# OHIO BALANCE OF STATE CONTINUUM OF CARE
## Region 9 Coordinated Entry Plan

**Contents**



**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** |

**Introduction**

Coordinated Entry is designed to support fair and equal access to housing assistance and services for all people experiencing a housing crisis. The Coordinated Entry system for intake, assessment and referral uses standardized tools and processes to assess housing needs and match people to the most appropriate and least intensive intervention possible.

- People who are not *literally* homeless are diverted from ever entering the homeless system; only those who are literally homeless enter shelter, interim housing, rapid re-housing or permanent supportive housing programs.
- People who are doubled up with family or friends are diverted away from homeless services through connections to other programs that can help them stabilize. Diversion might include helping households remain housed by offering strategies to solve issues in a current housing situation.
- People who are literally homeless but meet specialty criteria for other systems of care may also be diverted. For example, in some communities the mental health system includes housing support and people who are already registered with the mental health system should be assisted by that agency.
- The majority of households who are literally homeless are assisted to find housing on their own or are rapidly re-housed using short-term housing and case management assistance.

The Homeless Management Information System (HMIS) supports implementation of Coordinated Entry processes by capturing assessment information. Through HMIS, each client household is assessed through the Vulnerability Index – Service Prioritization Decision Assistance Tool. Shelter providers that do not utilize HMIS are encouraged to refer their clients to the local HMIS user so that the VI-SPDAT can be conducted, and the client can be assisted in finding permanent housing. Non-HMIS providers also have the option of completing the assessment form and forwarding it to the CE access point with an appropriate release of information signed by the client.

The Ohio BoSCoC has required all Homeless Planning Regions to adopt a Coordinated Entry plan and process. This plan is based on the Ohio BoSCoC CE System Standards and has been developed through Homeless Planning Region 9's network of partners. Organizations that were involved in the planning process for Homeless Planning Region 9 included:

- Fairfield Metropolitan Housing Authority
- Kno-Ho-Co Ashland Community Action Agency
- Lancaster-Fairfield Community Action Agency
- Licking County Coalition for Housing
- Salvation Army of Licking County
- The Main Place
- Behavioral Healthcare Providers of Central Ohio
- Faith Housing LSS of Fairfield County

Homeless Planning Region 9 encompasses Fairfield, Licking, Knox, Holmes and Coshocton Counties. Our homeless crisis response program and strategies are the central components of Continuum of Care Plans locally and in our Region. The Region is committed to implementing a coordinated entry process that is focused on fostering timely and appropriate assistance to address homelessness and housing instability through collaboration and engagement among community partners

The Region's infrastructure through which to implement strategies to end homelessness encompasses the following components:

- Outreach – efforts to educate and engage the community regarding available services or service locations.
- Coordinated Assessment – a process designed to coordinate diversion screening, intake, assessment, and provision of referrals in order to better match individuals with services.
- Homeless Prevention Activities - activities or programs designed to prevent the incidence of homelessness.
- Rapid Re-Housing – short-term housing and case management assistance for homeless households.
- Rental Assistance – short-term, medium-term, or long-term housing assistance in the form of tenant-based, project-based or sponsor-based support.
- Transitional Housing – housing, in which all program participants have a signed lease or occupancy agreement to facilitate the movement of homeless individuals/families into permanent housing within 24 months.
- Mental Health & Health Services – services designed to improve individual's health and mental health, and enhance their ability to remain stable, housed, and community-integrated.
- Supportive Services - services that assist a client in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.
- Permanent Housing – community-based housing without a designated length of stay.
- Permanent Supportive Housing – housing and services that will allow homeless persons to live as independently as possible, without a designated length of stay.
- Affordable housing – housing that is developed with the intent to retain rent structures at levels that are affordable to low-income households, such as units developed through the Housing Tax Credit program administered by the Ohio Housing Finance Agency.

## Component No. 1 – Advertising, Outreach, and Marketing

Homeless Planning Region 9 ensures that local homeless systems and resources are well advertised to the entire community to reach persons who are most vulnerable to homelessness, who are unsheltered, or who may have barriers to accessing programs and resources. This includes making 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.

- Advertising efforts for the CE system 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 is included on advertising materials. This includes after-hours assistance, which is offered through the 2-1-1 crisis line network.
- Homeless providers operating within Region 9 are important participants in the Region's marketing plan. Various advertising strategies are employed to spread awareness about services available and explain the eligibility requirements to access services.
    - CE 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.
    - The CE marketing plan includes a common brochure about the system to convey consistent information, 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 sites, faith-based organizations and churches.
- CE 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 CE provider staff must engage in regular and frequent outreach to the community's entire geographic area.

- In each county, outreach primarily consists of provider staff sharing and responding to community reports of unsheltered homelessness among each other. HPR 9's identified access-point organizations (see Component No. 3) respond to community reports of unsheltered homelessness within their respective service areas. Responding to community reports involves 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.

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

The Available Housing List is generated from the latest Housing Inventory Chart (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, 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 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 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** - the Available Housing List and Community Resource List will be updated accordingly:

- The Region's lead agency will update the Available Housing List and Community Resource List annually.
- The Available Housing List and Community Resource List will be available on providers' websites in

the region and/or providers will have hard copies to reference and distribute to clients as needed.

## Component No. 3 - Identification of Access Points

Stakeholders in Region 9 clearly understand points of entry into the system, which helps ensure that persons experiencing homelessness, or at-risk of homelessness, are 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 9 operates a decentralized intake system. Each county has no more than three 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 Planning Group; providers serving as CE access points utilize HMIS and have appropriate MOAs in place to enter clients into the system clients referred by non-HMIS providers and victim service shelters.

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

- Salvation Army of Licking County; Licking County
- Licking County Coalition for Housing; Licking County
- Behavioral Healthcare Partners; Licking and Knox Counties
- Lutheran Social Services Faith Housing; Fairfield County
- Lancaster-Fairfield Community Action Agency; Fairfield County
- KnoHoCo Ashland Community Action Agency; Knox, Holmes and Coshocton Counties
- The Lighthouse; Fairfield County

Contact information for Homeless Planning Region 9 Access Points can be found in the appendix.

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

- Victim service agencies that only make their phone numbers available and conduct diversion screening over the phone will be noted as applicable. All other local access points must accommodate in-person meetings.

**Standard No. 3C –** Region 9's access points will be listed on COHHIO's website for reference. The Homeless Planning Region Executive Committee is responsible for updating the access point list annually and sharing any changes with CE staff.

## Component No. 4 - Diversion Screening

When persons experiencing a housing crisis present themselves for possible entry into the local shelter/emergency response system, access point providers must first conduct diversion screening. Diversion Screening determines if persons experiencing a housing crisis can be/remain housed or if they absolutely must enter the homeless system.

***Timeline for Completing Diversion Screening***
All CE access points can complete the diversion screening with every presenting household to see if they can be diverted from the homeless system.

**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 screening with other households who presented first.

***Method for Completing Diversion Screening***
**Standard No. 4B -** 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.

- Victim services agencies conducting diversion screening may ask additional safety questions.

**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 including the following precautions:

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

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

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

Not all Ohio BoSCoC communities have a viable means to access to emergency shelters. Therefore, CE standards include 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 rapid re-housing assistance, or hotel/motel vouchers 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 the CE access point organization is responsible for following shelter contingency plans to arrange a shelter alternative.
        - 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 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 may share the completed diversion screening tool and the consent form with the emergency shelter/crisis responder 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 responders refer homeless persons to other crisis response organizations that could provide hotel/motel vouchers. Emergency motel/hotel vouchers may be available through Job and Family Services, local Mental Health and Recovery Board or a faith-based organization. 211 Information and Referral maintains up-to-date information on availability. If no vouchers are available, a shelter in a neighboring county within Region 9 may be contacted.

In Region 9, 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.

**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. Contingency plans for Region 9 counties involve utilization of hotel/motel vouchers and if needed, referral to neighboring counties.

***Client Data Entry***
**Standard No. 5E –** At the point of referral and acceptance into emergency shelter, required client data is entered into HMIS, following directives outlined in Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards. All state and federally funded Ohio BoSCoC homeless projects are required to use the Ohio BoSCoC Homeless Management Information HMIS to maintain client and project-level data. (Note: Diversions are not entered into HMIS.)

- Victim service shelters are exempt and should enter data into their comparable database.

***Compliance with Ohio BoSCoC Homeless Program Standards***
**Standard No. 5F –** As specified in the Collaborative Plan adopted by Region 9, 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. 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 inform referral decisions to connect them to the most appropriate housing or service intervention to end homelessness quickly. The assessment tool utilized is the Vulnerability Index--Service Prioritization Decision Assistance Tool – *VI-SPDAT*.

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

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

- The VI-SPDAT should be completed within five to eight days of shelter entry (unless circumstances described in Standard No. 6B prevail).
- Results of the VI-SPDAT are recorded in HMIS, per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.
- Staff members that will administer the VI-SPDAT and/or record VI-SPDAT results in HMIS must receive the full VI-SPDAT training.

**Standard No. 6B –** Emergency shelter/crisis responders complete the VI-SPDAT according to the following guidelines that have been established by the Ohio BoSCoC:

- 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 immediately for their well-being (e.g. exhibiting severe mental health needs/issues), assessment **<u>may</u> be done immediately**.
- Individuals/households with previous episodes of literal homelessness, including those identified as chronically homeless, **<u>must</u> 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 (Component No. 7).

**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 responders will likely need to make a referral to a housing provider or other type of homeless assistance provider to help the household obtain appropriate housing. The VI-SPDAT score is utilized to determine the type of 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 responders 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 familial status.

***Determining Referrals***

**Standard No. 7A -** Emergency shelter/crisis responders 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.
- 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-stability plan not reliant on homeless-assistance resources.

**Standard No. 7C –** Following Housing First best-practices, Region 9 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 responder 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 rejection, the emergency shelter/crisis responder works to identify alternative referrals within two business days.
- Emergency shelter/crisis response providers document acceptance/rejection/declines of referrals in client files.

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

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

**Standard No. 7F -** Contingency plans delineate the process for assisting homeless individuals and households when the community lacks certain homeless assistance resources and/or when those local resources are at capacity and not immediately available. When RRH, PSH and TH beds are not available, responders search for other resources, including:

- Listings for subsidized rental units with vacancies can be identified through ohiohousinglocator.org.
- The Metropolitan Housing Authorities serving each county administer the Section 8 Housing Choice Voucher and public housing programs.
- In Fairfield County, 211 operates Project HouseCall, a housing locator service that includes an extensive directory of affordable rental units.
- In Knox, Holmes and Coshocton counties, KnoHoCo Community Action Commission has an affordable housing program that offers rental units.

***Timeline for Making Referrals***

**Standard No. 7G –** Emergency shelter/crisis responders make RRH referrals immediately after completion of the VI-SPDAT in cases where all of 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 income does not exceed program eligibility limits.

**Standard No. 7H** - Emergency shelter/crisis responders make TH referrals immediately after completion of the VI-SPDAT in cases where both of 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 responders, households that qualify for PSH will be automatically pulled into the PSH Waitlist Report. Information about the PSH Waitlist Report and PSH Prioritization can be found in Component No. 8.

***Receiving and Accepting Referrals***

**Standard No. 7J –** All Ohio BoSCoC Region 9 Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) providers (as identified in the Homeless Planning Region's Available Housing Lists) are required to only accept referrals and to only fill vacancies using the Ohio BoSCoC Coordinated Entry process.

- Ohio BoSCoC Region 9 TH, RRH, and PSH providers only serve people identified to them by referral from an Ohio BoSCoC emergency shelter/crisis response provider (as identified in the Homeless Planning Region's Available Housing Lists)

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 responders immediately make a referral to a housing provider or other type of homeless assistance provider to help end the homeless episode. Emergency shelter/crisis responders 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 – including Shelter Plus Care – 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 maintain Centralized Prioritization Lists for PSH.

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 (identified in grant applications and agreements) have created 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 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.
- 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. 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 centralized PSH Prioritization Lists.

- PSH Prioritization List Workgroups identify all members. All local PSH providers and all local shelter providers 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 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 runs the HMIS PSH 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 processes 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 9 providers 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.

- Solicitation 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 9 will survey a representative sample of households and submit surveys to CE staff for data analysis.
- The participants selected for 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.

**APPENDIX**

## Region 9 Access Points

| Provider | Address | Phone | Geographic Service Area |
|---|---|---|---|
| Lancaster-Fairfield CAA | 1743 E. Main St., Lancaster, OH 43130 | 740-653-4146 | Fairfield |
| LSS Faith Mission of Fairfield County | 1681 E. Main St., Lancaster, OH 43130 | 740-653-2265 | Fairfield |
| The Lighthouse | Lancaster, OH 43130 | 740-654-3247 | Fairfield |
| KnoHoCo Ashland CAC | 309 S. Main St., Mt. Vernon, OH 43050 | 740-393-3545 | Knox, Holmes & Coshocton |
| Behavioral Healthcare Partners | 65 Messimer Dr., Newark, OH 43058-4670<br>8402 Blackjack Rd., Mt. Vernon, OH 43050 | 740-522-8477 in Newark;<br>740-397-0442 in Mt. Vernon | Licking and Knox |
| Licking County Coalition for Housing | PO Box 613, Newark, OH 43058-061 | 740-345-1970 | Licking |
| The Salvation Army | 250 E. Main St., Newark, OH 43055 | 740-345-8120 | Licking |

## PSH Prioritization Work Group

| Provider | Address | Phone |
|---|---|---|
| Licking County Coalition for Housing | PO Box 613, Newark, OH 43058-0613 | 740-345-1970 |
| Licking Metropolitan Housing Authority | 114 W. Main St., Newark, OH 43055 | 740-349-8069 |
| The Main Place | 112 S. Third St., Newark, OH 43055 | 740-345-6874 |
| Behavioral Healthcare Partners of Central Ohio | PO Box 4670, Newark, OH 43058-4670 | 740-522-8477 |
| KnoHoCo Ashland Community Action Commission | 120 N. Fourth St., Coshocton, OH 43812 | 740-622-9801 |
| Knox Metropolitan Housing Authority | 201 A W. High St., Mt. Vernon, OH 43050 | 740-397-8787 |
| LSS Faith Mission of Fairfield County | 1681 E. Main St., Lancaster, OH 43130 | 740-653-2265 |
| Lancaster-Fairfield Community Action Agency | 1743 E. Main St., Lancaster, OH 43130 | 740-653-4146 |
| Fairfield Metropolitan Housing Authority | 315 N. Columbus St., Lancaster, OH 43130 | 740-653-6618 |