

OHIO BALANCE OF STATE CONTINUUM OF CARE
Region 6 Coordinated Entry Plan

Component No. 1 - Outreach, Advertising, and Marketing

In order to reach persons who are most vulnerable to homelessness, who are unsheltered, or who may have barriers to accessing programs and resources, providers must ensure that access to local homeless systems and mainstream resources are well advertised to the entire community. 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. All outreach, advertising, and marketing tools utilized within Region 6 will 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 within Region 6 target those individuals and families who are literally homeless, unsheltered, imminently at risk of homelessness, disabled and/or currently not connected to services available within the community.
- Up to date contact information must be clearly visible and included on advertising materials available to the public.
- All homeless providers receiving federal and state funds within Region 6 must comply with the region's marketing plan outlined below.
 - 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.
 - Processes and tools must be implemented into Region 6 planning that can be easily understood by participants being assessed and referred, in addition to using required accessible formats for person with disabilities including marketing, outreach, and advertising.
 - The marketing plan also specifies the required use of a common HCRP brochure to ensure that individuals experiencing literal homelessness, or at imminent risk of literal homelessness, are provided with consistent information about HCRP and how to access services.

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

- Distribution of brochures and advertising material are targeted to providers and local stakeholders who frequently encounter individuals and families who are at higher risk of experiencing homelessness, have higher barriers, and may not be connected to local services.
 - Common stakeholders that Region 6 providers distribute information to include law enforcement, food pantries, churches, etc.

- All advertising materials are to be distributed throughout the year and within each local CoC coverage area.

Outreach Strategies

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

- Outreach, as it pertains to Region 6, consists of provider staff responding to community reports of unsheltered individuals and families. Region 6's identified access point organizations will respond to community reports of unsheltered homelessness within their respective service areas. Responding to community reports of unsheltered homelessness involves the following:
 - Staff members will attempt to engage the individual or family. This may include making phone calls to an individual or family when a phone number is accessible. Staff members may also respond to the last known location of the individual or family to conduct outreach and provide appropriate referrals.
 - Providing immediate shelter or making appropriate referrals for immediate shelter where available.
 - Responding to community reports during the provider's hours of operation.
- It is also expected that provider staff will continually communicate with all social service agencies within their service area in order to identify individuals and families experiencing literal homelessness.

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

The Available Housing List is generated from the latest Housing Inventory Count (HIC), includes an inventory of local homeless dedicated projects, and is used by providers to help make client referrals. The Community Resource 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. Both lists are updated on an annual basis and may be provided to households as needed.

Available Housing List

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

- This is generated from the latest HIC and includes the following components:
 - Organization name and contact information
 - Project name
 - Project type
 - Service area
 - Target population- Veterans, families, youth, etc.
 - Bed and unit availability- year round, seasonal, and overflow beds.
 - Bed inventory- Total number of beds available within the project.
 - Chronically homeless bed inventory- PSH
 - Veteran bed inventory- beds dedicated to homeless veterans
 - Unique project requirements

Community Resource List

Standard No. 2B - The Community Resource List includes information about the organization including service area and target population.

- Organization name and contact information
- Type of program or services offered
- Target population
- Information pertaining to hours of operation, phone numbers, and addresses

Maintenance of Available Housing List and Community Resource List

Standard No. 2C – Both the Available Housing List and Community Resource list will be updated as follows:

- The Homeless Planning Region Executive Committee will be responsible for updating the Available Housing List and Community Resource List on an annual basis.
- The Available Housing List and Community Resource List will be available as both a hard copy and electronically 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 homeless, 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 6 operates a decentralized intake system. Each county has no more than two designated access points into the homeless system. All providers that have agreed to serve as access points have entered into an MOA with the regional planning group.

- The following HMIS participating organizations serve as access points to the homeless system:
 - Community Action Agency of Columbiana County Emergency Shelter: Columbiana County
 - Columbiana Mental Health Clinic: Columbiana County
 - Friends of the Homeless Emergency Shelter: Tuscarawas County
 - HARCATUS: Tuscarawas, Harrison, and Carroll Counties
 - Jefferson County Community Action Council: Jefferson County

Region 6 access point contact information can be found in the appendix.

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

- All access points within Region 6 offer telephone access to case management staff as well as office space to accommodate in person meetings. Telephone access and in person appointments are available during normal operating hours for each organization acting as an access point.
- Information regarding services may be retrieved from each organizations website, by calling 211 where available, or completing a walk in.

Standard No. 3C – Homeless Planning Regions’ access points will be listed on COHHIO’s website for reference. The Homeless Planning Region Executive Committee is responsible for updating the access point list annually and sharing any changes with CE staff.

Component No. 4 - Diversion Screening

When persons experiencing a housing crisis present themselves for possible entry into the local shelter/emergency response system, access point providers must first go through diversion screening. Diversion screening determines if persons experiencing a housing crisis can be/remain housed or if they absolutely must enter the homeless system. Quality screening helps reduce needless entries into the homeless system and standardizes access to program referrals.

Timeline for Completing Diversion Screening

Since all CE access points can complete the Diversion Screen with every presenting household to see if they can be diverted from the homeless system, the timeline for completing Diversion Screens aligns with the availability of CE access points.

Standard No. 4A - All CE access points provide Diversion Screening during their full hours of operation.

- All individuals and families calling or presenting to their local access point during normal operating hours are screened for diversion during their initial contact with the staff at the access point.
- Any individual, or family, that contacts their local access point and is not immediately assisted due to the organization not being open or staff assisting other applicants can expect that staff will assist the household 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 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 the completed diversion screening tools are to be stored in locked filing cabinets that are not publicly accessible, in the same manner that paper client files would be stored.
- Electronic versions of completed diversion screening tools are to be stored on password-protected computers that are not publicly accessible. Completed diversion screening tools should not be stored on any 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.

Note: 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 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 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 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 can be shared via fax or secure 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 – When local shelters are at capacity, CE access point organizations and/or emergency shelters/crisis response providers do the following:

- Columbiana County: utilize hotel/motel vouchers as needed and when available, refer to neighboring counties, Mahoning, Stark, and Jefferson.
- Jefferson County: transport households in need to nearby counties that have beds available.
- Tuscarawas County: The local emergency homeless shelter works with local Salvation Army to utilize motel vouchers when at capacity and crisis presents. If unavailable, referrals are made to neighboring counties, Stark, Summit, and Cuyahoga. Domestic Violence Shelter works with surrounding counties as well.
- Carroll County: No shelters are available in Carroll County. All clients presenting as homeless and in immediate need are referred to shelters in Tuscarawas, Columbiana, and Stark counties.
 - Referrals are made to entities that do not have county residency requirements.
- Harrison County: No shelters are available in Harrison County. All clients presenting as homeless and in immediate need are referred to shelters in neighboring counties such as Tuscarawas. Clients are also referred to local churches for hotel/motel vouchers.
- In these instances, CE access points or local emergency shelters coordinate transportation, when available in the following ways:
 - 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 or charitable organizations 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 base 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, 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 within 5-8 days of shelter entry.
- Results of the VI-SPDAT should be recorded in HMIS, per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.
- To administer the VI-SPDAT and/or record VI-SPDAT results in HMIS you must receive the full VI-SPDAT training.

Standard No. 6B – Emergency shelter/crisis response providers 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.
- 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. The VI-SPDAT score is utilized to determine the referral (i.e. the higher the score the more intensive the referral option and/or the higher priority given to the household).

In determining and making referrals emergency shelter and crisis response providers must adhere to civil rights and fair housing laws. These include the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act, and HUD's Equal Access Rule.

In addition, in accordance with Federal, State, and local Fair Housing regulations, participants may not be "steered" toward a particular housing facility or neighborhood because of race, color, national origin, sex, disability, or family status.

Determining Referrals

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

- Households with higher assessment scores, which may indicate higher housing barriers and higher level of need, are prioritized for available assistance, especially for assistance that can be provided for a longer duration or higher level of intensity.
- If the household in crisis discloses that they are fleeing domestic violence, emergency shelter/crisis response providers must offer referrals to victim services housing and services where applicable.
- When intervening with people experiencing homelessness, all CE providers must take into account participant choice in CE process decisions such as location and type of housing they are interested in, level and type of services they want to receive, and other program characteristics they should be informed of. Assessment and case management are provided which offers options and recommendations that guide and inform participant choice.
 - All systems must take into account participant's lived experience in all aspects of CE including assessment and delivery protocols that are trauma-informed, minimize risk and harm, and address potential psychological impacts.

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

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

Standard No. 7C – Region 6 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 determination.

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

Standard No. 7E – Referral processes must include procedures by which households can appeal CE decisions and can register non-discrimination complaints

Standard No. 7F – CE plans outline 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. When homeless housing resources are at capacity each county does the following:

1. **Columbiana County:** When at capacity, local organizations that provide mental health and drug and alcohol services may be able to offer housing programs and/or temporary shelter. Charitable resources may also be available for short-term assistance. Some local churches also provide assistance. Columbiana County also has a number of rurally subsidized housing complexes that provide low-income housing, and in some cases, give priority to individuals who are literally homeless.
2. **Jefferson County:** When resources are not available for homeless households, the individuals are encouraged to reach out to local churches and private charitable resources. Households are also referred to subsidized housing. Many times the referrals are out of county (Columbiana, Tuscarawas, etc.) where the client may find assistance faster.
3. **Tuscarawas County:** Project based vouchers offer a last resort, as they are located away from services and supports, but are a viable option for low income housing. Local ADAMHS Board funds may be available for individuals with behavioral health disorders, local Reentry Coalition may help ex-offenders, and local churches are called upon as necessary.
4. **Carroll County:** Project based vouchers are an option for low income housing, local ADAMHS Board funds may be available for individuals with behavioral health disorders, local churches are called upon as necessary, and referrals are made out of county (Tuscarawas) when needed.
5. **Harrison County:** When resources are not available to homeless households, the individuals are encouraged to reach out to local churches and not for profits.

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 Waitlist Report (more detailed information about the PSH Waitlist Report and PSH Prioritization can be found in Component No. 8).

Note: As outlined above, referrals are made immediately after an assessment. Once a client has 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/families first, in all cases, and must adhere to the following: when multiple chronically homeless are identified, those individuals/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 Prioritization Lists for PSH.

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 workgroups have been established:
 - Columbiana County
 - Columbiana County Mental Health Clinic
 - Columbiana Metropolitan Housing Authority

- Jefferson County
 - Jefferson County CAC
 - Jefferson County Prevention and Recovery/ Coleman Professional Services
- Tuscarawas County
 - Tuscarawas ADAMHS Board
 - Tuscarawas Metropolitan Housing Authority
- 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 may 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 will create PSH Prioritization List Workgroups within each shared service area to maintain centralized PSH Prioritization Lists.

- PSH Prioritization List Workgroups work to identify all members. It is anticipated that all local PSH providers and all local shelter providers participate. The PSH workgroups have the following members:
 - Columbiana County
 - Columbiana County Mental Health Clinic (PSH and Emergency Shelter)
 - Columbiana Metropolitan Housing Authority
 - Community Action Agency (Emergency Shelter)
 - Christina House (DV Emergency Shelter)
 - Jefferson County
 - Jefferson County CAC
 - Jefferson County Prevention and Recovery/Coleman Professional Services

- Tuscarawas County
 - Tuscarawas ADAMHS Board
 - Friends of the Homeless (Emergency Shelter)
 - Tuscarawas Metropolitan Housing Authority
- All workgroup members will obtain consent to discuss clients and prioritization for PSH.
- The PSH Prioritization List Workgroups will typically meet monthly and use the most current HMIS PSH Prioritization List Report. The following are addressed:
 - Add any newly identified eligible persons who are unsheltered or in a non-HMIS shelter.
 - Discuss any current or upcoming PSH openings.

Standard No. 8E – The PSH Prioritization List Workgroups will run 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 Workgroups follow 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 Workgroups select 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 immediately notify the client and prepare client documentation to ensure the household is housed as quickly as possible.
- As a goal it is anticipated that households should be offered housing within 60 days of being placed on the PSH Prioritization list.
- 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 must maintain on-going contact with CE staff and the CE Workgroup in order to ensure consistency in monitoring and evaluation.

Housing Outcomes

Standard No. 9A – Region 6 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 process 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 6 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 6 Access Point Contact Information

COUNTY	AGENCY	ADDRESS	PHONE NUMBER
Carroll	HARCATUS	508 Grant Street Dennison, OH 44621	740-922-6692
Columbiana	Community Action Agency	7880 Lincole Place Lisbon, OH 44432	330-424-4013
Columbiana	Columbiana County Mental Health Clinic	40722 State Route 45 Lisbon, OH 44432	330-424-9573
Harrison	HARCATUS	508 Grant Street Dennison, OH 44621	740-922-6692
Jefferson	Jefferson Community Action Council	114 North 4 th Street Steubenville, OH 43952	740-282-0971
Tuscarawas	HARCATUS	508 Grant Street Dennison, OH 44621	740-922-6692
Tuscarawas	Friends of The Homeless	211 East High Street New Philadelphia, OH 44663	330-602-6100

PSH Prioritization Workgroups

Columbiana Workgroup

AGENCY	TYPE	ADDRESS	PHONE
Columbiana County Mental Health Clinic	PSH, ES	40722 State Route 45, Lisbon, Ohio 44432	330-424-9573
Columbiana Metropolitan Housing Authority	PSH	325 Moore Street, East Liverpool, Ohio 43920	330-386-5970
Community Action Agency	ES	7880 Lincole Place, Lisbon, Ohio 44432	330-424-4013
Christina House	ES	527 E Washington Street, Lisbon, Ohio 44432	330-420-0036

Jefferson Workgroup

AGENCY	TYPE	ADDRESS	PHONE
Jefferson County Community Action Council	PSH	114 North 4 th Street Steubenville, OH 43952	740-282-0971
Jefferson County Prevention and Recovery	PSH	524 Madison Avenue, Steubenville, Ohio 43952	740-282-1300
Coleman Professional Services	PSH	3200 Johnson Road Steubenville, Ohio 43952	740-996-7100

Tuscarawas/Carroll Workgroup

AGENCY	TYPE	ADDRESS	PHONE
Tuscarawas ADAMHS Board	PSH	119 Garland Drive S.W., New Philadelphia, Ohio 44663	Tuscarawas: 330-364-6488 Carroll: 330-627-7912
Friends of The Homeless	ES	211 East High Street New Philadelphia, OH 44663	330-602-6100
Tuscarawas County Housing Authority	PSH	134 2 nd St SW New Philadelphia, Ohio 44663	330-308-8099