



North Carolina Balance of State Continuum of Care

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Coordinated Assessment Toolkit DRAFT TO REGIONAL COMMITTEES

July 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.

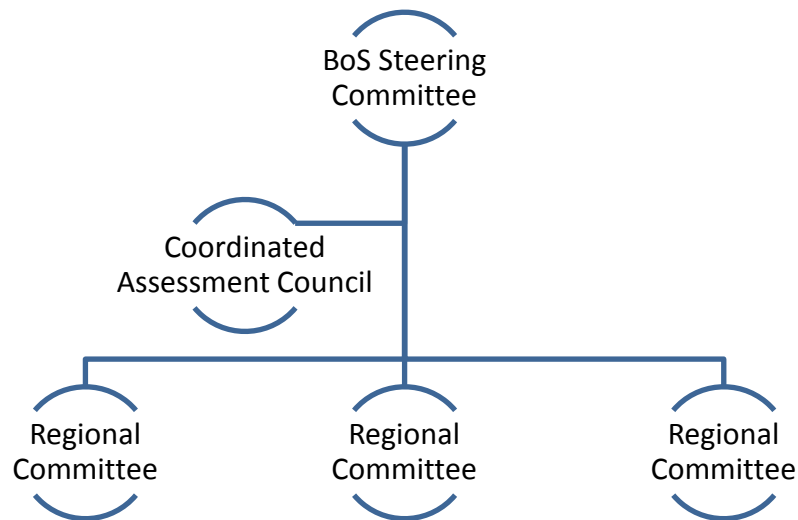
NC Balance of State (NC BoS) Coordinated Assessment Vision Statement: Coordinated assessment assists the NC BoS CoC to end homelessness by increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness. Consumers will quickly access appropriate services to address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

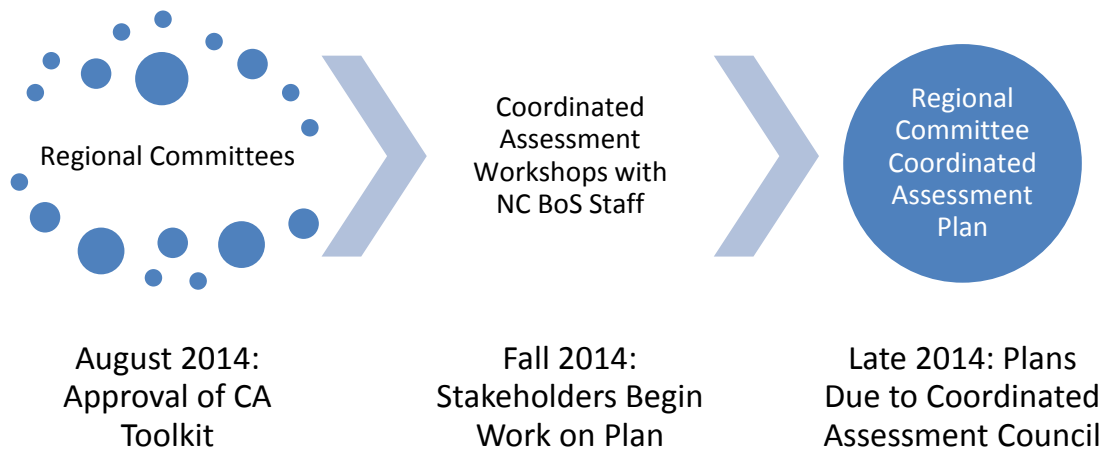


Role of Regional Committee: Each Regional Committee will design a local coordinated assessment system within parameters contained in this toolkit. The toolkit, scheduled to be approved by the Steering Committee in August 2014, gives Regional Committees a supportive framework to use while building local 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 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 late 2014. The Coordinated Assessment Council will approve Regional Committee coordinated assessment plans for implementation in 2015.

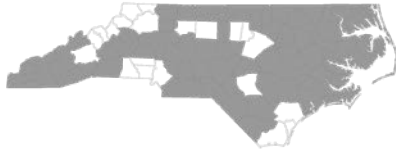


Coordinated Assessment Models

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.



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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 the homeless service system |
| 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 |

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 (Appendix B)



If yes to Question 2, refer to DV resources (Appendix B). If yes to Question 2, clients are referred to DV resources and DO NOT PROCEED WITH THIS ASSESSMENT or any part of the Coordinated Assessment process

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 (Appendix B).

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: _____)

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

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 _____

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 _____

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

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 fall 2014.

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 | | | |
|---|----------|--------------------------|-----------------|
| If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1. | RESPONSE | REFUSED | Prescreen Score |
| 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 | | | |

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 | | | | RESPONSE | REFUSED | Prescreen Score | |
|---|--|--|--|--|--------------------------|--------------------------|-----------------|
| If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1. | | | | | | | |
| 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 | | | | | | | |

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 | | | | |

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 Condition column. | | 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 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"/> | |

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 | | | | |

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

SCORING SUMMARY

| DOMAIN | SUBTOTAL | Regional Committee (how scores determine program referral) 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 Sample scoring guidelines: 10+ = Permanent Supportive Housing 5-9 = Rapid Re-Housing |
|--|----------|--|
| GENERAL INFORMATION | | |
| A. HISTORY OF HOUSING AND HOMELESSNESS | | |
| B. RISKS | | |
| C. SOCIALIZATION AND DAILY FUNCTIONS | | |
| D. WELLNESS | | |
| VI-SPDAT TOTAL | | |

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 (1950-1955) <input type="checkbox"/> Vietnam (1964-1975) <input type="checkbox"/> Post-Vietnam (1975-1991) <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq <input type="checkbox"/> Other <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 _____ |
| 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 <input type="checkbox"/> None <input type="checkbox"/> Other _____ |
| 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 |

Case Management Assessment (Page 1 of 2)

Name _____

DOB __/__/____

Assessment Date __/__/____

Initial Interim Exit

Program Name _____

HMIS ID _____

| 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 in 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 | | |

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; 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; stable household with open communication | | |
| Transportation | No access to transportation, public or private; may have car that is inoperable | Transportation is available but unreliable or unaffordable; may have car but no insurance, license, etc. | Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured | Transportation is accessible; meet basic travel needs | Transportation is readily available and affordable | | |
| 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 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 12 months, no new charges filed | No active criminal justice involvement in +12 months and/or no felony history | | |
| Physical Health | Experiencing severe difficulty in day-to-day life due to physical health problems | Recurrent physical health symptoms; persistent problems with functioning due to physical health symptoms | Minimal symptoms not under treatment; moderate difficulty in functioning due to physical health problems | Minimal symptoms under current treatment; slight impairment in functioning | No current physical health issues and/or in effective treatment for chronic conditions; slight or no impact on functioning | | |
| 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 | | |
| 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

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

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

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 services:

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):

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 will be done.

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?

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 Appendix A. 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 on measures set by the Coordinated Assessment Council. 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.

APPENDIX A

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 for extending 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) |
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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

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

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

APPENDIX B

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

Domestic violence resources locally available

| Agency | Program/Service | Contact Phone | Contact Email | Website |
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Prevention & diversion resources locally available

| Agency | Program/Service | Contact Phone | Contact Email | Website | Process for Accessing Resources | Restrictions (demographic, geographic, subpops, etc) |
|--------|-----------------|---------------|---------------|---------|---------------------------------|--|
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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 (demographic, geographic, subpops, etc) |
|--------|-----------------|---------------|---------------|---------|--|
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Foreclosure prevention resources for homeowners in housing crisis

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

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

