

Emergency Services & Housing Assistance Program 2018



Navigator Services Process Guide

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Mission & Vision

The mission of MaineHousing is to assist Maine people in obtaining and maintaining quality affordable housing and services suitable to their housing needs.

It is the vision of MaineHousing that all Maine people have the opportunity to live in quality affordable housing.

Emergency Shelter and Housing Assistance Program (ESHAP) 2018 Vision

The vision of the 2018 Emergency Shelter and Housing Assistance Program is to transform the current system into a well-coordinated, understandable housing crisis resolution system, which uses a client-centered approach, to assist clients in quickly achieving their housing goals. We envision a system that works collectively with partners, consumers, families and advocates; toward a mutual goal ensuring that individuals and families experiencing homelessness are safely, supportively, and permanently housed so that homelessness becomes a temporary situation with accessible solutions.

The Navigator Role:

Each provider must have at least one staff designated, and trained, to complete all Primary Navigator Services for that agency. This guide contains an overview of the minimum processes that comprise Navigator services.

The Primary Navigator will attend all necessary technical assistance and Navigator services specific training. They will serve as the trainer for any additional staff currently providing Navigator services within the agency and new hires throughout the year. This person will be the primary point of contact in regards to Navigator services for clients, other agency Navigator services providers, and MaineHousing staff.

The Primary Navigator will coordinate messaging from MaineHousing Staff to the rest of their agency in regards to Navigator services and program delivery requirements.

Although each agency will have a Primary Navigator, other staff within the agency may provide Navigator comparable services to eligible households. Navigator services are services that help program participants move from homelessness to appropriate housing opportunities quickly and efficiently. Staff providing Navigator Services help clients access an array of mainstream services to meet the health, housing, employment, resources, and other basic needs of the client.

Navigator services include:

1. Assessment and Housing Prioritization
2. Housing Identification
3. Rental Assistance
4. Stabilization Services

These four components are progressive in design and provision of each will depend on the needs of the household. Documentation of each component, when applicable to the household, must be present in the clients file and within HMIS or a comparable database. Below is an example of what that documentation could look like and what a file could be potentially monitored on.

Navigator Service	Documentation in File	HMIS/Comparable Database
Assessment and Housing Prioritization	VI-SPDAT, Initial Housing Stability Plan, releases to or evidence of mainstream resources, and shelter specific assessments	VI SPDAT Score, VI SPDAT Type & Date, Housing Stability Plan Field & Date, Universal Data and Program Specific Elements
Housing Identification	Housing Stability Plan, Contact Logs, and evidence of Renter Education activities	Services Corresponding with the Housing Stability Plan
Rental Assistance	Housing Search & Applications (if applicable)	Housing/Shelter Service Code
Stabilization Services	Updated Housing Stability Plan, End of Participation documentation, referrals and releases to mainstream resources	Exit Destination and Exit Assessment , 30 day check-in services

Staff providing Navigator services will focus their efforts on assisting the household in reaching housing stability. Navigator services are time-limited and strategic, they should focus solely on the goal of achieving stable housing, and accessing mainstream resources. Clients who require additional case management services to reach their goals should be given ample opportunity and resources to access traditional case management services apart from Navigator services. Staff providing Navigator services will additionally have access to a set-aside of Stability Through Engagement Program (STEP) and Housing Choice Voucher (HCV) rental subsidies to be utilized on a first-come, first-served basis as resources remain available. This is not the only housing resource available. Others include Market Rents, Shelter Plus Care, or Bridging Rental Assistance, and the appropriate housing resource should be utilized based upon the Housing Barrier Assessments.

Housing focused Navigator services include all of the following:

- Administer the VI-SPDAT Assessment and record scores in HMIS to determine housing barriers, needs, and preferences.
- Determine eligibility of clients.
- Develop a Housing Stability Plan based on the VI SPDAT score and general assessment.
- Complete the application process for eligible available housing opportunities.
- Provide warm handoffs to partner agencies where clients are being directed to apply for housing assistance or are receiving case management services.
- Perform outreach to and negotiations with landlords.
- Assist with submitting rental applications and understanding leases.
- Assist with obtaining utilities and making moving arrangements.
- Coordinate resources including obtaining federal, state, and local mainstream benefits.
- Conduct re-evaluations required under 24 CFR§576.401(b) and monitor and evaluate program participant progress, including 30 day check-ins and updating a Housing Stability Plan every 90 days and as needed.
- Assist with mediation between the program participant and the owner or person(s) with whom the program participant is living to prevent the program participant from losing permanent housing.
- Assist with credit and budget counseling to assist program participants with critical skills related to household budgeting. Create and update client budgets as needed.
- Provide Renter Education Program curriculum consisting of; landlord & tenant rights and responsibilities, maintenance and care of your home; standards of cleanliness.
- Proactively recruit landlords that will provide housing opportunities for people experiencing homelessness.
- Address potential barriers to client or landlord participation such as the type of rental assistance or tenant qualifications.
- Support and act as an advocate for clients surrounding all issues of housing stability.

Assessment & Housing Prioritization

Assessment:

In order for a household to receive Navigator Services the following must be completed:

1. All clients should be administered the VI-SPDAT within the first 30 days of shelter stay. There are three types of available VI SPDAT tools; Single (for adults), Family (for households with children), and Youth (youth aged 24 or younger). Navigators may choose whether they would rather use the Single VI SPDAT tool or the Youth VI SPDAT tool, we just ask that they use either one or the other consistently. This score should be recorded in the Homeless Management and Information System (HMIS) or comparable database. Anyone administering the VI SPDAT must watch the following training video prior to administering the tool.
 - Single: <https://vimeo.com/126548635>
 - Family: <https://vimeo.com/126591317>
 - Youth: (Please watch the Single VI SPDAT video and apply the same principles)
2. The Navigator will determine client eligibility for Navigator services based on homeless verification and a VI-SPDAT score of 4 or greater. Note: Navigators are encouraged to use their clinical skills and intuition in conjunction with the VI-SPDAT score when making determinations of appropriate housing interventions.
3. The Navigator will fully explain Navigator services to the client, including the focus and goal of quickly locating and accessing housing, the Housing Stability Plan, and the minimum 30 day check in requirements.
4. For applicants who are found ineligible for any reason, the Navigator must send a copy of a letter explaining their ineligibility to the applicant, informing them of the reason for their ineligibility in writing and documentation must be included in the applicant file. Ineligibility reasons could include: a VI SPDAT score less than 4, and/or inability to provide homeless documentation. The Navigator will inform the household of other mainstream resources for which they may be eligible, and make referrals if applicable. (ex: General Assistance, DHHS, 211)
5. As a result of the VI SPDAT, and any additional information from your shelters intake assessment, you will develop a Housing Stability Plan with the participant. This plan will detail the clients' needs within the domains including the housing resources you will assist the household in accessing.
6. All necessary elements will be entered into HMIS or comparable database.
7. A client file will be started with all necessary documentation. All files will be kept in a secure location.

Housing Prioritization:

As a result of the VI-SPDAT and the development of the Housing Stability Plan, the navigator and the household will determine which housing resource is appropriate for the households' unique needs, wants, and financial resources. With this information you will proceed with any relevant process accessing that housing requires.

The VI-SPDAT will help you and the household identify the best type of support and housing intervention by relying on the following recommendations based on score:

Single Adults 2.0: Score: Recommendation:	Families 2.0: Score: Recommendation:	Youth 1.0: Score: Recommendation:
0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First	0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First	0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity

The following is **an example** of appropriate housing interventions for each scoring category. Some housing resources can appear in multiple categories. This example is not all-inclusive of all housing opportunities available. If no housing intervention is available in the higher category the service provider should work on the next available resource until the household's immediate housing need is met.

No Housing Intervention	Assessment for Rapid Re-Housing	Permanent Supportive Housing or Housing First
<ul style="list-style-type: none"> •Provide a copy of the Maine Housing Guide •Give contact information for the local General Assistance Office •Provide information on accessing Mainstream resources •Refer household to Maine Housing Search.org •Refer household to 211 	<ul style="list-style-type: none"> •Statewide Subsidized Housing through any/all Housing Authorities •Project Based Subsidies (Ex. LIHTC) •Stability Through Engagement Program (STEP) •Housing Choice Vouchers •Family Unification Program •Family Self Sufficiency Program •Fair Market Rent 	<ul style="list-style-type: none"> •Shelter Plus Care (SPC) •Housing Choice Vouchers (Non-Elderly Disabled) •Bridging Rental Assistance Program (BRAP) •Veteran Affairs Supportive Housing (VASH) •Housing Opportunities for Persons with HIV/AIDS (HOPWA) •Supportive Housing Programs

Housing Identification:

Once the VI SPDAT is completed the provider, will focus on housing identification, serving clients that are highest priority on the CoC ending homelessness prioritization chart first. Housing identification is the identification of available housing resources and a plan to achieve ongoing housing stability. This work must be detailed on the Housing Stability Plan (HSP).

Housing Stability Plans are individualized to the needs of the household and focused on housing stability and linking the household to mainstream resources. The HSP domains address the following possible participant needs; housing, income, health, transportation, education and legal issues. While a HSP will have all domains available, it may not be necessary for a household to utilize each of them. The provider should assist participants in addressing issues that may impede access to or retention of housing and connect participants to applicable Federal, State, and Local resources to help them to achieve success in their HSP.

- When working with clients, goals on the HSP should be achievable in 90 days or less. Goals which would require longer than a 90 day timeframe to achieve should be broken down to smaller goals.
- When completing or revising the HSP the service provider should also update income and the household budget if any changes have occurred. HSPs must be reviewed every 30 days and serve as documentation of re-evaluation for continued program eligibility (including the collection of income documentation from the last 12 weeks) every 90 days.
- Goals which are long- term should cause the service provider to evaluate if the client should be referred to long-term case management, and may require coordination with other homeless service providers to ensure housing stability for the client.

Rental Assistance:

Providing rental assistance can take many forms depending on the housing intervention you and the household decide to pursue. In general you will complete the following tasks with the household.

1. Assist the participant with housing search and securing housing.
2. Address potential barriers to client or landlord participation such as the type of rental assistance or tenant qualifications.
3. Continuously recruit landlords that can and will provide housing opportunities for people experiencing homelessness. Proactive landlord recruitment will help clients move into housing faster, as well as help create future housing opportunities.
4. Continue to address any issues that may impact housing stability after the household secures housing.

The following resources will assist you in your housing search:

The Maine Rental Housing Guide:

The Maine Rental Housing Guide is designed to provide information pertaining to subsidized housing, housing-related resources, and Maine rental housing laws. Information and local contacts for the following

programs: subsidized housing providers and local housing authorities, Bridging Rental Assistance Program (BRAP), Shelter Plus Care (SPC), Domestic Violence Providers, Low-income Home Energy Assistance Program (LIHEAP), an overview of Maine Landlord/tenant laws, General resources for assistance and more!

<http://www.mainehousing.org/docs/default-source/rental/rental-housing-guide.pdf?sfvrsn=28>

Maine Housing Search:

Maine's free rental listing service. It's fast and easy to use and includes detailed listings with pictures, maps, and more. Listings are updated daily.

<http://www.mainehousingsearch.org/>

Stabilization Services

The following services need to be extended to all households receiving Navigator services regardless of what types of housing they are in. If the household is no longer receiving these services they should be exited from the program.

1. Monthly participant meetings at least every 30 days. Meetings should occur in person until housing stability is achieved, or if issues arise that could affect housing stability.
2. New Housing Stability Plans every 90 days, including updated income documentation.
3. Enter all required data elements into HMIS or comparable database. Emergency shelter Navigators should input all data within 5 calendar days.
4. Once a household no longer requires Navigator services, the Exit Destination and Exit Assessment must be completed in HMIS or comparable database. If the household is enrolled in STEP an End of Participation Document must be completed at the time of the final Housing Stability Plan review and sent to Program Officer.

Housing Stability Plans:

The Housing Stability Plan domains address the following possible participant needs; housing, income, health, transportation, education and legal issues. While a Housing Stability Plan will have all domains available, it may not be necessary for a household to utilize all of them. Navigators should assist participants in addressing issues that may impede access to or retention of housing and connect participants to applicable Federal, State, and Local resources to help them to achieve success in their Housing Stability Plans.

- When working with clients goals should be achievable in 90 days or less. Goals which would require longer than a 90 day timeframe to achieve should be broken down to smaller goals.
- When completing or revising the Housing Stability Plan the service provider should also update income and the household budget if any changes have occurred.
- Goals which are long- term should cause the Navigator to evaluate if the client should be referred to long-term case management, and may require coordination with other homeless service providers to ensure housing stability for the client.

Additional Case Management Services and Warm Handoff

If a household is identified as needing additional case management services the service provider should coordinate with the appropriate service provider in order to facilitate a warm handoff prior to ending services. A warm handoff typically involves the household, the Navigator, and the new case manager. Ideally these individuals should meet and discuss any pertinent information and ensure services will be delivered that will address the households needs. Warm handoffs may also occur between agency Navigators when households move from one area to another. This same general guideline should apply and accepting clients from another service provider is at the discretion of the receiving agency Navigator.

Stabilization Services Data Completeness, Quality and Review

It is recommended that on a monthly basis the Navigator and/or the HMIS Lead review program and outcome data reports. These reports would include:

- Program Outcome 30 day check-in Certification
- Program Outcome VISPDAT & Housing Stability Certification

Stability through Engagement Program (STEP) Process

STEP Application

1. Complete the STEP Application Packet. This packet can be found at: <http://mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives>
2. Enter client information in HMIS & upload in Service Point or upload in ShareFile for non-HMIS participating agencies.
3. Inform the Program Officer via email of the clients Service Point ID or Sharefile file name. The Program Officer will review the application and run the necessary background checks.
4. The Program Officer will inform the Navigator if the client meets eligibility and if so, the Navigator can proceed to a Coupon Issuance Briefing packet. This packet can be found at: <http://mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives>
5. If the client is ineligible the Program Officer will issue a denial letter that will be sent by the Navigator and kept in the clients file. The client will have the opportunity to appeal this decision.
6. The client file will be updated and the paper file will be organized according to the Client File Checklist.
7. Enter all required data and the STEP assessment into HMIS or comparable database. (See HMIS Data Entry Manual)

STEP Coupon Issuance and Client Briefing

When a client has been found eligible for STEP, the Navigator will conduct a Coupon Issuance Briefing (Briefing). A Briefing involves reviewing program rules, requirements and expectations. The Navigator will review all the documents in the Briefing Packet with the Participant and will obtain signatures and other

pertinent information on several documents with the Participant. Each document will be explained in detail. When the briefing has been completed the Participant will retain the Briefing Packet with copies of the documents that have been completed.

The Navigator will upload the following to HMIS or ShareFile:

- STEP Coupon
- Updated income documentation

The Coupon Issuance Briefing Packet consists of the following (items with an * will be kept in the clients file):

- Obligations While in the STEP program*
- STEP Coupon *
- Payment Standards
- Utility Allowances
- Key steps to using your STEP Coupon
- Landlord Packet:
 - Landlord letter
 - Program Summary
 - Request for Unit Approval
 - Lease Addendum
 - Lead Based Paint Disclosure Form
 - Radon Disclosure
 - W-9
- A Good place to live
- Protect Your Family from Lead in Your Home
- Fair Housing
- Bed Bugs Fact Sheet
- Radon in Rental Housing
- Are you a Victim of Housing Discrimination?
- Employment Verification Form*
- Certification of Zero Income Form*

STEP Security & Utility Deposits

The Program may provide a security and utility deposit to assist participants in securing housing. The maximum amount provided will be a one-time utility deposit and a security deposit no greater than one month's rent. Utility deposit assistance may be used only for utilities permitted under the Section 8 utility allowances, which include electricity, gas, sewer and water, but do not include telephone and cable television. A utility deposit may be provided under the STEP Program only if;

1. The tenant family has been issued a rental assistance coupon and;
2. The unit selected by the tenant family has passed inspection, and
3. The tenant Family has entered into a lease with the owner.

Documentation from the utility company will be necessary in order to receive the utility deposit.

STEP Move-in and Lease Up

1. Submitting the Request for Unit Approval (RFUA):

The Navigator receives the following completed documents from the landlord and tenant:

- RFUA
- Lease Addendum
- Lead Based Paint Disclosure Form
- Maine Radon Gas Disclosure Statement
- W-9
- Sample Lease

The Navigator will review each item for completeness, ensuring they meet program requirements, this includes;

- Ensuring the rent does not exceed Fair Market Rent (FMR) including reviewing utility sheets to ensure that total rent = contract rent + utility allowance.
 - Determining if total rent is within payment standards for the coupon issued to the household. .
 - Determining if the paperwork is:
 - Incomplete or does not meet program requirements:
 - Too expensive
 - Lease is disagreeable to the client......If any of these occur then the Navigator will contact the landlord and/or tenant to negotiate.
 - Once this review is completed Navigators will submit the paperwork to the Program Officer through ServicePoint or ShareFile for non-HMIS participating agencies.
2. Once the Program Officer receives and reviews the RFUA, The Program Officer will request an inspection date with an HCV inspector. The participant or participant representative and/or landlord, or landlord representative, is required to be present at the inspection. When inspection is complete the Inspector will inform the Program Officer of PASS, FAIL for Life and Safety issues, or FAIL for non-Life and Safety issues status, and the Program Officer will advise the Navigator.
- IF THE UNIT IS A PASS: The Navigator must clarify what date the tenant will be moving in to determine the effective date of the lease and the beginning of rental assistance payments. **The Navigator will also need to provide updated income information and updated homelessness status documentation at this time.**
 - IF THE UNIT IS A FAIL: The Program Officer will inform landlord and applicant of what deficiencies must be corrected. If the failure is due to life and safety issues, the client may not move into the unit until deficiencies are corrected. If the failure is for non-Life and Safety issues, the client may move in, and the landlord has 30 days in which to correct the deficiencies. Should the landlord fail to make repairs within 30 days, the HAP will go into abatement. If the landlord has not completed repairs after 30 days of abatement, the HAP will be cancelled, at which point the client may look for a different unit.

IF THE UNIT IS A FAIL and the landlord is:

- **Agreeable** to correcting the deficiencies: The landlord will advise MSHA when the repairs have been completed. The Program Officer will then schedule a re-inspection or otherwise verify that the deficient items have been corrected and follow procedures (above) for a PASS inspection.
 - **Disagreeable** to correcting the deficiencies: The Program Officer will inform the Navigator applicant of the landlord's decision and the need to obtain a new landlord packet to start searching for a different unit.
3. Completing the Move in: When the unit has passed and the participants are ready to move in- the Navigator MUST provide the:
- Lease-up date (which cannot precede the PASSING inspection date)
 - A fully executed copy of the lease, making sure Rental amount is the same as agreed upon on the RFUA
 - Current homeless documentation
 - Current income verifications from income sources.
 - Current verifications must include all income sources and be dated within 60 days prior to the move in date.

With this information the Financial Program Officer will create the Landlord Lease Letter, indicating any additional paperwork that is needed from the landlord, (typically Housing Assistance Payment (HAP) Contract) and what the tenant payment to landlord and MaineHousing payment to landlord is. This letter will be sent to the Landlord, Tenant, and Navigator. Checks are mailed from MaineHousing the first week of the month.

Program Completion

When clients end participation with the STEP program Navigators service providers must submit a STEP End of Participation (EOP) Document. The information on the form is required. It will need to be completed and returned to your Program Officer.

Housing Choice Voucher (HCV) Process and Overview

Housing Choice Vouchers will be administered by MaineHousing's HCV Department according to federal regulations and MaineHousing policies detailed in the most recent Administrative Plan for Section 8 Housing Choice Voucher and Project Based Voucher Programs. The Administrative Plan is available on the MaineHousing website at the following link:

<http://www.mainehousing.org/programs-services/rental/rentaldetail/HousingChoiceVouchers>

Grantees will be required to screen potential applicants and make referrals to the HCV Department for those vouchers available to the grantee. Eligibility for the HCV Program includes but is not limited to the following criteria. The applicant family must:

- Qualify as homeless at the time of application.
- Qualify as a family as defined by HUD and MaineHousing.

- Have income that does not exceed 50 percent of the median income for the area, adjusted for family size.
- Qualify on the basis of citizenship or the eligible immigrant status of family members.
- Provide social security number information for household members as required.
- Consent to MaineHousing’s collection and use of family information as provided for in MaineHousing-provided consent forms.

MaineHousing makes the final decision on program eligibility, which requires a determination that the current or past behavior of household members does not include activities which are prohibited by HUD or MaineHousing. Upon admission, each family will be required to pay up to 40% of their adjusted monthly household income for rent each month.

To access the available HCV rental assistance, the following criteria must be met:

1. Rental subsidies must be for permanent housing. Emergency, temporary or transitional housing is not eligible for rental assistance.
2. The rental assistance must be for a residence located within MaineHousing’s area of operations which is defined as any municipality that is not served by a local housing authority. Applicants may not reside in a town that has its own Public Housing Authority.

HCV Security Deposit Program

The Security Deposit Program will be offered to first time Housing Choice Voucher applicants currently being served who are searching for a new unit within MaineHousing’s jurisdiction. We can assist with up to \$500 towards a security deposit for new admissions only.

Roles & Expectations

Specialized Program Officer

MaineHousing’s HCV Department will assign a Home to Stay Specialized Program Officer to each grantee. This individual will serve as the single point of contact for that grantee for all questions, referrals and necessary follow-up. The Home to Stay Specialized Program Officer will ensure that each grantee receives:

- An orientation to the HCV program guidelines and procedures, including tenant and landlord responsibilities.
- An invitation to observe a tenant briefing.
- All HCV program newsletter and program change announcements.

The Home to Stay Program Officer will also provide the following services:

- Make a final determination as to whether the applicant is eligible for the HCV program.
- Conduct the tenant briefing, which will include voucher issuance.
- Assist the client in the housing search.
- Review and approve the Request for Tenancy Approval once a unit is located.

- Order an HQS inspection and provide any necessary follow-up.
- Assist in understanding all tasks required of the tenant necessary to maintaining the voucher in good standing.

Monitoring

MaineHousing is responsible for compliance monitoring to verify that funds administered by sub-grantees are expended in accordance with Program rules and Federal requirements. Grantees will be monitored on site or by teleconferencing by their assigned Homeless Initiatives Program Officer.

Monitoring reviews for Program components may include but are not limited to; client files, program administration policies and procedures for intake, assessments, Housing Stability Plans, financial administration and data collection components of the Program. Program monitoring will also include periodic reviews of HMIS data completeness and quality on a monthly and quarterly basis.

MaineHousing staff will also provide grantees with on-going technical assistance and training on the Program rules and regulations, as needed. MaineHousing will review the performance of each grantee in carrying out its responsibilities whenever determined necessary by MaineHousing.

MaineHousing will review the program performance of Grantee in carrying out its responsibilities at least once every year and as otherwise determined by MaineHousing. In conducting performance reviews, MaineHousing will rely primarily on information obtained from the records and reports from Grantee, as well as information from monitoring reviews, audit reports, and HMIS.

Additionally, an inspection of the physical property (in accordance with ESG regulations) will occur. This includes monitoring issues of regular maintenance, as well as life safety issues.

A copy of the File Review sheet from the MaineHousing Monitoring Tool is attached as a guide. What is included in the tool are the minimum elements that monitoring officers will look for in each file they review.

MaineHousing Contacts

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Housing Choice Voucher (HCV) Program

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Supporting Documents:

All documents associated with ESHAP 2018 can be found at
<http://mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives>

Appendix A:

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2017 Ending Homelessness Prioritization Chart – Working SHC Version for 2018

Resource Priority	Homeless Category	Parameters	N*	Resources	
1.5 %	P1	Long Term Stayers (LTS)/Chronically Homeless: Individuals	Greater or equal to 180 days in a 365-day period; or VI-SPDAT flagged (score >8) including medically compromised; LOCUS (≥ 17), LOCUS ≥ 23 for PNMI	70	PSH, prioritized S+C vouchers, prioritized Section 8 vouchers, ESHAP, BRAP, PNMI, GA. For Vets: HUD/VASH with initial SSVF assistance.
	P2	Long Term Stayers (LTS): Families	Greater or equal to 180 days in a 365-day period; or VI-SPDAT flagged (score >8), LOCUS (≥ 17)	29	PSH, Section 8, ESHAP, GA, occasional S+C, BRAP, HUD/VASH, and SSVF as family qualifies
22%	P3	Domestic Violence Families & Individuals	Fleeing DV greater than 30 days; or VI-SPDAT flagged (score >3)	945	Dedicated transitional supportive housing, permanent supportive housing, Section 8, BRAP, S+C, ESHAP, GA, SSVF, STEP or HTS-HCV
	P3	Unaccompanied Youth Unable to be Reunited with their families	Greater than 30 days; or VI-SPDAT flagged (score >3)	100	Transitional supportive housing, permanent supportive housing, GA, ESHAP, Wrap funds, Rent and security deposit for DHHS OCFS placements, RHYA resources, BRAP if over 18, STEP or HTS-HCV
	P3	Less than Long Term Stayers (LTS) Individuals & Families	Greater than 30 days but less than 180 days in a 365-day period or VI-SPDAT flagged (score >3)	285	Permanent housing, permanent supportive housing, transitional supportive housing, Section 8, BRAP, S+C, Wrap funds, ESHAP. For Vets: SSVF, or where appropriate HUD/VASH
	P4	Institutions	LOCUS ≥ 17, Greater than 90 days and exiting institutions to homelessness, LOCUS ≥ 23 for PNMI	80	BRAP, PNMI, GA, SSVF, HUD/VASH
76.5 %	P5	Circumstantially Homeless	Less than 30 days & not flagged on VI-SPDAT	4327	General Assistance, SSVF, Family promise
	P5	Unaccompanied Youth Working Toward Reunification/stability)	Less than 30 days & not flagged on VI-SPDAT; RHYA Programs	537	RHYA resources, Section 13

Veterans, elderly, and medically compromised could fit into any prioritization category as applicable (i.e., Veterans could fit into any category except <18 aged youth).

*Numbers are a snapshot as of July 1st of every year. They will be updated each July.

KEY:

S+C = Shelter Plus Care
 PSH = Permanent Supportive Housing
 VI-SPDAT = Vulnerability Index & Service Prioritization Decision Assistance Tool
 SSVF = Supportive Services for Veteran Families
 BRAP = Bridging Rental Assistance Program
 GA = General Assistance
 PNMI = Private Non-Medical Institutions

HUD/VASH = Veterans Affairs Supportive Housing
 Home to Stay = Rapid Re-Housing HCV (Section 8 vouchers) funded through ESHAP
 STEP = Stability Through Engagement Program - Rapid Re-Housing (TBRA coupons) funded through ESHAP
 TBRA = Tenant Based Rental Assistance – Rapid Re-Housing funded through ESHAP
 RHYA = Runaway and Homeless Youth Act
 ESHAP = Emergency Shelter and Housing Assistance Program – Housing Navigator Stabilization Services

Program Participant File Review					Date:
Name of Program Officer Completing Review:					
Client ID (from HMIS or Comparable Database):					
Where is the client residing? Indicate Address (if housed) or Emergency Shelter Name (if DV, don't enter Shelter Name)					
# of Household members?					
Date of Entry into ESHAP Program - (Intake/Admission Date):					
Date of Program Exit, if applicable:					
General Client File Information	Yes	No	Finding	Concern	Comments
Was a VI-SPDAT administered to the client?					Score:
Was the VI-SPDAT conducted within 30 days? Record date.					HMIS Date: File date:
If the client has been at the shelter >30 days, do they have a regularly updated Housing Stability Plan?					
Was the client referred to an appropriate housing resource based upon their VI-SPDAT score? If no, is there documentation to justify utilized housing resource?					
Do the areas addressed in the Housing Stability Plan match the areas of concern identified in the VI-SPDAT?					
Were referrals made to mainstream resources or other programs in accordance needs identified in the VI-SPDAT?					
Did the client receive any type of "Rent Smart" classes or materials?					
Is the client still enrolled/receiving ESHAP assistance (any services)? If no, record EOP date.					
Are there appropriate releases of information in the client file? (HMIS, general releases)					
Does the file document that the client has been informed of their rights to fair housing?*					
Grievance policy procedures?*					
Appeal of termination policy procedures?*					
If the client is no longer enrolled/receiving assistance did the subrecipient document the date of termination and reason in client file?					
If this client was terminated due to program violations or noncompliance, does the file contain evidence that due process for termination was adequately managed? 576.402					
1. Written notice to the participant containing a clear statement of the reason for termination;					
2. A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person (or subordinate of the person) who made or approved the termination decisions, AND					
3. Prompt written notification to the program participant. NOTE: Termination under housing relocation and stabilization and rental assistance does not bar the recipient or sub recipient from providing further assistance at a later date to the same individual or family.					
Are there concerns regarding the content, or lack of content, of client file in regard to intake and assessment, informing clients of their rights and shelter rules & policies, required documentation, eligibility determinations, referrals, follow-up, and client exit?					

Homeless Verification 576.2	Yes	No	Finding	Concern	Comments
<i>Under which category does this person/family meet HUDs definition of homelessness? See below:</i>					(ESHAP does not fund activities for persons who would fit Categories 2 or 3)
Category 1. Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning 1) Has a primary nighttime residence that is a public or private place not meant for human habitation, or 2) is living in a shelter or place designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels or motels paid for by charitable organizations or the government)					
Which of the Required Documentation is present : 1) Written observation by the outreach worker or 2) Written referral by another housing or service provider or 3) Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in a shelter; 4) For individuals exiting an institution one of the forms of evidence above AND; a. discharge paperwork or written/oral referral or b. written record of intake workers due diligence to obtain evidence AND certification by individual that they exited the institution.					
Category 4: Fleeing/Attempting to Flee DV: Any individual or family who: 1. Is fleeing or attempting to flee domestic violence; 2. Has no other residence; 3. Lacks the resources or support networks to obtain other permanent housing. See below:					
Which of the Required Documentation is present: VSP's: An oral statement by the individual or head of household seeking assistance which states; they are fleeing ; they have no subsequent residence; AND they lack resources. Statement must be documented by a self-certification by the intake worker. For non-VSP's- 1) an oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized the oral statement must be verified; AND certification by the individual or head of household that no subsequent residence has been identified AND self certification or other written documentation that the individual or family lacks the financial support networks to obtain other housing.					
Rapid Re-housing - Housing Relocation and Stabilization 576.104 and 576.105	Yes	No	Finding	Concern	Comments
Has the client received housing relocation and stabilization assistance under the Rapid Re-housing component? (eligible for clients who meet the criteria under paragraph 1 of the homeless definition in 576.2, or who meet the criteria under paragraph 4 of the homeless definition and live in an emergency shelter or other place described in paragraph 1 of the homeless definition.)					
If the client moved into housing with ANY ESG assistance, is there evidence of a habitability and/or housing quality standards inspection in the client file.					

***If not in file, each document must be posted publicly for anyone to see.**

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

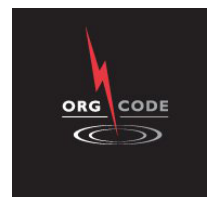
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Eric Rice, PhD

USC
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Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters **Couch surfing** **Other (specify):**
 Transitional Housing **Outdoors**
 Safe Haven **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

5. Have you been attacked or beaten up since you've become homeless? **Y** N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused
8. Were you ever incarcerated when younger than age 18? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

9. Does anybody force or trick you to do things that you do not want to do? **Y** N Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? **Y** N Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Y **N** Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. **SCORE:**

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? **Y** N Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? **Y** N Refused
- c) Because your family or friends caused you to become homeless? **Y** N Refused
- d) Because of conflicts around gender identity or sexual orientation? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

- e) Because of violence at home between family members? **Y** N Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? **Y** N Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** N Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? **Y** N Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** N Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? **Y** N Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

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AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? **Y** N Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? **Y** N Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern? **Y** N Refused
- b) A past head injury? **Y** N Refused
- c) A learning disability, developmental disability, or other impairment? **Y** N Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** N Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

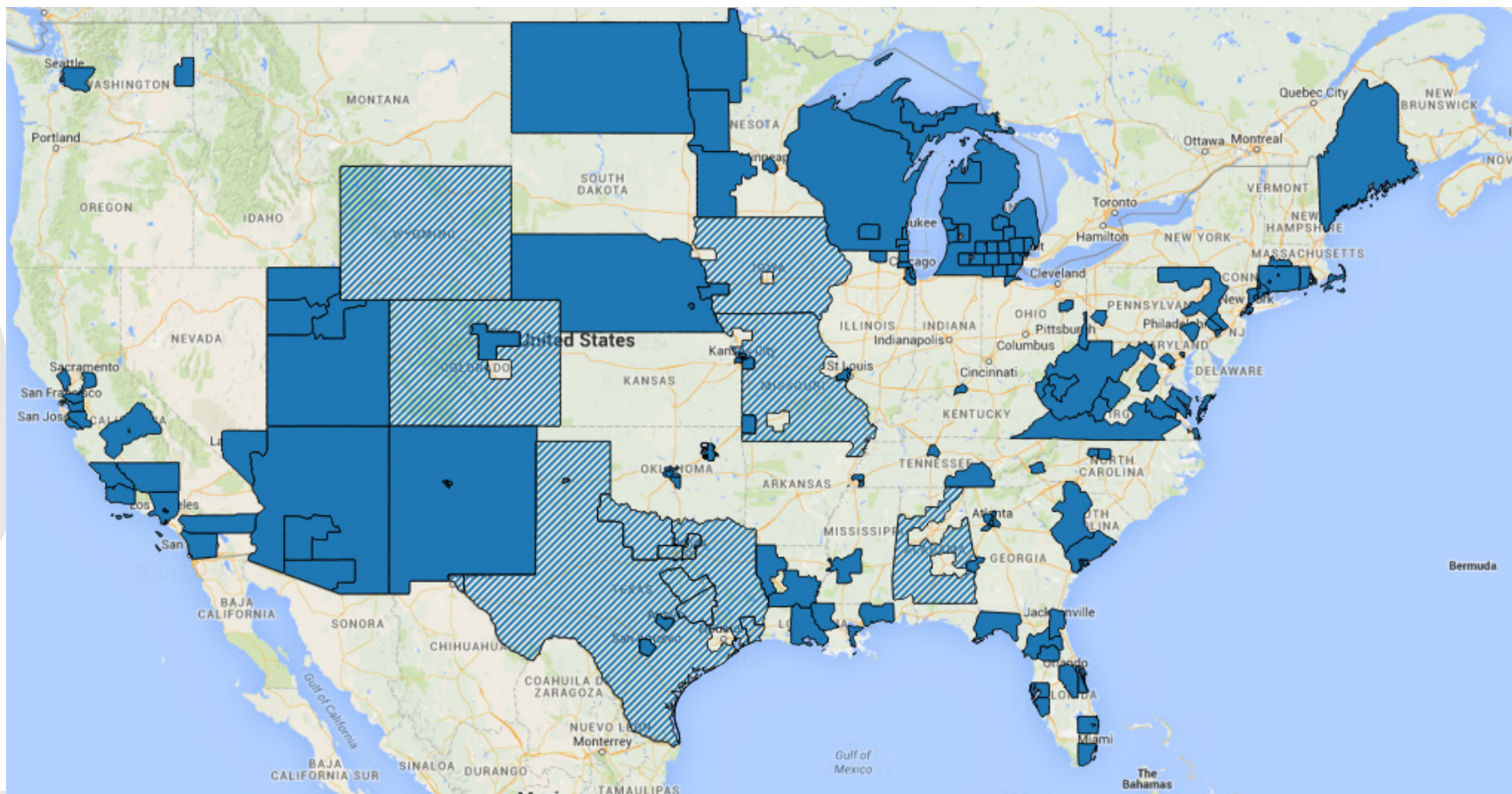
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



NEXT STEP TOOL FOR HOMELESS YOUTH

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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

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Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

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The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid white; width: 50px; height: 20px; margin: 0 auto;"></div>

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? Refused
- b) Taken an ambulance to the hospital? Refused
- c) Been hospitalized as an inpatient? Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Y N Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? **Y** **N** Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? **Y** **N** Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? **Y** **N** Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? **Y** **N** Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** **N** Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? **Y** **N** Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** **N** Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. **SCORE:**

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Y N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Y N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? **Y** N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? **Y** N Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y **N** Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? **Y** N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

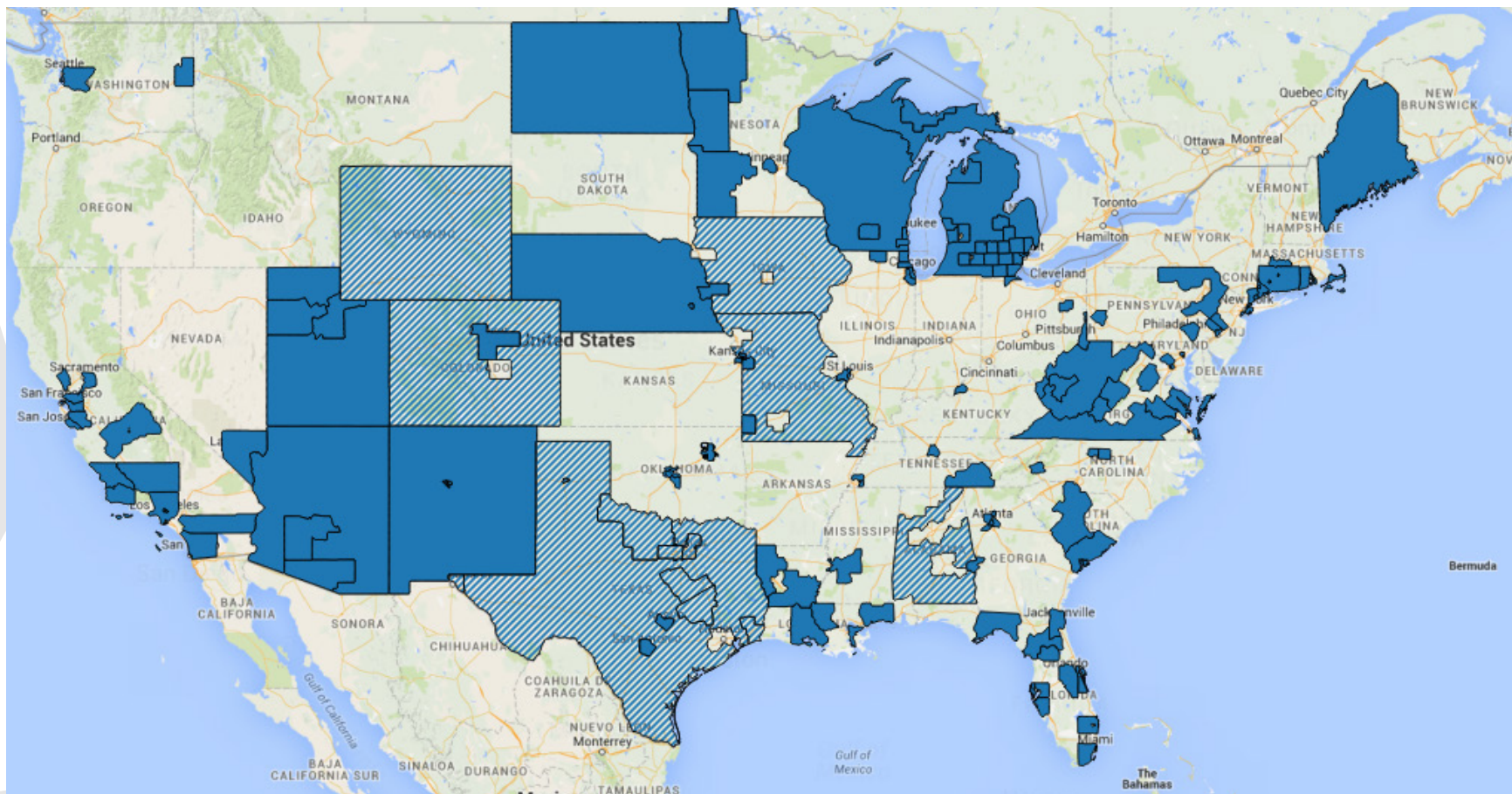
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

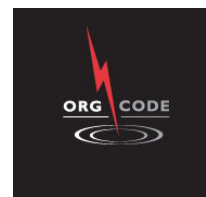
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

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- Motivational Interviewing
- Objective-Based Interactions

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Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you 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 know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. **SCORE:**

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. **SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

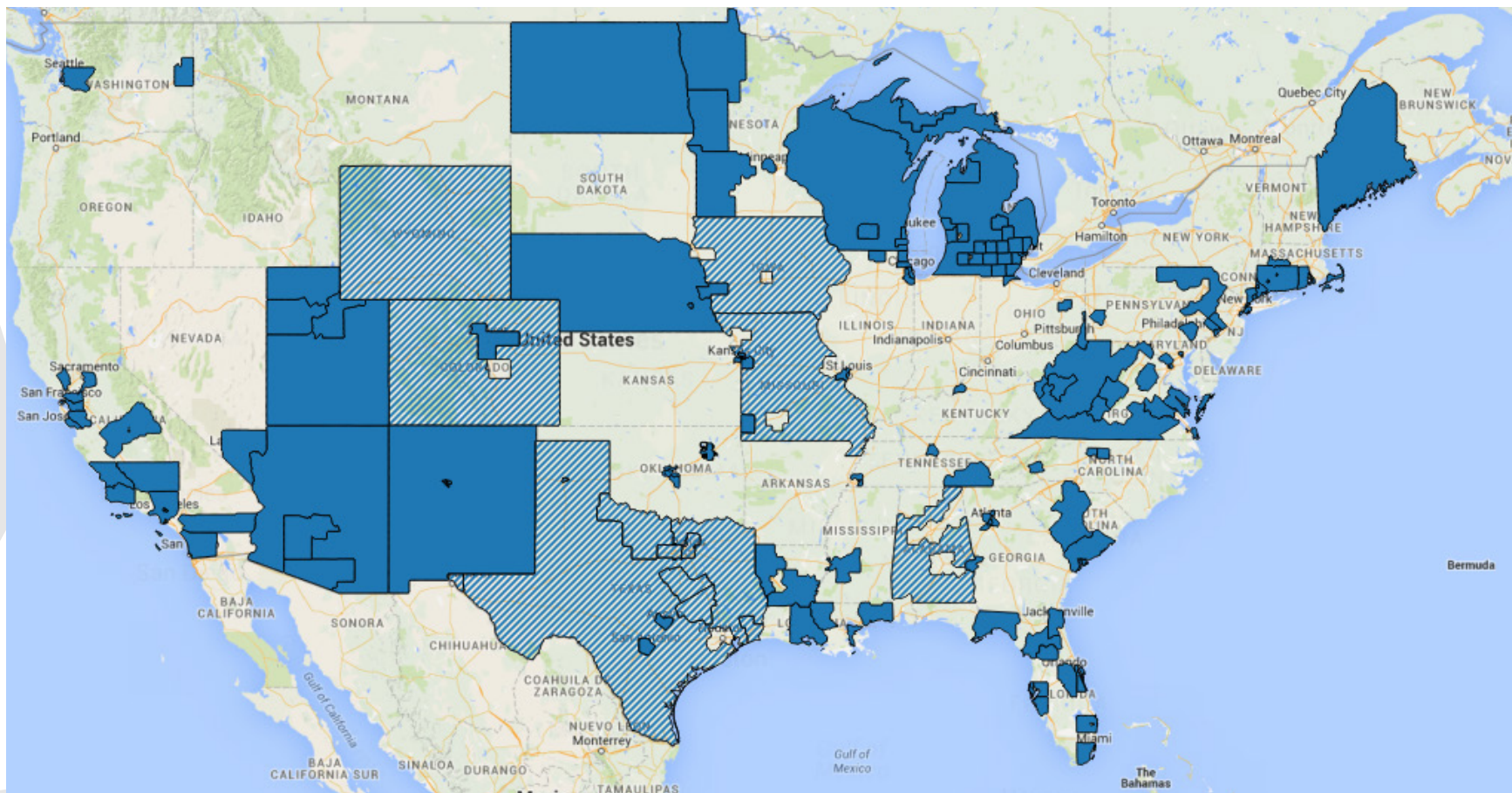
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

HOUSING STABILITY PLAN

Date: _____

HOUSING STABILITY PLANS MUST BE REVIEWED AND UPDATED AT LEAST EVERY 30 DAYS AND REWRITTEN AT LEAST EVERY 90 DAYS.

HSP Type: Initial HSP Rewrite

Next HSP Due: _____

Head of Household (HOH): _____

Other Household members: _____

Assessment Scores:

VI-SPDAT: _____

Prioritization (P number): P _____

Navigator: _____ **Agency:** _____

Thinking about your income, housing, health (physical, mental, social), transportation, educational and legal needs, what resources do you need to achieve permanent housing stability?

Navigator Use Only

3, 6 and 9 Month Review Documentation (attach to HSP):

- DHHS release of info
- Income Verification

Recommendation to continue STEP (every 90 days): YES NO

If no, please provide documentation supporting the discontinuation of STEP

Comments:

Navigator Signature & Date

Documents needed for housing

Proof of Identity: Pick one

- Driver's License
- State issued Photo ID
- Military ID
- Passport

If client has none of the above, the below documents will be needed to obtain a Maine photo ID.

- Social Security Card, OR W-2 with SS # on it.
 - Birth Certificate OR naturalization papers
 - Proof of Maine residency, which can include:
 - Maine Vehicle Registration or other credential
 - Utility Bill - electric bill, water/sewer bill, cell phone bill, etc.
 - Maine Resident Hunting and or Fishing License
 - Contract in their name - mortgage agreement, lease, insurance policy, insurance ID card, SR22
 - Tax bill
 - Document issued by a government entity
 - Tax return
 - Paycheck stub
 - W-2
 - Conditional order of restoration
- If none of those are available, two affidavits confirming Maine residence can be used.

Photo ID needed for every adult in household

Fundamental Identity Documents: Must have all

- Social Security Card
- Birth Certificate

Birth Cert and SS Card required for all members of household

Proof of Income: All that apply

- Last 4 paystubs, or bank statements showing wages deposited
- TANF and/or SNAP award letter
- Child Support award letter
- SSI benefit letter
- Any other documentation of income (legal settlement, pension, etc)
- Zero Income certification

Proof of income must be provided for every adult in household

*If client is eligible for certain vouchers, proof of disability and/or veteran's status will be required as well. Contact DHHS or the VA to ascertain what documents are needed.

Housing Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Health Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

<input type="checkbox"/> Educational Needs	Highest level of education _____
90 Day Goal:	
_____ _____ _____	
Presenting problem: _____ _____	
Long Term Goal (beyond 90 days):	
_____ _____	
Strengths to achieve goal: _____	
Barriers to achieve goal: _____	
Navigator Responsibilities (connection to mainstream resources):	
_____ _____ _____	
Household Responsibilities and Activities:	
_____ _____ _____	
30 Day Update: Date: _____	
_____ _____ _____	
60 Day Update: Date: _____	
_____ _____ _____	
90 Day Update (were goals achieved why or why not, next steps): Date: _____	
_____ _____ _____ _____	
Date Achieved or Discontinued: _____	

Social Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Financial Needs

90 Day Goal

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Transportation Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Legal Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Other _____:

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Presenting problem: _____

Long Term Goal (beyond 90 days):

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

EXIT PLANNING: Maintaining Permanent Housing

Long-Term resources that will be helpful and/or necessary to maintaining housing:

If my housing becomes unstable, I will contact:

The above Housing Plan was developed in partnership with my Navigator. I understand that each action item listed above will support my efforts in securing permanent housing. I agree to work on this plan in partnership with my Navigator. I will update my Navigator as I complete the above goals. I will also communicate with any challenges I experience and understand my navigator can offer me support as need.

Initial Housing Stability Plan:

Head of Household Signature _____ Date _____

Navigator Signature _____ Date _____

30 Day Review:

Navigator Signature _____ Date _____

60 Day Review:

Navigator Signature _____ Date _____

90 Day Review:

Head of Household Signature _____ Date _____

Navigator Signature _____ Date _____

Appendix A- Housing Barrier Assessment

Instructions: There are only three primary questions to this assessment: what they need to live independently, barriers to obtaining housing, barriers to maintaining housing. Within those questions there are key categories to address: income, rental history, criminal history, homeless history, mental health or alcohol/substance abuse history. These questions are to be used as a guide and can be paraphrased, as long as the appropriate information is collected. Some of this information has already been collected through HMIS and during program entry. Review the Data Entry portion of the Coordinated Entry Tools or the data entered into HMIS prior to administering this assessment and fill in as much information prior to engaging the client. Do not repeat questions that have already been asked and answered. If additional information is needed, please refer to the information the client has already provided and ask them to elaborate.

Script: I would like to help you find housing and work towards living independently. I have a few questions I would like to ask you to help me understand your situation. To do this I need you to tell me what you need. I will also need you to share with me any information about you or your family members that may prevent you from obtaining housing. By identifying these items now, we can begin to work on them together.

36. What do you need to be living independently?

37. What is preventing you from obtaining housing right now?

- Availability of housing.*
 - I can't find housing where I want to live.
 - I can't afford housing where I want to live.
 - Other, please explain.
- Income.*
 - Are you currently working or receiving income from any source?
(Question 31)
 - Yes. → Where do you work?
What is your weekly income?
 - No. → Where did you last work?
When did you stop working there?
 - Are you receiving Income from any source? (Question 31)
 - Yes. → From where?
How much do you receive weekly/ monthly?
 - No.
 - Receiving Non-Cash Benefit from any source? (Question 32)

- Yes. → From where?
How much do you receive weekly/ monthly?
- No.

Rental History.

- Do you have any landlords that would be willing to give you a housing reference?
 - Yes. → Can you tell me how to contact them?
- Do you have an evictions- where the landlord used the legal system to ask you to leave?
 - No.
 - Yes. → How many?
 - 3+ evictions
 - 2 evictions
 - 1 eviction
- Does your credit history include a judgment for debt to a landlord?
 - No.
 - Yes.

Criminal History.

- Have you ever been in jail, arrested or accused of a crime or criminal activity (even if it wasn't true)?
 - No (0)
 - Yes → Does your criminal history include:
 - Criminal offenses that make it exceedingly difficult to find housing: Arson, Placement on Sex Offender Registry, Production of Crystal Meth (VI-SPDAT question #10)
 - Drug offenses or crimes against persons or property?
 - Just a few minor offenses such as moving violations, a DUI, or a misdemeanor?
- Other.* Please explain.

38. Is there anything that would prevent you from maintaining housing once you are housed?

Homeless History

- How many times have you been Homeless in the Past Three Years? (Question 25)
- (If 4 or more) What is the Total Number of Months Homeless in the Past Three Years? (Question 26)
- How many times have you been housed, and then lost that housing in the last 3 years?

Mental health or alcohol/substance abuse.

- Do you have a disability of long duration that could interfere with your ability to maintain lease requirements?
(Question 34) Physical, Developmental, Chronic Health Condition, HIV/AIDS, Mental Health Problems, Alcohol Abuse, Substance Abuse, Alcohol and Substance Abuse, other.

Other. Please explain.

Housing Barrier Evaluation

Income

- Extremely low income (Less than 15% AMI) (3)
 Very Low income (16-30%AMI) (2)
 Low income (Over 30% AMI) (1)

Rental History

- 3+ evictions (3)
 2 evictions (2)
 1 eviction (1)
 0 eviction (0)
 1 Debt to a landlord (+1)

Criminal History

- Serious criminal history (3)
 Minor criminal history, no felonies (1-2)
 No criminal history (0)

Homeless History

- 4 or more episodes of homelessness (3)
 2 -4 times homeless (2)
 First time homeless (1)

Mental health or alcohol/substance abuse (staff evaluation)

- Serious substance abuse, mental illness (3)
 Substance abuse, mental illness that somewhat impacts lease requirements (1-2)
 No substance abuse or mental illness that would impact lease requirements (0)

HBA Final Score: _____