OF CARE Coordinated Entry Systems Standards

An effective Coordinated Entry (CE) system is a critical component to any community's efforts to meet the goals of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that Continuums of Care (CoCs) establish a *Centralized or Coordinated Assessment System*. In the Ohio Balance of State Continuum of Care (BoSCoC) we use the term *Coordinated Entry* in place of *centralized or coordinated intake or assessment* to the same end.

The primary goals for Coordinated Entry systems are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed CE systems can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated Entry systems help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Assisting people who present as homeless includes connecting them with mainstream services as well as services designed specifically to shorten or end their homelessness. Coordinated Entry systems also provide information about service needs and gaps to help communities plan their assistance and identify needed resources¹.

Establishing Coordinated Entry is a complex and comprehensive endeavor. The Ohio BoSCoC is charged with standardizing Coordinated Entry systems across regions according to the priorities and particular needs of communities. These standards are intended to clarify and provide guidance around Coordinated Entry. As systems and accompanying documents are developed, COHHIO CE staff and the Coordinated Entry Collaborative are committed to offering training and technical assistance as needed and determined.

¹ (<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>, retrieved on July 20 2015).

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Released: December 16, 2016
Updated: March 28, 2017

Background and Introduction

Coordinated Entry (CE), also known as coordinated intake or coordinated assessment, is a system that allows for coordinated entry into a local homeless services system, as well as coordinated movement within and ultimately exit from the system. Coordinated Entry increases the efficiency of a homeless assistance system by standardizing access to homeless services and coordinating program referrals. In particular, an improved CE system will help the Ohio Balance of State Continuum of Care (BoSCoC) to advance our goals of helping households quickly access appropriate services to address housing crises, increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness.

As part of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) regulations that govern Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding, the U.S. Department of Housing and Urban Development (HUD) requires all CoCs across the United States to implement Coordinated Entry.²

According to HUD guidance, key elements of Coordinated Entry include:

- **Access:** ensures the entire Continuum of Care (CoC) area is covered and that service access points are easily accessible and well advertised.
- **Assessment:** standardizes information gathering on service needs, housing barriers, and vulnerabilities.
- **Prioritization:** matches the output of the assessment tool to community priorities based on severity of need, and establishes a priority rank for available housing and services, and
- **Referral:** coordinates the connection of individuals to the appropriate and available housing and service intervention.³

Accordingly, on Coordinated Entry, the Ohio BoSCoC Homeless Program Standards document states:

- All homeless projects in the Ohio BoSCoC, including HP, ES, TH, RRH, SH, and PSH, must participate in their Homeless Planning Region's Coordinated Entry system. This includes using the region's common assessment/intake forms, following the region's agreed upon referral process, and anything else as appropriate.
- Furthermore, Homeless Planning Regions must review their Coordinated Entry plans and update as necessary to ensure there are no contradictions between their Coordinated Entry system and the CE Systems Standards, and that CoC staff approves updated CE plans.⁴

In Ohio, the Ohio Development Services Agency (ODSA), which administers state homeless assistance programs, helps the Ohio BoSCoC meet CE requirements. The Ohio BoSCoC began Coordinated Entry (CE) systems work in 2012 when we divided our 80 counties into 18 Homeless Planning Regions and began requiring development of Regional Homeless Services Coordination Plans. ODSA required each entitlement CoC and each Ohio BoSCoC Homeless Planning Region to write its Plan and submit it to ODSA by the end of 2012, with implementation beginning in 2013. These plans generally use multiple front doors for homeless system entry and region-wide common screening and assessment tools/referral processes.

² <https://www.hudexchange.info/homelessness-assistance/hearth-act/> (retrieved on July 10 2015)

³ <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf> (retrieved on July 10 2015)

⁴ Ohio BoSCoC Homeless Program Standards, p. 4

Although all Ohio BoSCoC Homeless Planning Regions (HPRs) submitted their plans and regions have made progress in the initial implementation of their CE systems, communities and providers have continued to ask for assistance with revising, updating, and expanding CE work.⁵ Therefore, in 2015, the CoC convened a workgroup to evaluate, update, and revise our current CE Systems Standards.

Purpose: The purpose of this document is to establish minimum standards to guide the revision and expansion of CE systems in the Ohio BoSCoC.

Vision Statement: The Ohio BoSCoC seeks to end homelessness by increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness through a high quality CE system that helps households quickly access appropriate services to address housing crises.

Guiding Principles: across the Ohio BoSCoC, all Coordinated Entry systems will be:

- Person-centered: assessments into CE are based in part on participants' strengths, goals, risks, and protective factors.
- Sensitive to lived experiences: systems take into account participants' lived experience in all aspects of CE including assessment and delivery protocols that are trauma-informed, minimize risk and harm, and address potential psychological impacts.
- Inclusive of participant choice: systems take into account participant choice in CE process decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice.
- Accessible: tools and processes into CE are easily understood by participants being assessed and referred, in addition to using required accessible formats for persons with disabilities including in marketing, outreach, and advertising.
- Sustainable: resources required to operate the CE system are identified and available now and for the foreseeable future.
- Flexible: localization and customization of CE processes are allowed based on community needs, resources, and services available. These choices must be in compliance with CE standards as established by the BoSCoC.
- Transparent and accountable: consumers know what is being done and why, agencies program rules and success rates are clearly defined and readily shared with consumers, and there are clear feedback processes for both consumers and agencies.
- Housing First: participation in supportive services is voluntary and barriers to program entry and housing are minimized.
- Housing-Focused: households experiencing housing crises return to permanent housing within 40 days (as a goal).
- Committed to referral success: providers are committed to successfully completing referral processes including safe transition from access points to housing and supporting participants in identifying and accessing alternate suitable project in the rare instance of an eligible participant being rejected by a participant project.
- Easy to use: system is not cumbersome to agencies, and is also accessible and well known to the community.⁶

⁵ Homeless Planning Regions: <https://www.cohio.org/files/pdf/Homeless%20Planning%20Regions%20Final%20new.pdf>

⁶ (www.ncceh.org/BoS, retrieved June 1 2015), <https://www.hudexchange.info/resources/documents/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system.pdf>

Basic Definitions

Chronic Homeless⁷

1. An individual who:
 - a. Is currently homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND
 - b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven. AND
 - c. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in Paragraph A of this definition before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in Paragraph A of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Continuum of Care

A Continuum of Care (CoC) is a geographically based group of representatives that carries out the planning responsibilities required by the U.S. Department of Housing and Urban Development's (HUD) CoC Program. These responsibilities include coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the CoC's geographic area. The Ohio Balance of State Continuum of Care (BoSCoC) represents the 80 largely suburban and rural counties in Ohio. The Ohio BoSCoC is responsible for coordinating and implementing the homeless system for this 80-county geography. Within these 80 counties there are approximately 340 homeless programs including emergency shelters, transitional housing, rapid re-housing programs, and permanent supportive housing. On any given day these programs can serve over 5,500 persons experiencing homelessness.

Coordinated Entry

A process based within a geographically defined homeless system that helps homeless individuals and families access homeless assistance in a coordinated and standardized way that is also tailored to the individual's or household's needs and is primarily focused on moving people back into permanent housing. In a Coordinated Entry system, each system access point ("front door") uses the same assessment tool and makes decisions on which programs households are referred to through a comprehensive understanding of each program's specific requirements, target population, and available beds and services.

⁷ More detailed information about HUD's final rule on the definition of chronically homeless can be found at <https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>.

Coordinated Entry Plan

A plan developed by a CoC, region, or community that outlines how the CE system will operate. CE plans are working documents that communities revise based on the effectiveness of CE processes.

Crisis Response System⁸

An overall system that involves the coordination and reorientation of programs and services to a Housing First approach, and emphasizes rapid connection to permanent housing, while also mitigating the negative and traumatic effects of homelessness.

Diversion

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program prioritization lists.

HMIS

A Homeless Management Information System (HMIS) is a database used to record and store client-level data including the numbers, characteristics, and needs of persons using shelter, housing assistance, and supportive services within a geographically defined homeless system. Aggregate data from HMIS can be used to understand the size, characteristics, and needs of the homeless population at the client, project and community level. All state and federally funded Ohio BoSCoC homeless projects must use the Ohio BoSCoC Homeless Management Information System (HMIS) to maintain client and project-level data.

Homeless

The Homeless definition is comprised of four categories:

1. Literally homeless individuals/families
 - a. Literal homeless is further defined as homeless individuals/families who lack a fixed, regular, and adequate nighttime residence, meaning:
 - i. Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation, such a place not meant for human habitation.
 - ii. Living in emergency shelter or transitional housing designated to provide temporary living arrangements (including hotel/motel stays paid for by charitable or government programs).
 - iii. Exiting an institution where the individual resided for less than 90 days and where the individual entered the institution immediately from emergency shelter (including hotel/motel stays paid for by charitable or government programs) or an unsheltered location.
2. Individuals/families who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence AND no resources or support networks.
3. Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute and three additional criteria.⁹
4. Individuals/families fleeing or attempting to flee domestic violence with no subsequent residence AND no resources or support networks.

⁸ More information about an effective crisis response system can be found at <https://www.usich.gov/solutions/crisis-response>.

⁹ Ohio BoSCoC homeless projects are not permitted to serve anyone defined as homeless under category three of the federal definition.

Homeless Project Types

Homeless Project Types include: Homelessness Prevention (HP), Emergency Shelter (ES), Transitional Housing (TH), Rapid Rehousing (RRH), Safe Haven (SH), and Permanent Supportive Housing (PSH). All project types in the Ohio BoSCoC must participate in their Homeless Planning Region's Coordinated Entry system. For more information about each project type and eligibility requirements, see the BoSCoC Homeless Program Standards.

Households

Any person, or group of persons who present together is considered a household regardless of the number of persons.

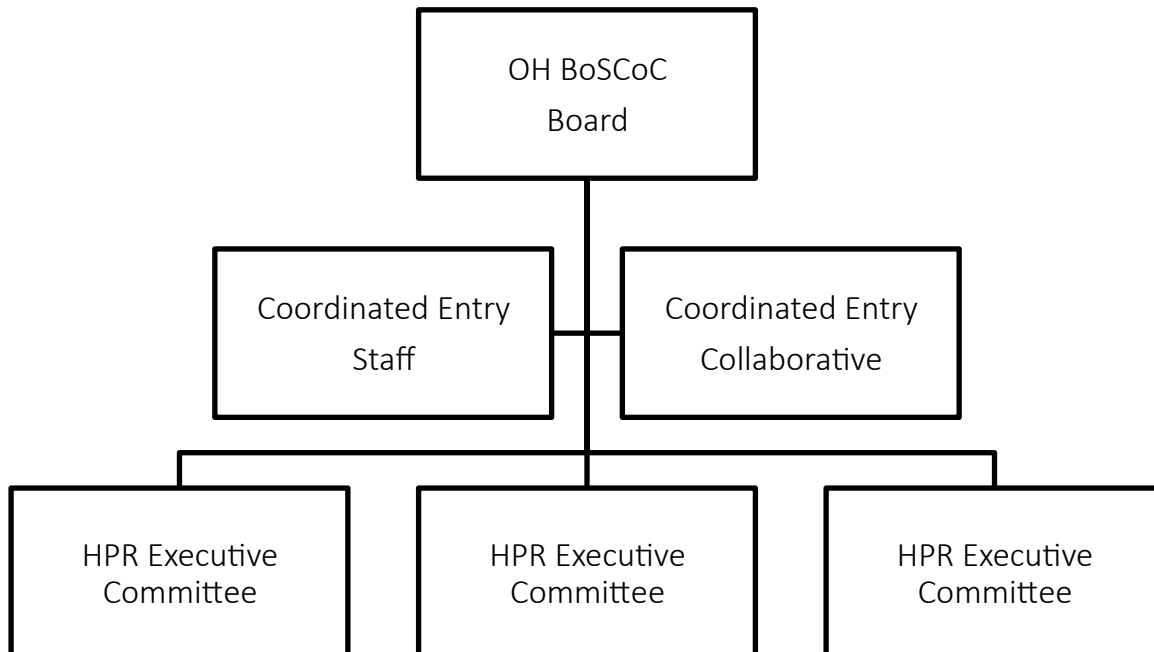
Ohio BoSCoC Homeless Planning Regions

The 80 counties in the Ohio BoSCoC are currently divided into 18 Homeless Planning Regions (17 regions as of January 2017). Homeless program representatives in the Homeless Planning Regions (HPRs) plan and coordinate local and regional homeless systems and programs, and are responsible for working with Ohio Development Services Agency (ODSA) and the Coalition on Homelessness and Housing in Ohio (COHHIO) to ensure all HUD homeless program requirements are met.

Coordinated Entry Systems Governance

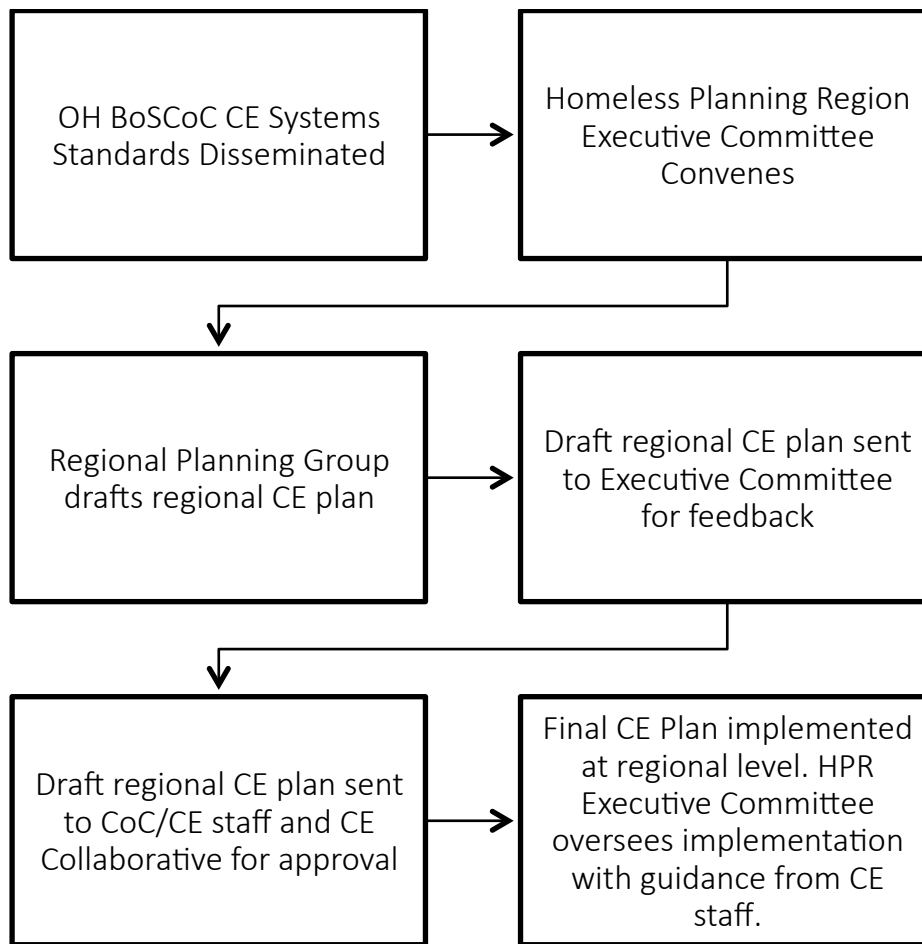
General Structure: Coordinated Entry in the Ohio BoSCoC has been designed and is administered at the Ohio BoSCoC level with standards and parameters for governance provided by the CoC Board. CoC and CE staff, in conjunction with the Ohio BoSCoC Coordinated Entry Collaborative (made up of representatives from across the CoC and other state-level experts), will lead and support CE initiatives CoC-wide. This involves leading technical assistance efforts as well as assisting with monitoring and evaluation at the BoSCoC systems level.

Role of Homeless Planning Region Executive Committee: At the regional level, the Homeless Planning Region (HPR) Executive Committees will be charged with oversight of the regional CE system. With support and technical assistance provided by CoC and CE staff, each Executive Committee will design a CE Plan in accordance with the CE Systems Standards outlined in this document. These systems standards provide Executive Committees with policy guidance to use while building local systems as well as identification of standardized components that are uniform across our CoC.



Coordinated Entry Systems Structure

Coordinated Entry Systems implementation in the Ohio BoSCoC is challenging in part because of the large geographic area covered and the variations in cross-county coordination and service areas. To account for these challenges, as well as the differences in availability of resources across Homeless Planning Regions (HPRs) all Ohio BoSCoC Homeless Planning Regions must have a regional Coordinated Entry plan. The regional CE plan must include all required CE components, as outlined in the CE plan components section (see below).



Required CE Plan Components: All Ohio BoSCoC CE plans will include the following components:

- Outreach, Advertising, and Marketing of CE System
- Inventory of Available Projects and Community Resources
- Identification of Access Points
- Diversion Screening
- Entry into Emergency Shelter or Crisis Response System
- Assessment of Client Need
- Determining and Making Referrals
- PSH Prioritization and Centralized Prioritization Lists
- Monitoring and Evaluati

Coordinated Entry Systems Components and Standards

Component No. 1 - Outreach, Advertising, and Marketing

In order to reach persons who are most vulnerable to homelessness, who are unsheltered, or who may have barriers to accessing programs and resources, providers must ensure that access to local homeless systems and resources is well advertised to the entire community. This includes taking explicit steps to make advertising and communications materials easy to understand, making the system easily accessible, and taking specific action to reach out to those who may be least likely to seek out resources on their own.

CE plans include advertising and outreach strategies that clearly communicate how persons in need can access the CE system. These strategies and related materials are explicitly aimed at persons who are homeless, vulnerable to homelessness, and/or who are unsheltered, disabled, and/or currently not connected to services.

Outreach, advertising, and marketing tools must explicitly convey that services are 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.

Advertising: Content and Strategies

Standard No. 1A - Advertising materials identify the local CE system and process for seeking assistance.

- Materials are easily accessible to persons with developmental disabilities and are available in multiple languages as needed (based on local need/populations).
- Materials identify how to access assistance: phone numbers, addresses, hours of operation, after-hours information, etc. This should be clearly outlined in all advertising materials.

Standard No. 1B - Advertising materials are distributed to local providers and stakeholders in the local CE system. These local providers and stakeholders include those who most frequently encounter homeless households, particularly households with highest barriers and not currently connected with services. Examples of local providers and stakeholders include:

- Law enforcement
- Community meal sites and food pantries
- Faith-based organizations and churches
- Street outreach teams (where applicable)

Outreach Strategies

Standard No. 1C - Designated provider staff engage in regular and frequent outreach to the region/communities' entire geographic area.

- CE plan identifies local homeless services providers and staff positions responsible for engaging in outreach to unsheltered homeless.
- CE plan identifies the times/days that staff engages in outreach.
- CE plan identifies geographic areas covered by designated staff.
- CE plan provides contact information for other local homeless services providers and community members to use when needing to report unsheltered homeless to staff.
- Where multiple providers engage in outreach to unsheltered within the same geography, those providers must coordinate and enter into a Memorandum or Agreement (MOA) to

ensure no duplication of effort and to ensure broader geographic coverage.

Component No. 2 - Inventory of Available Projects and Community Resources

CE plans include how the Available Housing List and the Community Resource List will be updated and accessed. The Available Housing List is generated from the latest Housing Inventory Count (HIC) and includes an inventory of all local homeless dedicated projects and is used by providers to help make client referrals. The Community Resources List includes information on mainstream services including, but not limited to local food/clothing pantries, healthcare providers, benefits banks, employment/job training services, and legal services and is distributed to both clients as well as persons who are diverted from the crisis response system so that they can pursue non-housing related assistance on their own. Both lists are comprehensive and updated at least annually to ensure access to available housing inventory and current community resources.

Available Housing List

Standard No. 2A - The Available Housing List includes the following components:

- Organization Name and Contact Information
- Project Name
- Project Type
- Service Area – county and/or cities served
- Target Population – e.g., veterans, single men or women, households with children, youth
- Bed and Unit Availability – year-round beds, seasonal beds, or overflow beds
- Bed Inventory – number of beds and units available for occupancy in the project (not the number empty on a given day, but the total number of beds/units that the project operates)
 - Rapid re-housing and homelessness prevention projects are excluded from reporting bed inventory
- Chronic Homeless Bed Inventory – number of permanent supportive housing beds dedicated to house chronically homeless persons
- Veteran Bed Inventory – number of beds dedicated to house homeless veterans and their families
- Other Unique Project Requirements – For example, if the project only serves women with children, then that should be noted in the inventory

Community Resource List

Standard No. 2B - The Community Resource include the following components:

- Organization name and contact information
- Type of program or services offered
- Phone number
- Address
- Hours of operation
- Service area- county and/or cities served
- Target population

Maintenance of Available Housing List and Community Resource List

Standard No. 2C - CE plans identify how the Available Housing List and Community Resource List will be updated. This includes the following:

- The Homeless Planning Region's lead agency will update the Available Housing List and

- Community Resource List annually.
- The Available Housing List and Community Resource List will be available on every provider's website in the region and/or each provider will also have hard copies to reference and distribute to clients as needed.

Component No. 3 - Identification of Access Points

Stakeholders in homeless systems need to be aware of the various access points into the homeless system in a given region or county. Clear understanding about points of access into the system helps ensure that persons experiencing homelessness, or at-risk of homelessness, are most quickly and effectively entered into or diverted from homeless systems as appropriate.

Access points must be willing and able to serve those who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault, or stalking but who are seeking shelter or services from non-victim service providers. Access points must be able to serve domestic violence victims in ways that help ensure safety if no victim service provider is available.

Identification of Access Points

Standard No. 3A - CE plans identify all local access points to the homeless system and how those points are accessed. Identification of access points includes the following:

- Names of providers serving as CE access points.
 - All providers that have agreed to serve as CE access points must enter into an MOA with each other and with the Regional Planning Group. The MOA must include the following:
 - Identification of all parties entering into the MOA.
 - Contact information per the procedure below.
 - Agreement that any needed changes will be communicated to all parties.
- Contact information for CE access points, including:
 - Physical address*
 - Phone number*
 - Hours of operation, including after-hours information.

Standard No. 3B – All CE access points are easily available both for those needing to call and those needing to visit in-person. Victim service providers may choose to only make their phone numbers available and conduct Diversion Screening over the phone, as long as other local access points can accommodate in-person meetings.

Standard No. 3C – Homeless Planning Regions' access points will be listed on COHHIO's website for reference. The Homeless Planning Region Executive Committee is responsible for updating the access point list annually and sharing any changes with CE staff.

Component No. 4 - Diversion Screening

When persons experiencing a housing crisis present themselves for possible entry into the local shelter/emergency response system, access point providers must first go through diversion screening. Diversion Screening determines if persons experiencing a housing crisis can be/remain housed or if they absolutely must enter the homeless system. Quality screening helps reduce needless entries into the homeless system and standardizes access to program referrals.

Timeline for Completing Diversion Screening

Since all CE access points can complete the Diversion Screen with every presenting household to see if they can be diverted from the homeless system, the timeline for completing Diversion Screens aligns with the availability of CE access points.

Standard No. 4A - All CE access points provide Diversion Screening during their full hours of operation.

- Persons in housing crisis are screened for diversion (using the Diversion Screen) during their initial contact with the CE access points, assuming they called/visited during CE access point hours.
- If the applicant contacted the CE access point after hours or while access point staff were occupied with another household, CE access point staff attempt to contact the applicant immediately upon the opening of the CE access point or immediately after completing Diversion Screens with other households who presented first.

Method for Completing Diversion Screening

Standard No. 4B - All Ohio BoSCoC CE access point providers use the Ohio BoSCoC Diversion Screening tool in their process to determine if the applicant can be/remain housed or if they must enter the homeless system.

Standard No. 4C - All CE access points should conduct Diversion Screening in person and over the phone during identified hours of operation. The only exception is for victim service agencies that may conduct Diversion Screening over the phone only, if they desire.

Standard No. 4D - Completed Diversion Screening tools are stored in secure and private locations that are not publicly accessible including, at minimum, the following precautions:

- Paper versions of completed Diversion Screening tools are stored in locked file cabinets that are not publicly accessible, in the same manner that paper client files would be stored.
- Electronic versions of completed Diversion Screening tools (e.g., word documents or PDFs) are stored on password-protected computers that are not publicly accessible. Completed Diversion Screening Tools should not be stored on the computer desktop.

Component No. 5 - Entry into Emergency Shelter or Crisis Response System

After completion of a Diversion Screening, if the CE access point organization has determined that they are unable to divert the household in housing crisis, entry into the local emergency shelter may be required.

Not all Ohio BoSCoC communities have access to emergency shelters. Therefore, this section outlines CE standards related to processes for entering homeless persons into an emergency shelter or into other local forms of crisis response assistance. These other types of assistance may include transitional housing that, for all intents and purposes, operates as emergency shelter, rapid re-housing assistance, or other local resources that seek to provide emergency housing/shelter to people who would otherwise be unsheltered (e.g., winter shelters, or hotel/motel vouchers used in lieu of shelter). For ease here, we will use the term 'emergency shelter' to refer to emergency shelters as well as the other types of crisis response resources used in lieu of shelter.

Local emergency shelters/crisis response system referral protocol

Standard No. 5A - The CE access point organization that completed the Diversion Screening tool with the household in crisis makes referrals to the local emergency shelter/crisis response system. This includes the following:

- Using the Available Resources List to identify local emergency shelter/crisis response providers available to accept referrals.
 - If the household in crisis discloses that they are fleeing domestic violence, the CE access point organization must offer a referral to a victim service shelter where applicable.
- Access point organization calls or emails the emergency shelter/crisis response provider directly to inform them of the referral and ensure the availability of space.
 - If no emergency shelter beds are available, contingencies for providing shelter are made by the CE access point organization.
 - If the household in crisis includes a veteran, the local SSVF provider is contacted to arrange a shelter alternative.
- In regions or counties where diversion screening can be done after regular business hours, CE plans outline how and when referrals will be made.
- To ensure an immediate crisis response for persons experiencing homelessness, entry into emergency shelter should not be prioritized based on severity of service need or vulnerability.

Standard No. 5B - When written consent from the client has been obtained, CE access point staff share the completed Diversion Screening tool and the consent form with the emergency shelter/crisis response provider receiving the referral.

- Diversion Screening tools/information must be shared by the protocols established by the Ohio BoSCoC (see Component 4: Diversion Screening).

Managing Limited Bed Availability

Standard No. 5C – CE plans outline the process for assisting homeless individuals and households when local emergency shelters are at capacity. This includes the following:

- When local shelters are at capacity, CE access point organizations and/or emergency shelters/crisis response providers refer homeless persons to other crisis response organizations that have agreed to provide hotel/motel vouchers in lieu of shelter, or to shelters in neighboring counties.
 - CE access point organizations or local emergency shelters coordinate transportation where necessary.

Standard No. 5D – Organizations participating in contingency plans related to shelter capacity issues enter into Memoranda of Agreement (MOAs) that outline all roles and responsibilities.

Client Data Entry

Standard No. 5E - CE plans identify how client data will be entered. This includes the following:

- Once the household in crisis has been referred to and accepted into the local emergency shelter, that shelter provider enters all client data collected in their intake form into HMIS per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.
 - Victim service shelters are exempt and should enter data into their comparable database.

Compliance with Ohio BoSCoC Homeless Program Standards

Standard No. 5F - Ohio BoSCoC emergency shelters must comply with the Ohio BoSCoC Homeless Program Standards, as well as applicable state and federal requirements related to program eligibility and prioritization. Again, to ensure an immediate crisis response for persons experiencing homelessness, entry into emergency shelter should not be prioritized based on severity of service need or vulnerability. If CE access point organizations or other local homeless providers become aware of shelter non-compliance with the Homeless Program Standards, state or federal requirements, Ohio BoSCoC staff should be notified immediately.

Component No. 6 - Assessment of Client Need

After an individual or household has entered the emergency shelter/crisis response system, completion of an assessment helps determine the level of need of the persons experiencing homelessness and helps inform referral decisions to connect them to the most appropriate housing or service intervention to end homelessness quickly.

Households are allowed autonomy to refuse to answer assessment questions without retribution or limiting their access to assistance.

Standard No. 6A – All emergency shelter/crisis response providers' complete the VI-SPDAT on all households in shelter as outlined below:

- The VI-SPDAT should be completed no sooner than 5 days after shelter entry, and no later than 8 days after entry.
- Results of the VI-SPDAT should be recorded in HMIS, per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.

Standard No. 6B – Emergency shelter/crisis response providers complete the VI-SPDAT immediately, or take other action, in the following cases:

- Any individual encountered during outreach that is living in an unsheltered location and must remain unsheltered (i.e. individual declines shelter or limited bed/hotel voucher availability) must be assessed immediately.
 - In this instance, HMIS participating shelters should collect and record client-level data as well as VI-SPDAT results utilizing the unsheltered provider in HMIS. When recording results, HMIS end users must follow the unsheltered provider workflow.
- If a resident seems to need assistance to exit shelter ASAP for their well being (e.g. exhibiting severe mental health needs/issues), assessment may be done immediately.
- Individuals/households with previous episodes of literal homelessness, including those identified as chronically homeless, must have their assessment done immediately at entry into the shelter.
 - Information about past episodes of literal homelessness must be collected during the intake process (and entered into HMIS for HMIS participating shelters). This data should be used to identify households needing immediate assessment.
- Homeless veterans are immediately referred to the local SSVF provider. No assessment needs to be done by the shelter provider unless the veteran has declined SSVF assistance or is determined to be ineligible for VA assistance.
 - In this case, the emergency shelter/crisis response provider will follow the procedures outlined in the Determining and Making Referrals section below.

Standard No. 6C - In cases where a partner agency is charged with completing the assessment

on shelter residents, an MOA between the emergency shelter and partner agency must be executed.

Component No. 7 - Determining and Making Referrals

After determining that an individual/household in emergency shelter cannot resolve their homeless situation on their own, and after completing the VI-SPDAT to gain an understanding of their level of need, emergency shelter and crisis response providers will likely need to make a referral to a housing provider or other type of homeless assistance provider to help end the homeless episode. The VI-SPDAT score is utilized to determine the referral (i.e. the higher the score the more intensive the referral option and/or the higher priority given to the household).

In determining and making referrals emergency shelter and crisis response providers must adhere to civil rights and fair housing laws. These include the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act, and HUD's Equal Access Rule.¹⁰

In addition, in accordance with Federal, State, and local Fair Housing regulations, participants may not be "steered" toward a particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or family status.

Determining Referrals

Standard No. 7A - Emergency shelter/crisis response providers use VI-SPDAT scores to inform referrals for housing and services.

- Households with higher assessment scores, which may indicate higher housing barriers and higher level of need, are prioritized for available assistance, especially for assistance that can be provided for a longer duration or higher level of intensity.
- If the household in crisis discloses that they are fleeing domestic violence, emergency shelter/crisis response providers must offer referrals to victim services housing and services where applicable.

Standard No. 7B - Homeless households are given the choice to accept or decline referrals for housing assistance, and at least one alternative is provided when the first referral is declined.

Standard No. 7C – Ohio BoSCoC providers do not reject referrals because of perceived housing barriers or service needs that are too great (i.e., higher VI-SPDAT scores).

- If a more intensive or longer duration housing resource, such as PSH, seems more appropriate for the homeless household being referred, the emergency shelter/crisis response provider may explore availability of that option. However, if that resource is not available, alternatives must be identified.

Standard No. 7D - Rejections of referrals and reasons for rejection are communicated to the emergency shelter/crisis response provider and client in writing within 24 hours of rejection.

- If the issues causing rejection are resolved while the client is still homeless, a referral can be made again.
- Upon receipt of the referral rejection, the emergency shelter/crisis response provider

¹⁰ <https://www.hudexchange.info/resources/documents/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system.pdf>

- immediately, within two business days, begins work to identify alternative referrals.
- Emergency shelter/crisis response providers document acceptance/rejection/declines of referrals in client files.

Standard No. 7E – Referral processes must include procedures by which households can appeal CE decisions and can register nondiscrimination complaints.

Standard No. 7F – CE plans outline contingency plans that delineate the process for assisting homeless individuals and households when the community lacks certain homeless assistance resources and/or when those local resources are at capacity and not immediately available.

Timeline for Making Referrals

Standard No. 7G – Emergency shelter/crisis response providers make RRH referrals immediately after completion of the VI-SPDAT in cases where the following criteria are met:

- The household is still in shelter after seven days and has been assessed.
- The household has indicated an interest in RRH.
- The household has not been assessed as needing PSH and an available unit is already identified.
- The household has no other viable housing plan already in place that they are actively working on and that seems achievable within a reasonable timeframe.
- The household is not ineligible by virtue of being over income limits.

Standard No. 7H – Emergency shelter/crisis response providers make TH referrals immediately after completion of the VI-SPDAT in cases where the following criteria are met:

- The household chooses TH as a viable housing option.
- There are no households exhibiting a higher need that should be prioritized.

Standard No. 7I – Immediately after completion of the VI-SPDAT by emergency shelter/crisis response providers, households that qualify for PSH will be automatically pulled into the PSH Prioritization Report (more detailed information about the PSH Prioritization Report and PSH Prioritization can be found in Component No. 8).

Receiving and Accepting Referrals

Standard No. 7J – All Ohio BoSCoC Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) providers (as identified in the Homeless Planning Region's Available Housing Lists) are required to only accept referrals and to only fill vacancies using the Ohio BoSCoC Coordinated Entry process.

- Ohio BoSCoC TH, RRH, and PSH providers only serve people identified to them by referral from an Ohio BoSCoC emergency shelter/crisis response provider (as identified in the Homeless Planning Region's Available Housing Lists)

Note: As outlined above, referrals should be made immediately after completing the VI-SPDAT. Once clients have accepted the identified referral (per the previously outlined procedure above), emergency shelter/crisis response providers should immediately make a referral to a housing provider or other type of homeless assistance provider to help end the homeless episode. Emergency shelter/crisis response providers should make every attempt to ensure that referrals to housing and service providers occur no more than 20 days after the homeless individual/household entered emergency shelter or the crisis response system.

Component No. 8 - PSH Prioritization and Centralized Prioritization Lists

As stated in the Ohio BoSCoC Program Standards, all Ohio BoSCoC Permanent Supportive Housing (PSH) projects must prioritize chronically homeless individuals and families first in all cases, and must adhere to the following: when multiple chronically homeless are identified, those individuals and families with the longest histories of homelessness and with the most severe service needs should be prioritized before other chronically homeless with less severe needs and/or shorter histories of homelessness. To facilitate this prioritization, Ohio BoSCoC communities must establish and maintain Centralized PSH Prioritization Lists.

Ohio BoSCoC PSH projects with common service areas (service areas identified in grant applications and agreements) maintain a single prioritized list for prospective program participants.

Creation of Centralized Prioritization List

Standard No. 8A – All PSH providers with a common service area create one centralized PSH prioritization list using the HMIS PSH Prioritization Report as the initial data source.

- The HMIS PSH Prioritization Report is run out of HMIS on an as needed basis as units become available in the service area.
- The HMIS PSH Prioritization Report includes the following data:
 - Client ID for homeless persons eligible for PSH in the selected counties
 - Project in which they are currently residing
 - Household type and size
 - Disability status
 - Number of past homeless episodes and duration of past homelessness
 - Chronic homeless status
 - VI-SPDAT Score

Standard No. 8B – Non-HMIS providers must add unsheltered persons and other literally homeless, disabled persons/households to the centralized prioritization list by hand.

- Any homeless person/household added to the prioritization list by hand must have been assessed via the VI-SPDAT.

Standard No. 8C – Homeless persons/households are not removed from the centralized PSH Prioritization List unless they are housed. The only exceptions are:

- A person/household can be removed if they ask to no longer be considered for services.
- A person/household can be removed if there is a data error that once reconciled, would make the client ineligible for PSH.

Maintenance of Centralized Prioritization List

Standard No. 8D – Ohio BoSCoC Homeless Planning Regions have PSH Prioritization List Workgroups to maintain the centralized PSH Prioritization List.

- PSH Prioritization List Workgroups identify all members. All local PSH providers and all local shelter providers, at minimum, participate.
- All workgroup members have been given consent to discuss clients and prioritization for PSH.
- The PSH Prioritization List Workgroup meets monthly and uses the most current HMIS PSH Prioritization List Report. The following is addressed:
 - Add any newly identified eligible persons who are unsheltered or in a non-HMIS shelter.
 - Discuss any current or upcoming PSH openings.

Standard No. 8E – The PSH Prioritization List Workgroup reviews the HMIS PSH Prioritization Report and the Chronic Homeless Prioritization report monthly in advance of the PSH Prioritization List Workgroup meeting to ensure it is current and accurate.

Utilization of Centralized Prioritization List

Standard No. 8F – The PSH Prioritization List Workgroup follows the PSH Order of Priority outlined in the Ohio BoSCoC Homeless Program Standards to ensure persons/households in greatest need are prioritized for local PSH.

- In the event that two households are identically prioritized for the next available unit, and each household is eligible for that unit, the PSH Prioritization List Workgroup selects the household that first presented for assistance to receive a referral to the unit.

Standard No. 8G – The PSH Prioritization List Workgroup must establish a goal of offering households housing within 60 days of being placed on the PSH Prioritization List.

- Once a household is matched with a PSH unit, local providers should immediately notify the client and prepare client documentation to ensure the household is housed as quickly as possible.
- Participants are allowed autonomy to refuse housing and service options without retribution and must maintain their place on centralized prioritization lists should they reject options.

Component No. 9 - Monitoring and Evaluation

Monitoring and evaluation are essential for maintaining and improving outcomes in services for persons experiencing homelessness. Monitoring keeps programs on track and provides data that is useful in making critical changes to allocation of resources and progress in meeting goals. Evaluation initiatives provide baseline data and analysis over the lifetime of a project. Monitoring and evaluation will occur at the Ohio BoSCoC systems level as well as on a regional/local scale.

Homeless Planning Regions must participate in Ohio BoSCoC-wide monitoring and evaluation systems. The CoC and CE Collaborative will engage in ongoing systems evaluation whereas regional/local entities will be responsible for monitoring the effectiveness of local housing outcomes. Regional Planning Groups should meet at least quarterly to assess and address monitoring and evaluation. These groups must maintain on-going contact with CE staff and the CE Collaborative in order to ensure consistency in monitoring and evaluation.

Housing Outcomes

Standard No. 9A – CE plans identify that the region will follow the Coordinated Entry Performance Measures outlined in the Ohio BoSCoC Performance Management Plan.

Standard No. 9B - CE staff will consult with projects and project participants at least annually to evaluate intake, assessment, and referral processes associated with Coordinated Entry.

- Solicitations of feedback will address the quality and effectiveness of the entire CE experience for both participating projects and households.
- CE staff in collaboration with Homeless Planning Regions will survey a representative sample of households and submit surveys to CE staff for data analysis;
- The participants selected to participate in the evaluation must include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year.

Coordinated Entry Implementation and Timeline

Activity	Deadline
CE Systems Standards	
Draft CE Systems Standards	November 2015 – September 2016
CE Systems Standards presented to CoC Board for adoption	September 2016-November 2016
Disseminate CE Systems Standards to Homeless Planning Regions (HPRs)	December 2016
CE Systems Standards Training	February – July 2017
BoSCoC-wide CE Systems Standards Implementation	December 2017
Adjust CE Systems Standards and related documents as appropriate	Ongoing: at least annually
Coordinated Entry Pilot	
CE Systems Standards Pilot with Region 13	June 2016 – November 2016
Pilot Lessons Learned presented to CoC Board by CE staff and Region 13 Representative	January 2017
Diversion Training and Implementation	
Diversion Training for Regional CE Liaisons	March – May 2017
BoSCoC Diversion Training	June 2017 – December 2017
BoSCoC-wide Diversion Implementation	January 2018
VI-SPDAT Pilot and Implementation	
Assessment Tool Search	January 2016 – October 2016
VI-SPDAT Pilot presented to CoC Board for adoption	November 2016
VI-SPDAT Pilot in Region 13	January 2017– March 2017
BoSCoC-wide VI-SPDAT Implementation	May/June 2017
Coordinated Entry Performance Measures	
Draft Coordinated Entry Systems Performance Measures	November 2016-December 2016
Present Coordinated Entry Systems Performance Measures to CoC Board for adoption	January 2017