Region 16

Coordinated Entry Plan

South Central Ohio Region

Contents

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, Region 16 must ensure that access to local homeless systems and resources is 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 advertising and outreach strategies 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 not currently connected to services

Outreach, advertising, and marketing tools must explicitly convey that services are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Advertising Content & Strategies
Standard No. 1A
Advertising materials identify the local CE system and process for seeking assistance.
- Materials must be easily accessible to persons with developmental disabilities and are available in multiple languages, as needed.
- 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.

To this end, regional partners should share their marketing materials with the region's lead grantee, the Community Action Commission of Fayette County to be placed on the region's Homeless Crisis Response Program website. Each partner should also work with their website maintenance staff to link to the page, accessible at http://www.cacfayettecounty.org/homeless-crisis-response-program/. Regional partners may also find the region's branded HCRP brochure at this web address as well.

Each regional partner should "like" and share information to the region's Facebook page at https://www.facebook.com/Region16HCRP/. Regional Executive Committee members will all be Facebook administrators. Regional partners should also share their marketing materials with the local radio and television stations, as available. As lead grantee, the Community Action Commission of Fayette County will interview with its local television station and have the interview posted on Youtube to be shared on Facebook and on agency websites.

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. All marketing contents should also be made available in hard copy form and distributed to the following locations:
- Police and sheriff's department, community meal sites and food pantries, faith-based organizations, health departments, colleges & universities, substance abuse and mental health facilities, OSU Extension offices, youth-serving organizations like the YMCA or youth centers, income-based and subsidized housing locations, libraries, health centers, city and county offices, etc.
- Advertising materials must be distributed throughout the local CoC's all year and on an ongoing basis, but must also be shared during special events like the Point-in-Time count.

Outreach Strategies

Standard No. 1C

Designated provider staff engage in regular and frequent outreach (to the homeless) in the region's entire geographic area. Region 16's service area covers 2,576 square miles in five counties. Each county only has one major city and transportation is very limited. There are some homeless camps within the region, with the largest one being reported in Ross County. In all other counties except Ross, the places in which the homeless congregate is not consistent. Generally, law enforcement in the area serves as a deterrent for any type of "loitering." In all five counties, the homeless shelter or the Community Action agency is well-known for serving the homeless and as such, local law enforcement and community members report sightings of the homeless to their staff. None of the counties have street outreach teams and the majority of their homeless program staff operate multiple programs.

Given these challenges, Region 16 outreach primarily consists of provider staff sharing and responding to community, law enforcement, or social service provider reports of unsheltered individuals. However, given the tight-knit, rural culture of these communities, this is often quite reliable for identifying homeless individuals that are unlikely to seek out resources due to distrust of the system.

Responsible Outreach Staff: Staff members of coordinated entry access points include all homeless program staff at the following organizations: Clinton County Services for the Homeless, Highland County Homeless Shelter, and Community Action in Ross, Pickaway, and Fayette Counties. These organizations are responsible for conducting street outreach, as necessary during their normal hours of operation. Please see the CE access point section for more details of the location and hours of these organizations. Each access point is a single agency that covers one county. All outreach materials and communications should provide direction to social service providers and community members can contact access points to report unsheltered homeless. The following are times/days that staff engages in outreach:

Each homeless service provider will conduct outreach during their normal business hours. For homeless shelters in Clinton, Highland, Fayette, and Pickaway Counties, this is 24 hours a day, 7 days a week. For Community Action Agencies, this is 8-4:30 Monday through Friday.

Geographic areas covered by staff: each provider will only be responsible for covering the county in which their project resides.

Process: As reports of unsheltered individuals come in, the CE Access Staff will go to the identified location to attempt to engage with the unsheltered homeless individual using strategies referenced below in the approach section. The CE Access Staff will bring incentive items and the appropriate VI-SPDAT form. Staff will engage the homeless individual and provide them with options for accessing services. The staff member must offer shelter and/or a hotel/motel referral. If the household refuses, CE Staff should offer other items such as food, blankets, etc. to reduce their morbidity risk from sleeping in a place not meant for habitation. Should the household be a family with children that refuses shelter, the appropriate children's services agency must be notified.

Approach: Using the principles from the Health Care for the Homeless Outreach and Enrollment Guide, providers will be trained to follow these principles for approaching potential clients: not sneaking up on them or cornering, respecting their personal space, living space, and community, clearly identifying yourself and your agency, getting to know the individual and their personal narrative first, have personal hygiene items, blankets, or food to distribute, describing available resources, allowing individuals to decide how to proceed, and making

multiple visits to build trust and relationship. During the engagement process, case managers will learn to get to know their hard to serve by respecting their narrative, follow up and follow through on promises, let the client lead, engage consistently while moving at the client's pace, and establishing a respectful, equal client-staff relationship and use the adult voice, rather than the parent voice when engaging program participants.

The CAC will distribute any notices of training regarding trauma informed care, motivational interviewing, bridges out of poverty, and critical time intervention trainings and reference materials. These strategies will also be discussed as preferred method of engaging clients, making services friendlier for the hard to serve.

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

The Available Housing List is generated from the latest Housing Inventory Count (HIC) and includes an inventory of all local homeless dedicated projects and is used by providers to help make client referrals. The Community Resources List includes information on mainstream services including, but not limited to local food/clothing pantries, healthcare providers, benefits banks, employment/job training services, and legal services and is distributed to 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

To access the Available Housing List please visit http://www.cacfayettecounty.org/homeless-crisis-response-program/

Community Resource List
Standard No. 2A
The Community Resource include the following components:

- Organization name and contact information
- Type of program or services offered
- Phone number

- Address
- Hours of operation
- Service area- county and/or cities served
- Target population

Maintenance of Available Housing List and Community Resource List

Standard No 2C
Region 16 participating providers will make the Available Housing List accessible to social service providers and homeless/at-risk individuals by posting it on their website and making them available to each program participant in hard copy form.

The available housing list should be updated as changes occur. This is accomplished by contacting the Community Action Commission of Fayette County's HMIS Administrator to obtain the housing inventory chart verification form. Changes should be documented on that form, signed, and submitted to hmis@cohhio.org. When the change is electronically submitted to COHHIO, regional partners should copy members of the Regional Executive Committee, HMIS Liaison, and the Community Action's Planner. The Planner will update the available housing list with those changes and redistribute them out to the region and place them on Community Action's HCRP webpage, available at http://www.cacfayettecounty.org/homeless-crisis-response-program/. Community Action's planner will also verify the housing list annually when COHHIO releases the updated Housing Inventory Chart on their website at http://cohhio.org/member-services-2/boscoc/point-in-time-count/.

The Regional Executive Committee will review and update the Community Resource List for their county on an annual basis. These updates are due to the Community Action Planner by January 15th each year. If the 15th falls on a weekend, they will be due the Friday preceding the 15th. Once all updates have been received, the Community Action Commission of Fayette County's planner will disseminate them regionally and add them to the Homeless Crisis Response Program webpage, available at http://www.cacfayettecounty.org/homeless-crisis-response-program/.

Component No. 3 - Identification of Access Points

Stakeholders in homeless systems need to be aware of the various access points into the homeless system in a given region or county. Clear understanding about points of access into the system helps ensure that persons experiencing homelessness, or at-risk of homelessness, are most quickly and effectively entered into or diverted from homeless systems as appropriate.

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

Access points must notify the Regional Executive Committee and lead grantee of any changes in address, phone number, or staff as those changes occur. As those changes are reported, the Community Action Planner will update the Access Point Listing and the region's HCRP brochure. This will be distributed via email and posted on the HCRP webpage at http://www.cacfayettecounty.org/homeless-crisis-response-program/.

Identification of Access Points

Standard No. 3A

Region 16 operates a decentralized intake system. Each county has no more than three access points per county. The following agencies serve as access points:

- Clinton County Services for the Homeless
- Fayette County Brick House Homeless Shelter
- Fayette County Community Action
- Highland County Homeless Shelter
- Pickaway County Community Action
- Ross County Community Action

More detailed information about Region 16 access points can be found in the appendix.

Standard No. 3B

All CE access points are easily available both for those needing to call and those needing to visit in-person. Victim service providers may choose to only make their phone numbers available and conduct Diversion Screening over the phone, as long as other local access points can accommodate in-person meetings.

Standard No. 3C

Homeless Planning Regions' access points will be listed on COHHIO's website for reference. The Homeless Planning Region Executive Committee is responsible for updating the access point list annually and sharing any changes with CE staff.

Component No. 4 - Diversion Screening

When persons experiencing a housing crisis present themselves for possible entry into the local shelter/emergency response system, access point providers must first go through diversion screening. Diversion Screening determines if persons experiencing a housing crisis can be/remain housed or if they absolutely must enter the homeless system. Quality screening helps reduce needless entries into the homeless system and standardizes access to program referrals.

Timeline for Completing Diversion Screening

Since all CE access points can complete the Diversion Screen with every presenting household to see if they can be diverted from the homeless system, the timeline for completing Diversion Screens aligns with the availability of CE access points.

Standard No. 4A - All CE access points provide Diversion Screening during their full hours of operation.
- Persons in housing crisis are screened for diversion (using the Diversion Screen) during their initial contact with the CE access point, assuming they called/visited during CE access point hours.
- If the applicant contacted the CE access point after hours or while CE staff were occupied with another household, CE access point staff attempt to contact the applicant immediately upon the opening of the CE access point or immediately after completing Diversion Screens with other households who presented first.

Method for Completing Diversion Screening

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

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

Standard No. 4D - Completed Diversion Screening tools are stored in secure and private locations that are not publicly accessible including, at minimum, the following precautions:
- Paper versions of completed Diversion Screening tools are stored in locked file cabinets that are not publicly accessible, in the same manner that paper client files would be stored.
- Electronic versions of completed Diversion Screening tools (e.g., word documents or PDFs) are stored on password-protected computers that are not publicly accessible. Completed Diversion Screening Tools should not be stored on the computer desktop.

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

After completion of a Diversion Screening, if the CE access point organizations determined that they are unable to divert the household in housing crisis, entry into the local emergency shelter, hotel/motel vouchers, or transitional housing may be required.

Local emergency shelters/crisis response system referral protocol

Standard No. 5A - The CE access point organization that completed the Diversion Screening tool with the household in crisis makes referrals to the local emergency shelter/crisis response system. This includes the following:
- Using the Available Housing List to identify local emergency shelter/crisis response providers available to accept referrals.
    - o If the household in crisis discloses that they are fleeing domestic violence, the CE access point organization must offer a referral to a victim service shelter where applicable.
- Access point organization calls or emails the emergency shelter/crisis response provider directly to inform them of the referral and ensure the availability of space.
    - o If no emergency shelter beds are available, contingencies for providing shelter are made by the CE access point organization.
        - ▪ If the household in crisis includes a veteran, the local SSVF provider is contacted to arrange a shelter alternative.
- In regions or counties where diversion screening can be done after regular business hours, CE plans outline how and when referrals will be made.
- To ensure an immediate crisis response for persons experiencing homelessness, entry into emergency shelter should not be prioritized based on severity of service need or vulnerability.

Standard No. 5B - When written consent from the client has been obtained, CE access point staff share the completed Diversion Screening tool and the consent form with the emergency shelter/crisis response provider receiving the referral.
- Diversion Screening tools/information must be shared by the protocols established by the Ohio BoSCoC (see Component 4: Diversion Screening).

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:

Each county in region 16 has some type of emergency shelter available. However, based upon unit configuration, target populations, and other factors an emergency shelter bed may not be available. When local shelters are at capacity, CE access point organizations and/or emergency shelters/crisis response providers refer homeless persons to other crisis response organizations that have agreed to provide hotel/motel vouchers in lieu of shelter, or to shelters in neighboring counties. CE access point organizations or local emergency shelters must coordinate transportation where necessary and available in their community. Organizations participating in contingency plans related to shelter capacity issues enter into Memoranda of Agreement (MOAs) that outline all roles and responsibilities.

All shelter providers within region 16 must 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. All emergency shelters in the region accepts referrals from within the region. Additionally, when all of the homeless housing resources are at capacity in the region or participants do not want to leave the county, each county does the following:

- Clinton County: Clinton County refers to regional shelters and to two small, faith-based drop-in shelters in Clinton County. These programs are Father's Kitchen and Hope House. Clinton County only has transportation within the county. Therefore, if participants do not have their own transportation, the shelter will attempt to find volunteers to take them.
- Fayette County: Fayette County refers to regional shelters and has funds through the Salvation Army to place homeless individuals in hotels/motels. When these funds are exhausted, the agency refers to the Ministerial Association and St. Vincent de Paul. Community Action does have some funds for out of county transportation through Salvation Army.
- Highland County: Highland County refers to regional shelters, Samaritan Outreach, and local churches for assistance with hotel/motel rooms. There is a small transportation program through FRS in Highland County, but they are only able to transport within the county. Therefore, if participants do not have their own transportation, the shelter will attempt to find volunteers to take them.
- Pickaway County: Pickaway County refers to regional shelters, Lutheran Social Services, and has hotel/motel funds through United Way, Emergency Food and Shelter Program, and CSBG funds to transport homeless individuals. The county has a large transit system to transport locally.
- Ross County: Ross County refers to regional shelters, Pike County, and Columbus shelters. While there is local transportation, they have to rely on community volunteers to transport out of the county.

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

Compliance with Ohio BoSCoC Homeless Program Standards

Standard No. 5F - Ohio BoSCoC emergency shelters must comply with the Ohio BoSCoC Homeless Program Standards, as well as applicable state and federal requirements related to program eligibility and prioritization. Again, to ensure an immediate crisis response for persons experiencing homelessness, entry into emergency shelter should not be prioritized based on severity of service need or vulnerability. If CE access point organizations or other local homeless providers become aware of shelter non-compliance with the Homeless Program Standards, state or federal requirements, Ohio BoSCoC staff should be notified immediately.

Component No. 6 - Assessment of Client Need

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

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

Standard No. 6A – All emergency shelter/crisis response providers' complete the VI-SPDAT on all households in shelter as outlined below:
- The VI-SPDAT should be completed no sooner than 5 days after shelter entry, and no later than 8 days after entry.
- Results of the VI-SPDAT should be recorded in HMIS, per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.

Standard No. 6B – Emergency shelter/crisis response providers complete the VI-SPDAT immediately, or take other action, in the following cases:
- Any individual encountered during outreach that is living in an unsheltered location and must remain unsheltered (i.e. individual declines shelter or limited bed/hotel voucher availability) must be assessed immediately.
  - o In this instance, HMIS participating shelters should collect and record client-level data as well as VI-SPDAT results utilizing the unsheltered provider in HMIS. When recording results, HMIS end users must follow the unsheltered provider workflow.
- If a resident seems to need assistance to exit shelter ASAP for their well being (e.g. exhibiting severe mental health needs/issues), assessment may be done immediately.
- Individuals/households with previous episodes of literal homelessness, including those identified as chronically homeless, must have their assessment done immediately at entry into the shelter.
  - o Information about past episodes of literal homelessness must be collected during the intake process (and entered into HMIS for HMIS participating shelters). This data should be used to identify households needing immediate assessment.
- Homeless veterans are immediately referred to the local SSVF provider. No assessment needs to be done by the shelter provider unless the veteran has declined SSVF assistance or is determined to be ineligible for VA assistance.
  - o In this case, the emergency shelter/crisis response provider will follow the procedures outlined in the Determining and Making Referrals section below.

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

Component No. 7 - Determining and Making Referrals

After determining that an individual/household in emergency shelter cannot resolve their homeless situation on their own, and after completing the VI-SPDAT to gain an understanding of their level of need, emergency shelter and crisis response providers will likely need to make a referral to a housing provider or other type of homeless assistance provider to help end the homeless episode. The VI-SPDAT score is utilized to determine the referral (i.e. the higher the score the more intensive the referral option and/or the higher priority given to the household).

In determining and making referrals emergency shelter and crisis response providers must adhere to civil rights and fair housing laws. These include the Fair Housing Act, Section 504 of the Rehabilitation Act, Title Vi of the Civil Rights Act, Title II of the Americans with Disabilities Act, and HUD's Equal Access Rule.

In addition, in accordance with Federal, State, and local Fair Housing regulations, participants may not be "steered" toward a particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or family status.

Determining Referrals

Standard No. 7A - Emergency shelter/crisis response providers use VI-SPDAT scores to inform referrals for housing and services.
- Households with higher assessment scores, which may indicate higher housing barriers and higher level of need, are prioritized for available assistance, especially for assistance that can be provided for a longer duration or higher level of intensity.
- If the household in crisis discloses that they are fleeing domestic violence, emergency shelter/crisis response providers must offer referrals to victim services housing and services where applicable.

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

Standard No. 7C – Region 16 providers do not reject referrals because of perceived housing barriers or service needs that are too great (i.e., higher VI-SPDAT scores).
- If a more intensive or longer duration housing resource, such as PSH, seems more appropriate for the homeless household being referred, the emergency shelter/crisis response provider may explore availability of that option. However, if that resource is not available, alternatives must be identified.

Standard No. 7D - Rejections of referrals and reasons for rejection are communicated to the emergency shelter/crisis response provider and client in writing within 24 hours of rejection.
- If the issues causing rejection are resolved while the client is still homeless, a referral can be made again.
- Upon receipt of the referral rejection, the emergency shelter/crisis response provider immediately, within two business days, begins work to identify alternative referrals.
- Emergency shelter/crisis response providers document acceptance/rejection/declines of referrals in client files.

Standard No. 7E – Referral processes must include procedures by which households can appeal CE decisions and can register nondiscrimination complaints.
- The Region 16 HCRP will provide potential, current, or former participants an opportunity to address any concerns and/or decisions made by Region 16 HCRP staff in relation to their individual case or general operations of the Coordinated Entry system. The Grievance/Appeal Policy must be posted or given to potential, current, or former participants. This policies purpose is not intended to address internal program grievance policies, but rather system-wide referrals and access to diversion, rapid re-housing, transitional housing, and permanent supportive housing. Please see the HCRP page for the

full grievance and appeal document at .

Standard No. 7F – CE plans outline 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. When homeless housing resources are at capacity each county does the following:

- Clinton County: Clinton County only has RRH. Fayette County does open its prioritization list for the chronically homeless to out of county participants as no chronic homeless are identified in Fayette County. As such, RRH should be targeted to homeless households with the longest homeless histories and greatest barriers to housing. When no HUD CoC resources are available, homeless programs should refer to local churches and income-based and subsidized housing.
- Fayette County: CAC has several units of permanent supportive housing. The county will also have transitional housing for one more year. When no HUD CoC resources are available, homeless programs should refer to local churches and income-based and subsidized housing.
- Highland County: Clinton County only has RRH. Fayette County does open its prioritization list for the chronically homeless to out of county participants as no chronic homeless are identified in Fayette County. As such, RRH should be targeted to homeless households with the longest homeless histories and greatest barriers to housing. When no HUD CoC resources are available, homeless programs should refer to local churches and income-based and subsidized housing.
- Pickaway County: Pickaway County has resources for Veteran families and transitional housing for survivors of domestic violence. Otherwise, there are no other homeless assistance resources other than RRH. Fayette County does open its prioritization list for the chronically homeless to out of county participants as no chronic homeless are identified in Fayette County. As such, RRH should be targeted to homeless households with the longest homeless histories and greatest barriers to housing. When no HUD CoC resources are available, homeless programs should refer to local churches and income-based and subsidized housing.
- Ross County: Ross County has resources for Veterans. Otherwise, there are no other homeless assistance resources other than RRH. Fayette County does open its prioritization list for the chronically homeless to out of county participants as no chronic homeless are identified in Fayette County. As such, RRH should be targeted to homeless households with the longest homeless histories and greatest barriers to housing. When no HUD CoC resources are available, homeless programs should refer to local churches and income-based and subsidized housing.

Standard No. 7G – Emergency shelter/crisis response providers make RRH referrals immediately after completion of the VI-SPDAT in cases where the following criteria are met:

- The household is still in shelter after seven days and has been assessed.
- The household has indicated an interest in RRH.
- The household has not been assessed as needing PSH and an available unit is already identified.
- The household has no other viable housing plan already in place that they are actively working on and that seems achievable within a reasonable timeframe.
- The household is not ineligible by virtue of being over income limits.

Standard No. 7H – Emergency shelter/crisis response providers make TH referrals immediately after completion of the VI-SPDAT in cases where the following criteria are met:

- The household chooses TH as a viable housing option.
- There are no households exhibiting a higher need that should be prioritized.

Standard No. 7I – Immediately after completion of the VI-SPDAT by emergency shelter/crisis response providers, households that qualify for PSH will be automatically pulled into the PSH Prioritization Report (more detailed information about the PSH Prioritization Report and PSH Prioritization can be found in Component No. 8).

Receiving and Accepting Referrals
Standard No. 7J – All Ohio BoSCoC Region 16 Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) providers (as identified in the Homeless Planning Region's Available Housing Lists) are required to only accept referrals and to only fill vacancies using the Ohio BoSCoC Coordinated Entry process.

- Ohio BoSCoC Region 16 TH, RRH, and PSH providers only serve people identified to them by referral from an Ohio BoSCoC emergency shelter/crisis response provider (as identified in the Homeless Planning Region's Available Housing Lists)

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

Component No. 8 - PSH Prioritization and Centralized Prioritization Lists

As stated in the Ohio BoSCoC Program Standards, all Ohio BoSCoC Permanent Supportive Housing (PSH) projects must prioritize chronically homeless individuals and families first in all cases, and must adhere to the following: when multiple chronically homeless are identified, those individuals and families with the longest histories of homelessness and with the most severe service needs should be prioritized before other chronically homeless with less severe needs and/or shorter histories of homelessness. To facilitate this prioritization, Ohio BoSCoC communities must establish and maintain Centralized PSH Prioritization Lists.

Ohio BoSCoC PSH projects with common service areas (service areas identified in grant applications and agreements) maintain a single prioritized list for prospective program participants.

Creation of Centralized Prioritization List
Standard No. 8A – All PSH providers with a common service area create one centralized PSH prioritization list using the HMIS PSH Prioritization Report as the initial data source.
- There will be three centralized prioritization lists within the region. These are: Fayette County PSH, HUD VASH PSH, and Freedom's Path waitlist.

- The HMIS PSH Prioritization Report is run out of HMIS on an as needed basis as units become available in the service area.
- The HMIS PSH Prioritization Report includes the following data:
    - Client ID for homeless persons eligible for PSH in the selected counties
    - Project in which they are currently residing
    - Household type and size
    - Disability status
    - Number of past homeless episodes and duration of past homelessness
    - Chronic homeless status
    - VI-SPDAT Score

Standard No. 8B – Non-HMIS providers must add unsheltered persons and other literally homeless, disabled persons/households to the centralized prioritization list by hand.

- Any homeless person/household added to the prioritization list by hand must have been assessed via the VI-SPDAT.

Standard No. 8C – Homeless persons/households are not removed from the centralized PSH Prioritization List unless they are housed. The only exceptions are:
- A person/household can be removed if they ask to no longer be considered for services.
- A person/household can be removed if there is a data error that once reconciled, would make the client ineligible for PSH.

Maintenance of Centralized Prioritization List

Standard No. 8D – Ohio BoSCoC Homeless Planning Regions have PSH Prioritization List Workgroups to maintain the centralized PSH Prioritization List.
- PSH Prioritization List Workgroups identify all members. All local PSH providers and all local shelter providers, at minimum, participate.
  - The Fayette County PSH Prioritization Committee will consist of all emergency shelter and permanent supportive housing staff. These members are: Gaye Huffman, Jennifer Guisinger, and Steve Wilson. The group will meet monthly after the local CoC meeting. If this list is under 5 households, the workgroup will be expanded to include the following shelter staff: Greg Hawkins (Highland County Homeless Shelter), Ginny Monteith (Clinton County Services for the Homeless), and Christina Arredondo (Ross County Men's Shelter).
- All workgroup members have been given consent to discuss clients and prioritization for PSH.
- The PSH Prioritization List Workgroup meets monthly and uses the most current HMIS PSH Prioritization List Report. The following is addressed:
  - Add any newly identified eligible persons who are unsheltered or in a non-HMIS shelter.
  - Discuss any current or upcoming PSH openings.

Standard No. 8E – The PSH Prioritization List Workgroup reviews the HMIS PSH Prioritization Report and the Chronic Homeless Prioritization report monthly in advance of the PSH Prioritization List Workgroup meeting to ensure it is current and accurate.

Utilization of Centralized Prioritization List

Standard No. 8F – The PSH Prioritization List Workgroup follows the PSH Order of Priority outlined in the Ohio BoSCoC Homeless Program Standards to ensure persons/households in greatest need are prioritized for local PSH.
- In the event that two households are identically prioritized for the next available unit, and each household is eligible for that unit, the PSH Prioritization List Workgroup selects the household that first presented for assistance to receive a referral to the unit.

Standard No. 8G – The PSH Prioritization List Workgroup must establish a goal of offering households housing within 60 days of being placed on the PSH Prioritization List.
- Once a household is matched with a PSH unit, local providers should immediately notify the client and prepare client documentation to ensure the household is housed as quickly as possible.
- Participants are allowed autonomy to refuse housing and service options without retribution and must maintain their place on centralized prioritization lists should they reject options.

Component No. 9 - Monitoring and Evaluation

Monitoring and evaluation are essential for maintaining and improving outcomes in services for persons experiencing homelessness. Monitoring keeps programs on track and provides data that is useful in making critical changes to allocation of resources and progress in meeting goals. Evaluation initiatives provide baseline data and analysis over the lifetime of a project. Monitoring and evaluation will occur at the Ohio BoSCoC systems level as well as on a regional/local scale.

Homeless Planning Regions must participate in Ohio BoSCoC-wide monitoring and evaluation systems. The CoC and CE Collaborative will engage in ongoing systems evaluation whereas regional/local entities will be responsible for monitoring the effectiveness of local housing outcomes. Regional Planning Groups should meet at least quarterly to assess and address monitoring and evaluation. These groups must maintain on-going contact with CE staff and the CE Collaborative in order to ensure consistency in monitoring and evaluation.

Housing Outcomes
Standard No. 9A – Region 16 will follow the Coordinated Entry Performance Measures outlined in the Ohio BoSCoC Performance Management Plan.

Standard No. 9B - CE staff will consult with projects and project participants at least annually to evaluate intake, assessment, and referral processes associated with Coordinated Entry.
- Solicitations of feedback will address the quality and effectiveness of the entire CE experience for both participating projects and households.
- CE staff in collaboration with Region 16 will survey a representative sample of households and submit surveys to CE staff for data analysis;
- The participants selected to participate in the evaluation must include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year.

Region 16 Access Points

Organization Name	Primary Contact	Contact Information
Clinton County Services for the Homeless	Ginny Monteith	36 Gallup Street Wilmington, Ohio 45177 937-382-6272 Hours: 24/7 http://clintoncountyhomelessshelter.com/ https://www.facebook.com/ClintonCountyHomelessShelter/
Fayette County Brick House Homeless Shelter	Gaye Huffman	320 North Hinde Street Washington C.H., OH 43160 740-333-7580 Hours: 24/7 www.cacfayettecounty.org https://www.facebook.com/faycocare/
Fayette County Community Action	Jennifer Guisinger	1400 U.S. Route 22 NW Washington C.H., OH 43160 740-335-7282 Hours: 8:00-4:30 – Monday - Friday After Hours: contact Shelter at 740-333-7580 www.cacfayettecounty.org https://www.facebook.com/cacfayettecounty/?ref=br_rs
Highland County Homeless Shelter	Greg Hawkins	145 Homestead Avenue Hillsboro, OH 45133 937-393-0634 Hours: 24/7 – Monday through Friday www.hcshelter.org https://www.facebook.com/highlandcountyhomelessshelter/
Pickaway County Community Action	Amanda Collier	469 East Ohio Street Washington C.H., OH 43160 740-477-1655 Hours: 8-4:30 – Monday through Friday www.picca.info https://www.facebook.com/PickawayCountyCommunityAction/
Ross County Community Action	Christina Arrodondo	250 North Woodbridge Ave Chillicothe, OH 45601 740-702-7222 Hours: 8:00 4:30 – Monday through Friday After Hours: contact shelter at 740-772-4473 www.rossccac.org https://www.facebook.com/Ross-County-Community-ActionOFFICIAL-166250766784651/

Domestic Violence Programs by County

County	Agency Name	Contact Information
Clinton	Alternatives to Violence	32 East Sugartree Street, Wilmington, Ohio 45177: 937-383-3285
Highland	Alternatives to Violence	938 West Main Street, Suite 1, Hillsboro, Ohio 45133: 937-393-8118

Pickaway	Haven House	1180 N. Court Street, Suite G Circleville, Oh 43113: 740-474-9430
Ross	Coalition Against DV	Address: PO Box 1727 Chillicothe, OH 45601: 740-775-5396

Region 16 PSH Workgroups

Fayette County

Provider	Type	Address	Phone
Community Action Commission of Fayette County	Emergency Shelter, Permanent Supportive Housing	1400 US Route 22 NW Washington Court House, Ohio 43160	740-335-7282

Ross County

Provider	Type	Address	Phone
Ross County Community Action's Men's Shelter	Emergency Shelter	1005 Sherman Park Chillicothe, OH 45601	740-772-4473
Ross County Coalition Against DV Pheonix House	Emergency Shelter	PO Box 1727 Chillicothe, OH 45601	740-775-5396
Seeds of Hope	Emergency Shelter	2170 Lunbeck Road, Chillicothe, Ohio 45601	740-774-1200
Freedoms Path	Permanent Supportive Housing	17273 State Route 104, Chillicothe, OH 45601	740-773-1141 Ext. 6477

HUD VASH

Provider	Type	Address	Phone Number
Clinton County Services for the Homeless	Emergency Shelter	36 Gallup Street Wilmington, OH 45177	937-382-6272
Fayette County Brick House Shelter	Emergency Shelter	320 N. Hinde Street Washington C.H., OH 43160	740-333-7580

Highland County Homeless Shelter	Emergency Shelter	145 Homestead Avenue Hillsboro, OH 45133	937-393-0634
Pickaway County HCHV Emergency Shelter	Emergency Shelter	469 East Ohio Street Circleville, OH 431160	740-477-1655
Ross County Community Action's Men's Shelter	Emergency Shelter	1005 Sherman Park Chillicothe, OH 45601	740-772-4473
Ross County Coalition Against DV Pheonix House	Emergency Shelter	PO Box 1727 Chillicothe, OH 45601	740-775-5396
Seeds of Hope	Emergency Shelter	2170 Lunbeck Road, Chillicothe, Ohio 45601	740-774-1200
HUD VASH	Permanent Supportive Housing	17273 State Route 104, Chillicothe, OH 45601	740-773-1141 Ext. 6477