

OHIO BALANCE OF STATE CONTINUUM OF CARE

Region 14 Coordinated Entry Plan

Component No. 1 - Advertising, Marketing, and Outreach

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.

- Advertising materials 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 with hours of operation, including any 24-hour crisis line assistance.
- For Region 14 HCRP program awareness, all access points are listed within a region-wide brochure that describes eligibility criteria, documentation required for processing, and services offered.
 - In addition, county specific HCRP brochure content includes program specifics to clearly reveal the extent of services per county.

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

- Distribution efforts target providers and stakeholders in the CE system. These local providers and stakeholders include those who most frequently encounter homeless households, particularly households with highest barriers and not currently connected with services, inclusive of branches of law enforcement, community services, churches and faith-based groups, community meal sites and food pantries, and street outreach teams.
- Advertising materials must be distributed at least annually, as updated, and during the annual Point-In-Time homeless count.

Outreach Strategies

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

- Warren County: Housing agency staff and shelter employees respond to individuals and families identifying as homeless based on site and referral source.
 - Outreach for Warren Metropolitan Housing Authority occurs during regular operation hours of 8:30 am – 4:30 pm Monday – Friday and includes designated staff providing on-site assessments and referrals whenever an applicant for Public Housing may identify that they are fleeing an abuser or about to be evicted, and

- off-site assessments and referrals whenever non-partner agencies or institutions make a report of families and individuals identifying as being homeless.
 - Outreach for the Interfaith Hospitality Network involves shelter staff responding to reports of families and individuals experiencing homelessness from institutions, churches, schools, and non-partner agencies, as well as having walk-in services for immediate assistance during regular operation hours of Monday-Sunday 7 am – 6 pm.
- Butler County: PATH staff associated with Transitional Living, Inc. conduct street outreach through funding provided by the Ohio Department of Mental Health and the Butler County Mental Health Board.
 - Butler County PATH staff consists of 2 full-time employees and 4 part-time peer specialists who conduct outreach during operation hours of 9 am – 5 pm Monday-Friday.
 - PATH staff, in partnership with Zion Church in Hamilton, Ohio, provide community meals every 3rd and 4th Tuesday of each month.
- Clermont County: PATH staff associated with the Greater Cincinnati Behavioral Health Services conduct street outreach and have weekly contact with the James Sauls Center to make referrals.
 - Clermont County PATH staff consists of 2 part-time outreach workers covering a 1pm – 5pm Monday shift and 8 am – 5 pm Tuesday and Wednesday shifts.
 - James Sauls Center also receives referrals from 5 full-time outreach workers covering Monday – Friday 8 am – 5 pm shifts with partner agency Greater Cincinnati Behavioral Health Services located within neighboring Hamilton County Ohio.
- In addition, outreach may extend across service providers that are likely to encounter people experiencing homelessness through designated access point staff providing off-site program presentations to enhance relationships with relevant non-partner agencies and institutions.

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

CE plans include how the Available Housing List and the Community Resource List will be updated and accessed. The Available Housing List is generated from the latest Housing Inventory Count (HIC) and is used by providers to help make client referrals. The Community Resources List includes information on mainstream services including, but not limited to local food/clothing pantries, healthcare providers, benefits banks, employment/job training services, and legal services, and is distributed to clients and to those diverted who may be able to use the information to get non-housing assistance on their own.

Available Housing List

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

- Organization Name and Contact Information
- Project Name
- Project Type
- Service Area – county and/or cities served
- Target Population – 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 serves only women with children, then that should be noted in the inventory
- HMIS user

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
- Phone Number
- Comprehensive Directory Web Link specific to county resource list
- Crisis Hotline contact number
- Service Area

Maintenance of Available Housing List and Community Resource List

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

- Homeless Planning Region 14 lead agency will update the Available Housing List and Community Resource List annually.
- The lead agency website will include links to Available Housing List and the Community Resource List for Region 14.
- The Available Housing List and Community Resource List will be available on every provider's website in the region and/or each provider will have hard copies to reference and to 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. Access Point information will streamline the referral for housing assistance or diversion process for all stakeholders with a county specific points-of-access and contact list.

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 ensure safety if no victim service provider is available.

Identification of Access Points

Standard No. 3A - Homeless Planning Region 14 implements a decentralized intake system.

- Hope House Rescue Mission for Men
- Hope House Rescue Mission – Center of Hope

- Family Resource Center
- James Sauls Homeless Shelter
- Greater Cincinnati Behavioral Health Services
- Interfaith Hospitality Network of Warren County
- Warren Metropolitan Housing Authority
- House of Peace Domestic Violence Shelter Adams, Brown and Clermont Counties
- Abuse and Rape Crisis Shelter

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

- Victim services agencies may choose to only make their phone numbers available and conduct Diversion Screening over the phone, as long as other local access points can accommodate in-person meetings during regular operation hours.
- When Diversion Screening is conducted over the 24-hour accessible domestic violence hotline, victim services providers may choose to meet those seeking domestic violence services at a protected location, such as a local police station, rather than at an access point.
- Reasonable Accommodation to the disabled follows all Section 504 Rehabilitation Act and Americans with Disabilities Act requirements.
- Non-English speaking applicants have access through appropriate language translation services and documents describing services following the 1964 Civil Rights Act.

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.

- Persons in housing crisis are screened for diversion (using the Diversion Screen) during their initial contact with the CE access point, assuming they called/visited during CE access point hours.
- If the applicant contacted the CE access point after hours or while CE staff were occupied with another household, CE access point staff attempt to contact the applicant immediately upon the opening of the CE access point or immediately after completing Diversion Screens with other households who presented first.

Method for Completing Diversion Screening

Standard No. 4B - All Ohio BoSCoC CE access point providers use the Ohio BoSCoC Diversion Screening tool in their process to determine if the applicant can be/remain housed or if they must enter the homeless system.

- Victim service providers may ask additional safety-related questions to the Ohio BoSCoC Diversion Screening tool.

Standard No. 4C - All CE access points should conduct Diversion Screening in person and over the phone during identified hours of operation. The only exception is for victim service agencies that may conduct Diversion Screening over the phone only, if they desire.

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

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

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

After completion of a Diversion Screening, if the 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 for following shelter contingency plans to arrange a shelter alternative.
- 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.

- If the household in crisis includes a veteran, the local SSVF provider is contacted to arrange a shelter alternative.
- In regions or counties where diversion screening can be done after regular business hours, CE plans outline how and when referrals will be made.
- To ensure an immediate crisis response for persons experiencing homelessness, entry into emergency shelter should not be prioritized based on severity of service need or vulnerability.

Standard No. 5B - When written consent from the client has been obtained, CE access point staff share the completed Diversion Screening tool and the consent form with the emergency shelter/crisis response provider receiving the referral.

- Diversion Screening tools/information 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. In Region 14, 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.
- Warren County: as previously mentioned, when shelters are at capacity, providers refer households to organizations that have agreed to provide hotel/motel stays. Due to funding limitations, the hotel/motel stay is typically no longer than 3-4 days. In the instances that households cannot be sheltered through the hotel/motel vouchers for longer than 5 days, households can be assessed prior to the 5-8 day assessment window established under Component 6.

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 - CE plans identify how client data will be entered. This includes the following:

- Once the household in crisis has been referred to and accepted into the local emergency shelter, that shelter provider enters all client data collected in their intake form into HMIS per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.
- Victim service shelters are exempt and they 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. 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, and every effort has been made to resolve the problem within the Region, BoSCoC staff should be notified for guidance and problem solving.

Component No. 6 - Assessment of Client Need

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

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

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

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

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

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

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

- Warren Metropolitan Housing Authority will complete assessments for Haven House Emergency Shelter, located in the city of Hamilton, Butler County Ohio.
- Warren Metropolitan Housing Authority will complete assessments for House of Peace, located in the city of Batavia, Clermont County Ohio.
- Warren Metropolitan Housing Authority will complete assessments for the Abuse and Rape Crisis Shelter, located in the city of Lebanon, Warren County Ohio.

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, religion, sex, disability, or family status.

Determining Referrals

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

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

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

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

Standard No. 7C - Region 14 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 must explore availability of that option. However, if that resource is not available, alternatives must be identified.

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

- If the issues causing rejection are resolved while the client is still homeless, a referral can be made again.
- Following a referral rejection, the emergency shelter/crisis response provider must identify alternative referrals within two business days of the rejection.
- Emergency shelter/crisis response providers document acceptance/rejection/declines of referrals in client files. All referral acceptance/rejection/declines should be made using

Region 14's standard Consent/Rejection/Refusal form.

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.

- Within Region 14, the counties of Butler, Clermont and Warren respond to a lack of available resources providing applications for Public Housing (when open) and other subsidized housing, and including the relatives and/or friends of those people experiencing homelessness in short-term financial or housing accommodations.
- Butler (except for City of Middletown and City of Oxford) and Warren Counties use Helplink 211 provided by United Way of Greater Dayton to locate affordable housing services.
- Clermont County and the City of Middletown use 211 provided by United Way of Greater Cincinnati to locate affordable housing services.
- City of Oxford uses 211 provided by United Way of Oxford, Ohio and Vicinity to locate affordable housing services.

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).

Receiving and Accepting Referrals

Standard No. 7J - All Ohio BoSCoC Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) providers (identified in the Region 14 Available Housing List) are required to accept referrals and to fill vacancies using only the Ohio BoSCoC Coordinated Entry Process.

- Ohio BoSCoC TH, RRH, and PSH providers only serve people identified to them by referral from an Ohio BoSCoC emergency shelter/crisis response provider (as identified in Region 14 Available Housing List).

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

Component No. 8 - PSH Prioritization and Centralized Prioritization Lists

As stated in the Ohio BoSCoC Program Standards, all Ohio BoSCoC Permanent Supportive Housing (PSH) projects must prioritize chronically homeless individuals/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.

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 following PSH workgroups have been established:
 - Warren County PSH Prioritization Workgroup
 - Butler County PSH Prioritization Workgroup
 - Clermont County PSH Prioritization Workgroup
- 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 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 centralized PSH Prioritization Lists.

- PSH Prioritization List Workgroups identify all members. All local PSH providers and all local shelter providers participate.
 - Warren County PSH Prioritization Workgroup
 - Warren Metropolitan Housing Authority
 - New Housing Ohio
 - Solutions
 - Bernie's Place
 - Interfaith Hospitality Network
 - Abuse and Rape Crisis Shelter
 - Butler County PSH Prioritization Workgroup
 - Community Development Partners
 - Family Resource Center
 - Hope House Rescue Mission – Center of Hope
 - Hope House Rescue Mission for Men
 - Serve City
 - PATH
 - Family Promise of Butler County
 - Clermont County PSH Prioritization Workgroup
 - Greater Cincinnati Behavioral Health Services
 - James Sauls Shelter
 - YWCA Greater Cincinnati – House of Peace
- 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 the 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 14 will follow the Coordinated Entry Performance Measures outlined in the Ohio BoSCoC Performance Management Plan and the Ohio BoSCoC Coordinated Entry Evaluation 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 the participating projects and households.
- CE staff in collaboration with Homeless Planning Region 14 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 14 Access Points

Provider	Geographic Service Area
<p>FAMILY RESOURCE CENTER 5445 College Corner Pike Oxford, OH 45056 513-523-5859 Homeless Contact: Missy Thompson Web address: www.frcoxford.org Facebook: @familyresourcecenteroxford M-F 9 am – 1 pm / MTh 4 pm – 6 pm</p>	<p>Butler County – Oxford OXFORD/TALAWANDA SCHOOL DISTRICT</p>
<p>HOPE HOUSE RESCUE MISSION for MEN 34 South Main St. Middletown, OH 45044 513-424-4673 (men’s center) Homeless Contact: Resident Specialist on duty (men) M-F 24-hour staffing</p>	<p>Butler County</p>
<p>HOPE HOUSE RESCUE MISSION – CENTER OF HOPE 1300 Girard Avenue Middletown, OH 45044 513-217-5056 Cara Klinefelter (women’s center) Web address: hhmission.org/ Facebook: @HopeHouseMission M-F 24-hour staffing</p>	<p>Butler County</p>
<p>JAMES SAULS HOMELESS SHELTER 3003 Hospital Dr. Batavia, OH 45103 513-732-6464 Homeless Contact: Leann Townes Web address: www.cccsi.org/shelter.html/ Facebook: James Sauls Homeless Shelter Batavia/(Unofficial page) M –F 7:00 am – 5:30 pm</p>	<p>Clermont County</p>
<p>GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES 43 East Main St. Amelia, OH 45102 513-947-7124 / 513-947-7033 Homeless Contact: Kathy Burbage Web address: www.gcbhs.com/ Facebook: Greater-Cincinnati-Behavioral-Health-Services M-F 7:30 am – 4:30 pm</p>	<p>Clermont County</p>

<p>WARREN METROPOLITAN HOUSING AUTHORITY 990 East Ridge Drive Lebanon, OH 45036 Homeless Contact: Melina “Nina” House 513-695-3383 Web address: www.wmha.org Facebook: @warrenmetropolitanhousingauthority M-F 8:30 am- 12:30 pm /1:30 pm – 4:30 pm</p>	Warren County
<p>INTERFAITH HOSPITALITY NETWORK OF WARREN COUNTY 203 East Warren St. Lebanon, OH 45036 513-934-5250 Homeless Contact: Linda A. Rabolt Web address: www.ihnwc.org Facebook: https://www.facebook.com/IHNWC/ M-Su 8:00 am – 6:00 pm</p>	Warren County
<p>HOUSE OF PEACE DOMESTIC VIOLENCE SHELTER ADAMS, BROWN AND CLERMONT COUNTIES Helpline: 513-753-7281 Staff available 24 hours a day/7 days per week</p>	Clermont County
<p>ABUSE AND RAPE CRISIS SHELTER Helpline: 513-695-1107 Staff available 24 hours a day/7 days per week</p>	Warren County

PSH Prioritization Workgroups

Butler County Workgroup

Provider	Type	Address	Phone
Community Development Professionals	PSH	332 Dayton St., Hamilton, OH 45011	513-858-1738
Family Resource Center	ES	5445 College Corner Pike, Oxford, OH 45056	513-523-5859
Access Counseling Services	ES	4464 S Dixie Hwy, Middletown, OH 45044	513-649-8008
Hope House Mission for Men	ES	34 South Main Street, Middletown, Ohio 45044	513-424-4673
Hope House Mission for Women and Children	ES	1300 Girard Ave., Middletown, OH 45044	513-217-5056
Serve City	ES	622 East Ave, Hamilton, OH 45011	513-737-9701
PATH	Outreach	2052 Princeton Road, Hamilton, OH 45011	513-863-6383
Family Promise of Butler County	ES	19 South Front Street, Hamilton, OH 45011	513-444-2033

Clermont County Workgroup

Provider	Type	Address	Phone
Greater Cincinnati Behavioral Health Services	PSH	43 East Main St., Amelia, OH 45102	513-947-7124
James Saul's Shelter	ES	2403 Old State Rte 32, Batavia, OH 45103	513-732-6464
YWCA of Greater Cincinnati Eastern Area House of Peace	ES	55 S 4th St, Batavia, OH 45103	513-753-7281

Warren County Workgroup

Provider	Type	Address	Phone
New Housing Ohio, Inc.	PSH	4055 Executive Park Dr., Ste.125, Sharonville, OH 45241	513-554-4567
Interfaith Hospitality Network of Warren County	ES	203 East Warren St., Lebanon, OH 45036	513-934-5250
Abuse and Rape Crisis Shelter	ES	27 North East St., Lebanon, OH 45036	513-695-1107
Bernie's Place	ES	204 S Mary Ellen St, South Lebanon, OH 45065	513-494-2307
Solutions Community Counseling and Recovery	PSH	975 Kingsview Dr., Lebanon, OH 45036	513-228-7800
Warren Metropolitan Housing Authority	PSH	990 East Ridge Dr., Lebanon, OH 45036	513-695-3380