OHIO BALANCE OF STATE CONTINUUM OF CARE
Region 17 Coordinated Entry Plan

Coordinated Entry Systems Components and Standards

Component No. 1 - Outreach

To reach persons who are most vulnerable to homelessness, who are unsheltered, or who may have barriers to accessing programs and resources, Region 17 must ensure that access to local homeless systems and mainstream resources are accessible to the entire community. This includes taking explicit steps to make 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. 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 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. 1 - Designated provider staff engage in regular and frequent outreach to the region/communities' entire geographic area.

- In each county, outreach primarily consists of provider staff sharing and responding to community reports of unsheltered homelessness among each other. Region 17's identified access point organizations (see Component No. 3) respond to community reports of unsheltered homelessness within their respective service areas. Responding to community reports involve the following:
    - Sending staff out to the identified location to attempt to engage with the reported person experiencing unsheltered homelessness.
    - Linking the reported person experiencing unsheltered homelessness into shelter

where available. If no shelter is available other options will be sought.
    - Responding to community reports during the access point's hours of operation.
- In addition to communication between providers, outreach must include at least weekly 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 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, etc. 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 - the Available Housing List and Community Resource List will be updated accordingly:

- Homeless Planning Region 17'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 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 each county. Clear understanding about points of entry into the system helps ensure that persons experiencing homelessness, or at-risk of homelessness, are most quickly and effectively entered 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 17 operates a decentralized intake system. The region has a total of three access points to the homeless system to which these guidelines apply with no more than two access points per county. All providers that have agreed to serve as CE access points have entered an MOA with each other and with the Regional Planning Group.

- Integrated Services for Behavioral Health: Athens, Gallia, Hocking, Jackson, Meigs, Perry and Vinton Counties
- Sojourner's Care Network: Athens, Vinton, Gallia, Jackson, Meigs County
- Hocking Hills Inspire Shelter: Hocking County
- Serenity House

Detailed contact information about Region 17 Access Points can be found in the Appendix.

Standard No. 3B – All CE access points must be easily accessible 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 Region 17'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 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 during identified hours of operation.

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 Housing List to identify local 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 appropriate referral partner.

- 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 – 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.

- If the client is without their own means of transportation (i.e. no vehicle, lack of funds for gas or public transportation) local emergency shelters 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 - 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 and all other non-homeless funded access points are exempt and are encouraged to capture basic data in a comparable database.

Compliance with Ohio BoSCoC Homeless Program Standards

Standard No. 5F - Ohio BoSCoC emergency shelters, that receive state and/or federal homeless funding, 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 access points complete the VI-SPDAT or the TAY-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.
- The TAY-VI-SPDAT should be completed no later than 2 days after entry into the Coordinated Entry system.
- 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 or TAY-VI-SPDAT and/or record results in HMIS you must receive the full VI-SPDAT training.

Standard No. 6B – Providers complete the VI-SPDAT or TAY-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 wellbeing (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 offered referral 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

- Integrated will assess households on behalf of Good Works, Shepherd's House, and Jackson Homeless Committee.

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 - 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, providers must offer referrals to victim services for housing and other 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 17 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

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

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.
- 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 – Contingency plans have been created 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. This involves the following:

- Households are referred to subsidized units, Section 8 and other local housing resources.
    - Providers provide a list of local housing resources to households to assist in their housing search.

Timeline for Making Referrals

Standard No. 7G – Providers offer 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 plans 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 – 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 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 Region 17 Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) providers (as identified in Homeless Planning Region 17'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),

providers should immediately make a referral to a housing provider or other type of homeless assistance provider to help end the homeless episode. Providers should make every attempt to ensure that referrals to housing and service providers occur within one month.

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 following agencies share a common service area:

- Hocking Metropolitan Housing Authority: (Hocking, Vinton, Perry, Gallia, Jackson, Meigs, Scioto, Athens)
- Athens Metropolitan Housing Authority and Integrated Services for Behavioral Health (Athens County)
- Sojourners Care Network (Athens, Vinton, Gallia, Jackson, Meigs, Ross)
- 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 – Unsheltered persons and other literally homeless, disabled persons/households referred to a PSH priority list from Non-HMIS homeless providers will be added to a comparable centralized prioritization list that will be integrated with the HMIS PSH Prioritization Report to determine priority.

- Any homeless person/household added to the prioritization list by hand must have been assessed via the VI-SPDAT.
    - 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 in the Ohio BoSCoC Coordinated Entry System Standards

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.
    - ISBH will serve as the central coordinator of the ISBH, HMHA and AMHA PSH programs. Sojourners Care Network will maintain its own centralized PSH Prioritization List.
    - Since most Region 17 emergency shelters are non-HMIS participating, shelter providers will be included in the PSH workgroup meetings as needed.
- All workgroup members have been given consent to discuss clients and prioritization for PSH.
- ISBH and the Housing Authorities will review the prioritization list regularly (at least twice each month) to look at the combined HMIS and non-HMIS list to determine who should be prioritized and to discuss any current or expected PSH openings. ISBH PSH Liaison will serve as the link back to the access point.
- The PSH Prioritization List Workgroup meets monthly and uses the most current HMIS PSH Prioritization List Report. The following is addressed by Prioritization Workgroups:
    - Add any newly identified eligible persons who are unsheltered or in a non-HMIS shelter.
    - Discuss any current or upcoming PSH openings.

ISBH will serve as the central coordinator of the ISBH, HMHA and AMHA PSH programs. Sojourners Care Network will maintain its own centralized PSH Prioritization List. ISBH and the Housing Authorities will review the prioritization list regularly (at least twice each month) to look at the combined HMIS and non-HMIS list to determine who should be prioritized and to discuss any current or expected PSH openings. ISBH PSH Liaison will serve as the link back to the access point. Sojourners will manage its own list.

Standard No. 8E – The PSH Prioritization List Workgroup reviews the HMIS PSH Prioritization Report and the Chronic Homeless Prioritization report 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 proxy or referral source to update client documentation to ensure the household continues to meet priority status and therefore 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 17 will follow the Coordinated Entry Performance Measures outlined in the Ohio BoSCoC Performance Management Plan.

Standard No. 9B – Region 17 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 Region 17 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 17 Access Points

Provider Name and Address	Service Area
Integrated Services for Behavioral Health Main Office 11 Graham Drive Athens, Ohio 45701 PH: (740) 594-6807/800-321-8293 Web Address: www.integratedservice.org Hours of Operation: 9 a.m. to 5 p.m. Monday through Friday	**For Homeless Individuals and Families with Mental Illness** Athens, Gallia, Hocking, Jackson, Meigs, Perry and Vinton Counties
Sojourner's Care Network 605 West Main Street McArthur, Ohio 45764 PH: (740) 596-1117/800-237-5277 Web Address: www.sojournerscare.net Hours of Operation: 8 a.m. to 4 p.m. – Business hours Crisis Line is answered 24/7	**For Homeless Youth and Their Families Ages 0 to 24 years of age** Athens, Vinton, Gallia, Jackson, Meigs
Hocking Hills Inspire Shelter 389 W. Front Street, Logan Logan, Ohio 43138 PH: (740) 380-4047 Web Address: www.hockinghillsinspireshelter.org Hours of Operation: 12 p.m. to 3 p.m. Monday through Thursday	**For Homeless Families and Individuals** Hocking County (Other Counties on Case-by-Case Basis)
Serenity House LOCATION CONFIDENTIAL 800-942-9577	**For those fleeing domestic violence** Gallia, Jackson and Meigs

PSH Prioritization Workgroups

Hocking Regional & Sojourners Workgroup

Provider	Type	Address	Phone
Integrated Services	PSH	11 Graham Drive/P. O. Box 132 Athens, OH 45701	740-594-6807
Sojourner's Care Network	PSH, ES	605 West Main Street McArthur, Ohio 45651	740-596-1117
Hocking Hills Inspire Shelter	ES	389 West Front Street Logan, Ohio 43138	740-385-5116
Serenity House	ES, DVS	CONFIDENTIAL	740-446-6752

My Sister's Place	DVS	CONFIDENTIAL	
Good Works Timothy House	ES	91 Central Avenue Athens, OH 45701	740-594-3333
Hopewell Health Centers	US	90 Hospital Drive Athens, OH 45701	740-592-3091
Shepherd's House	ES		866-596-9271
Jackson County Homeless Committee	ES	P. O. Box 734 Jackson, OH 45640	740-577-3021
Hopewell Health Centers	US	90 Hospital Drive Athens, OH 45701	740-592-3091

Athens County Workgroup

Provider	Type	Address	Phone
My Sister's Place	DVS	CONFIDENTIAL	
Good Works Timothy House	ES	91 Central Avenue Athens, OH 45701	740-594-3333
Hopewell Health Centers	US	90 Hospital Drive Athens, OH 45701	740-592-3091
Integrated Services	PSH	11 Graham Drive/P. O. Box 132 Athens, OH 45701	740-594-6807
Sojourner's Care Network	PSH, ES	605 West Main Street McArthur, Ohio 45651	740-596-1117

Legend: ES = Emergency Shelter; PSH = Permanent Supportive Housing; DVS = Domestic Violence Shelter; US = Unsheltered Homeless