Coordinated Entry Operational Manual

Ohio Balance of State Continuum of Care

Updated May 2025

BACKGROUND AND INTRODUCTION 3

PURPOSE 4

OHIO BOSCOC GOVERNANCE 5

MANAGEMENT AND OVERSIGHT OF THE COORDINATED ENTRY SYSTEM 7

OHIO BOSCOC COORDINATED ENTRY SYSTEM STANDARDS 9

GENERAL REQUIREMENTS 9

CE COMPONENT - ACCESS 10

CE COMPONENT - ASSESSMENT 17

CE COMPONENT - PRIORITIZATION 18

CE COMPONENT - REFERRALS 21

MONITORING AND EVALUATION 22

DIVERSION: DETAILED PROCEDURES 24

REFERRALS: DETAILED PROCEDURES 25

COMMON ASSESSMENT TOOL: DETAILED PROCEDURES 27

PRIORITIZATION: DETAILED PROCEDURES 28

COORDINATED ENTRY MONITORING AND EVALUATION: DETAILED PROCEDURES 30

COORDINATED ENTRY SPECIAL POPULATIONS 32

DEFINITIONS 35

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.

The U.S. Department of Housing and Urban Development (HUD) requires all CoCs across the United States to design and implement a Coordinated Entry system.

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 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 Plans and the CE Systems Standards, and that CoC staff approves updated CE plans.

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, the Coordinated Entry system 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: people in housing crisis are able to easily identify where to seek assistance and how to request assistance. This includes using accessible formats in CE Access Point marketing, outreach, and advertising.
- Sustainable: resources required to operate the CE system are identified and available now and for the foreseeable future.
- Flexible: limited customization of CE processes is 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.
- Committed to advancing race equity: CE system strives to ensure that system outcomes do not contribute to or exacerbate existing racial disparities within the homeless response system.

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 coordinate local and regional homeless systems and programs, and are responsible for working with the Ohio Department of Development (ODOD) and COHHIO to ensure the CoC meets all HUD homeless program requirements. The Homeless Planning Regions report to COHHIO and ODOD, 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 of Development (ODOD) 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. ODOD 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.

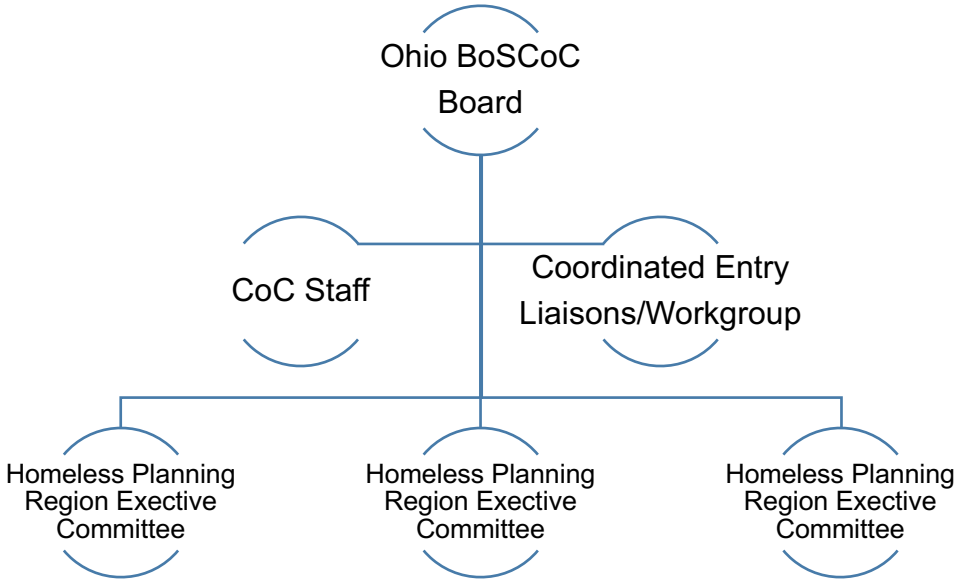
Generally, there is one CE Liaison per Ohio BoSCoC Homeless Planning Region. CE Liaisons are designated by the Homeless Planning Region Executive Committee. CE Liaisons have the

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 are appropriately implemented. CoC staff, in conjunction with the Ohio BoSCoC Coordinated Entry Core Team and 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

To help implement a consistent and standardized Coordinated Entry (CE) system across the Ohio BoSCoC's 80-county geography, the CoC has taken the approach to CE system/process documentation that involves establishing CoC-wide CE System Standards that apply to all parts of the CoC. All Homeless Planning Regions in the CoC then draft Regional CE Plans to detail exactly how each region implements the standards. These Regional CE Plans address all required CE components and incorporate all requirements of the CE System Standards (below). Regional CE Plans differ, however, in the identification of Access Points and identification of local resources and providers.

Coordinated Entry systems are comprised of and must address the following core components:

- Access
- Assessment
- Prioritization
- Referrals

The CE System Standards have been organized around these four components.

General Requirements

All homeless services providers in the Ohio BoSCoC are required to comply with these Ohio BoSCoC Coordinated Entry System Standards.

Coordinated Entry Training Requirements

All homeless services providers must ensure program staff have completed required Coordinated Entry Training.

Standard No. 1A - General Training Requirements: General Coordinated Entry Training requirements apply to those staff who do not work directly with the CE process, but need to have general knowledge of the CE System. Required training includes:

- Understanding Homelessness 101 e-learning course
- CE Fundamentals e-learning course

Standard No. 1B - Training Requirements for Coordinated Entry Access Point Staff

(see following section as well)

- Understanding Homelessness 101 e-learning course
- CE Fundamentals e-learning course
- Diversion e-learning course/training with CoC staff
- Administering the HARP Tool e-learning course

Standard No. 1C - Training Requirements for Staff Completing Common Assessment Tools

- Understanding Homelessness 101 e-learning course
- CE Fundamentals e-learning course
- Administering the HARP Tool e-learning course

Standard No. 1D - Training Requirements for Staff Engaging in Permanent Housing Prioritization Workgroups and Decision-making

- Understanding Homelessness 101 e-learning course
- CE Fundamentals e-learning course
- Administering the HARP Tool e-learning course
- Prioritization Workgroup Training (*once available)*

CE Component - Access

Clear understanding about points of entry into a homeless response system helps ensure that persons or households experiencing homelessness, or at-risk of homelessness, are most quickly and effectively assisted.

The Ohio BoSCoC's CE system has identified multiple CE APs spread across the CoC's geography.

Standards for Access Points

Standard No. 2A – Ohio BoSCoC Access Points

The Ohio BoSCoC has multiple Coordinated Entry Access Points (CE APs) across the 80-county geography of the CoC. Every county in the CoC must be covered by the service area of a CE AP.

The Ohio BoSCoC uses the terms Access Points, CE APs, or APs to refer to designation Access Points in the CE System. In this document, the CoC uses the term CE APs.

Standard No. 2B – Identification of Access Points

CE plans identify all local CE APs into the homeless system and how those APs are accessed. CE APs are identified in Regional CE Plans and in the required MOAs.

Standard No. 2C – Street Outreach Projects as CE Access Points

All HMIS-participating Street Outreach (SO) projects in the BoSCoC are identified as CE APs. This means they are included in the CE AP MOA (details below), identified as a CE AP in the Regional CE AP, and that in HMIS the SO project is set up so that it collects the same data elements that CE AP projects do. People experiencing homelessness who are identified by and enrolled in an SO project (including enrollment in HMIS) do NOT need to also be enrolled in the local, dedicated CE AP project.

Standard No. 2D – Minimum Requirements for CE Access Points

All CE APs must meet the following minimum requirements. If a CE AP cannot meet these requirements, they most likely cannot become or cannot remain a CE AP.

- CE AP must be easily accessible both for those needing to call and those needing to visit in-person. Victim service providers (VSPs) may be accessible by phone only.
- CE APs must generally be available, at minimum, for 7 hours each weekday. Agencies wanting to operate with more limited availability must first be approved by the CoC.
- CE APs must have sufficient staff capacity to respond in real-time to requests for assistance. This means phone calls are answered and walk-ins are immediately assisted, or the CE AP must be able to follow-up on a phone call or walk-in seeking assistance within two business days.
- Follow-up could include returning a phone call, sending a text message, or sending an email
- One attempt at follow-up contact is sufficient unless, based on CE AP discretion, the household seeking assistance has disclosed information that causes provider concern about household safety (eg, someone is experiencing unsheltered homelessness or attempting to flee violence)
- When CE APs receive requests for assistance from households located outside of their primary CE AP service area, CE APs may offer to connect the household to the CE AP closest to them. However, if the closest CE AP is not open when the household is seeking assistance, then the CE AP currently engaged with the household should continue through diversion screening and provide appropriate assistance as needed
- Where CE APs also operate shelter or housing programs, those CE APs must comply with the CE AP requirements outlined here regardless of their capacity to enroll new households in their housing/shelter programs. More specifically, this means that CE APs must complete diversion screening, enroll households in the CE AP project in HMIS where appropriate, and assist to connect households to other available shelter/crisis response resources

Standard No. 2E – Access Points MOA

CE APs enter into an MOA with each other and the CoC that outlines agreements and understandings related to CE AP responsibilities. The CE AP MOA is updated as needed when there are changes to CE APs.

Standard No. 2F – Access Points Training Requirements

CE AP staff, meaning those staff employed by a CE AP agency who will be responsible for responding to requests for assistance from those in housing crisis, are required to complete the following training before working as CE AP staff:

- Understanding Homelessness 101 e-learning course
- CE Fundamentals e-learning course
- Diversion e-learning course/training with CoC staff
- Administering the HARP Tool e-learning course
- Live, instructor-led training with CE staff

E-learning courses can be accessed via COHHIO's website.

Standard No. 2G – HMIS Data Entry

CE APs collect and enter household data into HMIS, in compliance with the appropriate HMIS workflows. DV shelters are exempt and should enter data into their comparable database.

If a client enrolled in a CE AP relocates to a new community and engages with a different CE AP, they should be exited from the CE AP in the original community if they do not intend to return. Avoiding duplicate CE AP enrollments, where possible, helps ensure the Prioritization Report is more accurate.

In situations where a household in crisis contacts multiple CE APs for assistance, CE AP staff may need to communicate with one another to assist the household and to determine which CE AP enrollment is most appropriate. Contact information for other CE APs can be found in R Minor (Ohio Balance of State CoC Coordinated Entry Access Points) or by visiting the COHHIO website at www.cohhio.org and navigating to the Access Point/Resource Map.

Standards for Outreach, Advertising, and Marketing

In order to identify and 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 CE APs 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.

Regional 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.

Standard No. 3A – CE AP Advertising Materials Components

All Homeless Planning Regions have advertising materials that identify the local CE APs 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 are available in multiple formats such as via paper pamphlets, posted on organization websites, etc.
- Materials clearly identify how to access assistance including, at minimum:
- phone number
- address (except for victim service provider agencies)
- hours of operation

Standard No. 3B – Maintaining CE AP Advertising Materials

Regional CE Plans designate an agency responsible for ensuring CE AP advertising materials are up-to-date and regularly distributed to key partners and locations in local communities.

Standard No. 3C – CE AP Advertising Strategies

Regional CE Plans describe how advertising materials are distributed to local providers and stakeholders, to ensure their clients and constituencies know how to seek assistance if needed. These local providers and stakeholders include those who most frequently encounter homeless households, particularly households with the highest barriers and those not currently connected with services. Additionally, any local communities with poverty rates or higher proportions of Black, Brown, Indigenous, and other persons of color should be specifically targeted for distribution of CE AP advertising materials. Please note, the advertising distribution strategy will vary community by community.

Examples of local providers and stakeholders to provide advertising materials to include:

- Law enforcement
- Soup kitchens and food pantries
- Faith-based organizations and churches, including informal street outreach projects
- Libraries
- Behavioral healthcare providers
- McKinney Vento liaisons within local schools
- Other nonprofit organizations working with marginalized or vulnerable communities
- 211 programs, where available

Standard No. 3D – Outreach Strategies

Regional CE Plans identify the designated provider staff who engage in regular and frequent outreach to the region/community's geographic area for purposes of identifying and offering assistance to households experiencing unsheltered homelessness. To ensure outreach projects and outreach efforts are known to the community, Regional CE Plans identify the following:

- The providers and staff positions responsible for engaging in outreach to persons experiencing unsheltered homelessness
- This includes identifying dedicated SO projects as well as projects that engage in outreach activities
- The times/days that staff engage in outreach
- The geographic areas covered by designated staff
- 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 individuals within the same geography, those providers must coordinate and enter into a Memorandum of Agreement (MOA) to help minimize duplication of effort and to ensure broader geographic coverage.

Standards for the Community Resources List

The Community Resources List includes information about local non-homeless dedicated resources available in a Homeless Planning Region. Such resources may include local food/clothing pantries, healthcare providers, employment/job training services, legal services, and other crisis response resources (such as churches and other agencies who may pay for hotel/motel stays when shelters are full).

Standard No. 4A – Community Resources List Components

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 populations or eligibility criteria

Standard No. 4B – Maintaining the Community Resources List

Regional CE Plans identify how the Community Resource List is updated and maintained. This includes identifying the agency responsible for reviewing/updating the Community Resource List annually.

Standard No. 4C – Using the Community Resources List

Either the region agrees that providers will share the list with people seeking assistance, or the region agrees to retain the Community Resource list as a provider-only resource and shares relevant resource information with those seeking assistance as needed. Regional CE Plans delineate how the Community Resources is to be used.

Standards for Diversion

When households 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.

Diversion is defined as a practice that uses mainstream resources and mediation techniques to assist households in housing crisis to return to housing or identify alternative, safe housing outside the homeless response system.

Standard No. 5A – CE AP Requirements for Diversion

All CE APs engage in diversion screening during their full hours of operation.

- All CE APs, except for victim service providers, are available to conduct diversion screening either in person or by phone

- If the applicant contacted the CE AP after hours or while CE staff were occupied with another household, CE AP staff must attempt follow-up contact within two business days
- CE APs follow the appropriate process and workflows to determine when its appropriate to collect household data for reporting into the CE AP project in HMIS and when/how to document successful or unsuccessful diversion

Standard No. 5B – Diversion Screening Tool

Ohio BoSCoC CE APs use the Ohio BoSCoC Diversion Screening Tool to determine if the applicant can be/remain housed or if they must enter the homeless system.

Standard No. 5C – Diversion Availability

CE APs are able to 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. 5D – Confidentiality of Diversion Screening Tools

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.

Standard No. 5E – Diversion Data and HMIS

CE APs record diversion data in HMIS in accordance with the appropriate workflow, which can be found here: https://cohhio.org/boscoc/hmis/. CE AP household enrollment data only needs to be collected and entered into the CE AP in HMIS in the following situations:

- Household reports residing in an unsheltered location or non-HMIS participating emergency shelter (in limited cases)
- Household is currently housed but will become literally homeless within 7 days (could include those exiting institutional care such as hospitals, jails, prisons)
    - Risk of homelessness should be assessed by CE AP staff using the Diversion Screening Tool

Standard No. 5F – Assisting Households Not Eligible for Diversion

CE APs engage in 'light touch' assistance, as needed, with households who can remain in housing longer than seven days. Light touch assistance involves the provision of limited and brief assistance to help address a housing crisis that includes, but is not limited to, brief problem-solving conversations and referrals to local community resources, faith-based groups, or other programs outside of the homeless system.

The provision of light touch assistance is not documented in HMIS.

Standards for Entry into Emergency Shelters/Crisis Response System

After completion of diversion screening, if the CE AP has determined that they are unable to divert the household in housing crisis, entry into 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 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.

Standard No. 6A – Assisting Households to Enter Emergency Shelter

The CE APs connect households experiencing homelessness or in housing crisis to emergency shelters when the household cannot be successfully diverted. The steps to connect a household to emergency shelter include the following:

- AP calls or emails the emergency shelter provider directly to inform them of the needed assistance 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 CE APs are available outside of the hours where an emergency shelter can accept a new client, the CE plans outline how households will be assisted with shelter
- The referral process to connect a household from the CE AP to the local emergency shelter is documented in HMIS, per the written workflows.

Standard No. 6B – Managing Limited Shelter Capacity and Bed Availability

Regional CE Plans outline the process for assisting homeless 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. 6C – HMIS Data Entry

CE APs and emergency shelters collect and enter household data into HMIS, in compliance with the appropriate HMIS workflows. DV shelters are exempt and should enter data into their comparable database.

Standard No. 6D – Compliance with Homeless Program Standards

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.

CE Component - Assessment

After an individual or household has entered the homeless response system via the CE process, completion of an assessment helps determine the level of need of the persons experiencing homelessness and helps inform prioritization decisions to connect them to the most appropriate housing or service intervention to end homelessness quickly.

Standard No. 7A – CoC's Common Assessment Tool

The Ohio BoSCoC has adopted the Housing Assessment Resource Prioritization (HARP) Tool as the CoC's common assessment tool. All providers responsible for completing assessments with homeless individuals/households must only use the HARP Tool. Throughout this document, the HARP Tool may also be referred to as the "common assessment tool."

Standard No. 7B – Training Requirements to Administer the Common Assessment Tool

Homeless service provider staff who are responsible for completing the common assessment tool with clients/households must complete all required training as outlined in **Standard No. 1A-D** of this manual.

Standard No. 7C – Completing the Common Assessment Tool, First Experience of Homelessness

For households experiencing their first episode of homelessness, emergency shelter/crisis response providers complete the common assessment tool no sooner than 5 days after shelter entry, but no later than 8 days after entry. In cases where households report to staff that they have and are working on a housing plan of their own, staff may wait to complete the assessment in order to allow the household time to resolve their own homelessness.

Results of the common assessment tool (i.e., the assessment score) are recorded in HMIS, following relevant HMIS workflows.

Standard No. 7D – Completing the Common Assessment Tool Immediately

Emergency shelter/crisis response providers complete the common assessment tool immediately in the following cases:

- If a resident seems to need assistance to exit shelter ASAP for their well-being (e.g. exhibiting severe mental health needs/issues)
- The household has experienced at least one previous episode of literal homelessness

Results of the common assessment tool (i.e., the assessment score) are recorded in HMIS, following relevant HMIS workflows.

Standard No. 7E – Completing the Common Assessment Tool with Veterans

Emergency shelter/crisis response providers may not need to complete the common assessment tool with Veterans who have entered their programs. Homeless Veterans should be offered an immediate referral to the local SSVF provider. However, if the Veteran declines SSVF assistance or is determined to be ineligible for VA assistance and is remaining in the emergency shelter project, the shelter provider should complete the common assessment tool as soon as possible.

Standard No. 7F – Completing the Common Assessment Tool with Unsheltered Households

Street Outreach providers or CE APs (see standard below) immediately complete the common assessment tool with households identified as experiencing unsheltered homelessness.

Standard No. 7G – CE APs Completing Common Assessment Tools

CE APs may complete the common assessment tool with households seeking assistance only if the household reports they are currently experiencing unsheltered homelessness and are unable or unwilling to enter into an emergency shelter.

When a CE AP is completing the common assessment tool, they may do so over the phone or in person.

Standard No. 7H – Partnerships for Common Assessment Tool Completion

In cases where a partner agency is charged with completing the common assessment tool with shelter residents, an MOU between the emergency shelter and partner agency must be executed.

Standard No. 7I – Common Assessment Tool HMIS Data Entry

Completed common assessment tools must be entered into HMIS per the relevant workflow. Upon entering the data into HMIS, the emergency shelter/crisis response provider, street outreach provider, or CE AP (if person is unsheltered) must add the household to the *TH, RRH, PSH Community Queue.* Adding households to the Community Queue ensures that compliance with our CE process and HUD requirements is appropriately documented in our CE Annual Performance Report (APR) to HUD. See the HMIS section later in this document for additional details and links.

CE Component - Prioritization

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.**

Standard No. 8A – Establishing and Maintaining Prioritization Workgroups

Ohio BoSCoC Homeless Regions establish and maintain one or more Prioritization Workgroups. Regional CE Plans identify the following, as it pertains to the Prioritization Workgroups:

- Workgroup membership
- All local PSH providers, RRH providers, street outreach providers (such as PATH), and local shelter providers are members, at minimum
- Prioritization Workgroups meet at least monthly, virtually or in-person

Standard No. 8B – Maintaining Client Confidentiality in Prioritization Workgroups

To ensure no client-level information is inappropriately shared in Prioritization Workgroups, all workgroup members must have been given consent to discuss clients and prioritization for PH resources, as evidenced by client releases of information (ROIs).

No representatives from non-homeless providers are permitted to participate in Prioritization Workgroup meetings except where those providers have specific housing resources that are being made available to those experiencing homelessness and the appropriate ROIs are in place.

Prioritization Workgroup meeting notes reference clients by HMIS ID or other unique identifier, never by name or other personally-identifying information.

Standard No. 8C – Prioritization Processes for Prioritization Workgroups

Prioritization Workgroups include the following in their prioritization decision-making, at minimum:

- Identify PSH and RRH openings
- Using the *Prioritization Report* available in Rme, Identify households with most severe service needs and longest homeless histories to prioritize for assistance, following Homeless Program Standards
- 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 *Prioritization Report*.

Standard No. 8D – Prioritization Data Sources

Prioritization Workgroups use the *Prioritization Report* in R minor elevated (Rme) 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. 8E – Prioritization Compliance with the Homeless Program Standards

Prioritization Workgroups follow 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. 8F – Prioritization Next Steps

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.

It is best practice to document in Prioritization Workgroup meeting notes which agencies and staff positions are responsible for working with prioritized households to prepare necessary documentation for enrollment.

Standard No. 8G – Prioritization Decision Documentation

Prioritization Workgroups take and retain meeting notes that include identifying – using client HMIS ID – which clients are being prioritized for which available PH resources. Prioritization decisions and the rationale for decisions are also included in client files.

In cases where a non-chronically homeless household has been prioritized for PSH, meeting notes should detail the collective efforts to identify a chronically homeless household and describe why the particular non-chronically homeless household was prioritized. Remember, non-chronic homeless households can only be enrolled in PSH projects if no chronically homeless households can be found within the PSH project's service area.

Standard No. 8H – Household Declines of Assistance

Homeless households are given the choice to accept or decline offered housing assistance, based on the local prioritization decisions, and at least one alternative is provided when the first offer is declined.

Standard No. 8I – Provider Acceptance of Prioritization Decisions

Ohio BoSCoC TH, RRH, and PSH providers do not decline to enroll prioritized households because of perceived housing barriers or service needs that are too great.

If a more intensive or longer duration housing resource, such as PSH, seems more appropriate for the prioritized household, the Prioritization Workgroup may explore availability of that option. However, if that resource is not available, alternatives, including RRH, must be identified.

Standard No. 8J – Provider-Declined Prioritization Decisions

PSH and RRH providers, on occasion, may decline to serve households prioritized for their projects by Prioritization Workgroups. Declining to serve a prioritized household may only be done if the household is not eligible for the project or if the project is not currently enrolling new clients. Past issues related to service provision may be considered when determining who to prioritize for available assistance, but should generally not be a reason to decline to provide assistance to a household in need.

When a PH provider is declining to assist a prioritized household, the provider must communicate that decline in the Prioritization meeting in which prioritization decisions were made. If the PH Prioritization Workgroup agrees with the provider decline, the group may then move on to prioritize another household for assistance.

Standard No. 8K – Contingency 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.

CE Component - Referrals

In the Ohio BoSCoC CE System, referrals occur between providers to connect households experiencing homelessness to shelter and to Permanent Housing (PH) resources. The referral process in the BoSCoC involves contacting a provider to inform them of a household in need of, or prioritized for, their assistance, and documenting in HMIS via a multi-step process to the connection of a household to another resource. Referrals to PH programs only occur after Prioritization Workgroups have made prioritization decisions

Standard No. 9A – Documenting the Referral Process from CE AP to Emergency Shelter

After screening a household in housing crisis for possible diversion, CE 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 documenting the referral process in HMIS following the appropriate workflow.

Standard No. 9B – Documenting the Referral Process from CE AP/Emergency Shelter to PH Program

CE AP and/or emergency shelter providers document in HMIS the referral process to connect households experiencing homelessness to local PH programs, following the appropriate workflow.

Monitoring and Evaluation

Monitoring and evaluation of the Ohio BoSCoC CE system is critical to ensuring that the system is implemented as designed and to ensuring the system is meeting the needs of those experiencing homelessness.

Standard No. 10A – Client Grievances

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). If providers need to elevate a client grievance to the CoC, they can email details about the grievance along with the client's HMIS ID to ohioboscoc@cohhio.org.

Regional CE Plans must designate which providers are responsible for receiving and responding to client grievances about the CE system and their process for doing so.

Standard No. 10B – Annual Evaluation

On an annual basis, the Ohio BoSCoC CE Evaluation Entity will solicit feedback from projects/agencies participating in CE and from households who engaged with CE for assistance during the same time period. Feedback will be collected to address the quality and effectiveness of the entire CE experience. The Ohio BoSCoC CE Evaluation Entity will work with local homeless service providers to identify households who have engaged with CE to provide feedback, with an emphasis on collecting feedback from households who accessed housing as well as those who didn't, and on ensuring respondents are representative of those served by the system in terms of race, ethnicity, and other characteristics.

Feedback methodologies may include, but are not limited to:

- Surveys
- Focus Groups
- Interviews

Standard No 10C – CE System Implementation Monitoring

On a monthly basis, the CoC team will review HMIS data, Prioritization Workgroup meetings and/or meeting notes, and other available data to monitor for compliant CE system implementation. When compliance issues arise, CoC staff will communicate with providers and CE Liaisons to determine how to best address the issues.

Providers who are unwilling or unable to satisfactorily address CE system implementation issues risk losing access to federal or state funding.

Standard No. 10D – Updating the CE System and Documents

On an annual basis, after receipt of feedback from projects and households engaging with CE, as noted above, CoC staff will identify any needed revisions to the CE System Standards and/or CE Operational Manual, as indicated in the feedback. Recommended revisions will be reviewed by the CE Core Team, YAB/LEAB groups, and approved by the Ohio BoSCoC Board as needed.

Coordinated Entry Access Points: Detailed Procedures

As noted in the CE Standard, agencies serving as a Coordinated Entry (CE) Access Point (AP) for their local region/community must be identified in the Regional CE Plan, must be identified to CoC staff (COHHIO), and must have entered into the required MOA.

1. Process to Make Changes to CE APs

If a Region needs to make changes to its CE APs, 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 required training 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.

2. 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 meet CE AP responsibilities and provide timely responses to those seeking assistance
  - Ensure staff have completed required training
  - 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: Detailed Procedures

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 complete required training and follow the CE process for engaging in and documenting diversion.

Referrals: Detailed Procedures

The Ohio BoSCoC CE system connects 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. Referring clients to the Community Queues in HMIS is primarily done to document that a homeless household appropriately moved through the CE system.

1. 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 referring the household to the Emergency Shelter Queue. The CE AP then re-assigns the household to the appropriate emergency shelter/crisis response provider, who enrolls the household into their project (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 refer the household to the Emergency Shelter Queue in HMIS. Using the Community Queues in HMIS is primarily done to document actual movement through the CE system and process.

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

After completing the common assessment tool on a homeless household, emergency shelter/crisis response providers, including street outreach providers, should determine if RRH, TH or PSH assistance 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, assistance with RRH or PSH may not be needed, thus preserving the resource for a needier household. You may also be able to skip the common assessment tool, 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, TH, or PSH if resources are available?
3. Is the household eligible for RRH, TH or PSH?

If emergency shelter/crisis response providers can answer yes to all questions posed above, then a referral to the BoSCoC Permanent and Transitional Housing Queue may be necessary.

3. Referrals from Crisis Response Providers to Permanent Housing

In general, there are several 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 RRH, TH, or PSH assistance is needed, appropriate, and acceptable to the homeless household
2. Emergency shelter/crisis response providers refer the household to the BoSCoC Permanent and Transitional Housing Community Queue in HMIS (referral is made from the assessment tool score in HMIS)
3. Prioritization Workgroup meets and makes decisions about which currently homeless households need to be prioritized for available RRH and PSH resources, using the *Prioritization 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 continues working with the homeless household to help get needed intake documents together.
5. The receiving PH agency re-assigns the household being prioritized for assistance to the appropriate project in HMIS, moves forward on the intake process and enrolls the client in their project. Doing so also automatically removes the household from the Community Queues in HMIS.

4. Documenting Referrals in HMIS: Guidance and Workflow

In general, referrals to a Community Queues are required in HMIS to document movement through CE for every client entering any project with the exceptions of clients entering the Homelessness Prevention projects, Street Outreach projects, and non-HMIS participating projects.

You can find detailed referrals workflows for HMIS at https://cohhio.org/boscoc/hmis/

Common Assessment Tool: Detailed Procedures

The Ohio BoSCoC uses the Housing Assessment and Resource Prioritization (HARP) Tool as the CoC's common assessment tool. It 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 tool for individuals age 25 and above, households with children, individual youth up to age 24 years old, and parenting youth up to age 24 years old.

1. Common Assessment Tool Training Requirements for Staff

Staff who are responsible for completing common assessment tools with clients and/or entering data into HMIS must first complete the required training. Training involves reading the Instructional Guide and completing the HARP Tool e-learning course and passing the related quiz. You can find the HARP Tool Instructional Guide and link to the e-learning course at https://cohhio.org/boscoc/coordinated-entry/

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

2. Completing Common Assessment Tools with Clients

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

Prioritization: Detailed Procedures

Prioritization for Permanent Housing Resources

As stated in the Ohio BoSCoC Program Standards (available at: https://cohhio.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:

1. 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. Details about how those meetings should operate and how decisions should be made can be found in the CE System Standards.

2. Considering Households in Non-HMIS Participating Providers for Prioritization

When non-HMIS participating emergency shelters, including DV shelters, are located in a 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 common assessment tool 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 should insure all appropriate and relevant client-level info is available for prioritization discussions.

3. PSH Order of Priority

Prioritization Workgroups follow 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.

4. 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:

1. 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
2. If non chronically homeless households were prioritized for PSH, meeting notes must denote that no chronically homeless households were identified in the service area, the due diligence providers took to attempt to find a chronically homeless household, and why the non-chronically homeless household was prioritized
3. Remember, all PSH projects must first prioritize those who meet the chronically homeless definition. They can only serve non-chronically homeless households if no chronically homeless household can be found
4. Details of any disagreements related to prioritization decisions, and how disagreements were resolved
5. Details of any discussions around prioritization that relied on information beyond HMIS documented homeless history and common assessment tool scores
6. Identification of next steps and staff responsible
7. Notes may be emailed to all group members as long as no PII is included
8. Documenting prioritization decisions in client files
9. 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/.

Coordinated Entry Monitoring and Evaluation: Detailed Procedures

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.

1. 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 those homeless service providers or regions who 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 may review the following data to identify CE implementation issues.

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 • 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 Appropriately Record Data in HMIS	Diversion Data Quality (DQ) Report
		• CoC Staff review the following items:
		  ○ *APs with no or very little diversion data recorded (pending)*
		  ○ Questionable exit destination
			monthly

	APs Refer Households That Cannot be Diverted to Emergency Shelter (ES)	*Pending*	monthly
Common Assessment	Providers Complete the Common Assessment Tool on all HoH Unsheltered or in ES, Except Self-Resolvers	Current HH without HARP Tool Score (Rme) • HoHs in ES for 8+ days without assessment score	monthly
	No HHs Enter PH without Completed Common Assessment Tool	• Current HH without HARP Tool Score (Rme) • HoHs in PH who entered with no assessment score	monthly
Prioritization	Prioritization Workgroup Meetings Occur	Reports by Regions or providers, 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) • Community Need by County Avg assessment scores for HHs entering RRH and PSH is higher than avg assessment scores for all HH in the homeless system *(pending)*	monthly
	APs Refer Households That Cannot be Diverted to Emergency Shelter (ES)	*Pending*	monthly
Referrals	ES and Outreach Providers Refer HH to PH Projects for Assistance, after PH Prioritization Meetings	*Pending*	TBD
	Providers Appropriately Close Referrals	*Pending*	TBD

Coordinated Entry Special Populations

Veterans Experiencing Homelessness

To address the needs of homeless Veterans in the Ohio BoSCoC, CoC staff worked with VA funded providers to expand the availability of Supportive Services for Veteran Families (SSVF) across the entire CoC. SSVF can provide financial assistance and supportive services to low-income Veterans and their families who are literally homeless or at-risk of homelessness. Because of the extensive funding provided to SSVF grantees by the VA, generally Ohio BoSCoC SSVF providers are able to provide assistance to every eligible homeless Veteran who wants the assistance.

CE Access Points for Veterans

All SSVF providers are CE Access Points within the Ohio BoSCoC CE system. Veterans at risk of homelessness can also contact non-SSVF BoSCoC CE Access Points where they are first screened for possible diversion, and then may be further screened for SSVF homelessness prevention assistance, if needed. Veterans who are not eligible for SSVF assistance are immediately referred by SSVF to the local HCRP-HP provider for assistance.

If a non-SSVF CE AP is contacted by a Vet in crisis, they may offer a referral to the local SSVF provider AP. However, if the Veteran declines that referral, the non-SSVF AP must complete diversion screening and provide any further referrals as needed.

Prioritization of Veterans for Permanent Housing

Ohio BoSCoC homeless assistance providers immediately, meaning within 2 business days, refer literally homeless Veteran to their local SSVF provider for assistance obtaining permanent housing. SSVF grantees will determine if the Veteran is eligible and if the Veteran desires to accept an offer of assistance.

1. If not eligible, SSVF providers contact the referring agency to inform them, so that alternative shelter plans may be identified.
2. If Veteran is not eligible for SSVF or declines SSVF assistance, the homeless assistance project in which the Veteran is currently residing should strive to complete the assessment tool with the Veteran, according to the Homeless Planning Region's Coordinated Entry (CE) Plan.

Homeless providers should then strive to prioritize the Veteran for local housing assistance they are eligible for, according to local processes.

Victims of Domestic Violence, Sexual Assault, Human Trafficking

Access Points and Victims of Violence

When a person or household in housing crisis contacts an Access Point (AP) and discloses that they are fleeing DV, the AP should offer referrals to local 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.

When screening a survivor of violence for possible diversion, APs should ensure they are conducting the conversation in a manner that protects the privacy of the person in crisis. This means that phone interviews must be conducted in a private office with no other clients or visitors present. If doing diversion screening in-person, the interview must be conducted in a private office with no other persons present.

Common Assessment Tool and Victims of Domestic Violence

The HARP Tool is the common assessment tool for the Ohio BoSCoC. However, people/ households seeking assistance, including those fleeing domestic violence, may decline to complete the assessment if they are not comfortable doing so. Providers completing HARP Tool 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 common assessment tool, providers should shred physical copies once the assessment is completed and the score is recorded.

Victim service providers may decline to complete the common assessment tool on all households served in their DV emergency shelter programs. However, if a victim service provider is not completing the assessment tool, then it is their responsibility to participate in local RRH and/or PSH 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

PH Prioritization workgroups must include victim service providers in their prioritization process. In turn, victim service providers must be able to share client-level data that is comparable to the data reported in the Prioritization Report. Victim service providers can utilize the Victim Services Inclusion Form to help aid in prioritization workgroup 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 do not enter data into the Ohio BoSCoC HMIS.

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 Housing Assessment and Resource Prioritization (HARP) Tool 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.

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

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.

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.

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.

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 criteria[1]
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), Street Outreach (SO), Emergency Shelter (ES), Transitional Housing (TH), Joint Transitional Housing – Rapid Re-Housing (Joint TH-RRH), Rapid Re-housing (RRH), Safe Haven (SH), and Permanent Supportive Housing (PSH). All homeless project types in the Ohio BoSCoC must participate in the CoC's Coordinated Entry system. For more information about each project type and eligibility, see the BoSCoC Homeless Program Standards.

Household

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). These Homeless Planning Regions plan and coordinate local and regional homeless systems and programs, in compliance with CoC requirements and policies, and are responsible for

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

working with Ohio Department of Development (ODOD) 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 ODOD, not to HUD.

Housing Assessment and Resource Prioritization (HARP) Tool

The HARP Tool 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 assistance.

Changelog

- Revised April 2025
    - Updated language from VI-SPDAT to Housing Assessment and Resource Prioritization (HARP) Tool
    - Standard No. 2G- HMIS Data Entry
        - Added language concerning duplicate AP enrollments and communication
- Revised January 2024
    - Added General Requirements to CE Standards which includes training requirements
    - Made minor revisions to CE Standards to improve clarity
- Revised March 2023
    - Added a new Guiding Principle about advancing race equity
    - Updates Component #1
        - Added clarity around how CE APs are advertised and added requirement that an agency be formally designated as having responsibility for maintaining and distributing CE AP advertising materials
    - Component #5
        - Removed some standards that were no longer relevant
    - Added guidance re: how to document prioritization decisions in PH Prioritization Workgroup meeting notes when non-chronically homeless households are prioritized for PSH when no chronically homeless can be identified
    - Component #9
        - Provided more detailed about how the CoC will annually solicit feedback on CE system implementation
- Revised November 2021
    - Updated throughout to reflect new processes, tools, reports, and workflows related to the new HMIS product, Clarity
    - Updated Component #7
        - Streamlined standards to align with current processes and HMIS workflows
- Revised June 2020
    - Page 25: 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.”
- Document adopted December 2019