

South Central Ohio Region- counties of:

Fayette, Clinton, Highland, Pickaway & Ross

Region 16

Coordinated Entry Plan

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**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.

Coordinated Entry (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 will share their marketing materials with the region’s lead grantee, the Community Action Commission of Fayette County (CACFC) to be placed on the region’s Homeless Access Point Program website provided through CACFC. Each partner should also work with their website maintenance staff to link to the page, accessible at [Region 16 Homeless Housing Programs | Community Action Commission of Fayette County (cacfayettecounty.org)](https://www.cacfayettecounty.org/region-16-homeless-housing-programs/). 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/>. Region 16 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 are 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 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 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 Region 16 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 Access Point 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 Access Point staff will bring incentive items and the appropriate VI-SPDAT form. AP staff will engage the homeless individual and provide them with options for accessing housing services. The staff member must offer shelter, or a hotel/motel referral if available. If the unsheltered household refuses shelter options, AP staff should offer other items such as food, blankets, etc. to reduce their morbidity risk from sleeping in a place not meant for habitation. If a household is a family with children that refuses shelter, the appropriate children’s services agency for that county 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 participants: 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 participant lead, engage consistently while moving at the participant’s pace, establish a respectful, equal participant-staff relationship and use an adult voice, rather than an authorative voice, in all communications.

The CACFC 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 participants, 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 assist in participant referrals when needed. 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 participants as well as persons who are diverted from the Access Point 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 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 [Region 16 Homeless Housing Programs | Community Action Commission of Fayette County (cacfayettecounty.org)](https://www.cacfayettecounty.org/region-16-homeless-housing-programs/).

*Community Resource List*Standard No. 2B

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](mailto: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 [Region 16 Homeless Housing Programs | Community Action Commission of Fayette County (cacfayettecounty.org)](https://www.cacfayettecounty.org/region-16-homeless-housing-programs/). 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 Access Point Program webpage, available at [Region 16 Homeless Housing Programs | Community Action Commission of Fayette County (cacfayettecounty.org)](https://www.cacfayettecounty.org/region-16-homeless-housing-programs/).

**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 may require 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 Region 16 Coordinated Entry Liaison will update the Access Point Listing, region’s HCRP brochure, and CACFC webpage. This will be distributed via email and posted on the HCRP webpage at [Region 16 Homeless Housing Programs | Community Action Commission of Fayette County (cacfayettecounty.org)](https://www.cacfayettecounty.org/region-16-homeless-housing-programs/).

## Identification of Access Points **Standard No. 3A**

Region 16 operates a decentralized intake system. Each county has no more than four Access Points per county. The following agencies serve as Access Points in Region 16:

* Clinton County Services for the Homeless
* Fayette County Brick House Homeless Shelter
* Fayette County Community Action Main Building
* Fayette Landing-Rawlings
* Fayette County Peace House- DV project
* 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.

While the Ross County VA Medical Center is not a formal Access Point, they can receive referrals in HMIS and refer back out to the VA funded providers.

### **Standard No. 3B**

All 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 Screenings over the phone, as long as other county designated 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 Region 16’s Access Point list annually and sharing any changes with Access Point staff.

# Component No. 4 – Access Point 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 complete a diversion screening with that household’s head of household. The Diversion Screening tool determines if the household experiencing a housing crisis can 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 Access Points can complete the Diversion Screening with every presenting head of household to determine diversion from the homeless system, the timeline for completing Diversion Screenings aligns with the availability of Access Points.

**Standard No. 4A -** All Access Points provide Diversion Screenings during their full hours of operation.

* Persons in housing crisis are screened for diversion (using the Diversion Screening Tool) during their initial contact with the Access Point, assuming they called/visited during AP available hours.
* If the participant contacts an AP after hours, or while AP staff was unavailable, AP staff will attempt to contact the participant immediately upon the next business day, or immediately after completing Diversion Screenings with other households who presented first.

*Method for Completing Diversion Screening*

**Standard No. 4B -** All Ohio BoSCoC 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 Access Points should conduct Diversion Screening in person, or over the phone, during identified hours of operation. The exception is for DV Access Points that may conduct Diversion Screening over the phone, only, if they desire.

**Standard No. 4D -** Completed Diversion Screenings are stored in secure and private

locations that are not publicly accessible including, at minimum, the following precautions:

* Paper versions of completed Diversion Screenings are stored in locked file cabinets

that are not publicly accessible, in the same manner that paper participant files would be

stored.

* Electronic versions of completed Diversion Screening (e.g., word documents or

PDFs) are stored on password-protected computers that are not publicly accessible.

Completed Diversion Screenings should not be stored on the computer desktop.

Component No. 5 - Entry into Emergency Shelter or Access Point System

Once a Diversion Screening is completed, if the Access Point has determined 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/Access Point system referral protocol*

**Standard No. 5A -** The Access Point that completed the Diversion Screening with the household in crisis will make a referral to the local emergency shelter/Access Point system. This includes the following:

* Contacting local or regional emergency shelter/victim service providers available to accept referrals.
  + If the household in crisis discloses that they are fleeing domestic violence, the Access Point organization must offer a referral to a victim service shelter where applicable.
* Access Point will call or email the emergency shelter/victim service provider directly to inform them of the referral and ensure the availability of space.
  + If no emergency shelter beds are available, contingencies for providing shelter are made by the Access Point.
    - 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 Screenings can be done after regular business hours, CE plans outline how and when referrals will be made.
* To ensure an immediate Access Point for persons experiencing homelessness, entry into emergency shelter should not be prioritized based on severity of service need or vulnerability.

**Standard No. 5B -** Once verbal, or written, consent from the participant has been obtained, Access Point staff will share the completed Diversion Screening and the consent form with the emergency shelter/victim service provider receiving the referral.

* Completed Diversion Screening and required accompanying forms for participant must be shared in compliance with 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 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, Access Point and/or emergency shelters providers refer homeless households to other Access Point providers in neighboring counties that have agreed to provide emergency shelter services or hotel/motel vouchers in lieu of shelter. Access Point providers or local emergency shelters must coordinate transportation where necessary and available in their community. Organizations participating in contingency plans related to shelter capacity issues within Region 16 will 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 households when the community lacks certain homeless assistance resources or when 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 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.

*Participant Data Entry*

**Standard No. 5E -** CE plans identify how participant data will be entered. This includes the following:

* Once the household in housing crisis has been referred to and accepted into the local emergency shelter, that shelter provider enters all participant data collected into their designated HMIS project per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.
  + Victim service emergency shelters are exempt and should enter data into their comparable database.
* If identified household in housing crisis refuses emergency shelter/motel voucher option, the Access Point provider will forward all participant data to HMIS end user to enter collected data into HMIS using the Unsheltered project entry.

*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 Access Point for persons experiencing homelessness, entry into emergency shelter should not be prioritized based on severity of service need or vulnerability. If 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 – VI-SPDAT

After a household has entered the emergency shelter/Access Point system, completion of a VI-SPDAT assessment helps determine the level of need of the household experiencing homelessness. It also provides information to determine the appropriate referral necessary to connect the household to housing services that will best fit their need.

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

**Standard No. 6A –** Allemergency shelter/Access Point 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.
* VI-SPDAT results must be recorded in HMIS, per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.
* If household already has a VI-SPDAT completed in HMIS, a new VI-SPDAT is NOT required unless there has been a significant change to that household since the initial VI-SPDAT was completed (e.g. new members have left the household or prior members of the household have since left ).

**Standard No. 6B –** Emergency shelter/Access Point 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 receive a VI-SPDAT assessment immediately.
  + In this instance, Access Points will collect and record participant-level data, as well as VI-SPDAT results, and forward the data to an HMIS end user who will utilize the unsheltered provider in HMIS. When recording results, HMIS end users must follow the unsheltered provider workflow.
* If a participant appears to need assistance to exit shelter ASAP for their well-being (e.g. exhibiting severe mental health needs/issues), a VI-SPDAT may be done immediately.
* Households with previous episodes of literal homelessness, including those identified as chronically homeless, must have a VI-SPDAT done immediately at entry into the shelter (as applicable).
  + 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 VI-SPDAT assessment.
* Homeless veterans are immediately referred to the local SSVF provider. No VI-SPDAT needs to be done by the shelter provider unless the veteran has declined SSVF assistance or is determined to be ineligible for SSVF/VA assistance.
  + In this case, the emergency shelter/Access Point staff will follow the procedures outlined in the Determining and Making Referrals sectionbelow.

**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 a 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 Access Point providers will likely need to make a referral to a housing provider or other type of homeless assistance provider to help end the household’s 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 Access Point 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/Access Point 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/Access Point 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/Access Point 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/Access Point provider and participant in writing within 24 hours of rejection.

* If the issues causing rejection are resolved while the participant is still homeless, a referral can be made again.
* Upon receipt of the referral rejection, the emergency shelter/Access Point provider immediately, within two business days, begins work to identify alternative referrals.
* Emergency shelter/Access Point provider’s document acceptance/rejection/declines of referrals in participant 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 [Region 16 Homeless Housing Programs | Community Action Commission of Fayette County (cacfayettecounty.org)](https://www.cacfayettecounty.org/region-16-homeless-housing-programs/).

**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 projects.
* Fayette County: CAC has several units of permanent supportive housing. When no HUD CoC resources are available, homeless programs should refer to local churches, Metropolitan Housing, as well as, income-based and subsidized housing projects.
* Highland County: Highland 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 projects.
* 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 projects.
* 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 projects.

**Standard No. 7G –** Emergency shelter/Access Point 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 completed a VI-SPDAT.
* The household has indicated an interest in RRH.
* The household has been assessed to not need PSH and has identified an available unit.
* The household has no other viable housing plan already in place that they are actively working on that seems achievable within a reasonable timeframe.
* The household is not ineligible by virtue of being over income limits.

**Standard No. 7H** – Immediately after completion of the VI-SPDAT by emergency shelter/Access Point 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. 7I –** 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/Access Point 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 participants have accepted the identified referral (per the previously outlined procedure above), emergency shelter/Access Point 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/Access Point 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 enteredemergency shelter or the Access Point 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:
  + Participant 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-HMISproviders must add unsheltered persons and other literally homeless, disabled persons/households to the centralized prioritization list by hand.

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

**Standard No. 8C –** Homeless households are not removed from the centralized PSH Prioritization List unless they are housed. The only exceptions are:

* A household can be removed if they ask to no longer be considered for services.
* A household can be removed if there is a data error that once reconciled, would make the participant 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: Stacey Johnson, Christy Dunlap, Gaye Huffman, Dreama Brown, Halona McCracken, Zach Smith, Leaha Lindsey, and Lisa Buckner. 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 Linda Hoover (Ross County Men’s Shelter).
* All workgroup members have been given consent to discuss participants 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 participant and prepare participant 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** – Access Point staff will consult with projects and project participants at least annually to evaluate documentation 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.
* AP staff in Region 16 will survey a representative sample of households and submit surveys to the Coordinated Entry Liaison for data analysis;
* The participants selected to participate in the survey must include households currently engaged in the Coordinated Entry process or who have been referred to housing through the CE process in the last year.

Region 16 Access Points

|  |  |  |
| --- | --- | --- |
| **Access Point Name** | **Primary Contact** | **Contact Information** |
| Clinton County Services for the Homeless | Ginny Monteith | 36 Gallup Street  Wilmington, Ohio 45177  937-382-7058  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](http://www.cacfayettecounty.org) https://www.facebook.com/faycocare/ |
| Fayette County Community Action | Dreama Brown or  Stacey Johnson | 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](http://www.cacfayettecounty.org)  https://www.facebook.com/cacfayettecounty/?ref=br\_rs |
| Fayette County Community Action : Fayette Landing-Rawlings | Zach Smith | 719 Rawlings Street Washington C.H., OH 43160  740-636-1374  Hours: 8:00-4:30 – Monday - Friday  After Hours: contact Shelter at 740-333-7580  [www.cacfayettecounty.org](http://www.cacfayettecounty.org) |
| Highland County Homeless Shelter | Greg Hawkins | 145 Homestead Avenue Hillsboro, OH 45133  937-393-0634  Hours: 24/7 – Monday through Friday  [www.hcshelter.org](http://www.hcshelter.org)  https://www.facebook.com/highlandcountyhomelessshelter/ |
| Pickaway County Community Action | Elizabeth Trainer | 469 East Ohio Street  Washington C.H., OH 43160  740-477-1655  Hours: 8-4:30 – Monday through Friday  [www.picca.info](http://www.picca.info)  https://www.facebook.com/PickawayCountyCommunityAction/ |
| Ross County Community Action | Linda Hoover | 250 North Woodbridge Ave Chillicothe, OH 45601  740-702-7222  Hours: 8:00 4:00 – Monday through Friday  After Hours: contact shelter at 740-772-4473  [www.rossccac.org](http://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 |
| Fayette | Peace House | 1400 US Rte 22 NW, WCH, Ohio 43160  740-505-0090 |
| 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider** | **Type** | **Address** | **Phone Number** |
| Community Action Commission of Fayette County | ES, PSH | 1400 US Route 22 NW Washington Court House, Ohio 43160 | 740-335-7282 |
| [Ross County Community Action Men’s Shelter](#RossM) | Emergency Shelter | 1005 Sherman Park Chillicothe, OH 45601 | 740-772-4473 |
| [Ross County Coalition Against DV Phoenix House](#RCCADV) | Emergency Shelter | PO Box 1727 Chillicothe, OH 45601 | 740-775-5396 |
| [Seeds of Hope](#SOH) | 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 | PSH | 17273 State Route 104,  Chillicothe OH 45601 | 740-773-1141  Ext. 6477 |
| [Clinton County Services for the Homeless](#Check122) | Emergency Shelter | 36 Gallup Street Wilmington, OH 45177 | 937-382-7058 |
| [Fayette County Brick House Shelter](#brick) | Emergency Shelter | 320 N. Hinde Street Washington C.H., OH 43160 | 740-333-7580 |
| [Highland County Homeless Shelter](#HCHS) | Emergency Shelter | 145 Homestead Avenue Hillsboro, OH 45133 | 937-393-0634 |
| [Pickaway County HCHV Emergency Shelter](#HCHV) | Emergency Shelter | 469 East Ohio Street Circleville, OH 431160 | 740-477-1655 |