

Coordinated Entry Operational Manual

Ohio Balance of State Continuum of Care

Updated June 2020



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Background and Introduction

Coordinated Entry (CE), also known as coordinated intake or coordinated assessment, is a process that coordinates entry into, movement within, and ultimately exit from a homeless system. Coordinated Entry processes increase the efficiency of a homeless assistance system by standardizing access to homeless services. In particular, a well-functioning CE system should help the Ohio Balance of State Continuum of Care (BoSCoC) advance our goals of helping households quickly access appropriate services to address housing crises, increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness.

As part of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) regulations that govern Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding, the U.S. Department of Housing and Urban Development (HUD) requires all CoCs across the United States to implement Coordinated Entry.

According to HUD guidance, required elements of Coordinated Entry include:

- Access: ensures the entire Continuum of Care (CoC) area is covered and that service access points are easily accessible and well-advertised.
- Assessment: standardizes information gathering on service needs, housing barriers, and vulnerabilities.
- Prioritization: matches the output of the assessment tool to community priorities based on severity of need, and establishes a priority rank for available housing and services.
- Referral: coordinates the connection of individuals to the appropriate and available housing and service intervention.

As it pertains to Coordinated Entry, the Ohio BoSCoC Homeless Program Standards state:

- All homeless projects in the Ohio BoSCoC, including HP, ES, TH, RRH, SH, and PSH, must participate in their Homeless Planning Region's Coordinated Entry system and process. This includes using the CoC's common assessment tool, following the CoC's referral process, and anything else as appropriate.
- Homeless Planning Regions must review their Coordinated Entry plans and update them as necessary to ensure there are no contradictions between their Regional Coordinated Entry system and the CE Systems Standards, and that CoC staff approves updated CE plans.

Coordinated Entry (CE) is defined as a process designed to coordinate program participant intake, assessment, and provision of referrals. It covers the geographic area, is easily accessed by individuals and families seeking housing and services, is well advertised, and includes a comprehensive and standardized assessment tool.

The terms "Coordinated Access", "Centralized Intake", "Coordinated Intake", "Coordinated Entry" and "Coordinated Assessment" are often used interchangeably, and with the exception of "Centralized Intake", more or less mean the same thing: transitioning from a "first come, first served" mentality to a mentality that says "now that you are here, let's determine, together, what might be your next step". **The Ohio BoSCoC primarily uses the term "Coordinated Entry."**

Before Coordinated Entry:	After Coordinated Entry:
Should we accept this family into our program?	What housing and service intervention is the best fit for each family and individual?
Unique entry and assessment forms for each individual program	Standard forms, assessment, and entry processes across all programs
Uneven knowledge about existing programs, eligibility, and purpose in communities	Accessible information about housing and service options in the COC

Coordinated Entry Implementation Requirements

HUD required that all CoCs establish a CE process in accordance with the CoC Program Interim Rule by **January 23, 2018**. This includes ensuring that all of the HUD required CE elements, as noted above, are addressed in the CE system and process.

Purpose

The purpose of this Coordinated Entry (CE) Manual is to compile all of the Ohio BoSCoC guidance and requirements related to Coordinated Entry. This includes the Ohio BoSCoC CE System Standards as well as CoC guidance, processes, and requirements as it pertains to implementation of the CE System Standards and the Regional CE Plans.

Vision Statement

The Ohio BoSCoC seeks to end homelessness by increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness through a high-quality CE system that helps households quickly access appropriate services to address housing crises.

Guiding Principles

Across the Ohio BoSCoC, all Coordinated Entry systems will be:

- Person-centered: assessments into CE are based in part on participants' strengths, goals, risks, and protective factors.
- Sensitive to lived experiences: systems consider participants' 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.
- Inclusive of participant choice: systems consider participant choice in CE process decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice.
- Accessible: tools and processes are easily understood by participants being assessed and referred, in addition to using accessible formats for persons with disabilities including in marketing, outreach, and advertising.
- Sustainable: resources required to operate the CE system are identified and available now and for the foreseeable future.
- Flexible: localization and customization of CE processes are allowed based on community needs, resources, and services available. These choices must follow CE standards as established by the BoSCoC.
- Transparent and accountable: consumers know what is being done and why, agencies' program rules and success rates are clearly defined and readily shared with consumers, and there are clear feedback processes for both consumers and agencies.
- Housing First: participation in supportive services is voluntary and barriers to program entry and housing are minimized.
- Housing-Focused: households experiencing housing crises return to permanent housing within 40 days (as a goal).
- Committed to referral success: providers are committed to successfully completing referral processes and supporting participants in identifying and accessing the assistance to which they have been referred and accepted
- Easy to use: system is not cumbersome to agencies, and is accessible and well known to the community.



Ohio BoSCoC Governance

Continuum of Care

A Continuum of Care (CoC) is a geographically based group of representatives that carries out the planning responsibilities required by the U.S. Department of Housing and Urban Development's (HUD) CoC Program. These representatives generally come from organizations that provide services to persons experiencing homelessness.

The Ohio Balance of State Continuum of Care

The Ohio Balance of State Continuum of Care (BoSCoC) represents the 80 largely suburban and rural counties in Ohio. Within these 80 counties there are approximately 400 homeless programs including emergency shelters, transitional housing, rapid re-housing programs, and permanent supportive housing. On any given day, these programs can serve over 7700 persons experiencing homelessness.

The Ohio BoSCoC has further divided its 80 counties into 17 Homeless Planning Regions. Providers in these regions plan and coordinated local and regional homeless systems and programs, and are responsible for working with the Ohio Development Services Agency (ODSA) and COHHIO to ensure the CoC meets all HUD homeless program requirements. The Homeless Planning Regions report to COHHIO and ODSA, not to HUD.

Ohio BoSCoC Board

The Ohio BoSCoC Board (hereafter referred to as 'The Board' or 'Board') is the primary planning body for the Ohio BoSCoC. Board members determine the policy direction of the CoC and ensure that the CoC fulfills its responsibilities as required by the U.S. Department of Housing and Urban Development (HUD) and other state entities as relevant, including approving all CoC policies. Additionally, the Board oversees and approves the work of BoSCoC committees and workgroups.

To guide the overall governance of the CoC, the Ohio BoSCoC Board has approved a Governance Charter. This Governance Charter can be found at <https://cohhio.org/boscoc/gov-pol/#documents>.

Ohio BoSCoC Collaborative Applicant

The CoC Board has designated the Ohio Development Services Agency (ODSA) to serve as the CoC's Collaborative Applicant (CA). The CA is responsible for submitting the annual CoC Competition consolidated application and project listing to HUD and being the applicant/grantee for CoC Planning funds.

Ohio BoSCoC Staff Lead

COHHIO serves as the CoC Staff Lead (also referred to as CoC staff or CoC Team) for the Ohio BoSCoC. ODSA contracts with COHHIO to provide this CoC staff support to the Ohio BoSCoC and to manage all aspects of the CoC, including work related to the annual CoC Competition, the annual Point-in-Time Count and Housing Inventory Count, and all other federal requirements, including the design and implementation of the Coordinated Entry (CE) System.

Ohio BoSCoC HMIS Lead

The CoC Board has designated COHHIO to serve as the CoC's Homeless Management Information System (HMIS) Lead. In this role, COHHIO is responsible for administering the Ohio BoSCoC's HMIS, which includes providing training, technical assistance, and support related to data entry for Ohio BoSCoC HMIS-participating providers. COHHIO is also responsible for submitting to HUD the annual HMIS project application, submitting Longitudinal Statistical Analysis (LSA) data, and managing HMIS grant funds.

Management and Oversight of the Coordinated Entry System

To ensure appropriate management and implementation of the CoC's CE system, HUD requires CoCs to identify and designate a Policy Oversight Entity, a Management Entity, and an Evaluation Entity. Details about the entities designated by the Ohio BoSCoC to serve in these roles and their respective responsibilities are below.

Policy Oversight Entity

The Ohio BoSCoC has designated the CoC Board to serve as the CE Policy Oversight Entity. In this role, the CoC Board is responsible for the following:

- Establish CE participation expectations
- Determine data collection and data quality expectations
- Provide approval of all CE policies

Management Entity

The Ohio BoSCoC has designated COHHIO, specifically the CoC team, as the CE Management Entity. The CoC team is comprised of CoC and HMIS staff housed at COHHIO. In this role as the CE Management Entity, CoC staff are responsible for the following:

- Provide day-to-day management of the CE system
- Develop and deliver training related to CE system and requirements
- Conduct monitoring of the implementation of the CE system
- Please note, monitoring implementation of CE is different from conducting CE evaluation, and the Management Entity may not also serve as the Evaluation Entity

Evaluation Entity

The Ohio BoSCoC has designated the CoC Board as the Evaluation Entity. Responsibilities of the Evaluation Entity include:

- Plan annual CE evaluation
- Collect data as part of evaluation
- Evaluate CE implementation process for effectiveness and efficiency
- Identify policy and process improvements

As needed, the Evaluation Entity may identify a third party to carry out the annual CE evaluation, so long as the third party is not also the Management Entity.

Coordinated Entry Liaisons

The Ohio BoSCoC utilizes Coordinated Entry Liaisons within each Homeless Planning Region to help implement the CE system, provide training and support to local providers, and to assist with monitoring of CE implementation. More specifically, the responsibilities of CE Liaisons include:

- Assist CE staff in guiding Regional CE planning processes:
 - Attend monthly CE Collaborative web-based meetings
 - Attend in-person meetings as needed (no more than quarterly)
 - Assist in the development of monitoring and evaluation processes, as needed
- Assist the Homeless Planning Region Executive Committee to:
 - Update the region's CE plan annually or as needed
 - Update the region's Available Housing List and Community Resource List as needed

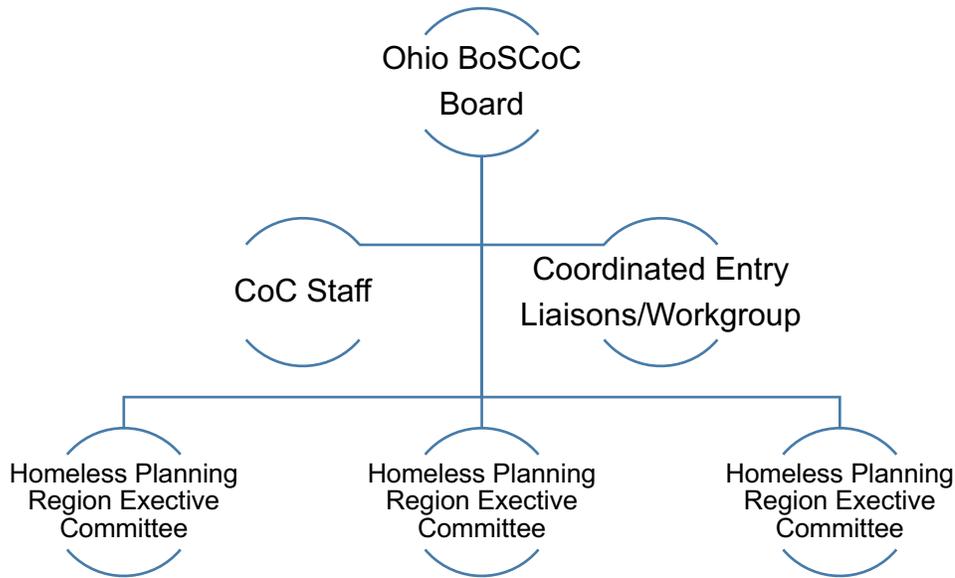
- Update the region’s Access Point information as needed
- Ensure that all updates are communicated to COHHIO
- Assist with Ongoing Implementation of Ohio BoSCoC Standardized Diversion Process:
 - Complete standardized diversion training from CoC staff
 - Provide regional diversion trainings as needed

Generally, there is one CE Liaison per Ohio BoSCoC Homeless Planning Region. CE Liaisons are designated by the Homeless Planning Region Executive Committee. CE Liaisons have the backing of the CoC and the authority to train local providers on CE requirements, provide CE updates, and to communicate information about CE from the CoC team.

Role of Homeless Planning Regions in CE Management and Oversight

In addition to the entities designated above, the Ohio BoSCoC Homeless Planning Regions maintain some responsibility for ensuring Regional CE Plans (see page 10 for more details about regional CE plans) are appropriately implemented. CoC staff, in conjunction with the Ohio BoSCoC Coordinated Entry Collaborative (made up of CE Liaisons), lead and support CE implementation CoC-wide.

At the regional level, the Homeless Planning Region Executive Committees are responsible for assisting with the oversight of the regional CE system. This may include convening a standing CE workgroup to work with the designated CE Liaisons to review CE system data and address issues that arise, or addressing CE issues in the Executive Committee itself.



Ohio BoSCoC Coordinated Entry System Standards

Implementing Coordinated Entry (CE) Systems in the Ohio BoSCoC is challenging in part because of the large geographic area covered and the variations in resource availability, cross-county coordination, and service areas. To account for these challenges all Ohio BoSCoC Homeless Planning Regions have developed Regional Coordinated Entry (CE) Plans. These Regional CE Plans include all required CE components, as outlined in the Coordinated Entry System Standards below. Regional CE Plans differ, however, in the identification of Access Points and local resources/providers.

Required Coordinated Entry Components

All Regional CE plans address/include the following components:

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

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, CoCs must ensure that access to local homeless systems and 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.

CE plans include advertising and outreach strategies that clearly communicate how persons in need can access the CE system. These strategies and related materials are explicitly aimed at persons who are homeless, vulnerable to homelessness, and/or who are unsheltered, disabled, and/or currently not connected to services.

Advertising: Content and Strategies

Standard No. 1A

Advertising materials identify the local CE system Access Points and process for seeking assistance.

- Materials are easily accessible to persons with developmental disabilities and are available in multiple languages as needed (based on local need/populations).
- Materials identify how to access assistance: phone numbers, addresses, hours of operation, after-hours information, etc. This should be clearly outlined in all advertising materials.

Standard No. 1B

Advertising materials are distributed to local providers and stakeholders in the local 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. Examples of local providers and stakeholders include:

- Law enforcement
- Soup kitchens and food pantries
- Faith-based organizations and churches
- Street outreach teams (where applicable)

Outreach Strategies

Standard No. 1C

Designated provider staff engage in regular and frequent outreach to the region/community's entire geographic area.

- CE plan identifies local homeless services providers and staff positions responsible for engaging in outreach to unsheltered homeless.
- CE plan identifies the times/days that staff engages in outreach.
- CE plan identifies geographic areas covered by designated staff.
- CE plan provides contact information for other local homeless services providers and community members to use when needing to report unsheltered homeless to staff.
- Where multiple providers engage in outreach to unsheltered within the same geography, those providers must coordinate and enter into a Memorandum of Agreement (MOA) to ensure no duplication of effort and to ensure broader geographic coverage.

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 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 List includes the following components:

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

Maintenance of Available Housing List and Community Resource List

Standard No. 2C

CE plans identify how the Available Housing List and Community Resource List will be updated. This includes the following:

- The Homeless Planning Region’s lead agency, or other designated agency/staff position, will update the Available Housing List and Community Resource List annually.
- The Available Housing List and Community Resource List will be available on every provider’s website in the region and/or each provider will also have hard copies to reference and distribute to clients as needed.

Component No. 3 - Identification of Access Points

Stakeholders in homeless systems must identify entry points (called Access Points from here on) 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. Refer to later sections of this document for more details about the responsibilities of Access Points.

Identification of Access Points

Standard No. 3A

CE plans identify all local Access Points (APs) into the homeless system and how those points are accessed. Identification of APs includes providing the following information in Regional CE Plans, required MOAs, and to the CoC:

- Names of providers serving as CE Access Points
 - All providers that have agreed to serve as CE Access Points must enter into an MOA with each other, the Regional Planning Group or Executive Committee, and COHHIO (primary CoC staff support). The MOA includes the following:
- Identification of all parties entering into the MOA.
- Agreement to complete the responsibilities of Access Points
- Contact information per the procedure below.

- Agreement that any needed changes will be communicated to all parties.
- Contact information for APs, including:
 - Physical address*
 - Phone number*
 - Hours of operation, including after-hours information.
- The community must ensure that at least one CE entry point be in operation 8am to 5pm M-F (excluding holidays) so that Diversion Screening can be conducted during those hours.

Standard No. 3B

All CE APs are easily accessible both for those needing to call and those needing to visit in-person. Victim service 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.

Component No. 4 - Diversion Screening

When persons experiencing housing crises present themselves for possible entry into the local shelter/emergency response system, APs must first go through diversion screening. Diversion Screenings determine 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 APs 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 APs.

Standard No. 4A

All CE APs provide Diversion Screening during their full hours of operation.

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

Method for Completing Diversion Screening

Standard No. 4B

All Ohio BoSCoC APs use the Ohio BoSCoC Diversion Screening tool in their process to determine if the applicant can be/remain housed or if they must enter the homeless system.

Standard No. 4C

All CE APs 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 AP 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 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, 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 AP 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 Resources List to identify local emergency shelters available to accept referrals.
- AP calls or emails the emergency shelter provider directly to inform them of the referral and ensure the availability of space.
 - If no emergency shelter beds are available, contingencies for providing shelter are made by the CE AP
- If the household in crisis includes a veteran, the local SSVF provider is contacted to arrange a shelter alternative, if needed.
- In regions or counties where diversion screening can be done after regular business hours, CE plans outline how and when referrals will be made.
- Referrals to emergency shelter are also documented in HMIS. See information about the HMIS workflow for referrals in section 6.

Standard No. 5B

When consent from the client has been obtained, CE AP staff share the completed Diversion Screening tool and the consent form with the emergency shelter/crisis response provider receiving the referral.

- Diversion Screening tools/information can be shared via fax or by having the household in crisis carry the information/tool with them.

Managing Limited Bed Availability

Standard No. 5C

CE plans outline the process for assisting homeless individuals and households when local emergency shelters are at capacity. This includes the following:

- When local shelters are at capacity, CE APs 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.
- CE APs or local emergency shelters coordinate transportation where necessary.

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

Compliance with Ohio BoSCoC Homeless Program Standards

Standard No. 5F

Ohio BoSCoC homeless assistance providers must comply with the Ohio BoSCoC Homeless Program Standards, as well as applicable state and federal requirements related to program eligibility. If CE APs or other local homeless providers become aware of non-compliance with the Homeless Program Standards, CoC 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 referrals and prioritization decisions to connect them to the most appropriate housing or service intervention to end homelessness quickly.

Standard No. 6A

The Ohio BoSCoC has adopted the VI-SPDAT as the CoC's common assessment tool. All providers responsible for completing assessments with homeless individuals/households must only use the VI-SPDAT. The only exception to this requirement is for victim service providers.

Standard No. 6B

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. Exceptions to this timeline are outlined in the standard below.
- Results of the VI-SPDAT (i.e., the assessment score) are recorded in HMIS, following all HMIS protocol and relevant workflows which can be found here: <http://hmis.cohhio.org/index.php?pg=kb.chapter&id=62>
- In cases where households report to staff that they have and are working on a housing plan, staff may wait to complete the VI-SPDAT in order to allow the household time to resolve their own homelessness.

Standard No. 6C

Emergency shelter/crisis response providers complete the VI-SPDAT immediately, or take other action, in the following cases:

- 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.
- 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.
 - In cases where households report to staff that they have and are working on a housing plan, staff may wait to complete the VI-SPDAT in order to allow the household time to resolve their own homelessness.

Standard No. 6D

In cases where a partner agency is charged with completing the VI-SPDAT with 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/crisis response provider 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.

Determining Referrals

Standard No. 7A

Emergency shelter/crisis response providers use VI-SPDAT scores and other information about severity of need 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.

Standard No. 7B

Emergency shelter/crisis response providers make referrals to local Permanent Housing providers via direct communication to the provider and via HMIS.

- Information on making referrals in HMIS can be found here:
<http://hmis.cohio.org/index.php?pg=kb.page&id=186> .

Standard No. 7C

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.

Standard No. 7D

Ohio BoSCoC providers do not reject referrals because of perceived housing barriers or service needs that are too great (i.e., 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, including RRH, must be identified.

Standard No. 7E

Rejections of referrals and reasons for rejection are communicated to the emergency shelter/crisis response provider and client in writing within 24 hours of rejection.

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

Standard No. 7F

Emergency shelter/crisis response providers document referrals and acceptance/rejection/declines of referrals in client files and/or in HMIS.

Standard No. 7G

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 (Updated November 2019)

Standard No. 7H

Emergency shelter/crisis response providers make referrals to TH, RRH, and PSH after completion of the VI-SPDAT and AFTER the local Prioritization Workgroup has met and determined that the particular household will be prioritized for available resources.

In general, there are five steps involved in making a referral to permanent housing (PH) for a homeless household in an emergency shelter/crisis response or unsheltered location. These steps include:

1. Emergency shelter/crisis response providers confirm that a referral is needed, appropriate, and acceptable to the homeless household
2. Emergency shelter/crisis response providers contact the PH provider directly to determine if they have the ability to serve new clients, and confirm the homeless household is categorically eligible
3. Prioritization Workgroup meets and makes decisions about which currently homeless households need to be prioritized for available RRH and PSH resources, using the *PSH and RRH Prioritization by County Report* as the primary data source

4. If the homeless household in question has been prioritized for RRH or PSH, the emergency shelter/crisis response provider documents the referral to the receiving PH agency in HMIS, and continues working with the homeless household to help get needed intake documents together
5. The receiving PH agency accepts the referral in HMIS and works with the household and emergency shelter/crisis response provider to move forward on the intake

Some regions/communities may elect to make referrals to PH in HMIS prior to Prioritization Workgroup meetings. This is acceptable, as long as the community has agreed on this process and the Prioritization Workgroup still reviews the *PSH and RRH Prioritization by County Report* to ensure all high needs, long-term homeless households are being considered for available resources, even if a referral was not made.

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 shelter/crisis response provider.

Component No. 8 - Prioritization for Permanent Housing

As stated in the Ohio BoSCoC Program Standards (available at: <https://cohhio.org/boscoc/gov-pol/>), all Ohio BoSCoC Permanent Supportive Housing (PSH) projects must prioritize chronically homeless individuals/families first, in all cases, and must adhere to the PSH Order of Priority. Rapid Re-Housing (RRH) and Transitional Housing (TH) projects are also required to prioritize households with the greatest needs and longest homeless histories. To facilitate this prioritization, Ohio BoSCoC communities must establish and maintain Prioritization Workgroups.

Prioritization Workgroups

Standard No. 8A

Ohio BoSCoC Homeless Regions establish and maintain one or more Prioritization Workgroups

- Prioritization Workgroups identify all members.
 - All local PSH providers, RRH providers, street outreach providers (such as PATH), and local shelter providers, at minimum, participate.
- All workgroup members have been given consent to discuss clients and prioritization for PH resources, as evidenced by signed client releases of information (ROIs).
- Prioritization Workgroups meet at least monthly by phone or in-person
- Prioritization Workgroups use the HMIS *PSH and RRH Prioritization by County Report* as the primary data source for identifying the pool of currently homeless clients who may need to be considered for PSH or RRH assistance.

Standard No. 8B

The Prioritization Workgroup will address, at minimum, the following:

- Identify currently homeless households potentially in need of PSH or RRH assistance that are currently residing in non-HMIS participating emergency shelters/crisis response providers, and therefore not appearing on the *PSH and RRH Prioritization by County Report*.
 - Any homeless household considered for RRH or PSH assistance must first be assessed with the VI-SPDAT (see the Victim Service Provider policy available at: <https://cohhio.org/boscoc/coordinated-entry/>)
- Discuss any current or upcoming PSH and RRH openings and identify households with most severe service needs and longest homeless histories to prioritize for assistance

- Some Homeless Planning Regions or counties may decide to have more frequent RRH prioritization meetings, depending on availability of resources.

Standard No. 8C

The Prioritization Workgroup runs the *HMIS PSH and RRH Prioritization Report* in advance of meetings to ensure it is current and accurate, and use that report as the primary data source for identifying the pool of currently homeless clients who may need to be considered for PSH or RRH assistance.

Standard No. 8D

The Prioritization Workgroup follows the Order of Priority outlined in the [Ohio BoSCoC Homeless Program Standards](#) to ensure persons/households in greatest need are prioritized for local PSH.

- RRH providers must also prioritize households with the greatest needs and longest homeless histories (including those who are eligible for PSH, but no PSH units are available), but they do not have to specifically follow the Order of Priority.

Standard No. 8E

Once a household is matched with an available PSH or RRH unit, local providers should immediately notify the client and prepare client documentation to ensure the household is housed as quickly as possible.

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. 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 processes. Regional Planning Groups or Executive Committees should meet at least quarterly to assess and address monitoring and evaluation. These groups must maintain on-going contact with CoC staff in order to ensure consistency in monitoring and evaluation.

Homeless Planning Regions and/or providers respond to and address any client grievances about their experiences with the CE system and process. If grievances cannot be resolved at the local or provider level, the grievances are shared with CoC staff, which serve as the CE Management Entity.

Standard No. 9A

Homeless assistance providers respond to and attempt to resolve client grievances about the CE system or process. If the situation cannot be resolved at the provider level, provider staff elevate the client grievance to the CE Management Entity (COHHIO CoC staff serve in this role).

- Providers email details about the grievance along with the client's HMIS ID to ohioboscoc@cohhio.org

Coordinated Entry Access Points

As noted in CE Standard 3A, any agency serving as a Coordinated Entry (CE) Access Point (AP) for their local homeless system must be identified in the Regional CE Plan, must be identified to CoC staff (COHHIO), and must have entered into the required MOA.

Process to Make Changes to CE APs

If a Region needs to make changes to its CE Access Points, it must do the following:

- Obtain approval from Regional Executive Committee and/or Regional Planning Group to make the proposed change to CE APs
- Work with CE Liaison to inform CoC staff, via email at ohioboscoc@cohhio.org, of the intended change to APs
- Upon approval of CE AP changes by CoC staff, execute a new MOA
- Ensure new APs (if applicable) have completed training with regional CE Liaison on the CoC's standardized diversion protocol and are fully prepared to manage all responsibilities of an AP
- CE Liaison or designee updates local CE advertising materials, as needed
- After completion of all steps above, HMIS team will create new CE AP provider in HMIS, if applicable.

In no case may a service provider decide on its own, without agreement from the region and CoC, that it is going to begin or cease to serve as an AP for CE purposes. And no service provider may act as an AP unless it has followed the steps outlined above, completed all training, and entered into the MOA, as described.

Roles and Responsibilities of CE APs

Agencies serving as CE APs are responsible for all of the following:

- Enter into the CE MOA
- Ensure current contact information, including hours of operation, for their agency is provided in the Regional CE Plan, in local CE advertising materials, and to the CoC
- Identify sufficient and appropriate staff to provide standardized diversion screening and data collection/entry
- Ensure staff have been trained in the CoC's standardized diversion protocol; training is provided by the region's CE Liaison
- Conduct diversion screening with anyone seeking assistance from the AP
- Ensure any changes to AP services, staffing, or contact information are provided to the Regional Planning Group, and/or Regional Executive Committee, CE Liaison, and to CoC staff, prior to implementing any changes

Diversion

Diversion is a practice that assists households in housing crisis to return to housing or identify alternative housing outside the crisis response system. Diversion utilizes mainstream resources and mediation techniques to assist the household in identifying alternative housing options, including but not limited to returning to their own housing, staying with family/ friends, or relocation to another area.

As described previously, CE APs are responsible for conducting standardized diversion screening with anyone who contacts the AP seeking assistance. To ensure diversion screening is completed appropriately, CE APs must do the following:

- Ensure any staff who will be completing diversion screening have completed training on the standardized diversion protocol with the region's CE Liaison.
- Ensure agency end users have reviewed the HMIS diversion workflow and guidance documents and understand how to capture and record client-level data for diversion purposes into HMIS.
 - Training materials are available at <https://cohhio.org/boscoc/coordinated-entry/>

Referrals

The Ohio BoSCoC CE system uses referrals to connect clients experiencing homelessness to the permanent housing resources for which they are eligible. Referrals happen both via direct communication between homeless services providers and via HMIS. Creating and accepting referrals in HMIS is primarily done to document that a homeless household appropriately moved through the CE system.

Referrals from Access Points to Crisis Response System

After screening a household in housing crisis for possible diversion, APs make a referral to local emergency shelters/crisis response providers if the crisis cannot be resolved. Making a referral involves contacting the provider directly and then making the referral in HMIS (details about the HMIS workflows are below).

Please note, if the local shelter/crisis housing provider does not have open beds to serve the household in crisis, or the household does not want the referral, APs do not make the referral in HMIS. Recording referrals in HMIS is primarily done to document actual movement through the CE system and process.

Referrals from Crisis Response Providers to Permanent Housing: Decision-making Guidance

After completing the VI-SPDAT on a homeless household, emergency shelter/crisis response providers, including street outreach providers, should determine if a referral to RRH and/or PSH is appropriate and needed. In making this decision providers should consider the following:

1. Is the household struggling to identify a housing plan themselves?
 - a. If the household is already working on a realistic housing plan, a referral to RRH or PSH may not be needed, thus preserving the resource for a needier household. You may also be able to skip the VI-SPDAT, in this case.
 - b. If the household has identified a housing plan themselves, indicate this in the Housing Plan field in their client-record in HMIS
2. Is the household willing to accept assistance from RRH or PSH if resources are available?
3. Is the household eligible for RRH or PSH?
4. Is the household's severity of need, as determined, in part, by the VI-SPDAT results, such that assistance with RRH or PSH is likely needed to end the homeless episode?

If emergency shelter/crisis response providers can answer yes to all questions posed above, then a referral to RRH or PSH may be necessary.

Referrals from Crisis Response Providers to Permanent Housing

In general, there are five steps involved in making a referral to permanent housing (PH) for a homeless household in an emergency shelter/crisis response or unsheltered location. These steps include:

1. Emergency shelter/crisis response providers confirm that a referral is needed, appropriate, and acceptable to the homeless household
2. Emergency shelter/crisis response providers contact the PH provider directly to determine if they have the ability to serve new clients, and confirm the homeless household is categorically eligible
3. Prioritization Workgroup meets and makes decisions about which currently homeless households need to be prioritized for available RRH and PSH resources, using the *PSH and RRH Prioritization by County Report* as the primary data source
4. If the homeless household in question has been prioritized for RRH or PSH, the emergency shelter/crisis response provider documents the referral to the receiving PH agency in HMIS, and continues working with the homeless household to help get needed intake documents together

5. The receiving PH agency accepts the referral in HMIS and works with the household and emergency shelter/crisis response provider to move forward on the intake

Some regions/communities may elect to make referrals to PH in HMIS prior to Prioritization Workgroup meetings. This is acceptable, as long as the community has agreed on this process and the Prioritization Workgroup still reviews the *PSH and RRH Prioritization by County Report* to ensure all high needs, long-term homeless households are being considered for available resources, even if a referral was not made.

Documenting Referrals in HMIS: Guidance and Workflow

In general, a referral is required in HMIS to document movement through CE for every client entering any project with the exceptions of clients entering the Unsheltered Clients – OUTREACH project, Diversion projects, Homelessness Prevention projects, and non-HMIS participating projects.

Depending on the particular client's pathway into and through the Ohio BoSCoC homeless system, there may be a different HMIS workflow to document the referrals.

You can find detailed referrals workflows for HMIS at <http://hmis.cohhio.org/index.php?pg=kb.page&id=186>

VI-SPDAT

The Ohio BoSCoC uses the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the CoC’s common assessment tool. The VI-SPDAT is designed to be used by providers to quickly assess the health and social needs of people experiencing homelessness in order to help determine who needs to be prioritized for housing and service interventions available in the community.

The Ohio BoSCoC uses different versions of the VI-SPDAT for single individuals, households with children, and for youth up to age 24 years old.

Training Requirements for Staff Completing VI-SPDATs with Clients

Staff who are responsible for completing VI-SPDATs with clients must first complete the required training. Details about required training can be found in the VI-SPDAT Instructional Guide at <https://cohhio.org/boscoc/coordinated-entry/>

The Ohio BoSCoC strongly encourages homeless service providers to incorporate training on completing the VI-SPDAT into their standard staff training/orientation process. This training should involve providing shadowing opportunities for new staff who will be completing VI-SPDATs with clients.

HMIS Data Entry and Training for VI-SPDATs

Any staff who are responsible for entering VI-SPDAT results into HMIS must first complete the required HMIS Training which involves watching the VI-SPDAT training video and completing the HMIS VI-SPDAT Quiz. Details and links can be found in the VI-SPDAT Instructional Guide at <https://cohhio.org/boscoc/coordinated-entry/>

Completing VI-SPDATs with Clients

Prior to completing a VI-SPDAT with a client, providers must obtain informed consent to complete the assessment from the client. Providers **cannot** complete a VI-SPDAT with a client without that person’s knowledge and explicit agreement. Providers also **cannot** complete the VI-SPDAT solely using information obtained through observation or known within your organization. The VI-SPDAT is client driven and focused.

Prioritization for Permanent Housing Resources

As stated in the Ohio BoSCoC Program Standards (available at: <https://cohho.org/boscoc/gov-pol/>) all Ohio BoSCoC Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), and Transitional Housing (TH) projects are required to prioritize for assistance individuals/households with the most severe needs and longest homeless histories. The process for making prioritization decisions is primarily outlined in the Ohio BoSCoC CE System Standards included in this document, but additional details can be found below:

*****Effective March 15, 2020, the Ohio BoSCoC has implemented temporary changes to the prioritization process. Please see the following section for details.***

Prioritization Workgroups

The Ohio BoSCoC CE System Standards require that Ohio BoSCoC Homeless Regions establish and maintain one or more Prioritization Workgroups that are used to identify who needs to be prioritized for available RRH, TH, and PSH resources.

- The Workgroup uses the *PSH and RRH Prioritization by County Report* (HMIS report) as the primary data source for identifying who is currently homeless and may need RRH, TH, or PSH assistance
- The workgroup discusses current or upcoming PSH, TH, and RRH openings and identifies eligible households with most severe service needs and longest homeless histories to prioritize for assistance
- Some Homeless Planning Regions or counties may decide to have more frequent RRH prioritization meetings, depending on availability of resources

Considering Households in Non-HMIS Participating Providers for Prioritization

When non-HMIS participating emergency shelters, including DV shelters, are located in Region or community, Prioritization Workgroups must include membership from those agencies. This helps ensure that individuals/households in those agencies may still be considered for prioritization.

- In these cases, it is the responsibility of the non-HMIS participating ES staff to ensure their clients are assessed with the VI-SPDAT and that those scores and any other relevant information is shared in the Prioritization Workgroup as appropriate for prioritization consideration.
- Non-HMIS participating ES providers serving DV survivors may consider using the [Victim Service Providers Prioritization Inclusion Form](#) to help ensure they have all appropriate and relevant client-level info available for prioritization discussions

PSH Order of Priority

The Prioritization Workgroup follows the Order of Priority outlined in the [Ohio BoSCoC Homeless Program Standards](#) to ensure persons/households in greatest need are prioritized for local PSH.

RRH providers must also prioritize households with the greatest needs and longest homeless histories (including those who are eligible for PSH, but no PSH units are available), but they do not have to specifically follow the Order of Priority.

Documenting Prioritization Decisions

Prioritization decisions made within the Prioritization Workgroups should be documented as part of the workgroup meeting notes and kept in a confidential location. If no PII was included in the meeting notes, notes may be emailed to workgroup members. In addition to archiving meeting notes, staff should ensure that copies of the prioritization decision – either via the meeting notes or other documentation - are included in the client file for those being prioritized for assistance.

- Prioritization meeting notes should include the following:
- Identification of clients, by HMIS client IDs or other unique identifiers (no personally identifying information) if possible, that Prioritization Workgroup members agreed to prioritize for available PH resources
- Details of any disagreements related to prioritization decisions, and how disagreements were resolved
- Details of any discussions around prioritization that relied on information beyond HMIS documented homeless history and VI-SPDAT scores
- Identification of next steps and staff responsible
- Notes may be emailed to all group members as long as no PII is included
- Documenting prioritization decisions in client files
- Provider staff may include Prioritization Workgroup meeting notes in the prioritized client file

For PSH providers only, staff may use the Adherence to PSH Order of Priority form available in the Verification of Homelessness, Chronic Homelessness, and Eligibility Packet at <https://cohhio.org/boscoc/training-and-templates/>

Changes to Coordinated Entry Prioritization to Support & Respond to Covid-19

In response to the COVID-19 outbreak, the Ohio BoSCoC has made temporary changes to the prioritization process. The goal of these updates is to address evolving needs and to respond to this crisis, while ensuring the safety of staff and the households they serve.

Prioritizing for PH during the COVID-19 Pandemic

Effective March 15, 2020, Prioritization Workgroups may consider risk factors for contracting or experiencing greater complications from COVID-19 as part of their prioritization decision-making process, along with considering factors related to past homeless history and severity of need.

Based on guidance provided from the Centers for Disease Control (CDC), the following populations are at higher risk of contracting COVID – 19:

- People 65 years or older
- People of all ages with underlying medical conditions
- People with chronic lung conditions
- People with serious heart condition
- People who are immunocompromised
- People with severe obesity
- People with diabetes
- People with chronic kidney disease
- People with liver disease

Prioritization Workgroups may use the updated Prioritization Report in R minor elevated to help identify households that may be at greater risk of complications from COVID-19. You can find the training video here: <https://www.youtube.com/watch?v=CKfHCZUzmSA&feature=youtu.be>, and the report's documentation here: <http://hmis.cohhio.org/index.php?pg=kb.page&id=200>.

Prioritization Workgroups are still expected to try to adhere to the PSH Order of Priority, while also considering COVID-19 risk factors. Prioritization Workgroups must still document all prioritization decisions.

The revised prioritization process will be in effect until the CoC communicates otherwise.

Coordinated Entry Monitoring and Evaluation

The Ohio BoSCoC conducts regular monitoring and evaluation of CE implementation, effectiveness, and impact. Monitoring and evaluation efforts help ensure the CE system is implemented as intended, that the CE system has an overall positive impact on the people and households in housing crisis that it serves, and that CE governing documents and processes are modified as needed to achieve better positive outcomes.

Coordinated Entry Monitoring

Monitoring of CE is focused primarily on determining if the CE system is being implemented as it was designed and identifying where CE implementation may be out of compliance with CE Standards. The CoC team, as the CE Management Entity, is responsible for monitoring CE implementation and providing necessary training and technical assistance to ensure ongoing compliance with the CoC's CE Standards.

Where the CoC team identifies that homeless services providers or regions are not implementing CE activities/requirements in accordance with the CE System Standards and Regional CE Plans, CoC staff may work with providers/regions to develop improvement plans including providing any necessary training or TA. Ongoing CE compliance problems may result in more drastic measures including informing funders of CE non-compliance.

The CoC team will review the following data to determine how well CE is being implemented as intended, identify areas in need of review or revision, and work to make improvements where needed.

CE Component	CE Activity or Requirement	Monitoring Data Source and Detail	Frequency of Monitoring
Access	Access Points (AP) are accessible and well-advertised	Access Point (AP) Response Testing <ul style="list-style-type: none"> CoC Staff contact APs by phone or in-person to confirm accuracy of contact information and ability to meet AP responsibilities and document outcomes 	monthly
	APs Complete Standardized Diversion Screening with all Households Seeking Assistance and Record Data in HMIS	Diversion Data Quality (DQ) Report <ul style="list-style-type: none"> CoC Staff review the following items: <ul style="list-style-type: none"> APs with no or very little diversion data recorded (pending) Questionable exit destination Entered all HH members Service but no data (pending) 	monthly
	APs Refer Households That Cannot be Diverted to Emergency Shelter (ES)	Coordinated Entry (CE) Summary Report (RMinor Elevated) <ul style="list-style-type: none"> APs creating referrals to ES in HMIS 	monthly
	APs and Providers Correctly Use Unsheltered Provider	Unsheltered DQ Report <ul style="list-style-type: none"> CoC staff review the following items: <ul style="list-style-type: none"> Unsheltered HHs with no contact in 30 days are closed Unsheltered HHs only had residence prior of unsheltered location 	monthly
Common Assessment	Providers Complete VI-SPDATs on all HoH Unsheltered or in ES, Except Self-Resolvers	Current HH without VI-SPDAT (RMinor Elevated) <ul style="list-style-type: none"> HoHs in ES for 8+ days without VI-SPDAT 	monthly
	No HH Enter PH without Completed VI-SPDAT	Current HH without VI-SPDAT (RMinor Elevated) <ul style="list-style-type: none"> HoHs in PH who entered with no VI-SPDAT 	monthly
Prioritization	Prioritization Workgroup Meetings Occur	Reports by Regions, verified by CoC	Ongoing
	Prioritization Workgroup Meetings Used to Determine Prioritization for both RRH and PSH	Reports by Regions, verified by CoC	Ongoing
	HH with Most Severe Needs and Longest Homelessness are Prioritized for PH	Community Need, Entered PH (RMinor) <ul style="list-style-type: none"> Community Need by County <ul style="list-style-type: none"> Avg VI-SPDAT scores for HHs entering RRH and PSH is higher than avg VI-SPDAT scores for all HH in the homeless system 	monthly
Referrals	APs Refer Households That Cannot be Diverted to Emergency Shelter (ES)	Coordinated Entry (CE) Summary Report (RMinor Elevated) <ul style="list-style-type: none"> APs creating referrals to ES in HMIS 	monthly

CE Component	CE Activity or Requirement	Monitoring Data Source and Detail	Frequency of Monitoring
	ES and Outreach Providers Refer HH to PH Projects for Assistance	<i>Pending</i>	TBD
	Providers Appropriately Close Referrals	<i>Pending</i>	TBD

Coordinated Entry Evaluation

On an annual basis, the CE Evaluation Entity undertakes evaluation of the functioning of the CE process. Core questions of the evaluation include:

- Does the CoC’s implementation of CE efficiently and effectively assist persons to end their housing crisis?
- Are the housing and services interventions in the CoC more efficient and effective because of CE?

CE evaluation includes, at minimum, soliciting feedback from providers and people experiencing homelessness who have interacted with the system. Collected feedback is then used to inform any needed updates, changes, or enhancements to the CE System Standards and the Regional CE Plans.

Coordinated Entry and Special Populations

The Ohio BoSCoC has developed some specialized CE processes and guidance for homeless Veterans and for victims of violence. These specialized processes reflect the availability of unique resources and/or unique needs of particular homeless populations. For both Veterans and DV victims, the Ohio BoSCoC CE System Standards and Regional CE Plans reflect and align with the specialized processes the CoC has developed.

Coordinated Entry System Plan for Veterans

You can find the detailed CE System Plan for Veterans here: <https://cohhio.org/boscoc/special-initiatives/#veteran>

Coordinated Entry System Guidance for Victims of Violence

Access Points and Victims of Domestic Violence

When a person or household in housing crisis contacts an Access Point (AP) and discloses that they are fleeing DV those Access Point providers should offer referrals to victim service providers where available. However, if the person/household declines the referral or if there are no local victim service provider resources, local emergency shelters are required to serve households fleeing domestic violence.

VI-SPDAT and Victims of Domestic Violence

The VI-SPDAT is the common assessment tool for the Ohio BoSCoC. However, people/ households seeking assistance, including those fleeing domestic violence, may decline to complete the VI-SPDAT assessment if they are not comfortable doing so. Providers completing VI-SPDAT assessments should always inform the household that they are not required to complete the assessment in order to access services, but it is particularly critical that this is emphasized with households who are fleeing domestic violence. If a household fleeing domestic violence chooses to complete the VI-SPDAT, providers should shred physical copies of the VI-SPDAT once the assessment is completed and the score is recorded.

If a household opts out of completing the VI-SPDAT, it is imperative for victim service providers to identify and collect information about the following factors in order to be able to advocate for permanent housing (PH) assistance on their client's behalf:

- Significant challenges or functional impairments
- High utilization of crisis or emergency services
- The extent to which the individual/household has experienced or is currently experiencing unsheltered homelessness
- Vulnerability to victimization
- Other factor determined by the community that are based on the severity of needs

Victim service providers may decline to complete the VI-SPDAT on households served in their emergency shelter programs (other ES providers may not decline to do so). However, if a victim service provider is not completing any VI-SPDATs then it is their responsibility to participate in local Prioritization Workgroup meetings and share appropriate client-level data needed to make prioritization decisions in order to ensure their clients are able to access local permanent housing resources. See following section for more details.

Prioritization of Victims of Domestic Violence for RRH and PSH

In the Ohio BoSCoC, Homeless Planning Regions have one or more Prioritization Workgroups. These Prioritization Workgroups discuss severity of need and homeless history of currently homeless and eligible households in the community, and make decisions about which households need to be prioritized for available assistance. Victim service providers must participate in these Prioritization Workgroups if they wish their clients

to be considered for available PH resources. As part of those prioritization processes, victim service providers must share client-level data that is comparable to the data reported in the PSH and RRH Prioritization by County Report. Sharing relevant information helps ensure that victims of DV are able to access available housing resources via the standardized prioritization process, just like other households experiencing homelessness. Victim service providers may use the Victim Service Providers Prioritization Inclusion Form to help compile relevant client-level data needed for prioritization discussions

HMIS Data Entry for Victims of Domestic Violence

As a reminder, victim service providers, such as domestic violence shelters, utilize a database comparable to HMIS and no data from victim service providers, including referral data and assessment data, should be entered into HMIS. This prohibition includes all client level data, both non-identifying and personally identifying information.

Homeless services providers not dedicated to serving victims of DV or sexual assault, are still required to enter client-level data into HMIS. However, if serving a person fleeing DV who requests to have their data entered into HMIS anonymously or not at all, providers are permitted to continue to serve this person and to enter limited or no client-level data into HMIS. The Ohio BoSCoC Data Quality Standards (available at hmis.cohhio.org) allow for missing data related to serving survivors of domestic violence, where the missing data is in response to direct client request. To date, no project has been penalized for poor HMIS data quality relative to serving survivors. However, homeless services providers not dedicated to serving victims of DV or sexual assault are **NOT** permitted to have a blanket policy of not entering data into HMIS for anyone reporting DV. Every client is given the opportunity to consent to data collection and HMIS data entry.

Definitions

Chronic Homeless

1. An individual who:
 - a. Is currently homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND
 - b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven. AND
 - c. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph a of this definition before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph a of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

More detailed information about HUD's final rule on the definition of chronically homeless can be found at <https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>.

Common Assessment Tool

A comprehensive and standardized assessment tool used for the purposes of housing prioritization and placement within a CoC Coordinated Entry System. The Ohio BoSCoC has adopted the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as the Common Assessment Tool.

Continuum of Care

A Continuum of Care (CoC) is a geographically based group of representatives that carries out the planning responsibilities required by the U.S. Department of Housing and Urban Development's (HUD) CoC Program. These responsibilities include coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the CoC's geographic area.

The Ohio Balance of State Continuum of Care (BoSCoC) represents the 80 largely suburban and rural counties in Ohio. The Ohio BoSCoC is responsible for coordinating and implementing the homeless system for this 80-county geography. Within these 80 counties there are approximately 400 homeless programs including emergency shelters, transitional housing, rapid re-housing programs, and permanent supportive housing. On any given day these programs can serve over 5,500 persons experiencing homelessness.

Coordinated Entry

A process based within a geographically defined homeless system that helps homeless individuals and families access homeless assistance in a coordinated and standardized way that is also tailored to the individual's or household's needs and is primarily focused on moving people back into permanent housing.

Coordinated Entry Plan

A plan developed by a CoC, region, or community that outlines how the CE system will operate. CE plans are working documents that communities revise based on the effectiveness of CE processes. For the Ohio BoSCoC, each Homeless Planning Region has its own Regional CE Plan that complies with the Ohio BoSCoC CE System Standards.

Crisis Response System

An overall system that involves the coordination and reorientation of programs and services to a Housing First approach, and emphasizes rapid connection to permanent housing, while also mitigating the negative and traumatic effects of homelessness. Mostly commonly, we think of the crisis response system as including those resources and programs best designed to respond to immediate housing and homelessness needs. More information about an effective crisis response system can be found at <https://www.usich.gov/solutions/crisis-response>.

Disabling Condition

(1) a condition that: (i) is expected to be long-continuing or of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by the provision of more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or (2) a development disability, as defined above; or (3) the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV). 24 CFR 583.5.

Diversion

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the need for prioritization. The

main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter or crisis response system, and Rapid Re-Housing/Permanent Supportive Housing targets people who are already homeless.

HMIS

A Homeless Management Information System (HMIS) is a database used to record and store client-level data including the numbers, characteristics, and needs of persons using shelter, housing assistance, and supportive services within a geographically defined homeless system. Aggregate data from HMIS can be used to understand the size, characteristics, and needs of the homeless population at the client, project and community level. All state and federally funded Ohio BoSCoC homeless projects must use the Ohio BoSCoC Homeless Management Information System (HMIS) to maintain client and project-level data.

Family

Includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to: (i) A family with or without children (a child who is temporarily away from the home because of

placement in foster care is considered a member of the family); (ii) An elderly family; (iii) A near-elderly family; (iv) A disabled family; (v) A displaced family; and (vi) The remaining member of a tenant family. 24 CFR 5.403.

Homeless

The Homeless definition is comprised of four categories:

1. Literally homeless individuals/families
 - a. Literal homeless is further defined as homeless individuals/families who lack a fixed, regular, and adequate nighttime residence, meaning:
 - i. Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation, such a place not meant for human habitation
 - ii. Living in emergency shelter or transitional housing designated to provide temporary living arrangements (including hotel/motel stays paid for by charitable or government programs)
 - iii. Exiting an institution where the individual resided for less than 90 days and where the individual entered the institution immediately from emergency shelter (including hotel/motel stays paid for by charitable or government programs) or an unsheltered location
2. Individuals/families who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence AND no resources or support networks
3. Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute and three additional criteria¹
4. Individuals/families fleeing or attempting to flee domestic violence with no subsequent residence AND no resources or support networks

Homeless Project Types

Homeless Project Types include: Homelessness Prevention (HP), Emergency Shelter (ES), Transitional Housing (TH), Rapid Rehousing (RRH), Safe Haven (SH), and Permanent Supportive Housing (PSH). All project types in the Ohio BoSCoC must participate in their Homeless Planning Region's Coordinated Entry system. For more information about each project type and eligibility, see the BoSCoC Homeless Program Standards.

Households

Any person, or group of persons who present together is considered a household regardless of the number of persons.

Ohio BoSCoC Homeless Planning Regions

The 80 counties in the Ohio BoSCoC are divided into 17 Homeless Planning Regions (HPRs). Homeless program representatives in these Homeless Planning regions plan and coordinate local and regional homeless systems and programs, and are responsible for working with Ohio Development Services Agency (ODSA) and the Coalition on Homelessness and Housing in Ohio (COHHIO) to ensure all HUD homeless program requirements are met. The Homeless Planning Regions report to COHHIO and ODSA, not to HUD.

¹ Ohio BoSCoC homeless projects are not permitted to serve anyone defined as homeless under category three of the federal definition.

Permanent Supportive Housing (PSH)

Community-based housing without a designated length of stay. Permanent supportive housing means long term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. 24 CFR 578.3.

Rapid Re-Housing (RRH)

An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid Re-Housing (RRH) assistance, is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of an RRH program are housing identification and relocation, short-and/or medium-term rental assistance and move-in (financial) assistance, and case management and housing stabilization services. This assistance is subject to the definitions and requirements set forth in 24CFR§576.2 Homeless” paragraph (1) and paragraph (4) who are residing in a place set forth in (1), 24CFR§576.105, 24CFR§576.106 and 24CFR§576.400. (24CFR§576.104 & Core Components of Rapid Re-Housing, National Alliance to End Homelessness).

Transitional Housing (TH)

Housing to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months. 24 CFR 578.3.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool)

The VI-SPDAT is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available. The VI-SPDAT is the common assessment tool for the Ohio BoSCoC and is primarily used to help understand the severity of needs of those experiencing homelessness in order to help identify who needs to be prioritized for assist.

Ohio BoSCoC Coordinated Entry Operational Manual Changelog

- Document adopted December 2019
- Revised June 2020

o Page 29: Changes to Coordinated Entry Prioritization to Support & Respond to Covid-19

“In response to the COVID-19 outbreak, the Ohio BoSCoC has made temporary changes to the prioritization process. The goal of these updates is to address evolving needs and to respond to this crisis, while ensuring the safety of staff and the households they serve.”