OHIO BALANCE OF STATE CONTINUUM OF CARE
Region 11 Coordinated Entry Plan

Region 11's Coordinated Entry system begins with diversion and referral at "front door" agencies for each of the six counties within the region. Communication and outreach to service providers, churches, groups, 2-1-1 systems and crisis/INR lines spreads the information about availability of services provided through HCRP projects.

The Coordinated Entry system is active Monday-Friday 8:00 am – 5:00 pm. If a client has attempted to access the system outside these hours, every effort is made to respond to them as soon as the system is active.

The Coordinated Entry system will be monitored and evaluated through periodic grant monitoring by the Region lead organization and collective system review by program staff and agency leadership and regular Region meetings. Coordinated Entry system process and documents will be reviewed for consistency and to address needed changes or emerging issues in order to continually evolve with the needs of those we serve.

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 mainstream resources are 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.

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 Coordinated Entry system and process for seeking assistance:

- Advertising materials clearly outline contact information for Findlay Hope House for the Homeless, Inc., Hancock, Hardin, Wyandot, and Putnam County Community Action Commission (HHWP CAC) Marion Area Counseling Center (MACC)/Care-Line, and Marion Shelter Program as all counties are supported by initial contact through these locations. Referral organizations share contact information for all appropriate agencies with individuals needing to enter the homeless system.
- All outreach targets homeless families and individuals, or those who are vulnerable to homelessness and are currently not accessing the homeless system in Region 11.
- The Region utilizes a variety of outreach strategies, including client-centered brochures, posters, websites and word-of-mouth. These all assist in spreading awareness about service availability and eligibility.

Standard No. 1B - Advertising materials are distributed to local providers and stakeholders in the local Coordinated Entry system.

- Region 11 providers often share information with the following resources and stakeholders: local crisis lines, 2-1-1, and partners for referral such as Job and Family Services, domestic violence shelters, emergency assistance providers, adult probation, faith-based organizations, community health organizations and other organizations whose populations intersect with the homeless population.
- Partnering and referring organizations are encouraged to provide information on available services, especially among households that are not currently connected to assistance.
- Partnering agencies are briefed at least annually about available services and eligibility. Additionally, brochures, posters and other information are kept updated and stocked at each partnering agency.

Outreach Strategies

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

- In Region 11, there is no formal street outreach, but some outreach is conducted by faith-based organizations, police departments, and the healthcare system. Region 11 providers share information with these institutions to help connect households to homeless resources and services in each county.
- Region 11 providers also respond to community reports of unsheltered homelessness. This involves the following:
    - At the point of referral of unsheltered households, the local service provider responds with appropriate first-level assistance.
        - This includes attempting to make contact in person wherever the individuals may be temporarily residing.
        - Every attempt is made to house these individuals as quickly as possible, either through the use of emergency shelter (where available) or motel stays until additional services can be offered.

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

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, benefit banks, employment/job training services, and legal services. It 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 includes 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 – Coordinated Entry plans identify how the Available Housing List and Community Resource List will be updated. This includes the following:

- Findlay Hope House for the Homeless, Inc. Planning Region 11 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 - Homeless Planning Region 11 operates a decentralized intake system. Each county has no more than two designated access points to the homeless system. All providers that have agreed to serve as Coordinated Entry access points have entered into an MOA with each other and with the Regional Planning Group. The following organizations serve as access points to the homeless system:

- Findlay Hope House for the Homeless, Inc.: Hancock County
- Hancock, Hardin, Wyandot, and Putman Community Action Commission: Hancock, Hardin, Wyandot, and Putnam Counties
- Marion Area Counseling Center/Care-Line: Marion and Crawford Counties
- Marion Shelter Program (both locations): Marion and Crawford Counties

Detailed contact information about Region 11 Access Points can be found in the appendix.

Standard No. 3B – All access points, with the exception of victim service shelters, are available for in-person diversion screening during regular hours of operation and via phone at additional times. Physical locations are published and shared (with the exception of victim service shelters which only share their phone numbers.)

Standard No. 3C – Region 11's 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 Coordinated Entry 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 or 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 Coordinated Entry 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 Coordinated Entry access points.

Standard No. 4A - All Coordinated Entry access points provide Diversion screening during their full hours of operation.

- Persons in housing crisis are screened for Diversion (using the Ohio BoSCoC Diversion Screening Tool) during their initial contact with the Coordinated Entry access point, assuming they called or visited during Coordinated Entry access point hours.
- If the applicant contacted the Coordinated Entry access point after hours or while Coordinated Entry staff were occupied with another household, Coordinated Entry access point staff must attempt to contact the applicant immediately upon the opening of the Coordinated Entry access point or immediately after completing Diversion screens with other households who presented first.

Method for Completing Diversion Screening

Standard No. 4B – Coordinated Entry access point providers use the Ohio BoSCoC Diversion Screening Tool in their process to determine if the applicant can be or remain housed, or if they must enter the homeless system.

- If needed, victim service agencies may ask additional safety questions with the use of the Ohio BoSCoC Diversion Screening Tool.

Standard No. 4C - All Coordinated Entry 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 so 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 (i.e. word documents or PDF's) 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 Coordinated Entry 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.

Local Emergency Shelters/Crisis Response System Referral Protocol

Standard No. 5A - The Coordinated Entry access point organization that completed the Diversion Screening Tool with the household in crisis makes referrals to the local emergency shelter/crisis response provider. This includes:

- Using the Available Housing List to identify local emergency shelters and crisis response providers available to accept referrals.
- Access point organization calls or emails the emergency shelter or crisis response provider directly to inform them of the referral and ensure the availability of space.
    - If no emergency shelter beds are available, the Coordinated Entry access point organization is responsible for following shelter contingency plans to arrange a shelter alternative.
        - If the household in crisis discloses that they are fleeing domestic violence, the Coordinated Entry access point organization must offer a referral to a victim services shelter, where applicable.
        - If the household in crisis includes a veteran, the local Support Service for Veterans Families (SSVF) provider is contacted to arrange a shelter alternative.
- 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, Coordinated Entry access point staff share the completed Diversion Screening Tool and the Consent Form with the emergency shelter or crisis response provider receiving the referral.

- Diversion Screening Tool and information can be shared via fax or secure email with client permission to do so, or by having the household in crisis carry the information with them.

Managing Limited Bed Availability
Standard No. 5C – Region 11 follows the following process for assisting homeless individuals and households when local emergency shelters are at capacity:

- Since neighboring counties also have limited shelter capacity, hotel/motel vouchers are provided, where possible, to assist when emergency shelters are at capacity or are otherwise unavailable.
- If the client is without transportation (i.e. no vehicle, lack of funds for gas or public transportation) local emergency shelters should coordinate with local agencies to provide the client with transportation, when possible.

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 - Once the household in crisis has been referred to and accepted into the local emergency shelter or crisis response provider, that 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 Coordinated Entry access point organizations or other local homeless providers become aware of shelter non-compliance with the Homeless Program Standards, 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 the autonomy to refuse to answer assessment questions without retribution or limiting their access to assistance.

Standard No. 6A – All emergency shelter/crisis response providers must complete the VI-SPDAT on all households in shelter.

- The VI-SPDAT should be completed within 5-8 days of shelter entry.
- Results of the VI-SPDAT should be recorded in HMIS, per the Ohio BOSCOC HMIS Policies and Procedures and Data Quality Standards.
- To administer the VI-SPDAT and/or record VI-SPDAT results in HMIS, you must receive the full VI-SPDAT training.

Standard No. 6B – Emergency shelter/crisis response providers must 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 due to limited beds, or limited motel/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 (i.e. exhibiting severe mental health needs or 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 or 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. 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, 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 shelters/crisis response providers must offer referrals to victim services housing and services, where applicable.
- When intervening with people experiencing homelessness, all Coordinated Entry

providers must take in to account participant choice in Coordinated Entry process decisions such as, location and type of housing they are interested in, level and type of services they want to receive, and other program characteristics they should be informed of. Assessments and case management is provided, offering options and recommendations that guide and inform participant choice.

- All systems must take into account participant's lived experience in all aspects of Coordinated Entry including assessment and delivery protocols that are trauma-informed, minimize risk and harm, and address potential psychological impacts.

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.

- In cases where no other referrals can be made, the alternative may include case management services for purposes of building a housing plan not reliant on formal homeless assistance resources.

Standard No. 7C – Region 11 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 will 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 immediately, within two business days, begins work to identify alternative referrals.
- Emergency shelter/crisis response providers document referrals and acceptance/rejection/declines of referrals in client files.

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

Standard No. 7F – Region 11 has the following 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.

- Hancock, Hardin, Wyandot, and Putnam Counties: when projects are at grant capacity the caseworker makes referrals for households in crisis to apartment complexes that may have rental assistance available. HHWP CAC maintains a list of these complexes. In addition, the caseworker advises clients to apply to their local Metropolitan Housing Authority and to report any changes to their status. The caseworker will also make appropriate referrals to crisis response providers who may be able to provide monetary assistance.
- Hancock, Marion and Crawford Counties: local ADAMHS housing is sought alongside other special population housing for those that qualify (seniors, physical disabilities, etc.) Efforts are also made with landlords that offer sliding scale or low-rent apartments.

Timeline for Making Referrals
Standard No. 7G – Emergency shelter/crisis response providers make Rapid Re-Housing (RRH) referrals immediately after completion of the VI-SPDAT in most cases. See systems standards for criteria.

- 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 Permanent Supportive Housing (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 Transitional Housing (TH) referrals immediately after completion of the VI-SPDAT in limited instances. See systems standards for criteria.

- 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 Region 11 TH, RRH, and PSH providers (as identified in Region 11's Available Housing List) are required to only accept referrals and to only fill vacancies using the Ohio BoSCoC Coordinated Entry process.

- Region 11 providers only serve people identified to them by referral from an Ohio BoSCoC emergency shelter/crisis response provider (as identified in Homeless Planning Region 11's Available Housing List).

Component No. 8 - PSH Prioritization and Centralized Prioritization Lists

As stated in the Ohio BoSCoC Program Standards, all Ohio BoSCoC 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. Region 11 has the following PSH provider and Centralized Workgroup within Hancock County, the only county currently covered by PSH:

- Findlay Hope House: Hancock County
- 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 person 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 individuals/households are not removed from the Centralized PSH Prioritization List unless they are housed. See systems standards for exceptions.

- An individual/household can be removed if they ask to no longer be considered for services.
- An individual/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 participate, where possible.
    - The following providers are members of Region 11's PSH Workgroup:
        - Findlay Hope House for the Homeless, Inc.
        - City Mission
        - Open Arms Domestic Violence and Rape Crisis Services
- All Workgroup members have been given consent to discuss clients and prioritization for PSH.
- The PSH Prioritization List Workgroup meet or teleconference quarterly and use the most current HMIS PSH Prioritization List Report. The following are addressed:
    - Add any newly identified eligible persons who are unsheltered or in a non-HMIS shelter.
    - Discussion of 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 individuals/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 that household that first presented for assistance to receive a referral to the unit.

Standard No. 8G – Households should be offered housing within 60 days (as a goal) of being placed on the PSH or Centralized Prioritization Lists**.**

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

Homeless Planning Regions must participate in Ohio BoSCoC monitoring and evaluation systems. The CoC and Coordinated Entry Collaborative will engage in ongoing systems evaluation. Whereas regional and 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 Coordinated Entry staff and the Coordinated Entry Collaborative in order to ensure consistency in monitoring and evaluation.

Housing Outcomes

Standard No. 9A – Region 11 will follow the Coordinated Entry Performance Measures outlined in the Ohio BoSCoC Coordinated Entry Evaluation Plan.

Standard No. 9B – Coordinated Entry 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 Coordinated Entry experience for both participating projects and households.
- Coordinated Entry staff, in collaboration with Homeless Planning Region 11, will survey a representative sample of households and submit surveys to Coordinated Entry 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.

Region 11 Access Points

Provider	Geographic Service Area
Marion Shelter Program (Men's Emergency Shelter and Women and Family Emergency Shelter) 365 E. Fairground St. (Men's) 326 W. Fairground St. (Women & Family) Marion, Ohio 43302 (740) 382-9600 (Men's) (740) 387-4550 (Women and Family) 8 AM – 11 PM, 7 days a week	Marion and Crawford Counties
Hancock, Hardin, Wyandot, and Putnam County Community Action Commission (HHWP CAC) 122 Jefferson St. Findlay, Ohio 45840 (419) 423-3755 8 AM – 5 PM, M-F	Hancock, Hardin, Wyandot, and Putnam Counties
Findlay Hope House for the Homeless, Inc. 1800 N. Blanchard St., Suite 106 Findlay, OH 45840 (419) 427-2848 8 AM – 5 PM, M-F	Hancock County
Marion Area Counseling Center (MACC)/Care-Line 320 Executive Dr. Marion, Ohio 43302 (740) 383-2273 24 hours a day, 7 days a week	Marion and Crawford Counties

PSH Prioritization Workgroup

Provider	Project Type	Phone Number
Findlay Hope House for the Homeless, Inc. 1800 N. Blanchard St., Suite 106 Findlay, OH 45840	PSH	419-427-2848
City Mission 510 W. Main Cross St. Findlay, OH 45840	ES	419-423-9151
Open Arms Domestic Violence and Rape Crisis Services 401 W. Sandusky St. Findlay, OH 45840	DV	419-422-4766