

# OHIO BALANCE OF STATE CONTINUUM OF CARE

## Region 7 Coordinated Entry Plan

### Counties: Belmont, Guernsey, Monroe, Noble

#### 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/marketing efforts target persons who are homeless, vulnerable to homelessness, and/or who are unsheltered, disabled and/or currently not connected to services.
- Up-to-date contact information must be clearly visible and always included on advertising/marketing materials.

**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 in each county, community meal sites, faith-based organizations and churches, Salvation Army sites, United Way offices, community action agencies, government offices such as Job and Family Services, shelters, veterans service offices, etc.
- Advertising/marketing 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** – Each access point as well as designated provider staff shall 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. This includes the following:
  - ✓ Sending staff out to the identified location to attempt to engage with the reported person experiencing unsheltered homelessness.
  - ✓ Bringing the reported person experiencing unsheltered homelessness into shelter where available.
  - ✓ Responding to community reports during the access point's hours of operation.

- In addition to communication between providers, outreach must include ongoing communication with social service agencies to identify those unlikely to seek out resources through the local homeless system.

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

The Available Housing List is generated from the latest Housing Inventory Count (HIC) and includes an inventory of all local homeless dedicated projects and is used by providers to help make client referrals. The Community Resources List includes information on local food/clothing pantries, healthcare providers, benefits banks, employment/job training services, legal services, etc. and is distributed to both clients as well as persons who are diverted from the crisis response system so that they can pursue non-housing related assistance on their own. Both lists are comprehensive and updated at least annually to ensure access to available housing inventory and current community resources.

### *Available Housing List*

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

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

### *Community Resource List*

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

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

### *Maintenance of Available Housing List and Community Resource List*

**Standard No. 2C** - The Available Housing List and Community Resource List will be updated accordingly:

- The Region 7 Continuum-of-Care Coalition (CoC) Executive Committee will update the

Available Housing List annually during the Point-in-Time Count.

- The Community Resource List will be reviewed and updated as needed (at least annually) by the Region 7 CoC with input from the Lead Agency and other providers.
- 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 entry into the system helps ensure that persons experiencing homelessness, or at-risk of homelessness, are most quickly and effectively entered into or diverted from homeless systems as appropriate.

Access points must be willing and able to serve those who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault, or stalking but who are seeking shelter or services from non-victim service providers. Access points must be able to serve domestic violence victims in ways that help ensure safety if no victim service provider is available.

#### *Identification of Access Points*

**Standard No. 3A** – Homeless Planning Region 7 operates a decentralized intake system. Each county has no more than two designated access points to the homeless system. All providers that have agreed to serve as CE access points have entered into an MOA with each other and with the regional executive committee.

The following organizations serve as access points to the homeless system:

- Belmont County: GMN Tri-County CAC and Belmont County Salvation Army Emergency Shelter
- Guernsey County: GMN Tri-County CAC and United Way
- Monroe County: GMN Tri-County CAC and United Way
- Noble County: GMN Tri-County CAC and United Way

Note: Since United Way is not a HMIS user, GMN Tri-County CAC will complete data entry on United Way's behalf. This relationship is outlined in Region 7's Access Point MOA.

Detailed contact information about Region 7 Access Points can be found in the appendix.

**Standard No. 3B** – All Region 7 CE access points are easily accessible both for those needing to call and those needing to visit in-person. Victim services (DV) 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** – Region 7's access points will be listed on COHHIO's website for reference. The Region 7 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 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 shall 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, DV 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 DV agencies that may conduct Diversion Screening over the phone only, if they desire.

**Standard No. 4D** - Completed Diversion Screening tools are stored in secure and private locations that are not publicly accessible, including, at minimum, the following precautions:

- Paper versions of completed Diversion Screening tools are stored in locked file cabinets that are not publicly accessible, in the same manner that paper client files would be stored.
- Electronic versions of completed Diversion Screening tools (e.g., word documents or PDFs) are stored on password-protected computers that are not publicly accessible. Completed Diversion Screening tools should not be stored on the computer desktop.

## **Component No. 5 - Entry into Emergency Shelter or Crisis Response System**

After completion of a Diversion Screening, if the CE access point organization has determined that they are unable to divert the household in housing crisis, entry into the local emergency shelter may be required.

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.
- The 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 beds are available, the CE access point organization is responsible for following shelter contingency plans to arrange a shelter alternative.
  - ✓ If the household in crisis discloses that they are fleeing domestic violence, the CE access point organization must offer a referral to a victim services shelter where applicable.
  - ✓ If the household in crisis includes a veteran, the local SSVF provider is contacted to arrange a shelter alternative.
- To ensure an immediate crisis response for persons experiencing homelessness, entry into an 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/release form with the emergency shelter/crisis response provider receiving the referral.

- Diversion Screening tools/information can be shared via fax, 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 refer homeless persons to other crisis response organizations that have agreed to provide hotel/motel vouchers in lieu of shelter, or to shelters in neighboring counties, if available. In Region 7, CE access points or local emergency shelters coordinate transportation in this case in the following way:

- 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, such as veterans service vans.
- Contingency plans for Region 7 counties involve:
  - ✓ Belmont County: utilize hotel/motel vouchers and if needed, refer to neighboring counties, or local churches.
  - ✓ Guernsey County: utilize hotel/motel vouchers and if needed, refer to Belmont County or neighboring counties, or local churches.
  - ✓ Monroe and Noble Counties: refer to Belmont County or neighboring counties; if counties do not have the capacity, then reach out to local churches.

**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 shelters 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, staff 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. 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 assisting people experiencing homelessness, all CE providers must take in to account participant choice in CE referral decisions such as location and type of housing they are interested in as well as level and type of services they want to receive. Additionally, detailed program information should be shared to help households make an informed decision.
  - ✓ 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 7 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 may 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 shall immediately, within two business days, begin 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 nondiscrimination complaints.

**Standard No. 7F** – CE plans outline contingency plans that delineate the process for assisting homeless individuals and households when the community lacks certain homeless assistance resources and/or when those local resources are at capacity and not immediately available.

#### *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 where the following criteria are met:

- The household is still in shelter after five 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 Prioritization Report and PSH Prioritization can be found in Component No. 8).



### *Receiving and Accepting Referrals*

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

- Region 7 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 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.

Note: Currently, Region 7 has no PSH facilities in any of its counties. As such, Region 7 has no centralized PSH prioritization list or PSH waitlist. However, Region 7 will use the PSH prioritization process for RRH prioritization and will use the Ohio BoSCoC RRH prioritization list to manage RRH prioritization. The lead agency, GMN Tri-County CAC, will be responsible for the RRH prioritization list. Workgroup meetings will include the Tri-County Help Center and Belmont County Salvation Army Emergency Shelter when needed.

### *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 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.
- 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 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 7 will follow the Coordinated Entry Performance Measures outlined in the Ohio BoSCoC Performance Management Plan.

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

- Solicitations of feedback will address the quality and effectiveness of the entire CE experience for both participating projects and households.
- CE staff in collaboration with Region 7 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 7 Access Points**

<b>Provider</b>	<b>Geographic Service Area</b>
<p><b><i>Belmont County Salvation Army Emergency Shelter</i></b>            315 37<sup>th</sup> Street, P.O. Box 489, Bellaire, OH            43906            Phone: 740-676-6225            Open 24 hours</p>	<p>Belmont, Guernsey, Monroe and Noble            Counties</p>
<p><b><i>GMN Tri-County CAC</i></b>  <u>Belmont County Office:</u>            155 West Main Street, St. Clairsville, OH            43950            Phone: 740-695-0293 ext. 209            Hours: 8 to 4:30 on Mon., Tues. &amp; Thurs.                  8 to 10:30 on Wed. Closed Fridays.</p> <p><u>Guernsey County Office:</u>            185 South 2<sup>nd</sup> Street, Byesville, OH 43723            Phone: 740-685-2422            Hours: 8 to 4:30, Mon. thru Fri.</p> <p><u>Monroe County Office:</u>            108 East Marietta St., Woodsfield, OH 43793            Phone: 740-472-0828            Hours: 8 to 4:30, Mon. thru Fri.</p> <p><u>Noble County Office:</u>            615 North Street, Caldwell, OH 43724            Phone: 740-732-2388            Hours: 8 to 4:30, Mon. thru Fri.</p>	<p>Belmont, Guernsey, Monroe and Noble            Counties</p>
<p><b><i>United Way of Guernsey County</i></b>            611 Wheeling Avenue, Cambridge, OH            43725            Phone: 740-439-2667            Hours: 9 to 5, Mon. thru. Fri.</p>	<p>Guernsey, Monroe and Noble Counties</p>

Voted and Passed by the Region 7 Executive Committee on: 10/12/2017 Date