OHIO BALANCE OF STATE CONTINUUM OF CARE REGION 5

ASHTABULA, GEAUGA, LAKE, PORTAGE AND TRUMBULL COUNTIES

Coordinated Entry Components:

1. **Advertising, Marketing and Outreach**
2. **Inventory of Available Projects and Community Resources**
3. **Identification of Access Points**
4. **Diversion Screening**
5. **Entry into Emergency Shelter or Crisis Response System**
6. **Assessment of Client Need**
7. **Determining and Making Referrals**
8. **PSH Prioritization and Centralized Prioritization Lists**
9. **Monitoring and Evaluation**

Acronyms

Balance of State Continuum of Care	**BOSCOC**
Continuum of Care	**CoC**
Coordinated Entry	**CE**
Domestic Violence	**DV**
Homeless Crisis Response Program	**HCRP**
Housing Stability Program	**HSP**
Permanent Supportive Housing	**PSH**
Rapid Re-Housing	**RRH**
Shelter Plus Care	**SPC**
Transitional Housing	**TH**
Vulnerability Index – Service Prioritization Decision Assistance Tool (OrgConsulting, Inc. Version 2.0 to be utilized throughout the Ohio BOSCOC	**VI-SPDAT**

The following organizations were involved in Region 5's Coordinated Entry planning process:

- Catholic Charities
- Ashtabula County Community Action Agency
- Emmanuel Community Care Center
- Coleman Professional Services
- Family and Community Services
- Ravenwood Mental Health Center
- LifeLine Inc.

Coordinated Entry Systems Components and Standards

Component No. 1 - Outreach, Advertising, and Marketing

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

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

Advertising: Content and Strategies

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

- All advertising efforts target both persons and service providers who serve those who are homeless, vulnerable to homelessness, and/or who are unsheltered, disabled and/or currently not connected to services.
- Up to date contact information must be clearly visible and always included on advertising materials. This includes after hours assistance.
- All homeless providers operating within Region 5 must comply with the region's marketing plan as outlined below. 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.
    - 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.
    - All providers must use the region's common brochure about the system to ensure people experiencing homelessness are provided with consistent information about the programs including how to access assistance.

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 sits, faith-based organizations, and churches. During the point in time count additional agencies and organizations are contacted to provide information such has libraries, laundry mats, gas stations, Wal Mart, and roadside rests.
- Advertising materials must be distributed throughout the local CoCs all year and on an ongoing basis, but must also be shared during special events like the Point-in-Time count.

Outreach Strategies

Standard No. 1C - 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. Responding to

community reports in Region 5 includes the following:

- Sending staff or another local stakeholder (i.e. PATH staff, law enforcement, etc.) 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.
- Homeless individuals in shelters can be referred to the PATH team in Lake County by shelter staff or self-referral. The Lake County PATH program is comprised of two Homeless Outreach staff and one supervisor. The PATH staff provide aggressive outreach to those who are literally homeless living outside, places not meant for human habitation and emergency shelters, in order to link them to mental health services and other resources within the community. The outreach consists of going to places homeless individuals and households frequent, such as bus stops, local day shelter, and areas on the county the PATH team has known or been told homeless individuals tend to congregate. The PATH team works throughout the county with social service agencies, churches, and schools to provide services and linkage to those who are outside and the most chronically homeless in the community. The hours of operations are 7:00 a.m.-6:00 p.m. on Monday, Wednesday, and Thursday, 7:00 a.m.-4:30 p.m. on Tuesday, and 7:00 a.m.-4:00 p.m. on Friday. During nonbusiness hours, it is encouraged that community members still leave voicemails for PATH Staff members so the next morning, the staff member can begin to look for or work with a homeless individual or household.

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.

Available Housing List

Standard No. 2A - The Available Housing List includes information about the organization including service area and target population.

- 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 List includes information about the organization including service area and target population. The Community Resource List includes the following components:

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

Maintenance of Available Housing List and Community Resource List
Standard No. 2C - CE plans identify how the Available Housing List and Community Resource List will be updated.

- The Homeless Planning Region's lead agency (Coleman Professional Services) 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 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 – Region 5 operates a decentralized intake system. There are no more than ___ access points per county. 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:

- LifeLine Inc/211 Hotline – Lake County
- Extended Housing PATH Homeless Outreach – Lake County
- Forbes House (DV) – Lake County

- Housing and Emergency Support Services – Portage County
- Miller Community House – Portage County
- Christy House – Trumbull County
- Emmanuel Community Care Center – Trumbull County
- Catholic Charities Regional Agency – Trumbull County
- Ravenwood Mental Health Center Middlefield Office – Geauga County
- Catholic Charities Ashtabula - Ashtabula County
- Ashtabula County Community Action Agency – Ashtabula County
- Samaritan House – Ashtabula County

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.

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 Ohio BoSCoC Diversion Screening tool) during their initial contact with the CE access point, assuming they called/visited during CE access point hours.
- If the applicant contacted the CE access point after hours or while CE 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.

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

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 services 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.

- 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.

- Using the Available Housing List to identify local emergency shelter/crisis response providers available to accept referrals.
- 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, the CE access point organization is responsible for following shelter contingency plans to arrange a shelter alternative.
- In 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 or verbal 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 can be shared via fax/email with client permission to do so or by having the household in crisis carry the information/tool with them.

Managing Limited Bed Availability

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

- Ashtabula, Lake, Portage and Trumbull Counties: when shelter beds are not available, responders search for local resources for hotel/motel vouchers. If no vouchers are available, access point staff refer to neighboring counties.
- In the event that an individual or family becomes homeless in Geauga County, the

following options can be given: All individuals facing homelessness who receive disability income can be referred to The Geauga County Pleasant Hill Home. Those who are victims of domestic violence can be referred to Womensafe for emergency shelter. Ravenwood Health has the transition living center for individuals facing crisis and/or homelessness. Geauga Community Action is taking over the emergency shelter and rent payment assistance grants as of January 2018. Any individual and/or family seeking shelter services for assistance may call the COPELINE at 440-285-5665 to receive information and referrals

- 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 - 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 services 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.

- 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.
- To administer the VI-SPDAT and/or record VI-SPDAT results in HMIS you must receive the full VI-SPDAT training.

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

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

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

Component No. 7 - Determining and Making Referrals

After determining that an individual/household in emergency shelter cannot resolve their homeless situation on their own, and after completing the VI-SPDAT to gain an understanding of their level of need, emergency shelter and crisis response providers will likely need to make a referral to a housing provider or other type of homeless assistance provider to help end the homeless episode.

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.

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

- 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.

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

Standard No. 7C – Region 5 providers do not reject referrals because of perceived housing barriers or service needs that are too great (i.e., higher VI-SPDAT scores).

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

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

- If the issues causing rejection are resolved while the client is still homeless, a referral can be made again.
- Upon receipt of the referral rejection, the emergency shelter/crisis response provider immediately, within two business days, begins work to identify alternative referrals.
- Emergency shelter/crisis response providers document 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 – 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 includes the following:

- The local Mental Health Boards provide additional funding for start-up costs and avoiding eviction when HCRP funding is not accessible.
- The Salvation Army and some churches in the Region may also have funds available
- All organizations in the region work closely with the local housing authority to have information on available subsidized units in which persons can move to.

Timeline for Making Referrals

Standard No. 7G – Emergency shelter/crisis response providers make RRH referrals immediately after completion of the VI-SPDAT in most cases. See systems standards for criteria.

- The household is still in shelter after seven days and has been assessed.
- The household has indicated an interest in RRH.
- The household has not been assessed as needing 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 income does not exceed program eligibility limits.

Standard No. 7H – Emergency shelter/crisis response providers make TH referrals immediately after completion of the VI-SPDAT in limited instances. See systems standards for criteria.
- The household chooses TH as a viable housing option.
- There are no households exhibiting a higher need that should be prioritized.

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

Receiving and Accepting Referrals
Standard No. 7J – All Region 5 Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) providers (as identified in the Available Housing List) are required to only accept referrals and to only fill vacancies using the Ohio BoSCoC Coordinated Entry process.
- Region 5 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 Available Housing List)

Note: As outlined above, referrals are made immediately after an assessment. Once clients have accepted the identified referral (per the previously outlined procedure above), emergency shelter/crisis response providers 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 make every attempt to ensure that referrals to housing and service providers occur no more than 20 days after the homeless individual/household entered emergency shelter or the crisis response system.

Component No. 8 - PSH Prioritization and Centralized Prioritization Lists

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

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

Creation of Centralized Prioritization List
Standard No. 8A – All PSH providers with a common service area create one centralized PSH prioritization list using the HMIS PSH Prioritization Report as the initial data source.
- **The following PSH Prioritization Workgroups have been established:**
- 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.
- Assistance in this process may be provided through the CE Access point. Appropriate MOAs must be executed between the organizations outlining roles and responsibilities.

Standard No. 8C – Homeless persons/households are not removed from the centralized PSH Prioritization List unless they are housed. See systems standards for exceptions.

- 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 participate. The following providers participate in the PSH prioritization workgroups:
    - Please see the table at the end of the document for PSH workgroup members.
- 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 are 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 during the monthly work group meeting 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 – Households should be offered housing within 60 days (as a goal) of being placed on the PSH or Chronic Prioritization lists**.**

- Once a household is matched with a PSH unit, local providers immediately notify the client and prepare client documentation to ensure the household is housed as quickly as possible.
- Participants are allowed 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 Workgroup 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 just maintain on-going contact with the CE staff and the CE Workgroup in order to ensure consistency in monitoring and evaluation.

Housing Outcomes

Standard No. 9A – Homeless Planning Region 5 will follow the Coordinated Entry Performance Measures outlined in the Ohio BoSCoC Performance Management Plan.

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

- Solicitations of feedback will address the quality and effectiveness of the entire CE experience for both participating projects and households.
- CE staff in collaboration with Homeless Planning Region 5 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 5 Access Points

Agency	Geographic Service Area
LifeLine Inc/211 Hotline 54 South State Street, Suite 309, Painesville 44077 440-354-2148 24/7 hours of operation	Lake County
Extended Housing PATH Homeless Outreach 270 East Main Street, Painesville, Ohio 44077 440-352-8424 Monday – Thursday 8:30 a.m. – 4:30 p.m. Friday – 8:30 a.m. – 4:00 p.m.	Lake County
Forbes House (DV) 440-357-1018 24/7 hours of operation	Lake County
Housing and Emergency Support Services 705 Oakwood Street, Ravenna, Ohio 44266 330-296-1111 Monday-Friday 8:30 a.m. – 4:30 p.m.	Portage County
Miller Community House 1211 Anita Dr., Kent, Ohio 44240 330-673-0034 24/7	Portage County
Christy House 919 Main Street SW, Warren, Ohio 44483 330-394-4316 Every day 9:00 a.m. – 5:00 p.m.	Trumbull County
Emmanuel Community Care Center 2 N. State St. Girard, Ohio 44420 330-545-4301 M-Th 8:30 a.m. – 3:30 p.m. Friday 8:30 a.m. – 12:00 p.m.	Trumbull County
Catholic Charities Regional Agency 175 Laird Avenue, Warren, Ohio 44483 330-393-4254 Monday – Friday 8:30 a.m. – 4:30 p.m.	Trumbull County
Ravenwood Mental Health Center Middlefield Office 12557 Ravenwood Dr., Chardon, Ohio 44024 440-632-5355	Geauga County
Catholic Charities Ashtabula 4200 Park Avenue, Ashtabula, Ohio 44004 440-992-2121 Monday – Friday 8:30 a.m. – 5:00 p.m.	Ashtabula County
Ashtabula County Community Action Agency 6920 Austinburg Road, Ashtabula, Ohio 44004 440-997-1721	Ashtabula County

Samaritan House 4125 Station Avenue, Ashtabula Ohio 440-992-3178	Ashtabula County

PSH Prioritization Workgroups

Provider	Type	Address	Phone
Coleman Professional Services – Portage and Trumbull Counties	PSH	5982 Rhodes Road, Kent, Ohio 44240	330-673-1347
Ashtabula County Mental Health and Recovery Services Board – Ashtabula County	PSH	4817 State Road, Ste.203 Ashtabula, Ohio 44004	440-992-3121
Emmanuel Community Care Center – Trumbull County	PSH	2 N State Street, Girard, Ohio 44420	330-545-4301
Family and Community Services of Portage County – Portage County	PSH	705 Oakwood St, Ravenna, Ohio 44266	330-297-7027
Extended Housing - Lake County	PSH	270 E. Main Street, Painesville, Ohio 44077	440-352-8424
YWCA – Trumbull County	PSH	375 North Park Avenue, Warren, Ohio 44481	330-373-1010
Ravenwood Mental Health Center – Geauga County	PSH	12557 Ravenwood Dr, Chardon, Ohio 44024	440-285-3568