OHIO BALANCE OF STATE CONTINUUM OF CARE
Region 15 Coordinated Entry Plan

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. 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. 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.

Advertising: Content and Strategies
Standard No. 1A - Advertising materials identify the local CE system and process for seeking assistance.
- All advertising efforts target persons who are homeless, vulnerable to homelessness, and/or who are unsheltered, disabled and/or currently not connected to services.
- Up to date contact information is clearly visible and always included on advertising materials. This includes after hours assistance, which is offered through each county's crisis line.
- All homeless providers operating within Region 15 must comply with the region's marketing plan. The plan outlines the required use of varied advertising strategies (i.e. brochures, posters, websites, newspaper articles, etc.) that spread awareness about services available and explains the eligibility requirements to access services.
    - The plan details that all advertising materials must be easily accessible to persons with developmental disabilities, and when needed, providers will make interpreters available for those who need information shared in another language.
    - The marketing plan specifies the required use of a common brochure for RRH to ensure people experiencing homelessness are provided with consistent information about the RRH program including how to access the funds. (See attachment)
        - All other homeless providers are expected to develop advertisement materials for their respective programs.

Standard No. 1B - Advertising materials are distributed to local providers and stakeholders in the local CE system.
- Distribution efforts target providers and stakeholders who most frequently encounter homeless households, particularly households with highest barriers and not currently connected to services. This includes stakeholders such as law enforcement, community meal sites, faith-based organizations and churches. Below includes a list of stakeholders frequently targeted for distribution efforts:

St. Vincent DePaul	Information & Referral (211)
Salvation Army	Interfaith Hospitality Network
Project Woman	Greene County Housing Program
Mental Health	Greene County Interfaith Hospitality Network
McKinley Hall	Family Violence Prevention Center
Miami Valley Community Partnership	

- Advertising materials are distributed throughout the local CoCs on an ongoing basis, and are also shared during special events like the Point-in-Time count.
- All stakeholders and target providers will be provided Region 15 HPR contact information in order to request additional materials.
- Region 15 will establish an Outreach subcommittee. There must be at least one representative from each county in Region 15.
  - The Outreach Committee will be responsible for coordinating outreach activities within the region.
  - At minimum one outreach activity will be held in each county in the region each month. Outreach events will be scheduled for specific special events or community partners will contact IHN of Clark County and/or Miami Valley Community Partnership to request outreach services.
  - Service Providers committees will go to various food pantries, and soup kitchens to try and engage with the homeless individuals.

Outreach Strategies
Standard No. 1C - Designated provider staff engage in regular and frequent outreach to the region/communities' entire geographic area.
- Responding to Community Reports of Unsheltered Homelessness**:** in each county, outreach primarily consists of provider staff sharing and responding to community reports of unsheltered homelessness among each other. Region 15's identified access point organizations (see Component No. 3 below) respond to community reports of unsheltered homelessness within their respective service areas which involves the following:
  - Sending staff out to the identified location to attempt to engage with the reported person experiencing unsheltered homelessness.
  - Bringing the reported person experiencing unsheltered homelessness into shelter where available.
  - Responding to community reports during the access point's hours of operation.
- In addition to communication between providers, outreach must include ongoing communication with social service agencies to identify those unlikely to seek out resources through the local homeless system.

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, 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.

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 - The Available Housing List and Community Resource List will be updated by the following:
- The Homeless Planning Region's lead agency, Interfaith Hospitality Network of Springfield 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 15 operates a decentralized intake system. Each county has no more than three designated access points to the homeless system. All providers that have agreed to serve as CE access points have entered into an MOA with each other and with the Regional Planning Group. The following organizations serve as access points:
- Interfaith Hospitality Network
- Interfaith Hospitality Network of Greene County
- Miami Valley Community Partnership
- Salvation Army
- St. Vincent DePaul

Detailed contact information about Region 15 Entry Points can be found in the appendix.

Standard No. 3B – All CE access points are easily accessible both for those needing to call and those needing to visit in-person. Victim services agencies 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.

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 Housing 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.
            SSVF contact: Nicole Mansfield 937-903-2901
- 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 – the process for assisting homeless individuals and households when local emergency shelters are at capacity includes the following:
- Clark County: if the shelter is full they have an agreement with the Salvation Army to open the overflow shelter.
- Greene County: in the process of identifying a building that can operate as an overflow shelter when needed for Region 15.
- Region 15: When local shelters are at capacity, CE access point organizations and/or emergency shelters/crisis response providers refer homeless persons to another social service agency that provides short term hotel stays. As shelter beds become available, households are transitioned from the hotel into shelter. Thru the Coordinated Entry Plan, agencies' send over referral and follow up to see if beds are available. If available, rides to the agency, bus passes or gas cards are given.

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. The following organizations have entered into a MOA:
- Clark County: Salvation Army Overflow Shelter and Interfaith Hospitality Network Overflow Shelter
- Greene County: Miami Valley Community Partnership Shelter

Client Data Entry
Standard No. 5E - Client data will be entered by doing 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.
- The full Ohio BoSCoC VI-SPDAT training must completed before staff can assess clients or enter VI-SPDAT client data into HMIS.

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. Non-HMIS participating shelters will complete assessments and IHN/ Miami Valley Community Partnership will complete data entry.
- Clark County: Salvation Army, St. Vincent DePaul, 211/United Way
- Greene County: St. Bridget, Mary Help, Livingstone, & Fish Help
    - In the rare instances the households are sent over from these entities, Miami Valley Community Partnership will complete assessments.

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.[1]

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 – Region 15 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 immediately, within two business days, begins work to identify alternative referrals.

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

- 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.
- If homeless assistance resources are not available, households are screened for permanent housing, given a landlord/rental vacancy list, and contact information to apply for other permanent housing.

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 Region 15 Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) providers (as identified in the region's Available Housing List) are required to only accept referrals and to only fill vacancies using the Ohio BoSCoC Coordinated Entry process.
- Region 15 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 region's Available Housing List)

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 creates one centralized PSH prioritization list using the HMIS PSH Prioritization Report as the initial data source.
- The following PSH projects have common service areas:
  - Clark County
    - Interfaith Hospitality Network, Mulberry Terrace, St. Vincent DePaul
  - Green County
    - Housing Solutions of Greene County: Greene County
      - Due to funding restrictions and regulations, Housing Solutions of Greene County PSH units are unable to be fully compliant with Housing First policies.

- 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.
  - The PSH workgroups involve the following agencies:
    - Clark County PSH Workgroup
      - Interfaith Hospitality Network
      - Mulberry Terrace
      - St. Vincent De Paul
    - Greene County PSH Workgroup
      - Miami Valley Community Partnership
      - Housing Solutions of Greene County
- 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 – Region 15 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 Region 15 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.

Region 15 Access Points

Provider Contact Information	Geographic Service Area
Interfaith Hospitality Network 501 W High St Springfield, Oh 45506 937-325-8154 Open 24 hrs	Clark County
Salvation Army of Clark County 15 S. Plum St Springfield, Oh 45506 937-322-3439 Mon-Fri 8:30-5:00pm	Clark County
St. Vincent DePaul 2425 E High St Springfield, Oh 45505 937-325-9111 Mon-Fri 9:00am- 5:00pm Sat 9:00am-4:00pm	Clark County
Interfaith Hospitality Network of Greene County 121 S Detroit St Xenia, Oh 45385 937-372-0705 Mon-Fri 8:00am-5:00pm	Greene County
Miami Valley Community Partnership 469 Dayton Ave Xenia, Oh 45385 937-376-7747 Mon-Fri 8:00am-4:30pm	Greene County

Region 15 PSH Workgroups

Clark County Workgroup

Provider	Type	Address	Phone
Interfaith Hospitality Network	ES, PSH	501 W. High St Springfield, OH 45506	937-325-8154
St. Vincent DePaul	PSH	15 S. Plum St Springfield, Oh 45506	937-325-9111
Mulberry Terrace	PSH	120 Mulberry St Springfield, oh 45506	937-323-5601

Greene County Workgroup

Provider	Type	Address	Phone
Housing Solutions of Greene County	PSH	335 E. Market St Xenia, Oh 45385	937-376-7810