Cape Cod and Islands Continuum Of Care

Coordinated Entry

Policies and Procedures

Version 3.0

Approved June 26, 2017

Updated, March 31, 2021

CONTENTS

APPENDIX A- Terms and Definitions

APPENDIX B- Roles

APPENDIX C- Review and Revision Log

APPENDIX D- Access Points

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

APPENDIX F- Transition Age Youth (TAY) VI-SPDAT

APPENDIX G- Balance of State Assessment

APPENDIX H- Consent to Participate

APPENDIX I- Authorization for Release of Confidential Information for Individuals and Families with Histories of Substance Use Disorders

APPENDIX J- Client Data Collection Template

Introduction and Overview

Guiding Principles

The Cape Cod & Islands Continuum of Care[1] (CoC) uses a coordinated entry system (CES) to prioritize people who are most in need of housing assistance. Coordinated entry is an approach to ending homelessness that requires comprehensive coordination of all housing and service resources in a community to better match people experiencing homelessness to appropriate permanent housing placements. In addition to targeting resources effectively, the use of CES provides valuable information about service needs and gaps to support strategic allocation of current resources and identification of the need for additional resources. The CES policies and procedures in this document incorporate the Written Standards approved by the Policy Board on June 26, 2017 and are reviewed annually for updates.

Housing First
Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. The coordinated entry system primarily refers to programs using a Housing First model. The Cape Cod & Islands CoC uses the Housing First model for rapid rehousing and permanent supportive housing programs.

Low Barrier
The CoC's coordinated entry process does not screen people out due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record–with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

While CoC programs are low-barrier, some programs have funding restrictions which bar certain populations (for example, the public housing bar on Level III sex offenders) or limit eligibility to certain criteria (for example, some programs have funds specifically to serve persons who are HIV+). CoC- and ESG[2]-funded programs generally do not deny referrals except for eligibility reasons.

Person Centered Approach
The CoC is committed to reinforcing a person-centered approach throughout the coordinated entry process. Components of this approach include:

- Use of an assessment tool developed using trauma-informed principles.
- Provision of training for assessors and navigators regarding trauma-informed communication and minimization of risk and harm
- Use of tools and processes which are clearly explained and easily understood, including provision for modifications to processes where needed for accessibility, and availability of translation services for other languages.

---

[1] The CoC serves all fifteen towns in Barnstable County; six towns on Martha's Vineyard, and Nantucket.
[2] Emergency Solutions Grant---a HUD funded program that funds shelter and homeless prevention programs

- Provision of choice to participants regarding decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice.
- Clear and understandable referral protocols which ensure that participants will be able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success.
- Commitment to successfully completing the referral process once a referral decision has been made through coordinated entry.

Voluntary
Participation in the CES is not required for individuals or families to get assistance.

CES Participation Expectations

Policy:

All CoC Program and ESG Program-funded projects are required to participate in the CES. The CoC aims to have all homeless assistance projects participating in its CES and will work with all local projects and funders in its geographic area to facilitate their participation in the CES.

Procedure:

Each Participating Agency is required to sign a Memorandum of Understanding with the Regional Network on Homelessness and agrees to comply with all Policies, Procedures and Written Standards.

CoC and ESG Coordination

Policy:

The CoC and ESG coordinate resources to prevent homelessness and divert households from shelter to stable housing whenever possible. The region covered by the CoC has several government and locally[3] funded programs that provide financial assistance to help keep individuals and families in their respective housing. Individuals and families will be referred to appropriate agency(ies) administering these programs to determine eligibility and assistance level.

Procedure:

Emergency Solutions Grant- On the Cape and Islands, Homeless Prevention is a Mass. Department of Housing and Urban Development funded program with financial assistance available to individuals and

---

[3] A directory of local prevention resources is under development.

families who are at risk of homelessness. Housing relocation and stabilization services and short-and/or medium-term rental assistance are provided as necessary to prevent the individual or family from moving to an emergency shelter, a place not meant for human habitation, or another place described in HUD's homeless definition.

The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability in that housing.

Eligible costs include:
- Rental Assistance: rental assistance and rental arrears (gross rent cannot exceed fair market rents)
- Financial Assistance: security and utility deposits, utility payments, last month's rent.

To be eligible for ESG- Homeless Prevention:
(1) Individual or Family must have documented annual income below 30% of the Area Median Income.
(2) Insufficient resources or support networks to manage costs without ESG funds.
(3) Sufficient income to manage costs once ESG funds have been dispersed.
(4) One of the following:
    a. Moving 2 times in the last 60 days due to economic reasons
    b. Doubled up due to economic reasons
    c. Summary Process Summons and Complaint
    d. Order for Eviction within the next 21 days
    e. Lives in a hotel not paid for by charitable organization, federal, state, or local funds
    f. Lives in SRO/Efficiency with more than 2 persons or lives in unit where more than 1.5 persons reside per room
    g. Exiting a publicly funded institution or system of care
    h. Fleeing or attempting to flee domestic or other violence
(5) Score above 3 on ESG Scoring Sheet (Appendix A)

Current Administering Agency:
> Housing Assistance Corporation, 460 West Main Street, Hyannis, MA 02601

Emergency Solutions Grant – Rapid Rehousing is a Mass. Department of Housing and Community Development funded program with financial assistance available to individuals and families who are currently experiencing homelessness. Housing relocation and stabilization services and/or short-and/or medium-term rental assistance are provided as necessary to help individuals or families living in permanent housing and achieve stability in that housing.

Eligible costs include:

- Rental Assistance: rental assistance and rental arrears
- Financial Assistance: security and utility deposits, utility payments, last month's rent

To be eligible for ESG- rapid Rehousing:
- Sufficient income to manage costs once ESG funds have been dispersed
- One of the following:

- o Sleeping in a car or place not meant for human habitation (park, abandoned building, airport, bus station, industrial building)
- o Staying in a shelter or hotel/motel paid for by a charitable organization or government program
- o Exiting an institution where the individual has resided for less than 90 days and resided in one of the above prior to entry
- Score above 3 on ESG Rapid Rehousing Scoring Sheet (Appendix B)

Current administering agency:

Housing Assistance Corporation, 460 West Main Street, Hyannis, MA 02601

Versions of Documents

Policy:

The CoC's CES Steering Committee shall be responsible for review of all CES Policies and Procedures and will make recommendations to the Policy Board for final approval of revisions. The review process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them to daniel.gray@barnstablecounty.org. The Review and Revision log can be found in Appendix C.

Full Geographic Coverage

Policy:

The CoC's CES process covers the CoC's entire geographic area.

Affirmative Marketing and Outreach

Policy:

All persons participating in any aspect of CES such as access, assessment, prioritization, or referral shall be afforded equal access to CES services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

Procedure:

Each project participating in CES is required to post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry. This notice should be posted in the agency

waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss and explain CES to a participant who seeks more information.

Risk Assessment

Policy:

All CoC providers shall incorporate a safety risk assessment as part of initial CES triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

Procedure:

All CoC-defined access points shall conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the particular service needs of survivors of abuse, neglect, and violence. Additionally, the CoC will provide annual training on Trauma Informed Care and all local resources available to those fleeing domestic violence, sexual assault, stalking or dating violence.

Non-Discrimination

Policy:

The CES must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.

Regulation:

Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-

related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

Cultural and Linguistic Competency

Policy:
The CoC is committed to ensuring that coordinated entry incorporates culturally and linguistically competent practices.

Procedure:
The CoC serves as the primary point of contact for ensuring that all CES materials are available in English, Spanish, and Portuguese. In addition, agencies participating in CES will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency.

The CoC will incorporate cultural and linguistic competency training into the required annual training protocols for participating projects and staff members. The CoC strives to reduce cultural and linguistic barriers to housing and services for special populations, including immigrants, refugees, and other first-generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) persons.

Access

No Wrong Door

Policy:

The CoC adopts a "no wrong door" approach to CES, which ensures that no matter which Access Point a person goes to for assistance, he/she will have access to the same resources, referrals, and assessment and prioritization processes.

Procedure:

The CES will not screen any individual or family out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to; too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder or criminal record.

Designated Access Points

Policy:

The CoC has implemented a "no-wrong door" approach to CES. In doing so, participants are able to access CES by appearing at any homeless assistance agency within the community. Please see Appendix D of this manual for the most recent list of all access points in the community.

Procedure:

All designated access points shall execute a Memorandum of Understanding with the Regional Network on Homelessness; that is, an agreement that documents all required functions and responsibilities to ensure CES access.

Accessibility to the Program

Policy:

The CoC will ensure that CES services are accessible to persons with disabilities. All CES communications and documentation will be accessible to persons with limited ability to read and understand English.

Procedure:

Agencies participating in CES will provide visually and audibly accessible CES materials when requested by participants in CES. Additionally, staff from agencies participating in CES will provide variation to the

process, e.g., a different access point, when needed as a reasonable accommodation for a person with disabilities.

Prevention Services

Policy:
The CES system will ensure that all potentially eligible participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

Procedure:
Homelessness Prevention access points and general homeless assistance access points will coordinate information and referrals back and forth to ensure persons at imminent risk of literal homelessness are provided coordinated access to CoC homelessness prevention services regardless of where the participant first contacts the CoC (See Information in CoC and ESG Coordination).

Street Outreach

Policy:
Street outreach teams function as access points to the CES process and seek to engage persons who may be served through CES but who are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter.

Procedure:
Street outreach teams will be trained on CES and the assessment process and will have the ability to offer CES access and assessment services to participants they contact through their street outreach efforts. The following agencies provide outreach to or otherwise interact with unsheltered individuals and are trained to assess and enroll individuals in CES:
- Vinfen Cape Cod- Homeless Outreach and Engagement Team (HOET)
- Housing Assistance Corp
- Duffy Health Center
- Homeless Prevention Council

Assessment

Standardized Assessment Approach

Policy:
The CoC's CES process will provide a standardized assessment process to all CES participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.

Procedure:
The CoC uses the standard assessment tool, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to assess homeless Individuals (Appendix E), the Transitional Age Youth (TAY) VI-SPDAT for any individual or family with the head of household age 24 and under (Appendix F) and the MA Balance of State (MABoS) CoC Assessment Tool to assess homeless families (Appendix G).

The CoC provides periodic training on conducting assessments using the VI-SPDAT, TAY VI-SPDAT and MABoS Assessment tools. In addition, there are videos available online which provide guidance in using the VI-SPDAT and TAY VI-SPDAT assessment tools.
- Individual VI-SPDAT: https://vimeo.com/126548635

VI-SPDAT, TAY VI-SPDAT and MABoS assessment tools are self-measurement tools—they use an individual's or family's self-report to assess their vulnerability and needs. Where an individual or family does not self-reveal factors which indicate vulnerability of severity of service needs, the individual's or family's score may not accurately reflect the person's or family's level of need. Referring agencies have two options to respond to this concern:
1. Build rapport with the applicant/client, re-administer the Assessment Tool when appropriate, and submit new score to CES Coordinator OR
2. Confer with colleagues during Case Conferencing and determine why head of household has a higher need than shown by his/her Assessment score.

Timing Of Assessments

Policy:
All projects participating in CES follow the assessment and triage protocols of the CES system. The assessment process progressively collects enough participant information to prioritize and refer participants to available CoC housing and support services.

Procedure:

A homeless household may be assessed for coordinated entry at any time. The CoC's recommendation is that assessment should take place, following the time frame below, while allowing for engagement and establishing a trusting relationship with the provider which may take additional time:

- For unsheltered persons: at the first encounter with a person who conducts assessments;
- For individuals in shelter: within 30 days of the date of enrollment;
- For families in shelter: within 12 months of the3 date of enrollment.

In the context of the coordinated entry process, determining eligibility is a project-level process governed by written standards as established in 24 CFR 576.400(e) and 24 CFR 578.7(a)(9). The process of collecting required information and documentation regarding eligibility may occur at any point in the coordinated entry process, *i.e.*, after or concurrently with the assessment, scoring, and prioritization processes. Recordkeeping requirements in 24 CFR 578.103 (a) (3) state that homeless status shall be determined as set forth in 24 CFR 576.500(b), which lists the order of priority for obtaining evidence as: third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. Projects or units may be legally permitted to limit eligibility, *e.g.*, to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, *e.g.*., the HOPWA program, or through State or local preferences in instances where Federal funding is not used and Federal civil rights laws are not violated. Programs are prohibited from restricting access to persons with a specific diagnosis unless it is a requirement of another funding source for the project.

Assessor Training

Policy:
The CoC is committed to ensuring that all staff who assist with CES operations receive sufficient training to implement the CES in a manner consistent with the vision and framework of CES, as well as in accordance with the policies and procedures of its CES.

Procedure:
The CoC will provide a minimum of annual training for persons who conduct assessments for CES. Training will be offered at no cost to the agency or staff and will be delivered by an experienced trainer who is identified by the CoC. Topics for training will include the following:

- Review of CoC's written CES policies and procedures;
- Requirements for use of assessment information to determine prioritization;
- Training on the use of the CES assessment tools in conjunction with on-line training resources;
- Risk Assessment (see pg. 7), Trauma Informed Care and local resources available to those fleeing domestic violence, sexual assault, stalking or dating violence; and
- Criteria for uniform decision-making and referrals

Agencies participating in CES are required to train new employees on assessment tools and relevant Policies and Procedures.

Updating the Assessment

Policy:
Participant assessment information should be updated at least once a year, if the participant is served by CES for more than 12 months. Additionally, staff may update participant records with new information as new or updated information becomes known by staff.

Procedure:
Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CES data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. CoCs should continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

Rights of the Participant

Participant Autonomy

Policy:

It is crucial that persons served by the CoC's CES have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the prioritization list. Note that some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. Participants who choose not to provide information in these instances could be limiting potential referral options.

Grievance and Appeal Process

Policy:

The CoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

Procedure:

Any person participating in CES has the right to file a grievance or appeal a decision made by the CES or agencies participating in the CES.

It is the referring service provider's responsibility to notify CES participants of their right to file a grievance and/or appeal and to reasonably assist the participants in filing any such grievance. Grievances and Appeals may be in handled in the following ways:

1. Grievances and appeals directed to a program and/or program agency shall be handled in accordance with the grievance policies and procedures of that organization. Organizations should keep records of such complaints on file and have them available upon request.
2. Individuals who are dissatisfied with the CES process or outcome should submit a verbal or written grievance within 30 calendar days of the event at any participating agency or directly to the CES Coordinator at Barnstable County Department of Human Services at 508-375-6625 or ces@barnstablecounty.org. Complaints should include the date of the event, the reason for the complaint, and contact information of the person that has submitted the complaint. Complaints will be reviewed and responded to in writing within 15 calendar days of receipt.
3. If the complaint is not resolved to the individual's satisfaction, the complainant may request that the matter be forwarded to the CES Steering Committee for review. The Steering Committee will issue a final decision within 10 calendar days of receipt.

Individuals who feel they have been discriminated against may file a complaint with the Massachusetts Commission Against Discrimination, 1 Ashburton Place – Suite 601, Boston, MA 02108, (617) 994-6000, assistanttochairman@state.ma.us.

Disclosure of Disability or Diagnostic Information

Policy:
Throughout the assessment process, participants must not be pressured or forced to provide CES staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.

Written Standards for Prioritization of Services

Standardized Prioritization

Policy:
CoC will use data collected through the CES process to prioritize homeless persons within the CoC's full geographic region.

Procedure:
Permanent Supportive Housing (PSH):
The prioritization for PSH is consistent with HUD's Prioritization/PSH HUD Coordinated Entry Notice 16-11: Section II.B.3., CPD-16-11 and CPD-17-01. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule):

- 1st Priority—Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.
- 2nd Priority—Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.
- 3rd Priority—Chronically homeless individuals and families with the most severe service needs.
- 4th Priority—All other chronically homeless individuals and families not already included in priorities 1 through 3.
- 5th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.
- 6th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.
- 7th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, Safe Havens, or emergency shelters.
- 8th Priority—Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.
- 9th Priority- Individuals and families identified by state or local entities as priority populations due to homelessness or being at risk of homelessness and having severe service needs
- Tie Breaker—When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers will be used in this order:
  - a Veteran household
  - longest length of homelessness
  - lowest household income

CoC will prioritize veterans over non- veterans in each prioritization category listed above. Essentially, this means that if two households present for assistance and both fall under the same order of priority (e.g. both chronically homeless and fall under Priority 1), but one is a veteran household and the other is not, the veteran household should be prioritized first. In general, the CoC will prioritize veteran households that are not eligible for VA housing or services.

In the event of an emergency declaration, the Cape and Islands CoC/CES will consider guidance and waivers of regulations promulgated by the U.S. Department of Housing and Urban Development, its state designee or local emergency management entity, in modifying CES Policies and Procedures.

Transitional Housing (TH):
The prioritization for persons who are determined to be eligible for TH will be consistent with the CoC's scoring range for need and vulnerability associated with TH projects. The CoC will prioritize the following persons for TH:
1. Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.
2. Households consisting of unaccompanied youth.
3. Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders.

Rapid Re-Housing (RRH):
The prioritization for persons who are determined to be eligible for RRH will be consistent with the CoC's scoring range for need and vulnerability associated with RRH projects (see CoC and ESG Coordination for eligibility criteria). Additionally, the CoC has opted to prioritize the following persons for RRH:
1. Households with a single parent and 3 or more dependent children under the age of 6.
2. Households experiencing domestic violence.
3. Households consisting of unaccompanied youth.
4. Households with a previous episode of homelessness within the most recent 12 months.

Prioritization List

Policy:
The CES has established an up-to-date list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The CES prioritization list will be organized according to participant need, vulnerability, and risk. The CES prioritization list provides an effective way to manage an accountable and transparent prioritization process.

Procedure:

The Unique Identifier List (UIL) is a real-time, By-Name, up-to-date list of all people experiencing homelessness which can be filtered by categories and shared across agencies. This list is generated with data from outreach, HMIS, federal partners, and any other community shelters and providers working with the specific homeless subpopulation and uses standardized tools to assess vulnerability. Households will either be considered as active status or inactive status: individuals will not be removed from the list at this time.

Active/Inactive Status

All participants and families will be considered Active unless they are re-classified as Inactive by the participating agency staff due to the following:

1) Successfully housed
2) Unknown/Disappeared
3) Abandonment of placement
4) Ineligibility
5) Non-compliance with program requirements
6) Incarceration
7) Destruction of property
8) Other factors as determined by participating agencies

Individuals can only be re-classified after review of their status with all participating agencies to ensure they are not an active client elsewhere.

Vacancies, Referral and Housing Match

Notification of Vacancies

Policy:
To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CES Coordinator of any known and anticipated upcoming vacancies.

Procedure:
When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the CES Coordinator via email within 5 business days of the vacancy. The notification must include specific details of the vacancy, including the project name, unit size, location, and any eligibility requirements.

Match to Housing

Policy:
When a housing provider has a vacancy or available subsidy slot, the household with the highest prioritization that also meets eligibility for the available unit is referred by the CES Coordinator.

Procedure:
Agencies making referrals into CES will do so through HMIS or a single information packet to the CES Coordinator containing paper copies of: the signed Consent to Participate, the signed Release of Information for History of Substance Use (if appropriate), the Head of Household's vulnerability assessment, a completed data collection form with Head of Household's Personally Identifiable Information (PII), and pertinent documentation to verify Chronic Homelessness. Submission of data should be made through a secure transmission method, including but not limited to encrypted email, fax, USPS, or hand delivery. Transmittals and Match forms will be generated through the CoC CES Administration Site.

When a housing provider has a vacancy or available subsidy slot, the household with the highest prioritization that also meets eligibility for the available unit is referred by the CES Coordinator. Housing providers are not required to waive eligibility requirements for available units, particularly those imposed by another funding source for the housing program, *e.g.*, DMH-eligibility, Community Support Program for People Experiencing Chronic Homelessness (CSPECH) eligibility, veteran status, HIV+ status, etc. However, providers are strongly discouraged from imposing additional eligibility barriers.

The CES coordinator can send up to three matches to a housing provider for a given vacancy;

the housing provider should communicate within five business days who may be getting the unit/voucher, so that others referred can re-enter the centralized list with the same priority as before. The referring agencies will also be contacted about the pending matches.

Participant Declined Referrals

Policy:

One of the guiding principles of CES is participant choice. This principle must be evident throughout the CES process, including the referral phase. Participants in CES are allowed to reject service strategies and housing options offered to them, without repercussion.

Procedure:

If an individual or family refuses a unit to which they are referred, the individual or family remains on the by-name list with the same priority status the person or family previously had. The goal is to provide housing, so there is no limit to the number of referrals that can be made for an individual and/or family.

Provider Declined Referrals

Policy:

There may be instances when agencies decide not to accept a referral from CES. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the CES Coordinator of the denial and the reason for the denial.

Procedure:

There may be rare instances where programs do not to accept a referral from CES. Refusals are permitted in limited circumstances, including:

- The person does not meet the program's eligibility criteria;
- The person would be a danger to others or themselves if allowed entry into this program;
- The person has previously caused serious conflicts within the program (*e.g.* was violent with another consumer or program staff).

If the program determines a consumer is not eligible for their program after they have received the referral from coordinated assessment, the homeless individual will be referred back to the CES Coordinator who will reactivate the individual on the unique-identifier list. The individual maintains the priority status he/she had prior to the referral.

CoC-funded programs that consistently refuse referrals will be reviewed for compliance with contract requirements and may risk suspension or loss of funding. Programs that are not CoC-funded and consistently refuse referral will be evaluated to determine if the program is appropriate to participate in CES.

Data Systems

Protection of Personally Identifiable Information (PII)

Policy:

Agencies participating in and contributing data to CES must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data is being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Procedure:

Participants must receive and acknowledge a "Consent to Participate" (Appendix H) form prior to the collection of data for CES. The form identifies what data will be collected, where the data will be stored/managed, how the data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

Use of HMIS

Policy:

Beginning on January 1, 2020 agencies participating in CES will be required to enter all relevant data elements into the CoC's HMIS system. Those agencies that do not have access to the CoC's HMIS will be required to send referral information (see "Match to Housing") to the CES Coordinator for entry into HMIS.

Effective January 1, 2021 all agencies participating in CES will be required to enter client information into the CoC's HMIS system. If an agency is unable to meet this timeline for full integration with ETO/HMIS they must request an extension from the CES Administrator and have a plan for coming into compliance.

Procedure:

Agencies participating in CES that use the CoC's HMIS systems will have access to an Individual and Family Project within the Cape and Islands CoC HMIS system. Agencies that do not have access to the CoC HMIS will send all required information to the CES Coordinator as detailed in "Match to Housing". The following information is required to be entered for all individual and/or family program participants:

- All required demographics in the HMIS Project Entry Assessment.
- Upload of the Consent to Participate and the Authorization to Share Protected Health Information forms.
- Upload proof of homeless status as criteria for determination of chronic homelessness (if applicable).
- Upload proof of disabling condition as criteria for determination of chronic homelessness (if applicable).
- Completion of an approved assessment tool within HMIS.
- Notification of the transmittal of participant eligibility to the CE Coordinator.

The Barnstable County Department of Human Services will provide training and technical assistance to all participating agencies in use of an HMIS database.

Participant Consent

Policy:
Data must not be collected without the consent of participants, according to the defined privacy policies adopted by the CoC.

Procedure:
As part of the assessment process, participants will be provided with a written copy of the CoC's Consent to Participate and Authorization to Share Protected Health Information (Appendix I) forms, which identifies what data will be collected, what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is. Participants will have the option to decline sharing data; doing so does not make them ineligible for CE.

Evaluation

Evaluation of CES

Policy:

Regular and ongoing evaluation of the CE system by the CE Steering Committee will be conducted to ensure that improvement opportunities are identified and results are shared and understood, and that the CE system is held accountable.

Procedure:

The following steps will be part of the evaluation process for CES conducted by the CES Steering Committee:

1) Annual review of Policies and Procedures;
2) Analysis of performance data from the coordinated assessment process;
3) Recommend changes or improvements to the process, based on analysis of performance data, to the CoC and Policy Board;
4) Receive and respond to feedback from partner agencies and participants of the CES system for the purpose of informing system evaluation.

APPENDIX A: Terms and Definitions

Terms and Definitions	
At Risk of Homelessness	(1) An individual or family who: (i) Has an annual income below 30 percent of median family income for the area, as determined by HUD; (ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "homeless" definition in this section; and (iii) Meets one of the following conditions: (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance; (B) Is living in the home of another because of economic hardship; (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals; (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau; (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan; (2) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under the Runaway and Homeless Youth Act the Head Start Act, the Violence Against Women Act of 1994 , the Public Health Service Act, the Food and Nutrition Act of 2008, the Child Nutrition Act of 1966 ; or (3) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) of that child or youth if living with her or him. (4) A person 24 years of age or younger whose status or circumstances indicate a significant danger of experiencing homelessness in the near future (four months). Statuses or circumstances that indicate a significant danger may include: (1) youth exiting out-of-home placements; (2) youth who previously were homeless (3) youth whose parents or primary caregivers are or were previously homeless or have a history of multiple evictions or other types of housing instability; ; (4) youth who are exposed to abuse and neglect in their homes; (5) youth who experience conflict with parents due to chemical or alcohol dependency, mental health disabilities, or other disabilities; and (6) runaways.

Chronically Homeless	HUD's Definition: Chronically homeless means: A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: (1) Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND (2) Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (1) and (2) above.
Case Conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
Continuum of Care (CoC)	Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
Coordinated Entry System (CE)	Coordinated entry is an approach to ending homelessness that requires coordination of housing and service resources in a community to better match people experiencing homelessness to appropriate permanent housing placements.

Dedicated Plus	A Dedicated Plus project is permanent supportive housing project where 100% of the beds are dedicated to serve individuals, households with children, and unaccompanied youth that at intake meet one of the following categories: (1)experiencing chronic homelessness; (2)residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; (3)residing in a place not meant for human habitation, emergency shelter, or Safe Haven and had been admitted and enrolled in a permanent housing project within the last year but were unable to maintain a housing placement and met the definition of chronic homeless prior to entering the project; (4)residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness; (5)residing and has resided in a place not meant for human habitation, Safe Haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability; or (6)receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.

Homeless	An 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; (2) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (3) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
Homeless Management Information System (HMIS)	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Imminent Risk of Homelessness	An individual or family who will imminently lose their primary nighttime residence, provided that: (1)Residence will be lost within 14 days of the date of application for homeless assistance; (2)No subsequent residence has been identified; and (3)The individual or family lacks the resources or support networks needed to obtain other permanent housing.
Public Housing Authority (PHA)	Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).
Permanent Supported Housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
Rapid Re-Housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

Cape Cod and Islands Regional Network on Homelessness	The Regional Network is the governing body for the MA-503 Continuum of Care and is comprised of an Executive Committee, a Policy Board, several working groups, and a larger network of interested stakeholders. The Regional Network provides technical assistance and training on a variety of topics, convenes stakeholders to undertake specific initiatives, assists partner organizations with grant writing and leveraged resources, and is the liaison to the Massachusetts Interagency Council on Housing and Homelessness. The Regional Network sets policy, implements the Coordinated Entry System (CES), and coordinates the annual Point in Time Count.
Release of Information	Written documentation signed by a participant to release his/her personal information to authorized partners.
Transitional Housing	Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.
Written Standards	The Continuum of Care (CoC) Program interim rule requires that the CoC must establish and consistently follow written standards for providing CoC assistance, in consultation with recipients of the Emergency Solutions Grant program. At a minimum, these written standards must include: (1)Policies and procedures for evaluating individuals' and families' eligibility for assistance in the CoC Program; and (2)Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance for permanent supportive housing assistance, transitional housing assistance, and rapid re-housing assistance.

The goals of the written standards are to: (1)Establish community-wide expectations on the operations of projects within the community; (2)Ensure that the system is transparent to users and operators; (3)Establish a minimum set of standards and expectations in terms of the quality expected of projects; (4) Make the local priorities transparent to recipients and sub recipients of funds; and (5)Create consistency and coordination between recipients' and sub recipients' projects within the Cape Cod and Islands CoC. |

APPENDIX B: Roles

Roles	
Access Point	Agencies that have signed a Memorandum of Understanding with the Regional Network on Homelessness that provide a site for ensuring that all households experiencing homelessness and at-risk of homelessness have prompt access to intake and assessments that are administered in a safe welcoming environment.
CES Coordinator	Staff position responsible for supporting or managing day-to-day functions of CES, which may include any combination of the following: maintaining a prioritization list, assisting with matching participants to available housing resources, communicating referrals, facilitating case conferencing meetings, assisting with grievance and appeal processes, monitoring CES activity, and preparing CES monitoring and evaluation reports.
Coordinated Entry Management Entity	The Barnstable County Department of Human Services is responsible for the day-today operation of the CES.
CES Steering Committee	To provide oversight and direction to the Cape and Islands Coordinated Entry System to ensure that individuals in need of housing are assessed and prioritized for housing following the U.S. Department of Housing and Urban Development (HUD) requirements as provided in Coordinated Entry Notice CPD-17-01 and other documents and rules issued by HUD and referenced in Notice CPD-17-01.
Coordinated Entry System Committee	The primary Case Conferencing body for Coordinated Entry. Meets monthly to oversee the implementation and evaluation of the CES.
HMIS Lead Agency	Operates the Homeless Management Information System on the CoC's behalf. Ensures the CES has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Entity designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS.

Participating Project	Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a Memorandum of Understanding (MOU) with the Regional Network on Homelessness. The MOU outlines the standards and expectations for the project's participation in and compliance with the policies and procedures governing CES operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.
Regional Network on Homelessness Policy Board	Responsible for the general oversight of the CE system, including the approval of the CE Policies & Procedures document.

APPENDIX C: Review and Revision Log

Version	Date Released	Key Changes
1.00	06/01/16	N/A
2.00	08/01/18	Updated Assessment Process Incorporated new guidance from HUD
3.00	02/12/20	Complete review and revision
4.00	03/31/21	Updated Written Standards of Prioritization

APPENDIX D: Access Points

Individuals - without children and Unaccompanied Youth	**Housing Assistance Corp**, 460 West Main Street, Hyannis, (508) 771-5400 **Duffy Health Center**, 94 Main Street, Hyannis, (508) 771-9599 **Cape & Islands Veterans Outreach Center**, 247 Stevens St.-Suite E, Hyannis, (508) 778-1590 **Homeless Prevention Council,** 14 Old Tote Road, Orleans, (508) 255-2143 **Vinfen Cape Cod**, 1019 Iyannough Rd. Suite 8 Hyannis and via weekly outreach from Homeless Outreach Team (508) 790-8530 **Mashpee Wampanoag Tribe**, 483 Great Neck Road, Mashpee, (508) 477-0208 **AIDS Support Group of Cape Cod,** 428 South St, Hyannis, (508) 778-1954 **St. Joseph's House,** 77 Winter Street, Hyannis, (508) 997-3202 **Dukes County Homelessness Prevention**, 9 Airport Rd. Edgartown, (978) 273-0533 **Falmouth Human Services**, 65A Town Hall Square, Falmouth, (508) 548-0533
Families – with children	The **Massachusetts Department of Housing and Community Development** operates coordinated entry to emergency shelter and rapid rehousing for families
Households fleeing domestic violence	Households fleeing domestic violence may access coordinated access points for adult individuals or families. In addition, one site is designated to be accessed only by this population: **Independence House,** 160 Bassett Lane, Hyannis, (508) 771-6507
Persons at risk of homelessness	**Housing Assistance Corp**, 460 West Main Street, Hyannis, (508) 771-5400 **Cape & Islands Veterans Outreach Center**, 247 Stevens St.-Suite E Hyannis, (508) 778-1590 **Homeless Prevention Council,** 14 Old Tote Road, Orleans, (508) 255-2143 **Duffy Health Center**, 94 Main Street, Hyannis, (508) 771-9599

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

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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-spdat/

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/

2

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.

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/

3

Administration

Interviewer's Name	Agency	○ Team ○ Staff ○ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ __ __	_____

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	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	○ Yes ○ No

	SCORE:
IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	0

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: 0

2. How long has it been since you lived in permanent stable housing? ___ Years ☐ 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: 0

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: 0

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: 0

5

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

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**	**SCORE:**
	0

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

9. Do you ever do things that may be considered to be risky   ☐ Y   ☐ N   ☐ Refused
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?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	**SCORE:**
	0

C. Socialization & Daily Functioning

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

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

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	**SCORE:**
	0

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

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	**SCORE:**
	0

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

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	**SCORE:**
	0

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

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	**SCORE:**
	0

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: 0

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: 0

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: 0

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY.**	SCORE: 0

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: 0

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: 0

Scoring Summary

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

9

APPENDIX F: Transitional Age Youth (TAY) Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)

Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

Eric Rice, PhD

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-spdat/

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	⊙ Team ○ Staff ○ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

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	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	◉Yes ◉No

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

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**

	SCORE:
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	0

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

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

	SCORE:
IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	0

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

	SCORE:
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	0

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

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	0

5

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

8. Were you ever incarcerated when younger than age 18?   ☐ **Y**   ☐ **N**   ☐ Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.**	0

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

10. Do you ever do things that may be considered to be risky like   ☐ **Y**   ☐ **N**   ☐ Refused
    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?

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	0

C. Socialization & Daily Functioning

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

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

	SCORE:
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	0

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

	SCORE:
IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	0

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

	SCORE:
IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	0

6

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:
	0

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:
	0

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:
	0

7

SINGLE YOUTH   AMERICAN VERSION 1.0

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

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

24. If you've ever used marijuana, did you ever try it at age 12 or ☒Y   ☒N   ☒ Refused
younger?

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.	0

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   ☒Y   ☒N   ☒ Refused
impairment?

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

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.	0

	SCORE:
IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.	0

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

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

	SCORE:
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.	0

Scoring Summary

DOMAIN	SUBTOTAL		RESULTS
PRE-SURVEY	1	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	0	/2	0-3: no moderate or high intensity services be provided at this time
B. RISKS	0	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	0	/4	4-7: assessment for time-limited supports with moderate intensity
D. WELLNESS	0	/6	
GRAND TOTAL:	1	/17	8+: assessment for long-term housing with high service intensity

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 Night
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?	☐ Yes ☐ No ☐ 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

9

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 exper-tise. 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 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 cre-ated 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 combina-tion 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.

10

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).

11

APPENDIX G: Mass. Balance of State Vulnerability Assessment

<table>
<tr><td colspan="2">Demographic Information</td><td style="text-align:center">Total Score
0</td></tr>
</table>

Demographic Information	
Date: Click here to enter a date.	Interviewer/Advocate/Case Manager's Name:
Agency:	Interviewer/Agency Contact Phone #
Preferred Language:	Secondary Language:
Full Name of Head of Household	SSN (Optional- last 4 ONLY)
Date of Birth (xx/xx/xxxx) Click here to enter a date.	Household Description: ☐Individual ☐Family ☐Couple
How do you prefer to be contacted? ☐Phone ☐Email ☐Mail	Phone Number:
Email:	Address:
Alt. Contact Name & Relationship to you	Alt. Contact Information (Phone/Email/Address)
Are you fleeing a domestic violence situation? ☐Yes ☐No	Gender you identify as: ☐Male ☐Female ☐Agender ☐Other

Household Composition (Use back of page section if more room is needed)

Name	Gender	Relationship	DOB
		Head of Household	

Section 1: Misc. Vulnerability Points

	Yes	No
Have you ever served in the military? (for placement and veteran's services referral only)	☐	☐
Score 1 point if household had 6 or more members	0	
Score 1 point if Domestic Violence is the cause of the homelessness (within 1 year)	0	
Score 1 point if applicant is over 60 years old	0	
Score 1 point if applicant is 18-24 years old	0	
Section 1 Total:	**0**	

Section 2: Housing/Homelessness

In this section choose only one answer in each Part

Part A.	**Tell me about where you have been staying at night** (Choose where you have been sleeping most often)	
5	Homeless in a place not meant for human habitation	0
4	Homeless in a shelter	0
3	In Transitional Housing	0
2	In substandard housing and/or rent is not affordable (over 30% of income)	0
1	In stable housing that is only marginally adequate	0
0	Housing is safe, adequate, and affordable	0
	Part A Sub-total:	0

Part B.	**If in Shelter or a place not meant for human habitation, how long have you been staying there?**	
3	More than 1 year	0
2	6 months to 1 year	0
1	1 to 6 months	0
0	Less than 30 days	0
	Part B Sub-total:	0

Part C.	****Answer Part C ONLY if Part B is Less than 1 year****	
	If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?	
1	Yes	0
0	No	0
	Part C Sub-total:	0

Section 2 Total:	**0**

Section 3: Income/Employment

In this section choose only one answer in each Part

Part A.	**Do you have a steady income?**	
4	No Income	0
2	Some income, not stable, insufficient to afford unsubsidized housing	0
1	Income from mainstream benefits, insufficient to afford unsubsidized housing	0
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing	0
	Part A Sub-total:	0

Part B.	**Do you have a job?**	
5	No, I can't work due to disability	0

4	No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc.		0
2	Yes, but only a few hours a week and sometimes there is no work available/ No, but seeking a job		0
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income		0
1	Yes, I work part-time and have regular hours		0
0	Yes, I work full-time		0
		Part B Sub-total:	0

Section 3 Total:	0

Section 4: Mental Health/Substance Abuse		
In this section choose only one answer in each Part		
Part A.	**Have you been diagnosed with a mental illness?**	
3	Yes, I am not currently being treated for it	0
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	0
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	0
0	No I do not have a mental illness	0
	Part A Sub-total:	0

Part B.	**Please tell us if you have a history of substance use disorder (SUD)**		
4	Yes and I am currently using alcohol or drugs and not in recovery		0
3	Yes, but I have been in recovery for less than 6 months		0
2	Yes, but I have been in recovery for 6 months to 1 year		0
1	Yes, but have been in recovery for more than 1 year		0
0	I do not have a substance abuse problem		0
Check the box if you wish to be referred ONLY to programs providing substance abuse services	☐	Part B Sub-total:	0

Part C.	**Please tell us if you have overdosed on drugs or alcohol.**	
2	I have had an overdose (OD) or alcohol poisoning within the past 12 months.	0
	Part A Sub-total:	0

Section 4 Total:	0

Section 5: Physical Health		
In this section choose only one answer in each Part		
Part A.	**Do you have any chronic health conditions?**	
3	Yes, I am not currently being treated for it/them	0
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	0
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	0
0	No I do not have a chronic health condition	0
	Part A Sub-total:	0

Part B.	**Do you have trouble getting around due to a chronic health condition?**	
3	Yes, I am in a wheelchair	0
2	Yes, I depend on a cane / crutches for mobility	0
1	Yes, I can walk a short distance without assistance, but with difficulty	0
0	No, I don't have any trouble getting around	0

		Part B Sub-total:	0

Part C.	Have you ever been diagnosed with HIV/AIDS? (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)	
2	Yes	0
0	No	0
	Part C Sub-total:	0

Part D.	How many times have you visited a hospital emergency room in the past 12 months?	
3	10 or more times	0
2	5 to 9 times	0
1	1 to 4	0
0	I have not gone to the emergency room in the past 12 months	0
	Part D Sub-total:	0

Section 5 Total:	0

Section 6: Sexual Orientation/Gender Identity	
Do you identify as LGBTQ?	
2	Yes	0
0	No	0

Section 6 Total:	0

Total Vulnerability Score:	0

Section 7: Any Further Comments

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel. (617) 573-11370, TTY (617) 573-1140 for the deaf or hard-of-hearing.

APPENDIX H: Consent to Participate

CAPE & ISLANDS COORDINATED ENTRY SYSTEM FOR HOMELESS SERVICES
CONSENT TO PARTICIPATE IN A SCREENING AND
AUTHORIZATION TO SHARE PROTECTED HEALTH INFORMATION

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)

Unique Client Identifier (UCI) (does not have to be filled in at time of screening) UCI		

Interviewer's Name and Title	Interviewer's Organization	Date of Interview

We are asking you to participate in an interview and screening to enable us to share information about you with the Cape & Islands Regional Network on Homelessness (the **Network**) for the purpose of enrolling you in the Cape & Islands Coordinated Entry System.

Information about the Coordinated Entry System for Homeless Services: In the Cape Cod and Islands area, homeless services, transitional housing, and other homeless resources are accessed through the Coordinated Entry System administered by the Network. Services and housing on Cape Cod and Islands are prioritized for individuals and families who have been homeless for long period of time and have high service needs. The Coordinated Entry System allows for speedy matching of homeless individuals with the most appropriate housing resources. In addition to housing, supportive case management services are available to help individuals get the services they may need, such as primary health care, substance use treatment, and substance abuse recovery support services, to successfully stay in housing.

The Network is a collaborative of state, county and local government agencies, social service providers, housing agencies, businesses, law enforcement and other organizations that serve homeless and formerly homeless persons in the Cape & Islands Area. **Attached to this Authorization is a list of organizations that are currently members of the Network.** The organization conducting the interview is a member of the Network. The Network membership may change over time. **At any time, you may ask for a complete list of participating members by contacting the Network at (508) 375-6945.**

Screening: With your authorization, you will be interviewed today about your health and housing for the purpose of entering you into the Cape & Islands Coordinated Entry System. This should take about 20-30 minutes. You will be asked questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system. Most of the questions only require a "yes" or "no". Some questions require one-word answers.

Participation is Voluntary: Participation in the screening and the Cape & Islands Coordinated Entry System are completely voluntary. If you decide not to participate in the screening or to sharing your information, those decisions will: (1) not impact the services you may be receiving from the organization wanting to conduct your interview today; or (2) prevent you from participating in the Coordinated Entry System, but the ability of the Coordinated Entry System to help you will be limited. To participate in the Coordinated Entry System without participating in the screening, contact the Network at (508) 375-6945 or by writing to Barnstable County Department of Human Services, P.O. Box 427, Barnstable, MA 02360.

If you agree to participate in the interview, you may ask to take a break or stop the interview at any time. If at any point you do not understand what is being asked, let the interviewer know and they will help you.

Enrollment in to the Coordinated Entry System - Who Will Be Receiving the Information from the Interview: With your authorization, the information collected from the interview will be shared with the Network and its members. It will be used to enroll you into Cape & Islands Coordinated Entry System, determine your eligibility for various housing programs, and make referrals for other services on your behalf. **Important Rights and Other Information You Should Know.**

APPENDIX I: Authorization for Release of Information for Individuals and Families with Histories of Substance Use Disorders

CAPE & ISLANDS COORDINATED ENTRY SYSTEM FOR HOMELESS SERVICES
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION
FOR INDIVIDUALS AND FAMILIES WITH HISTORIES OF SUBSTANCE USE DISORDERS

When _____ (print name of Interviewer's Organization) collects information on you, the government requires that information to be protected. When that information includes information about substance abuse, a diagnosis of substance use disorder, or treatment for substance use disorder, then then there are special requirements to protect your substance-use information.

Information regarding substance use and treatment collected about you for the Cape & Islands Coordinated Entry System is protected under federal laws: Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164). Your information cannot be shared without your permission, unless otherwise permitted by those laws.

I, _____ (print name of Participant), have read and fully understand this authorization form and I authorize the Interviewer's Organization, named above, to share my substance use disorders information collected in the interview process with Cape & Islands Regional Network on Homelessness (the **Network**), as described more fully below, for the purpose of enrolling me in the Cape & Islands Coordinated Entry System.

- I understand my substance use disorder information and records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164). I understand my information cannot be shared without my written consent unless otherwise provided for in the laws and regulations.

- I agree that information about me collected in the interview process can be released and shared with the designated staff persons at the Cape & Islands Coordinated Entry System and at one or more of the organizations in the Network identified on the attached list only to the extent that information is necessary for the referral process to housing programs appropriate for me and that information will be: (i) my name and contact information; (ii) the optional name and contact information of another person, if provided below, who knows how to contact me; and (iii) the information I provide as part of the interview. I understand that information about me can be shared only with organizations identified on the attached list. **If the Network wants to share my substance abuse, a diagnosis of substance use disorder or treatment for substance use disorder information with organizations not on the attached list, the Network must first obtain my consent to release the information.**

- I understand that I may revoke this authorization to share the information with the Network at any time by contacting the Network at (508) 375-6945. I further understand if I revoke this authorization, the revocation will not apply to information that has already been used or disclosed.

- I understand that, in any event, this authorization automatically expires 90 days after the completion of my participation in the Cape &Islands Coordinated Entry System.

- I know that I can stop my participation in the Cape & Islands Coordinated Entry System at any time by contacting Network as directed above.

I acknowledge that I have received a copy of this Authorization for Release of Confidential Information.

_____   _____
Date   Signature (or mark) of Participant

Signature of Interviewer_____

APPENDIX J: Client Data Collection Template

MA-503 CAPE AND ISLANDS CoC - COORDINATED ENTRY

CLIENT DATA COLLECTION TEMPLATE

FIRST NAME	
MIDDLE NAME	
LAST NAME	

SUFFIX
- ☐ Jr.
- ☐ Sr.
- ☐ I
- ☐ II
- ☐ III
- ☐ IV

NAME DATA QUALITY
- ☐ Full Name Reported
- ☐ Partial Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

GENDER
- ☐ Female
- ☐ Male
- ☐ Trans Male (FTM)
- ☐ Trans Female (MTF)
- ☐ Gender Non-Conforming
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

DATE OF BIRTH ___ / ___ / ___

DATE OF BIRTH DATA QUALITY
- ☐ Full DOB Reported
- ☐ Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

SOCIAL SECURITY # ___ - ___ - ___
- ☐ Full SS# Reported
- ☐ Partial SS# Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

AGENCY	
STAFF CONTACT	
DATE	___ / ___ / ___

PROJECT TYPE
- ☐ Individual
- ☐ Family

PRIMARY LANGUAGE _____

INTERPRETER NEEDED?
- ☐ Yes
- ☐ No

ETHNICITY
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

RACE
- ☐ American Indian/Native Alaskan
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ More than one
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

VETERAN STATUS
- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected