



North Carolina Balance of State Continuum of Care

bos@ncceh.org

919.755.4393

www.ncceh.org/BoS

Coordinated Assessment Toolkit DRAFT TO REGIONAL COMMITTEES

June 2014

Background

General: Coordinated assessment, also known as coordinated entry or coordinated intake, is a system that allows for a coordinated entry into your local homeless services. Coordinated assessment increases the efficiency of a homeless assistance system by standardizing access to homeless services and coordinating program referrals. As part of the HEARTH regulations that govern Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding, the U.S. Department of Housing and Urban Development (HUD) requires all CoCs across the United States to implement coordinated assessment.

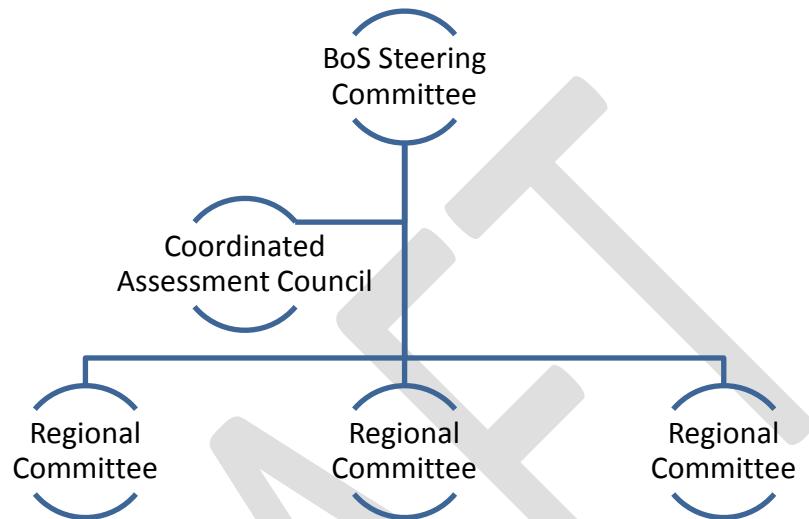
NC Balance of State (NC BoS) Coordinated Assessment Vision Statement: Coordinated assessment assists the NC BoS CoC to end homelessness by increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness. Consumers will quickly access appropriate services to address housing crises through a right-sized, well-coordinated agency network.

Guiding Principles: Across the NC BoS, all locally designed and operated coordinated assessment systems will be:

- Sustainable – resources required to operate the CA system are identified and available now and for the foreseeable future
- Flexible – localization and customization is allowed based on community needs, resources, and services available
- Transparent and accountable – consumers know what is being done and why, agencies have their program rules on the table, there are clear appeal and grievance process for both consumers and agencies
- Housing-focused – people experiencing housing crises return to permanent housing within 30 days, in compliance with HEARTH
- Client-focused – system is accessible, leaves no one behind, and accommodates choice/need
- Collaboration-focused – system is operated from broad-based consensus, system linkage responsibilities are managed by partnerships with integrity, agencies hold each other accountable and exhibit a willingness to cooperate
- Easy to use – system is not cumbersome to agencies, is also accessible and well-known to the community

Governance

General Structure: Coordinated assessment in the NC BoS will be designed and administered at the Regional Committee level with standards and governance provided by the NC BoS Steering Committee. The Steering Committee will appoint a standing Coordinated Assessment Council to review, provide feedback on, and ultimately approve coordinated assessment plans written by Regional Committees. The Coordinated Assessment Council will be made up of representatives from across our CoC and other state-level experts.

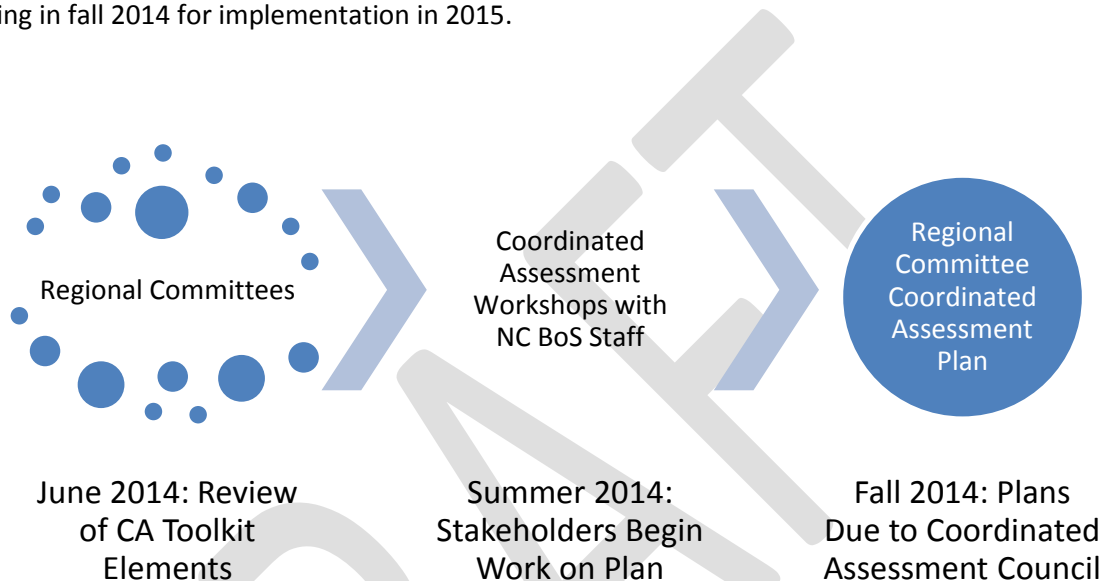


Role of Regional Committee: Each Regional Committee will design a local coordinated assessment system within parameters contained in this Toolkit. The Toolkit, scheduled to be approved by the Steering Committee in August 2014, gives Regional Committees a supportive framework to use while building local systems as well as standardized pieces that will be uniform across our CoC – including the 3-part Coordinated Assessment Tool that Regional Committees will use to divert, assess, refer, and case manage households experiencing homelessness.

Grievance: As part of the coordinated assessment plan, Regional Committees will create a grievance process for clients and agencies using the system to formally bring their concerns to the Regional Committee. Local grievance procedures will handle the majority of issues. For issues that cannot be resolved at the local level, grievance concerns can be appealed to the Coordinated Assessment Council of the NC BoS Steering Committee for resolution.

Next Steps

Timeline for Plans & Implementation: Regional Committees will elect a Coordinated Assessment Lead to serve as the point person for coordinated assessment matters on the local level. Key stakeholders from each Regional Committee will be invited to participate in a coordinated assessment workshop with like-sized Regional Committees in summer/fall 2014 to work on Regional Committee coordinated assessment plans using the Regional Committee Plan form. Regional Committees will return completed forms to the Coordinated Assessment Council of the NC BoS Steering Committee in fall 2014. The Coordinated Assessment Council will approve Regional Committee coordinated assessment plans starting in fall 2014 for implementation in 2015.

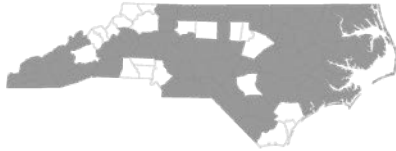


Coordinated Assessment Models

Coordinated assessment in the NC BoS will have standardized elements and yet have flexible design and implementation to meet each Regional Committee's unique needs. Regional Committees will choose one of the following models:

- Centralized: Designated agency or agencies within a community will handle intake and referrals OR
- Decentralized: All agencies will employ the common assessment and referral system for intake

Regional Committees will design a plan for how coordinated assessment referrals will work locally using the three-part Coordinated Assessment Tool and the Regional Committee Plan form.



North Carolina Balance of State Continuum of Care

bos@ncceh.org

919.755.4393

www.ncceh.org/BoS

Coordinated Assessment Toolkit – DRAFT FOR REGIONAL CMTE. REVIEW

BoS Coordinated Assessment Tool

The NC BoS Coordinated Assessment Tool is made up of 3 parts that are used at different phases of coordinated assessment. In order to maintain a uniform assessment tool across the 79 counties of the NC Balance of State CoC, the assessment tool can only be modified as specified below beside MODIFICATIONS.

1. Emergency Response Screening

PURPOSE	Reduce entries into homeless system
WHEN TO ADMINISTER	Immediately, as applicants present themselves to enter a program or service
HOW TO ADMINISTER	Regional Committees will select an agency to complete screening in person and/or by phone as people initially access the homeless service system
TRAINING	Online training will be developed
MODIFICATIONS	None

2. Service Assessment & Prioritization Tool (VI-SPDAT)

PURPOSE	Assign appropriate referral for client and prioritize which client will receive housing and services next
WHEN TO ADMINISTER	14 days after entering system – VI-SPDAT is administered on Day 15
HOW TO ADMINISTER	Regional Committees will designate locations and staff to administer VI-SPDAT
TRAINING	All users must complete free, online training
MODIFICATIONS	Balance of State will provide guidelines for how the scoring will determine the type of program referrals. If a Regional Committee does not have a certain type of program, they can adjust these guidelines with the approval of the BoS.

3. Case Management Assessment

PURPOSE	Standardized tool for case management to track outcomes
WHEN TO ADMINISTER	At program entry, at housing entry, every six months thereafter until program discharge, twelve months after assistance ends
HOW TO ADMINISTER	Housing programs will administer this tool to all participants
TRAINING	Online training will be developed
MODIFICATIONS	None

BoS Coordinated Assessment Tool

1. Emergency Response Screening (Page 1 of 2) *Instructions in italics*

INTRODUCTORY QUESTIONS

1. Are you homeless or do you believe you will become homeless in the next 72 hours?

Yes No

HUD definition of homeless: living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.

2. Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful?

Yes No

If no to Question 1 AND Question 2, refer to mainstream resources

If yes to Question 2, refer to DV resources

3. Where did you sleep last night? _____

4. Was it a safe location? Yes No

If no, ask "What made the location unsafe?" "Is there another place you can think of where you feel safe and could stay for a couple of nights?"

If unsafe due to domestic violence, refer to DV services.

PREVENTION/DIVERSION QUESTIONS

5. Why did you have to leave the place you stayed last night? _____

Could you stay tonight at the same location? Yes No

If no, skip to Question 6

a. What would you need to help you stay where you stayed last night again?

Landlord mediation

Conflict resolution

Rental assistance (Amount \$ _____)

Utility assistance (Amount: \$ _____)

Other financial assistance (Amount: \$ _____)

Other assistance (Please describe: _____)

b. Would it help if I contacted the person you stayed with? What is the best way to contact that person?

Name _____ Phone _____

Contact date(s) and result _____

BoS Coordinated Assessment Tool

1. Emergency Response Screening (Page 2 of 2) *Instructions in italics*

6. Is there anyone else you (and your family) could stay with? Friends, family, co-workers?

Yes No

If no, skip to Question 7

a. What would you need to help you stay there?

Landlord mediation

Conflict resolution

Rental assistance (Amount \$ _____)

Utility assistance (Amount: \$ _____)

Other financial assistance (Amount: \$ _____)

Other assistance (Please describe: _____)

b. Would it help if I contacted someone you can stay with? What is the best way to contact that person?

Name _____ Phone _____

Contact date(s) and result _____

If household is not appropriate for prevention and diversion referral, at this point household members are referred to local emergency response programs. Each Regional Committee will determine referral eligibility questions based upon what is available in the community. Regional Committee members will formalize emergency response referral process at Coordinated Assessment Workshops with NC BoS staff in summer/fall 2014.

7. Is the assistance needed to prevent or divert this household from entering the homeless system available in your community?

Yes No

8. If no, what was the result of this screening process for this household?

Referred to shelter

Referred to DV program

Received hotel/motel voucher

No assistance given

Referred to Transitional Housing

Other

BoS Coordinated Assessment Tool

2. Service Assessment & Prioritization Tool (VI-SPDAT) (Page 1 of 6)

All staff using this assessment must attend the free, online training before starting to administer the VI-SPDAT.

- VI-SPDAT for individuals training: <http://www.orgcode.com/2014/02/17/vi-spdatt/>
- VI-SPDAT for families training: <http://www.orgcode.com/2014/02/17/family-vi-spdatt-how-to/>

GENERAL INFORMATION/CONSENT

Interviewer's Name		Agency <input type="checkbox"/> TEAM <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER	
Date	Time	Location	
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Social Security Number	
How old are you?	What's your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
If 60 years or older, then score 1.			Prescreen Score
GENERAL INFORMATION SUBTOTAL			

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
	RESPONSE	REFUSED	Prescreen Score
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.			
1. What is the total length of time you have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you been housed and then homeless?		<input type="checkbox"/>	
HOUSING AND HOMELESSNESS SUBTOTAL			

BoS Coordinated Assessment Tool

2. Service Assessment & Prioritization Tool (VI-SPDAT) (Page 2 of 6)

B. RISKS

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>	
4. In the past six months, how many times have you had an interaction with the police?			<input type="checkbox"/>	
5. In the past six months, how many times have you been taken to the hospital in an ambulance?			<input type="checkbox"/>	
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	YES	NO	REFUSED	Prescreen Score
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12, OR if respondent provides any answer <i>OTHER THAN "Shelter"</i> in question 13, then score 1.	YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
RISKS SUBTOTAL				

BoS Coordinated Assessment Tool

2. Service Assessment & Prioritization Tool (VI-SPDAT) (Page 3 of 6)

C. SOCIALIZATION & DAILY FUNCTION

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	Prescreen Score
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to meet all of your expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.	YES	NO	REFUSED	Prescreen Score
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	Prescreen Score
18. Do you have any friends, family or other people in your life, out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family, or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY --DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
20. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				

BoS Coordinated Assessment Tool

2. Service Assessment & Prioritization Tool (VI-SPDAT) (Page 4 of 6)

D. WELLNESS

QUESTIONS					
If Does Not Go For Care, score 1.		RESPONSE		Prescreen Score	
21. Where do you usually go for healthcare or when you're not feeling well?		<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.					
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:		YES	NO	REFUSED	Medical Conditions
22. Kidney disease/end-stage renal disease or dialysis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, hypothermia, or immersion foot		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, cirrhosis, or end-stage liver disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical		YES	NO	REFUSED	Other Medical Conditions
26. History of heat stroke/heat exhaustion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, arrhythmia, or irregular heartbeat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:		<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?		<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 35 through 41, score 1 in the Substance Use column.		YES	NO	REFUSED	Substance Use
35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you ever used injection drugs or shots in the last six months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Have you blacked out because of your alcohol or drug use in the past month?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BoS Coordinated Assessment Tool

2. Service Assessment & Prioritization Tool (VI-SPDAT) (Page 5 of 6)

D. WELLNESS, CONT.

OBSERVATION ONLY – DO NOT ASK: 41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 42 through 48, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK: 48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.				Tri-Morbidity
If YES to question 49, score 1.	YES	NO	REFUSED	Prescreen Score
49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 50, score 1.	YES	NO	REFUSED	Prescreen Score
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WELLNESS SUBTOTAL				

SCORING SUMMARY

DOMAIN	SUBTOTAL	Scoring parameters to be determined by each Regional Committee (how scores determine program referral) General scoring guidelines: 10+ = Permanent Supportive Housing 5-9 = Rapid Re-Housing 0-4 = No Program Referral
GENERAL INFORMATION		
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
VI-SPDAT TOTAL		

BoS Coordinated Assessment Tool

2. Service Assessment & Prioritization Tool (VI-SPDAT) (Page 6 of 6)

SCRIPT: Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Decline to State
Have you ever served in the US military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, which war/war era did you serve in?</i>	<input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post-Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Refused
<i>If yes, what was the character of your discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused
What is your citizenship status?	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented
Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the state <input type="checkbox"/> Somewhere else (specify) _____
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	
Ok, now I'd like to take your picture. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Regional Committee members will formalize program referral process at Coordinated Assessment Workshops with NC BoS staff in summer/fall 2014 to allow for appropriate program referral

BoS Coordinated Assessment Tool

3. Case Management Assessment (Page 1 of 2)

Name _____
 Program Name _____

DOB __/__/____
 HMIS ID _____

Assessment Date __/__/____ Initial Interim Exit

Domain	1	2	3	4	5	Score	Participant goal?
Housing	Homeless: living in a place not meant for human habitation, shelter, transitional housing; exiting institution where temporarily resided up to 90 days and homeless immediately prior to entry	Threatened with eviction, in transitional or substandard housing, current housing cost unaffordable (+30% of income)	In stable housing that is safe but only marginally adequate	Household is in safe, adequate subsidized housing	Household is safe, adequate, unsubsidized housing		
Employment	No job	Temporary, part-time or seasonal; inadequate pay, no benefits	Employed full time; inadequate pay; few or no benefits	Employed full time with adequate pay and benefits	Maintains permanent employment with adequate income and benefits		
Income	No income	Inadequate income and/or spontaneous or inappropriate spending	Can meet basic needs with subsidy; appropriate spending	Can meet basic needs and manage debt without assistance	Income is sufficient, well managed; has discretionary income and is able to save		
Food	No food or means to prepare it; relies on free or low-cost food (soup kitchen, food pantry, etc.)	Household is on food stamps	Can meet basic food needs, but requires occasional assistance	Can meet basic food needs without assistance	Can choose to purchase any food household desires		
Child Care	Needs childcare but none is available/accessible or child ineligible	Unreliable, unaffordable or inadequate supervision for available childcare	Affordable subsidized childcare is available, but limited	Reliable, affordable childcare is available, no need for subsidies	Able to select quality childcare of choice		
Children's Education	One or more school-aged children not enrolled in school	One or more school-aged children enrolled in school, but not attending classes	Enrolled in school, but one or more children only occasionally attending classes	Enrolled in school and attending classes most of the time	All school-aged children enrolled and attending on a regular basis		
Adult Education	Literacy problems or lack of high school diploma/GED are serious barriers to employment	Enrolled in literacy or GED program; has sufficient command of English; language not a barrier to employment	Has high school diploma/GED	Needs additional education/training to improve employment or resolve literacy problems	Completed education/training to become employable; no literacy problems		
Health Care Coverage	No medical coverage with immediate need	No medical coverage; great difficulty accessing care when needed	Some members (e.g. children) have medical coverage	All members can get medical care when needed, but may strain budget	All members are covered by affordable, adequate health insurance		
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living	Can meet a few but not all needs of daily living without assistance	Can meet most but not all daily living needs without assistance	Able to meet all basic needs of daily living without assistance	Able to provide beyond basic needs of daily living for self and family		

BoS Coordinated Assessment Tool

3. Case Management Assessment (Page 2 of 2)

Domain	1	2	3	4	5	Score	Participant Goal?
Family /Social Relations	Lack of necessary support from family/friends; abuse or neglect is present	Family/friends lack ability or resources to help, do not relate well with one another; potential for abuse or neglect	Some support from family/friends; changing negative behaviors; learning communication and support	Strong support from family or friends; household members support each other's efforts	Healthy/expanding support network; household is stable and communication open		
Transportation	No access to transportation, public or private; may have car that is inoperable	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured	Transportation is generally accessible to meet basic travel needs	Transportation is readily available and affordable; car is adequately insured		
Parenting Skills	Children not in parental custody	Significant current involvement of CPS/family court system	Receives ongoing services from DSS or other community partners; recent past involvement in parental rights issues	Family intact with no supervision or services; children have delinquency or truancy issues	Family intact with no need of services and no delinquency/truancy issues		
Legal	Current outstanding tickets or warrants	Current charges/trial pending, noncompliance with probation/parole	Fully compliant with probation/parole terms	Has successfully completed probation/parole within past 12 months, no new charges filed	No active criminal justice involvement in more than 12 months and/or no felony criminal history		
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns		
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use	No drug use/alcohol abuse in last 6 months		
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe; however, future is uncertain; safety planning is important	Environment is apparently safe and stable		
Disabilities	In crisis – acute or chronic symptoms affecting housing, employment, social interactions, etc	Vulnerable – sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc	Safe – rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc	Asymptomatic, condition controlled by services or medication	No identified disability		



North Carolina Balance of State Continuum of Care

bos@ncceh.org

919.755.4393

www.ncceh.org/BoS

Coordinated Assessment Toolkit – DRAFT FOR REGIONAL COMMITTEE REVIEW

Regional Committee Plan

Regional Committees within the NC Balance of State CoC (NC BoS) will design coordinated assessment plans using this form. Plans are due to the Coordinated Assessment Council of the BoS Steering Committee in fall 2014 (firm deadline to be established once ESG and CoC application timelines are known).

Regional Committee: _____

Counties served: _____

Elected Coordinated Assessment Lead: _____

Regional Lead: _____

ACCESS TO SYSTEM

Regional Committees within the NC BoS will use one of two approved coordinated assessment models. Please indicate your Regional Committee model below (choose one):

Designated agency(s) administer both emergency response screening and VI-SPDAT assessment tool and make program referrals for the system

All agencies will uniformly administer both emergency response screening and VI-SPDAT assessment tool and make program referrals

List of agencies administering emergency response screening:

Agencies acting as coordinated assessment sites within Regional Committee:

Agency	Administering the Emergency Response Screening	VI-SPDAT for families, individuals or both	Number of staff for coordinated assessment	Time/week for staff to do coordinated assessment	Schedule of staff available for coordinated assessment (example: Mon-Fri, 8 am – 5 pm)

How will individuals access homeless programs in your community? (Should correspond to diagram for individual access in Appendix)

How will families access homeless programs in your community? (Should correspond to diagram for family access in Appendix)

Are people required to travel to different locations to access programs and services in your community?

Yes No

If yes, what happens if a household is unable to access transportation?

How is coordinated assessment advertised in your community? (check all that apply)

All agencies aware Posters Billboards Media stories Flyers
 Stickers Community Forum Other (Please describe: _____)

How does your community connect coordinated assessment to existing systems? Please describe what is available locally and how the systems overlap and interact.

Prevention:

Veterans Affairs:

Faith-based poverty programs:

Mental health services:

Legal/judicial system, including law enforcement and prisons:

Department of Social Services (if multiple DSS agencies within Regional Committee, please discuss each agency):

DRAFT

Please list all programs within your Regional Committee that serve people who are homeless. If an agency operates more than one program, please list each program separately. Regional Committees are responsible to extend information and invitations to participate in coordinated assessment.

Agency	Program	Program Type (Prevention, Shelter, DV, RRH, SSVF, TH, PSH, HUD- VASH)	Population served	Signed MOU to participate in coordinated assessment? Yes/No	Participation?	Restrictions for service (demographic, geographic, subpops, etc)

Options for “Participation” column choices: administering emergency response screening, contributing resources, accepting referrals, providing staff for assessment, serving as assessment site, informed about coordinated assessment and not participating

REFERRALS

Please describe how the referral process will work in your community. If clients need to transfer agencies in the referral process, please describe how this works.

Are transportation funds/resources provided?

Yes No

If yes, please describe resources, to whom they are available, and how and when they are accessed.

Are forms sent with clients and/or included in HMIS?

Yes No

If yes, please describe:

Does your Regional Committee use real-time bed availability?

If yes, please describe:

What is the process for agencies that do not want to accept referrals coming from coordinated assessment?

What is the grievance process for individuals who do not agree with their referral?

Please describe how your community will use HMIS for coordinated assessment.

How does your Regional Committee handle waitlists for programs? Please include information for how this waitlist is created, stored, and updated and the agency/person responsible.

Please include the full list of program rules for each agency participating in coordinated assessment in the Appendix. Please indicate below which rules are specifically required by funders.

Coordinated assessment will help communities to identify gaps in services. How will your community address these gaps as they become apparent?

OVERSIGHT

The Coordinated Assessment Lead will be tasked with reporting about coordinated assessment to both the Regional Committee and the Coordinated Assessment Council of the NC Balance of State Steering Committee. Will your Regional Committee engage in further measures (e.g. including weekly case management meeting to case conference, monthly provider meeting to assess system flow, elected group to monitor local grievances)? Please describe below.

DRAFT

APPENDIX

Please attach a full list of program rules for each participating agency.

Please attach MOUs from agencies participating in coordinated assessment in your community.

Please complete the following charts to be used in conjunction with the emergency response screening of the coordinated assessment tool.

Prevention & diversion resources locally available

Agency	Program/Service	Contact Phone	Contact Email	Website	Process for Accessing Resources	Restrictions for service (demographic, geographic, subpops, etc)

Mainstream resources for people who are not homeless or at-risk of homelessness or do not qualify for prevention or diversion

Agency	Program/Service	Contact Phone	Contact Email	Website	Restrictions for service (demographic, geographic, subpops, etc)

Foreclosure prevention resources for homeowners in housing crisis

Agency	Program/Service	Contact Phone	Contact Email	Website	Restrictions for service (demographic, geographic, subpops, etc)
NC Housing Finance Agency	NC Foreclosure Prevention Fund	1-888-442-8188		www.ncforeclosureprevention.gov/	See website for eligibility

DIAGRAMS

- Draw and attach a diagram of how individuals will access homeless services through coordinated assessment in your community
- Draw and attach a diagram of how families will access homeless services through coordinated assessment in your community

Example Diagram

