OHIO BALANCE OF STATE CONTINUUM OF CARE
Region 3 Coordinated Entry Plan

An effective Coordinated Entry (CE) system is a critical component to any community's efforts to meet the goals of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that Continuums of Care (CoCs) establish a *Centralized or Coordinated Assessment System*.

The primary goals for Coordinated Entry systems are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Coordinated Entry systems help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Assisting people who present as homeless includes connecting them with mainstream services as well as services designed specifically to shorten or end their homelessness. Coordinated Entry systems also provide information about service needs and gaps to help communities plan their assistance and identify needed resources[1].

This is particularly important in Region 3, which is located in rural Appalachia. In our communities, many of the needs go unnoticed and households experiencing homelessness may be at a critical point by the time they are reached and assisted. This plan is intended to help regional providers better connect households to services in a timely and effective manner.

Component No. 1 - Outreach, Advertising, and Marketing

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

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

Outreach, advertising, and marketing tools must explicitly convey that services are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Advertising: Content and Strategies

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

- Region 3 brochures are available at each access point and at emergency shelters. Brochures and information are easily accessible to persons with developmental disabilities. Materials will be made available in multiple languages as requested. The brochure identifies how to access assistance: phone numbers, addresses, hours of operation, after-hours information, etc.

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

Standard No. 1B – Advertising materials are distributed to local providers and stakeholders in the local CE system.

- Region 3 brochures will be distributed to local providers and stakeholders that most frequently encounter homeless households which includes Pike, Adams and Scioto County emergency shelters, local police/sheriff departments, and Community Action Agencies in Pike, Ironton/Lawrence, Adams and Brown Counties.
- The regional Executive Committee and Planning Group attend community meetings in their counties to share information about homeless assistance in their communities.

Outreach Strategies

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

- The common regional brochure provides contact information for local homeless service providers and community members to use when needing to report unsheltered homeless to the local access point in their region. In each county, outreach primarily consists of provider staff sharing and responding to community reports of unsheltered homelessness among each other. Region 3's identified access point organizations 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.
    - 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/Housing Options includes information on mainstream services including, but not limited to local food/clothing pantries, healthcare providers, benefits banks, employment/job training services, housing options, and legal services and is distributed to both clients as well as persons who are diverted from the crisis response system so that they can pursue non-housing related assistance on their own. Both lists are comprehensive and updated at least annually to ensure access to available housing inventory and current community resources.

Available Housing List

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

- Organization Name and Contact Information
- Project Name
- Project Type
- Service Area – county and/or cities served
- Target Population – e.g., veterans, single men or women, households with children, youth

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

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

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

Maintenance of Available Housing List and Community Resource List
Standard No. 2C - the Available Housing List and Community Resource List will be updated in the following way:

- The Available Housing List and Community Resource List both are housed in Google Docs. Providers can make necessary changes to their county information, but the Homeless Planning Region's Executive Committee will ensure the Available Housing List and Community Resource List are updated at least 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
Region 3 operates a decentralized intake system. Each county has one designated access point 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 to the homeless system:

- Adams County: Adams County Homeless Shelter
- Lawrence County: Lawrence County Ohio Means Jobs One-Stop Center
- Pike County: Community Action Committee of Pike County – Homeless Prevention
- Scioto County: Scioto County Homeless Shelter

Detailed contact information about Region 3 access points can be found in the Appendix.

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

Standard No. 3C – Homeless Planning Region 3'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 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 Access Point organization has determined that they are unable to divert the household in crisis, entry into the local emergency shelter might 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.
- 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 is as follows:

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

- Access point organizations or local emergency shelters coordinate transportation where necessary and when available.

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

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

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

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

Component No. 6 - Assessment of Client Need

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

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

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

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

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

- Any individual encountered during outreach that is living in an unsheltered location and must remain unsheltered (i.e. individual declines shelter or limited bed/hotel voucher availability) must be assessed immediately.
    - In this instance, HMIS participating shelters should collect and record client-level data as well as VI-SPDAT results utilizing the unsheltered provider in HMIS. When recording results, HMIS end users must follow the unsheltered provider workflow.
- If a resident seems to need assistance to exit shelter ASAP for their well-being (e.g.

exhibiting severe mental health needs/issues), assessment may be done immediately.

- Individuals/households with previous episodes of literal homelessness, including those identified as chronically homeless, must have their assessment done immediately at entry into the shelter.
    - Information about past episodes of literal homelessness must be collected during the intake process (and entered into HMIS for HMIS participating shelters). This data should be used to identify households needing immediate assessment.
- Homeless veterans are immediately referred to the local SSVF provider. No assessment needs to be done by the shelter provider unless the veteran has declined SSVF assistance or is determined to be ineligible for VA assistance.
    - In this case, the emergency shelter/crisis response provider will follow the procedures outlined in the Determining and Making Referrals section below.

Standard No. 6C - In cases where a partner agency is charged with completing the assessment on shelter residents, an MOA between the emergency shelter and partner agency must be executed.

- Ironton Lawrence County CAO - Ohio Means Jobs One-Stop Center will assess households served in Lawrence Coutnty non-HMIS participating shelters.

Component No. 7 - Determining and Making Referrals

Determining Referrals

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

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

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

Standard No. 7C – Ohio BoSCoC Region 3 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.
- 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 – Contingency plans 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. These plans include one or more of the following:

- Providers work with households to develop a housing plan that is not reliant on homeless dedicated assistance. The following steps are taken to assist households in developing their housing plan:
    - Households are given information on affordable housing providers and landlords within the region.
    - Providers assist clients with finding housing by primarily utilizing ohiohousinglocator.org.
    - If the household prefers to move outside of the region, providers also maintain a list of affordable housing options outside of the regional area.

Timeline for Making Referrals

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

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

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

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

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

Receiving and Accepting Referrals

Standard No. 7J – All Ohio BoSCoC Region 3 Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) providers (as identified in the Homeless Planning Region's Available Housing List) 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 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.

Note: since Region 3 has limited PSH projects, the region will also utilize the following prioritization process for RRH prioritization. The RRH prioritization list will be utilized to prioritize households for RRH assistance.

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 Lawrence County One-Stop Shelter Plus Care project has the following service area: Lawrence 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 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 Lawrence County Shelter Plus Care workgroup has the following members:
    - Ironton Lawrence County CAO
    - Ironton City Mission
- 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 3 will follow the Coordinated Entry Performance Measures outlined in the Ohio BoSCoC Performance Management Plan.

Standard No. 9B - CE staff will consult with Region 3 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 3 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 3 Access Points

Provider	Geographic Service Area
Ohio Means Jobs One-Stop Center Railroad Street & North 2nd Streets Ironton, OH 45638 740.532.3140 Hours: Monday-Friday 8:00 a.m. – 4:30 p.m.	Lawrence County
Shelter for the Homeless 11483 State Route 41 West Union, OH 45693 937.544.8164 Hours: Monday-Friday 8:00 a.m. – 4:00 p.m.	Adams / Brown Counties
Community Action Committee of Pike County 941 Market Street Piketon, OH 45661 740.289.2371 Hours: Monday-Friday 8:00 a.m. – 4:30 p.m.	Pike County
Scioto Christian Ministry 615 Eighth Street Portsmouth, OH 45662 740.353.4085 Hours: M-F 7 am-10 pm, Weekends 8am-10pm	Scioto County

PSH Workgroup: Lawrence County

Provider	Type	Address	Phone
Ironton Lawrence County CAO	PSH	305 N 5th Street Ironton, OH 45638	740-532-2282
Ironton City Mission	ES	305 N 5th Street Ironton, OH 45638	740-532-5041