

South Central Ohio Region- counties of:

Fayette, Clinton, Highland, Pickaway & Ross

Region 16

Coordinated Entry Plan

Contents

[Advertising Content & Strategies 2](#_Toc133580491)

[Standard No. 1A 2](#_Toc133580492)

[Standard No. 1B 2](#_Toc133580493)

[Standard No. 1C 3](#_Toc133580494)

[Standard No. 1D 3](#_Toc133580495)

[Component No. 2 - Inventory of Available Projects and Community Resources 4](#_Toc133580496)

[Standard No. 2A 4](#_Toc133580497)

[Standard No. 2B 5](#_Toc133580498)

[Standard No. 3B 7](#_Toc133580499)

[Component No. 4 –Diversion Screening 7](#_Toc133580500)

[Component No. 5 - Entry into Emergency Shelter through Access Point 8](#_Toc133580501)

[Component No. 6 – Assessment of Client Need 10](#_Toc133580502)

[Region 16 Access Points 27](#_Toc133580503)

[Domestic Violence Programs by County 28](#_Toc133580504)

**Component No. 1 – Outreach, Advertising, and Marketing**

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.

The Coordinated Entry (CE) advertising for Region 16 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.

### Standard No. 1B

The Region 16 Coordinated Entry(CE) Liaison is responsible for ensuring CE AP advertising materials are current and regularly distributed to key partners and locations throughout local communities by collaborating with regional Access Points who will distribute the marketing materials in kind to their key partners and local agencies. Region 16 partners will provide their up-to-date materials with the CE Liaison and the region’s lead grantee, the Community Action Commission of Fayette County (CACFC) to identified on the region’s Homeless Access Point Program website provided through CACFC. Each regional partner should also work with their individual agency website maintenance staff to link to the page, accessible at <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 collaborate with local media outlets to share CE advertising materials, while also utilizing social media (Facebook, YouTube, etc.) and agency websites to promote CE materials.

### Standard No. 1C

Advertising materials are distributed to local providers and stakeholders throughout Region 16. These local providers and stakeholders include those who most frequently encounter homeless households, particularly households with the 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:

* Law enforcement, McKinney Vento liaisons within local school districts, 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, local 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. 1D**

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 program 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 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 (AP) staff will go to the identified location to attempt to engage with the unsheltered homeless individual using strategies referenced below in the approach section. AP staff will bring incentive items and the appropriate VI-SPDAT form. AP staff will engage with homeless individuals and provide them with options for accessing housing services. The staff members 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 other critical time intervention trainings and reference materials. These strategies will also be discussed as the preferred method of engaging participants, making services welcoming for the hard to serve.

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

The local Community Resource 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. The Coordinated Entry Liaison is responsible for ensuring the accuracy of regional housing and community resources lists. The CE liaison will achieve this through collaboration with regional partners, as regional partners will be responsible for providing updated lists for their communities to the liaison annually. This process will ensure all resource lists are accurate and accessible to the communities.

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 Community Resource List*

Standard No. 2B

The lead grantee, Community Action Commission of Fayette County will be responsible for ensuring the Community Resource List is updated annually and maintained on the Region 16 Homeless Housing Program page that is provided through their agency. This will be achieved by CACFC collaborating with the CE Liaison, who is responsible for collecting all updates to the Community Resource Lists with regional partners.

The CE Liaison will update the available housing list with those changes and redistribute them out to the region and place them on Community Action’s Homeless Housing Programs webpage, available at <https://www.cacfayettecounty.org/region-16-homeless-housing-programs/>. Community Action’s Homeless Housing Coordinator will 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 COC will review and update the Community Resource List for their county on an annual basis. These updates are due to the CE Liaison and CACFC Homeless Housing Coordinator 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 CE Liaison will disseminate them regionally and add them to the Homeless Access Point Program webpage, available at <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 identified Access Points into the homeless system in a given region or county. A clear understanding about points of entry into the system helps ensure that persons experiencing homelessness, or at-risk of homelessness, are most quickly and effectively entered into or diverted from homeless systems as appropriate.

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 CE Liaison 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 Homeless Housing Programs webpage at <https://www.cacfayettecounty.org/region-16-homeless-housing-programs/>. The lead grantee will monitor the webpage to ensure that these updates are being made.

*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
* CAC of Fayette
* Fayette Landing-Rawlings
* Fayette County Peace House- DV project
* Pickaway County Mobile AP
* Highland County Homeless Shelter
* Ross County Community Action
* Sojourners Care Network-Ross County
* Faith Mission of Fairfield County (Vets)- Fayette, Highland, Pickaway, Ross
* St. Vincent de Paul of Dayton (Vets)- Clinton

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, if other county designated Access Points can accommodate in-person meetings.

# 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 complete a diversion screening. Diversion Screenings determine if persons experiencing a housing crisis can be/remain housed or if they absolutely must enter the homeless system. Quality screenings help reduce needless entries into the homeless system and standardize access to program referrals.

*Timeline for Completing Diversion Screening*

Since all Access Points can complete the Diversion Screening with every presenting 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 crises 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 were unavailable, AP staff will attempt to contact the applicant 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 agencies that may conduct Diversion Screenings 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.

**Standard 4D**

Access Points record diversion data in HMIS in accordance with the appropriate workflow, which can be found here: <https://cohhio.org/boscoc/hmis/> .

Component No. 5 - Entry into Emergency Shelter through Access Point

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/Crisis Response system referral protocol*

**Standard No. 5A**

The CE AP that completed the Diversion Screening tool with the household in crisis makes referrals to the local emergency shelter/crisis response system. This includes the following:

* AP calls or emails the emergency shelter provider directly to inform them of the referral and ensure the availability of space.
	+ If the household in crisis discloses that they are fleeing domestic violence, the CE AP must offer a referral to a victim service shelter where applicable.
* If no emergency shelter beds are available, contingencies for providing shelter are made by the CE AP.
* If the household in crisis includes a veteran, the local SSVF provider is contacted to arrange a shelter alternative, if needed.
* In regions or counties where Diversion Screenings can be done after regular business hours, CE plans outline how and when referrals will be made.

Referrals to emergency shelter are also documented in HMIS. See information about the HMIS workflow for referrals in section 6.

*Managing Limited Bed Availability*

**Standard No. 5B**

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 accept referrals from within the region. Additionally, when all 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.

*Participant Data Entry*

**Standard No. 5C**

Region 16 uses the following protocol when participant data will be entered:

* CE APs enter client level data into their CE AP project in HMIS for all clients who are diverted, who will be assisted to enter the homeless system (e.g., shelter), or who are remaining in an unsheltered location.
* Once the household in crisis has been referred to and accepted into the local emergency shelter, that shelter provider enters all client data collected in their intake form into HMIS per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.
* DV shelters are exempt and should enter data into their comparable database.

*Compliance with Ohio BoSCoC Homeless Program Standards*

**Standard No. 5D**

Ohio BoSCoC homeless assistance providers must comply with the Ohio BoSCoC Homeless Program Standards, as well as applicable state and federal requirements related to program eligibility. If CE APs or other local homeless providers become aware of non-compliance with the Homeless Program Standards, CoC staff should be notified immediately.

Component No. 6 – Assessment of Client Need

After a household has entered the emergency shelter/Access Point system, completion of an 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 needs. The head of household must have their VI-SPDAT updated if more than 12 months have passed since the current VI-SPDAT was completed.

**Standard No. 6A**

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

**Standard No. 6B**

Shelter, Street Outreach, or CE AP staff who are charged with completing VI-SPDATs with clients or households seeking assistance, must complete all required training as outlined in VI-SPDAT section of this manual.

**Standard No. 6C**

All emergency shelter/crisis response providers complete the VI-SPDAT on all households in shelter as outlined below:

* The VI-SPDAT should be completed no sooner than 5 days after shelter entry, and no later than 8 days after entry. Exceptions to this timeline are outlined in the standard below.
* Results of the VI-SPDAT (i.e., the assessment score) are recorded in HMIS, following all HMIS protocol and relevant workflows.
* In cases where households report to staff that they have and are working on a housing plan, staff may wait to complete the VI-SPDAT in order to allow the household time to resolve their own homelessness.

**Standard 6D**

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

* Homeless veterans are immediately referred to the local SSVF provider. No assessment needs to be done by the shelter provider unless the veteran has declined SSVF assistance or is determined to be ineligible for VA assistance.
* If a resident seems to need assistance to exit shelter ASAP for their well-being (e.g. exhibiting severe mental health needs/issues).
* Individuals/households with previous episodes of literal homelessness, including those identified as chronically homeless.
* Individuals/households who are currently unsheltered and will be remaining unsheltered (i.e., not entering shelter).

**Standard No. 6E**

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

When a CE AP is completing the VI-SPDAT, they may do so over the phone or in person.

CE AP staff must complete all required VI-SPDAT training if they are going to complete VI-SPDATs with households seeking assistance.

**Standard No. 6F**

In cases where a partner agency is charged with completing the VI-SPDAT with shelter residents, an MOU between the emergency shelter and partner agency should be executed.

**Standard No. 6G**

Upon completion of the VI-SPDAT and entering the data into HMIS, the emergency shelter/crisis response provider, street outreach provider, or CE AP (if person is unsheltered) must add the household to the TH, RRH, PSH Community Queue. Adding households to the Community Queue ensures that compliance with our CE process and HUD requirements is appropriately documented in our CE Annual Performance Report (APR) to HUD.

**Component No. 7 – Prioritizing for Permanent Housing**

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

*Prioritization Workgroups*

**Standard No. 7A**

In Region 16, all RRH/PSH providers with a common service area create one centralized PSH prioritization list using the HMIS Prioritization Report as the initial data source.

* All local PSH/RRH providers and all local shelter providers, at minimum, participate.
	+ The Fayette County Prioritization Committee will consist of all emergency shelter and homeless housing (PSH/RRH) staff. These members are: Stacey Johnson, Christy Dunlap, Gaye Huffman, Dreama Brown, Chelsea Davis, Mileah Wilson, Amy Jones, Jazmin Baker, Beth Pratt, and Arthur Johnson. 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), Amber Taylor (Clinton County Services for the Homeless), and Skyla Eblin (Ross County CAC).
* All workgroup members have been given consent to discuss clients and prioritization for PH resources, as evidenced by signed client releases of information (ROIs).
* Prioritization Workgroup meets monthly.
* Prioritization Workgroup uses the Prioritization Report in R minor elevated as the primary data source for identifying the pool of currently homeless clients who may need to be considered for PSH or RRH assistance.

**Standard No. 7B**

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

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

**Standard No. 7C**

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

**Standard No. 7D**

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

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

**Standard No. 7E**

The Prioritization Workgroup uses VI-SPDAT scores and other information about severity of need to inform PH prioritization decisions.

* 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.
* For PSH projects, chronically homeless are always prioritized first.
* If 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. 7F**

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

**Standard No. 7G**

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

**Standard No. 7H**

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

**Standard No. 7I**

Ohio BoSCoC TH, RRH, and PSH providers do not decline to enrolled prioritized households because of perceived housing barriers or service needs that are too great (i.e., VI-SPDAT scores).

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

**Standard No. 7J**

In Region 16, 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 when 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 when 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 when 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 when 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.

**Component No. 9 - Monitoring and Evaluation**

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

Region 16 Planning Group and Executive Committees meet at least quarterly to assess and address monitoring and evaluation. These groups must maintain on-going contact with CoC staff to ensure consistency in monitoring and evaluation.

Region 16 responds to and addresses any client grievances about their experiences with the CE system and process. If grievances cannot be resolved at the local or provider level, the grievances are shared with CoC staff, which serve as the CE Management Entity.

*Maintenance of Centralized Prioritization List*

**Component No. 9**

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

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

**Standard No. 9B**

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

* Feedback methodologies may include, but are not limited to:
	+ Surveys
	+ Focus Groups
	+ Interviews

**Standard No. 9C**

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

**Coordinated Entry Access Points**

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

**Process to Make Changes to CE APs**

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

 • Obtain approval from Regional Executive Committee and/or Regional Planning Group to make the

 proposed change to CE APs

• Work with CE Liaison to inform CoC staff, via email at ohioboscoc@cohhio.org, of the intended

 change to APs • Upon approval of CE AP changes by CoC staff, execute a new MOA

• Ensure new APs (if applicable) have completed training with regional CE Liaison on the CoC’s

 standardized diversion protocol and are fully prepared to manage all responsibilities of an AP

• CE Liaison or designee updates local CE advertising materials, as needed

• After completion of all steps above, HMIS team will create new CE AP provider in HMIS, if applicable.

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

**Roles and Responsibilities of CE APs**

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

• Enter into the CE MOA

• Ensure current contact information, including hours of operation, for their agency is provided in the

 Regional CE Plan, in local CE advertising materials, and to the CoC

• Identify sufficient and appropriate staff to provide standardized diversion screening and data

 collection/entry

• Ensure staff have been trained in the CoC’s standardized diversion protocol; training is provided by

 the region’s CE Liaison

• Conduct diversion screening with anyone seeking assistance from the AP

• Ensure any changes to AP services, staffing, or contact information are provided to the Regional

 Planning Group, and/or Regional Executive Committee, CE Liaison, and to CoC staff, prior to

 implementing any changes

**Diversion**

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

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

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

**Referrals**

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

**Referrals from Access Points to Crisis Response System**

After screening a household in housing crisis for possible diversion, APs make a referral to local emergency shelters/crisis response providers if the crisis cannot be resolved. Making a referral involves contacting the provider directly and referring the household to the Emergency Shelter Queue. The CE AP then re-assigns the household to the appropriate emergency shelter/crisis response provider, who enrolls the household into their project (details about the HMIS workflows are below).

Please note, if the local shelter/crisis housing provider does not have open beds to serve the household in crisis, or the household does not want the referral, APs do not refer the household to the Emergency Shelter Queue in HMIS. Using the Community Queues in HMIS is primarily done to document actual movement through the CE system and process.

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

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

1. Is the household struggling to identify a housing plan themselves?
	1. If the household is already working on a realistic housing plan, assistance with RRH or PSH may not be needed, thus preserving the resource for a needier household. You may also be able to skip the VI-SPDAT, in this case.
	2. If the household has identified a housing plan themselves, indicate this in the Housing Plan field in their client-record in HMIS.
2. Is the household willing to accept assistance from RRH, TH, or PSH if resources are available?
3. Is the household eligible for RRH, TH or PSH?

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

**Referrals from Crisis Response Providers to Permanent Housing**

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

1. Emergency shelter/crisis response providers confirm that RRH, TH, or PSH assistance is needed,

appropriate, and acceptable to the homeless household.

1. Emergency shelter/crisis response providers refer the household to the BoSCoC Permanent and Transitional Housing Community Queue in HMIS (referral is made from the VI-SPDAT in HMIS)
	1. Prioritization Workgroup meets and makes decisions about which currently homeless households need to be prioritized for available RRH and PSH resources, using the Prioritization Report as the primary data source.
2. If the homeless household in question has been prioritized for RRH or PSH, the emergency shelter/crisis response provider continues working with the homeless household to help get needed intake documents together.
3. The Emergency shelter/crisis response provider or CE AP re-assigns the household being prioritized for assistance to the appropriate project in HMIS.
	1. The receiving PH agency moves forward on the intake and enrolls the client in their project. Doing so also automatically removes the household from the Community Queues in HMIS.

**Documenting Referrals in HMIS: Guidance and Workflow**

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

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

**VI-SPDAT**

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

The Ohio BoSCoC uses different versions of the VI-SPDAT for single individuals age 25 and above, households with children, and for youth up to age 24 years old.

**VI-SPDAT Training Requirements for Staff**

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

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

**Completing VI-SPDATs with Clients**

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

**Prioritization**

**Prioritization for Permanent Housing Resources**

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

\*\*Effective March 15, 2020, the Ohio BoSCoC has implemented temporary changes to the prioritization process. Please see the RRH Prioritization section and Changes to Coordinated Entry Prioritization to Support & Respond to Covid-19 section for details.

**Prioritization Workgroups**

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

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

**Considering Households in Non-HMIS Participating Providers for Prioritization**

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

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

**RRH Prioritization**

During the COVID-19 pandemic some communities in the Ohio BoSCoC may have sufficient RRH resources to provide this assistance to every eligible household who wants it. Effective January 1st, 2021, communities that can demonstrate to the CoC that they have sufficient RRHresources to serve every eligible householdwhowants assistance can suspend RRH prioritization meetings. When a community is able to suspend RRH prioritization meetings, local RRH providers continue to receive referrals for RRH assistance from local shelter and outreach providers and via the BoSCoC Permanent and Transitional Housing Queue in HMIS. The RRH providers then make their own determinations about who they enroll.

**Demonstrating Sufficient RRH Capacity**

Communities that believe they have sufficient RRH resources to serve all eligible households may request to suspend their Prioritization Workgroup meetings. Within a Homeless Planning Region, one or more counties may request the suspension; it’s not required that the whole Homeless Planning Region suspend prioritization meetings. Communities/providers must do the following before they may be permitted to suspend RRH prioritization meetings:

* Get approval from Homeless Planning Region Executive Committee (or other designated body) to request suspension of RRH prioritization meetings.
	+ This is required to ensure RRH resources are appropriately allocated across the region and to address any concerns or questions
	+ Providers/communities that do not have the support of their Homeless Planning Region will not be permitted to suspend RRH prioritization
* Contact the CoC team to inform them of interest in suspending RRH prioritization meetings and approval by the Homeless Planning Region to submit the request
* CoC team will review local data to verify sufficient RRH capacity, including the following:
	+ Rate of permanent housing exit destinations from local emergency shelter projects (data source = HMIS CoC APR and Rme)
	+ Persons enrolled in local emergency shelter projects compared to RRH enrollments, prepandemic and during pandemic (data source = HMIS CoC APRs and Rme)
	+ Expenditures (data source = HCRP expenditures information provided by grantee)

Upon review of data and discussion with relevant providers/communities, CoC staff will either approve or deny the request to suspend RRH prioritization meetings.

**PSH Order of Priority**

Ohio BoSCoC communities and providers must continue to maintain Prioritization Workgroups for PSH projects. The Prioritization Workgroup follows the Order of Priority outlined in the Ohio BoSCoC Homeless Program Standards to ensure persons/households in greatest need are prioritized for local PSH.

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

**Documenting Prioritization Decisions**

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

Prioritization meeting notes should include the following:

* Identification of clients, by HMIS client IDs or other unique identifiers (no personally identifying information) if possible, that Prioritization Workgroup members agreed to prioritize for available PH resources
* If non chronically homeless households were prioritized for PSH, meeting notes must denote that no chronically homeless households were identified in the service area, the due diligence providers took to attempt to find a chronically homeless household, and why the non-chronically homeless household was prioritized
* Remember, all PSH projects must first prioritize those who meet the chronically homeless definition. They can only serve non-chronically homeless households if no chronically homeless household can be found
* Details of any disagreements related to prioritization decisions, and how disagreements were resolved
* Details of any discussions around prioritization that relied on information beyond HMIS documented homeless history and VI-SPDAT scores
* Identification of next steps and staff responsible
* Notes may be emailed to all group members as long as no PII is included
* Documenting prioritization decisions in client files
* Provider staff may include Prioritization Workgroup meeting notes in the prioritized client file

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

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

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

**Prioritizing for PH during the COVID-19 Pandemic**

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

Based on guidance from the Centers for Disease Control (CDC), people with the following conditions are more likely to get very sick from COVID-19:

* People 65 years or older
* People of all ages with underlying medical conditions – the greater number of underlying medical conditions the greater the risk of severe illness
* People who are immunocompromised

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

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

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

**Coordinated Entry Monitoring and Evaluation**

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

**Coordinated Entry Monitoring**

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

In the event that the Region 16 CE Liaison or COC staff identifies that regional homeless service providers are not implementing CE activities/requirements in accordance with the CE System Standards and Regional CE Plans, CoC staff may work with providers/regions to develop improvement plans including providing any necessary training or TA. Ongoing CE compliance problems may result in more drastic measures including informing funders of CE non-compliance.

The CoC team will review the following data to determine how well CE is being implemented as intended, identify areas in need of review or revision, and work to make improvements where needed. Please note, all CE monitoring is currently being reviewed because of the transition in fall 2021 to a new HMIS product.

**Coordinated Entry Evaluation**

On an annual basis, the CE Evaluation Entity undertakes evaluation of the functioning of the CE process, as described in the CE System Standards. Core questions of the evaluation include:

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

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

**Coordinated Entry Special Populations**

**Veterans Experiencing Homelessness**

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

**CE Access Points for Veterans**

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

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

**Prioritization of Veterans for Permanent Housing**

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

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

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

**Victims of Domestic Violence, Sexual Assault, Human Trafficking**

**Victims of Domestic Violence, Sexual Assault, Human Trafficking**

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

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

**VI-SPDAT and Victims of Domestic Violence**

The VI-SPDAT is the common assessment tool for the Ohio BoSCoC. However, people/ households seeking assistance, including those fleeing domestic violence, may decline to complete the VI-SPDAT assessment if they Created by COHHIO for Ohio BoSCoC Updated March 2023 30 are not comfortable doing so. Providers completing VI-SPDAT assessments should always inform the household that they are not required to complete the assessment in order to access services, but it is particularly critical that this is emphasized with households who are fleeing domestic violence. If a household fleeing domestic violence chooses to complete the VI-SPDAT, providers should shred physical copies of the VI-SPDAT once the assessment is completed and the score is recorded.

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

**Prioritization of Victims of Domestic Violence for RRH and PSH**

PH Prioritization workgroups must include victim service providers in their prioritization process. In turn, victim service providers must be able to share client-level data that is comparable to the data reported in the Prioritization Report. Victim service providers can utilize the Victim Services Inclusion Form to help aid in prioritization workgroup discussions.

**HMIS Data Entry for Victims of Domestic Violence**

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

Region 16 Access Points

|  |  |  |
| --- | --- | --- |
| **Access Point Name** | **Primary Contact** | **Contact Information** |
| Clinton County Services for the Homeless | Amber Taylor | 36 Gallup StreetWilmington, Ohio 45177937-382-7058Hours: 24/7<http://clintoncountyhomelessshelter.com/> |
| Fayette CountyBrick House Homeless Shelter | Gaye Huffman  | 320 North Hinde StreetWashington C.H., OH 43160740-333-7580Hours: 24/7[www.cacfayettecounty.org](http://www.cacfayettecounty.org) |
| Fayette County Community Action | Chelsea DavisMileah Wilson | 1400 U.S. Route 22 NWWashington C.H., OH 43160740-335-7282Hours: 8:00-4:30 – Monday - FridayAfter Hours: contact Shelter at 740-333-7580[www.cacfayettecounty.org](http://www.cacfayettecounty.org) |
| Fayette County Peace HouseDV Program  | Dreama Brown | 1400 U.S. Route 22 NWWashington C.H., OH 43160740-505-0090Hours: 8:00-4:30 – Monday – Friday[www.cacfayettecounty.org](http://www.cacfayettecounty.org) |
| Fayette County Community Action : Fayette Landing-Rawlings | JR DavisBeth Pratt | 719 Rawlings StreetWashington C.H., OH 43160740-895-6742Hours: 8:00-4:30 – Monday - FridayAfter Hours: contact Shelter at 740-333-7580[www.cacfayettecounty.org](http://www.cacfayettecounty.org) |
| Highland County Homeless Shelter | Greg Hawkins | 145 Homestead AvenueHillsboro, OH 45133937-393-0634Hours: 24/7 – Monday through Friday[www.hcshelter.org](http://www.hcshelter.org)https://www.facebook.com/highlandcountyhomelessshelter/ |
| Pickaway County Mobile AP | Amy Jones | 1400 U.S Route 22 NWWashington C.H., OH 43160740-505-8919Hours: 8-4:30 – Monday through Friday |
| Ross County Community Action | Skyla Eblin | 250 North Woodbridge AveChillicothe, OH 45601740-702-7222Hours: 8:00 4:00 – Monday through FridayAfter Hours: contact shelter at 740-772-4473[www.rossccac.org](http://www.rossccac.org)  |

Domestic Violence Programs by County

|  |  |  |
| --- | --- | --- |
| **County** | **Agency Name** | **Contact Information** |
| Clinton | Alternatives to Violence | 32 East Sugartree Street, Wilmington, Ohio 45177 937-383-3285 |
| FayetteHighland | Peace House  | 1400 US Rte 22 NW, WCH, Ohio 43160740-505-0090 |
| Pickaway | Haven House | 1180 N. Court Street, Suite G Circleville, Oh 43113740-474-9430 |

**Region 16 PSH Workgroups**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider** | **Type** | **Address** | **Phone Number** |
| Community Action Commission of Fayette County | ES, PSH | 1400 US Route 22 NWWashington Court House, Ohio 43160 | 740-335-7282 |
| [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 | 740-773-1141Ext. 6477 |
| [Clinton County Services for the Homeless](#Check122) | Emergency Shelter | 36 Gallup StreetWilmington, OH 45177 | 937-382-7058 |
| [Fayette County Brick House Shelter](#brick) | Emergency Shelter | 320 N. Hinde StreetWashington C.H., OH 43160 | 740-333-7580 |
| [Highland County Homeless Shelter](#HCHS) | Emergency Shelter | 145 Homestead AvenueHillsboro, OH 45133 | 937-393-0634 |
| [Pickaway County HCHV Emergency Shelter](#HCHV) | Emergency Shelter | 469 East Ohio StreetCircleville, OH 431160 | 740-477-1655 |