#  (Instructions for Template: CE Liaisons and local providers should use this template to update Regional CE Plans to ensure compliance with the CE Operational Manual updated January 2024. This template includes all current CE Standards and their related procedures. Procedures have been highlighted in yellow where Regional CE Plans need to identify specific organizations or staff positions to carry out the work or need to specify geographic location.

# Ohio BoSCoC Homeless Planning Region 16 Coordinated Entry Plan

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

# General Requirements

## Coordinated Entry Training Requirements

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

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

*Procedure:* *All homeless service providers in the region ensure non-direct services staff complete the following training requirements related to CE*:

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

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

*Procedure: All CE Access Points in the region ensure staff supporting the CE AP complete the following training requirements:*

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

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

*Procedure: All homeless services providers in the region ensure staff completing the common assessment tool with clients the following training requirements:*

* Understanding Homelessness 101 e-learning course
* CE Fundamentals e-learning course
* Administering the VI-SPDAT e-learning course

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

*Procedure: All homeless services provider staff who participate in the PH Prioritization Workgroup complete the following training requirements:*

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

# CE Component - Access

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

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

## Standards for Access Points

### **Standard No. 2A – Ohio BoSCoC Access Points**

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

### **Standard No. 2B – Identification of Access Points**

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

*Procedure: 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 County*
* *Fayette Landing- Rawlings*
* *Pickaway County Mobile AP*
* *Highland County Homeless Shelter*
* *Ross County Community Action*
* *Ross County- Integrated Services*
* *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 out to the VA funded providers.*

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

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

*Procedure: Region 16 identified some Street Outreach projects to serve as CE APs, which are listed at the end of this CE Plan. All CE APs are included in the Region’s CE AP MOA which is also included at the end of this document.*

* *Region 16 does not have CE Access Points through Street Outreach Projects*

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

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

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

*Procedure: All CE APs in Region 16 commit to meeting the above identified requirements. Failure to fully meet requirements may result in the removal of a CE AP designation*

*Procedure: If CE APs in Region 16 determine they are unable to meet the minimum requirements, they must notify the Region and CE Liaisons immediately to contact CoC staff and determine appropriate next steps.*

**Standard No. 2E – Access Points MOA**

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

*Procedure: All Region 16 CE APs enter into the CE AP MOA, which is located at the end of this document. The CE AP MOA is updated any time there is the removal or addition of a CE AP within the Region.*

**Standard No. 2F – Access Points Training Requirements**

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

Understanding Homelessness 101 e-learning course

CE Fundamentals e-learning course

Diversion e-learning course/training with CoC staff

Administering the VI-SPDAT e-learning course

Live, instructor-led training with CE staff

E-learning courses can be accessed via [COHHIO’s website](https://cohhio.org/programs/tta/e-learning-2/).

*Procedure: All CE AP staff at Region 16 CE AP Agencies complete applicable training requirements. When new staff are hired for CE AP responsibilities, those staff will complete the training requirements within 3 months of hire date, or as soon as they are ready to perform CE AP staff job duties.*

### **Standard No. 2G – HMIS Data Entry**

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

## Standards for Outreach, Advertising, and Marketing

In order to identify and reach persons who are most vulnerable to homelessness, who are unsheltered, or who may have barriers to accessing programs and resources, CoCs must ensure that CE APs are well advertised to the entire community. This includes taking explicit steps to make advertising and communications materials easy to understand, making the system easily accessible, and taking specific action to reach out to those who may be least likely to seek out resources on their own.

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

### **Standard No. 3A – CE AP Advertising Materials Components**

All Homeless Planning Regions have advertising materials that identify the local CE APs and process for seeking assistance.

* Materials are easily accessible to persons with developmental disabilities and are available in multiple languages as needed (based on local need/populations)
* Materials are available in multiple formats such as via paper pamphlets, posted on organization websites, etc.
* Materials clearly identify how to access assistance including, at minimum:
	+ phone number
	+ address (except for victim service provider agencies)
	+ hours of operation

### **Standard No. 3B – Maintaining CE AP Advertising Materials**

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

*Procedure: Region 16 designates the following agencies to maintain, update, and distribute CE AP advertising materials on behalf of the Region and ensure the materials include all the above noted requirements:*

* *Community Action Commission of Fayette County*
* *Fayette Landing-Rawlings*
* *Brick House*
* *Highland County Homeless Shelter*
* *Clinton County Services for the Homeless*
* *Pickaway Mobile AP*
* *Integrated Services for Behavioral Health*
* *Ross County Community Action*
* *McArthur Gardens*
* *Faith Mission of Fairfield County- SSVF*
	+ *Fayette, Highland, Pickaway, Ross Counties*
* *St. Vincent De Paul of Dayton- SSVF*
	+ *Clinton County*

*Procedure: The identified agencies will ensure at least quarterly distribution (more frequently as needed) of CE AP advertising materials to critical stakeholders and partners.*

### **Standard No. 3C – CE AP Advertising Strategies**

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

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

* Law enforcement
* Soup kitchens and food pantries
* McKinney Vento liaisons within local school districts
* Faith-based organizations
* Health departments
* Colleges and 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

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.

*Procedure: The following agencies will distribute CE AP advertising materials to the following critical stakeholders and partners:*

* *Regional Distribution:*
	+ *Each regional partner should work with their individual agency website maintenance staff to link to the page, accessible at:* [*https://www.cacfayettecounty.,org/region-16-homeless-housing-programs/*](https://www.cacfayettecounty.,org/region-16-homeless-housing-programs/)*. Region partners may also find the region’s branded HCRP brochure at the website as well.*
	+ *Each regional partner should “like” and share information to the region’s Facebook page at* [*https://www.facebook.com/Region16HCRP/*](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.*
	+ *Fayette County*
		- *Law enforcement*
		- *McKinney Vento Liaisons within local school districts*
		- *Food pantries*
		- *Faith-based organizations (Hands of Christ Ministries)*
		- *Fayette County Health Department*
		- *YMCA*
		- *Income based and subsidized housing locations*
		- *Local Library*
		- *Local city and county offices*
		- *Community Action Agency*
		- *Adena Fayette Medical Center*
		- *One Stop Center*
	+ *Clinton County*
		- *Law Enforcement*
		- *McKinney Vento Liaisons within local school districts*
		- *St. Vincent De Paul*
		- *Clinton County Metropolitan Housing*
		- *Clinton County Veteran Services*
		- *Clinton County Community Action*
		- *Brightview*
		- *Hope House*
		- *Help Me Grow*
	+ *Pickaway County*
		- *PICCA United Way*
		- *Pickaway County Community Action*
		- *Berger Hospital*
		- *One Stop Center*
		- *Pickaway County Veterans Service Office*
		- *Pickaway Senior Center*
	+ *Ross County*
		- *Community Action*
		- *VA Service Commission*
		- *St. Vincent De Paul*
		- *Integrated Services*
		- *Red Cross*
		- *VA Service Commission*
		- *Salvation Army*
	+ *Highland County*
		- *Job and Family Services*
		- *Extension Office*
		- *FRS*
		- *Local Law Enforcement*
		- *Community Action Agency*
		- *Health Department*

*All local community resources are also linked to our Region’s website. These can easily be printed and distributed to clients or agencies.*

### **Standard No. 3D – Outreach Strategies**

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

* The providers and staff positions responsible for engaging in outreach to persons experiencing unsheltered homelessness
* This includes identifying dedicated SO projects as well as projects that engage in outreach activities
* The times/days that staff engage in outreach
* The geographic areas covered by designated staff
* Contact information for other local homeless services providers and community members to use when needing to report unsheltered homeless to staff

Where multiple providers engage in outreach to unsheltered individuals within the same geography, those providers must coordinate and enter into a Memorandum of Agreement (MOA) to help minimize duplication of effort and to ensure broader geographic coverage.

*Procedure: The following agencies provide street outreach services in Region 16 to those experiencing unsheltered homelessness:*

*Staff members of Access Points include homeless program staff at the following organizations:*

* *Clinton County*
	+ *Clinton County Services for the Homeless*
* *Highland County*
	+ *Highland County Homeless Shelter*
* *Fayette County*
	+ *CAC of Fayette County*
	+ *Brick House Emergency Shelter*
* *Ross County*
	+ *Ross County Community Action*
	+ *Integrated Services for Behavioral Health*
* *Pickaway County*
	+ *CAC of Fayette County*
	+ *Integrated Services for Behavioral Health*
* *Veteran Providers:*
	+ *Faith Mission of Fairfield County- SSVF*
		- *Fayette, Highland, Pickaway, Ross Counties*
	+ *St. Vincent De Paul of Dayton-SSVF*
		- *Clinton County*
* *Youth Providers:*
	+ *Sojourners Care Network*
		- *Ross County*
* *Street Outreach Providers:*
	+ *N/A*

*These organizations are responsible for conducting street outreach, as necessary during the normal hours of operation. 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.*

## Standards for the Community Resources List

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

### **Standard No. 4A – Community Resources List Components**

The Community Resource List includes the following components:

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

### **Standard No. 4B – Maintaining the Community Resources List**

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

*Procedure: Region 16 is responsible for maintaining and updating the Community Resources List at least annually.*

*Procedure: Community Action Commission of Fayette County shares the updated list annually via email with all service providers in the Region.*

### **Standard No. 4C – Using the Community Resources List**

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

*Procedure: Region 16 shares the Community Resources via Region 16’s Homeless Programs website:*

[*https://www.cacfayettecounty.,org/region-16-homeless-housing-programs/*](https://www.cacfayettecounty.,org/region-16-homeless-housing-programs/)

## Standards for Diversion

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

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

### **Standard No. 5A – CE AP Requirements for Diversion**

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

* All CE APs, except for victim service providers, are available to conduct diversion screening either in person or by phone
* If the applicant contacted the CE AP after hours or while CE staff were occupied with another household, CE AP staff must attempt follow-up contact within two business days
* CE APs follow the appropriate process and workflows to determine when its appropriate to collect household data for reporting into the CE AP project in HMIS and when/how to document successful or unsuccessful diversion

*Procedure: Region 16 CE APs commit to fulfilling the above identified responsibilities related to conducting diversion screening.*

### **Standard No. 5B – Diversion Screening Tool**

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

*Procedure: Region 16 CE APs engage in diversion screening and diversion activities as required.*

### **Standard No. 5C – Diversion Availability**

CE APs are able to conduct diversion screening in person and over the phone during identified hours of operation. The only exception is for DV agencies that may conduct diversion screening over the phone only, if they desire.

*Procedure: Region 16 CE APs engage in diversion screening and diversion activities both over the phone and in person*

### **Standard No. 5D – Confidentiality of Diversion Screening Tools**

Completed Diversion Screening Tools are stored in secure and private locations that are not publicly accessible including, at minimum, the following precautions:

* Paper versions of completed Diversion Screening tools are stored in locked file cabinets that are not publicly accessible, in the same manner that paper client files would be stored.
* Electronic versions of completed Diversion Screening tools (e.g., word documents or PDFs) are stored on password-protected computers that are not publicly accessible. Completed Diversion Screening Tools should not be stored on the computer desktop.

**Standard No. 5E – Diversion Data and HMIS**

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

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

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

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

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

## Standards for Entry into Emergency Shelters/Crisis Response System

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

Not all Ohio BoSCoC communities have access to emergency shelters. Therefore, this section outlines CE standards related to processes for entering homeless persons into an emergency shelter or into other local forms of crisis response assistance. These other types of assistance may include transitional housing that, for all intents and purposes, operates as emergency shelter or other local resources that seek to provide emergency housing/shelter to people who would otherwise be unsheltered (e.g., winter shelters, or hotel/motel vouchers used in lieu of shelter). For ease, we use the term ‘emergency shelter’ to refer to emergency shelters as well as the other types of crisis response resources used in lieu of shelter.

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

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

* AP calls or emails the emergency shelter provider directly to inform them of the needed assistance and ensure the availability of space.
* If no emergency shelter beds are available, contingencies for providing shelter are made by the CE AP
* If the household in crisis includes a veteran, the local SSVF provider is contacted to arrange a shelter alternative, if needed.
* In regions or counties where CE APs are available outside of the hours where an emergency shelter can accept a new client, the CE plans outline how households will be assisted with shelter
* The referral process to connect a household from the CE AP to the local emergency shelter is documented in HMIS, per the written workflows.

### *Procedure: Region 16 CE APs connect households who cannot be diverted to local emergency shelter projects per the following procedures:)*

### *CE Aps would make a referral to the local emergency shelter/crisis response system.*

### *If ES project has bed availability, CE AP offers to connect the household in crisis to the ES project via a three-party call in order to introduce the household to the ES project staff and inform household about how they should proceed to the shelter*

### *If CE AP is unable to confirm ES bed availability while talking with the household in crisis, CE AP follows-up with household to inform them of bed availability and next steps within 48 hours.*

### *Procedure: Where CE APs respond to requests for assistance outside of the hours of intake for emergency shelters, CE APs will adhere to the following procedures to connect households in need to shelter:*

* 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.

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

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

* When local shelters are at capacity, CE APs and/or emergency shelters/crisis response providers refer homeless persons to other crisis response organizations that have agreed to provide hotel/motel vouchers in lieu of shelter, or to shelters in neighboring counties.
* CE APs or local emergency shelters coordinate transportation where necessary and able.

*Procedure: When a household is in need of shelter but local shelter projects are at capacity, Region 16 CE APs do 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 within Region 16 will enter into Memoranda of Agreement (MOAs) that outline all roles and responsibilities.*

*Procedure: In cases where households in need of shelter must be connected to a shelter project in another county, CE APs do the following if needed to provide transportation assistance:*

*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 within Region 16 will enter into Memoranda of Agreement (MOAs) that outline all roles and responsibilities.*

### **Standard No. 6C – HMIS Data Entry**

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

### **Standard No. 6D – Compliance with Homeless Program Standards**

Ohio BoSCoC homeless assistance providers must comply with the Ohio BoSCoC Homeless Program Standards, as well as applicable state and federal requirements related to program eligibility. If CE APs or other local homeless providers become aware of non-compliance with the Homeless Program Standards, CoC staff should be notified immediately. The Program Standards can be found here - <https://cohhio.org/boscoc/gov-pol/>

# CE Component - Assessment

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

### **Standard No. 7A – CoC’s Common Assessment Tool**

As of June 2024, 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.

Please note, the remaining standards and procedures only refer to the ‘common assessment tool’; they do not identify the VI-SDPAT by name, since it is possible the CoC’s adopted common assessment tool will change.

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

Homeless service provider staff who are responsible for completing the CoC’s common assessment tool with clients/households must complete all required training as outlined in the *Training Requirements* section of this document.

*Procedure: The following agencies in Region 16 will ensure appropriate staff complete all required training before administering the CoC’s common assessment tool with clients:*

* *Clinton County Services for the Homeless*
* *Fayette County Brick House Homeless Shelter*
* *CAC of Fayette County*
* *Fayette Landing- Rawlings*
* *Fayette County Peace House-DV Project*
* *Pickaway County Mobile AP*
* *Highland County Homeless Shelter*
* *Ross County Community Action*
* *Ross County Integrated Services*

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

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

Results of the common assessment tool are recorded in HMIS, following relevant HMIS workflows.

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

Emergency shelter/crisis response providers (and in some cases, CE APs) complete the common assessment tool immediately in the following cases:

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

Results of the common assessment tool are recorded in HMIS, following relevant HMIS workflows.

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

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

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

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

*Procedure: The following agencies in Region 16 complete the common assessment tool on households who are experiencing unsheltered homelessness:*

* *See Standard No. 2B*

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

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

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

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

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

*Procedure: In Region 16, the following organizations have entered into an MOU that outlines the agreed upon process for the partner agency to complete the common assessment tool with shelter residents:*

* *N/A*

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

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

# CE Component - Prioritization

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

### **Standard No. 8A – Establishing and Maintaining Prioritization Workgroups**

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

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

*Procedure: Region 16 has established the following PH Prioritization Workgroups:*

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 Region 16 Committee will consist of all emergency shelter and homeless housing (PSH/RRH) staff. These members are: Stacey Johnson, Chelsea Davis, Christy Dunlap, Gaye Huffman, Dreama Brown, Mileah Wilson, Karla Ritt, Judy Wamsley & Vickey Leasure (Fayette County), Greg Hawkins (Highland County) Amber Taylor, Sydney Murtland (Clinton County Services for the Homeless) Jenny Perdew, Kimberly Hawkey (Ross County), Fallon Kingery (Pickaway County)
* The group will meet monthly via zoom.
* 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.

*Procedure: The above noted Prioritization Workgroups meet according to the following schedules:*

 *Meets monthly via zoom.*

*Procedure: Chelsea Davis, Region 16 CE Liaisons/Region Chair is responsible* f*or staffing the Prioritization Workgroup. Staffing responsibilities include:*

* *Host the meetings, providing a meeting link or securing meeting space as needed*
* *Set up regular meeting schedule and communicate the schedule to workgroup members*
* *Prepare meeting agenda and complete the following pre-work to help ensure efficient meetings:*
	+ *Identify the number of RRH, TH, and PSH openings the PH Prioritization Workgroup will need to prioritize for (collect info from providers)*
	+ *Run the Prioritization Report out of Rme and email to workgroup members*
	+ *Remind providers to ensure client-level info is updated in HMIS so that the report is accurate*
	+ *As needed, track prioritization discussions over time if persons/households are considered for prioritization in multiple meetings*
* *Communicate meeting information to workgroup members in advance of meetings*
* *Distribute Prioritization Workgroup meeting notes, including detailed next steps and agencies/staff positions responsible, to workgroup members after the meeting*

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

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

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

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

### **Standard No. 8C – Prioritization Processes for Prioritization Workgroups**

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

* Identify PSH and RRH openings
* Using the *Prioritization Report* available in Rme, identify households with most severe service needs and longest homeless histories to prioritize for assistance, following Homeless Program Standards
* Identify currently homeless households potentially in need of PSH or RRH assistance that are currently residing in non-HMIS participating emergency shelters/crisis response providers, and therefore not appearing on the *Prioritization Report*.

### **Standard No. 8D – Prioritization Data Sources**

Prioritization Workgroups use the *Prioritization Report* in R minor elevated (Rme) as the primary data source for identifying the pool of currently homeless clients who may need to be considered for PSH or RRH assistance.

### **Standard No. 8E – Prioritization Compliance with the Homeless Program Standards**

Prioritization Workgroups follow the Order of Priority outlined in the [Ohio BoSCoC Homeless Program Standards](https://cohhio.org/boscoc/gov-pol/) to ensure persons/households in greatest need are prioritized for local PSH.

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

### **Standard No. 8F – Prioritization Next Steps**

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

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

*Procedure: Region 16 has established the following process to move forward on next steps once households have been prioritized for permanent housing:*

* *PH providers for whom prioritized households have been identified will immediately reach out to the prioritized household, including relevant emergency shelter and street outreach providers in the communication as appropriate, to work on getting documents ready to verify eligibility and chronic homelessness (where applicable)*

*Procedure: Region 16 providers strive to house prioritized households within 60 days of the prioritization decision.*

### **Standard No. 8G – Prioritization Decision Documentation**

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

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

### **Standard No. 8H – Household Declines of Assistance**

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

### **Standard No. 8I – Provider Acceptance of Prioritization Decisions**

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

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

### **Standard No. 8J – Provider-Declined Prioritization Decisions**

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

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

### **Standard No. 8K – Contingency Plans**

Outline contingency plans that delineate the process for assisting homeless individuals and households when the community lacks certain homeless assistance resources and/or when those local resources are at capacity and not immediately available.

# CE Component - Referrals

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

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

After screening a household in housing crisis for possible diversion, CE APs make a referral to local emergency shelters/crisis response providers if the crisis cannot be resolved. Making a referral involves contacting the provider directly and documenting the referral process in HMIS following the appropriate workflow.

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

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

# Monitoring and Evaluation

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

### Standard No. 10A – Client Grievances

Homeless assistance providers respond to and attempt to resolve client grievances about the CE system or process. If the situation cannot be resolved at the provider level, provider staff elevate the client grievance to the CE Management Entity (COHHIO CoC staff serve in this role). If providers need to elevate a client grievance to the CoC, they can email details about the grievance along with the client’s HMIS ID to ohioboscoc@cohhio.org.

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

*Procedure: In Region 16, Community Action Commission of Fayette County is responsible for receiving and responding to client grievances about the CE system. The detailed process is as follows:*

SCOPE AND PURPOSE: Region 16 will provide potential, current, or former housing participants with an opportunity to address any concerns and/or decisions made by Region 16 housing staff in relation to their individual case or general operations. This Grievance Policy must be posted or given to potential, current, or former housing participants.

RESPONSIBILITIES:

Agency Administration and Staff shall:

* Region 16 will make available to housing participants, potential housing participants, and other interested parties the Grievance Packet (includes the Grievance Policy, Complaint form and Appeal form).
* It is the intent of Region 16 Housing Staff that participants be treated at all times with respect and their current housing circumstances will be kept in the strictest confidence.
* A copy of this policy will be clearly posted in appropriate agency offices.
* All housing participants will be informed of their rights at program enrollment.
* Housing Participants are provided a full explanation of their participant’s rights policy, and a copy will be provided upon enrollment.
* Staff will receive orientation regarding the agency’s policy on participant’s rights and grievance procedures.
* If the complaint is the result of a participant being EXITED, a 48-hour extension may be granted while the Region 16 Housing Director decides, unless the reason for program exit was a safety violation.

 (violence, abusive behavior, illegal drug use on premises, etc.).

* Each housing participant will have the opportunity to express his/her feelings concerning their dissatisfaction with the Policies and Procedures of the agency in an appropriate manner.

There are three (3) steps to the Grievance Process:

* 1. Discuss the matter with the housing staff members involved. An open discussion will usually clear up the misunderstanding and solving the problem. If the matter remains unresolved, move on to step
	2. Request a grievance form, complete it, and forward completed form to Region 16 Housing Director. If a participant is unable to fill out the grievance form, they may request an in-person meeting with the appropriate Program Director (PD). PD will document and review the grievance, then respond in writing to the participant within five (5) working days of receipt of the complaint. If the participant remains dissatisfied with the resolution offered, s/he may take the next step. \*\* or in the case that the grievance is with the Peace House DV Director, the completed grievance form should be forwarded to the Homeless Director for review. If grievance is with Homeless Director, the grievance form should be forwarded to the Executive Director.
	3. Participant may **r**equest that their complaint form be forwarded to the Executive Director for review. S/he will take one of the following two (2) steps:
		+ - Give the participant a written response which would indicate the final disposition or;
			- Call a conference for the parties involved in the incident(s). The final disposition will be issued within five (5) working days of the conference and will update the appropriate housing staff.
* *If client disagrees with the recommended course of action, agencies from Region 16 may provide the client information to elevate the grievance to the CE Management Entity*
	+ *Clients are given the email address and phone number of the CE Management Entity (CoC Team at COHHIO)*
		- *ohioboscoc@cohhio.org*
		- *614.280.1984 ext. 118*

### Standard No. 10B – Annual Evaluation

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

Feedback methodologies may include, but are not limited to:

Surveys

Focus Groups

Interviews

### Standard No 10C – CE System Implementation Monitoring

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

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

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

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