



Continuum of Care Written Standard for NY-508  
Buffalo, Niagara Falls, Erie and Niagara County

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## Introduction

The Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of Erie and Niagara Counties. Both the Emergency Solution Grant Rules and Regulations (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, (1) establish and consistently follow written standards for providing Continuum of Care assistance, (2) establish performance targets appropriate for population and program type, and (3) monitor recipient and sub-recipient performance.

All programs that receive ESG or CoC funding are required to abide by these written standards. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing.

The majority of these standards are based on the ESG and/or the HEARTH Interim Rules. There are some additional standards that have been established by the CoC that will assist programs in meeting and exceeding performance outcomes that will help the CoC reach the goal of ending homelessness.

The Continuum of Care Written Standards will:

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system
- Assist in assessing individuals and families consistently to determine program eligibility
- Assist in administering programs fairly and methodically
- Establish common performance measurements for all CoC components.
- Provide the basis for the monitoring of all CoC and ESG funded projects

These written standards have been developed in conjunction with ESG recipients (City of Buffalo, City of Niagara Falls, Town of Tonawanda, and Erie County) and with service providers to allow for input on the procedure of Coordinated entry/assessment system, standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, Emergency Shelter(ES), Transitional Housing (TH),

Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Supportive Service Only (SSO).

The CoC Written Standards have been approved by the CoC, the County and City ESG recipients and providers. The Written Standards will be reviewed and revised as needed at a minimum of once per year. Agreement to abide by the Written Standards will be a condition of being moved forward for CoC or ESG funding.

### Program Requirement for All Programs

- Programs must coordinate with other homeless services within the CoC
- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education and youth programs for which participants may be eligible
- Programs must have written policies and procedures and must consistently apply them to all participants
- Programs that serve households with children:
  - A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
  - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations. However all homeless programs are strongly encouraged to participate in HMIS.
- Programs must meet minimum HMIS data quality standards
- Programs providing Domestic Violence or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.
- Programs must participate in Coordinated Entry System and use the prioritization criteria established in this documents.
- Programs must conduct an initial evaluation to determine the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.

- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
  - Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination
  - Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
  - Termination does not necessarily preclude assistance at a future date
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

## Record Keeping Requirements for All Projects

Participant Recordkeeping Requirements include:

- All records containing personally identifying information must be kept secure and confidential
- Programs must have written confidentiality/privacy notice a copy of which should be made available to participants if requested
- Documentation of homelessness (following HUDs guidelines)
- A record of services and assistance provided to each participant
- Documentation of any applicable requirements for providing services/assistance
- Documentation of use of coordinated assessment system
- Documentation of use of HMIS
- Records must be retained for the appropriate amount of time as prescribed by HUD

Financial Recordkeeping Requirements include:

- Documentation for all costs charged to the grant
- Documentation that funds were spent on allowable costs
- Documentation of the receipt and use of program income
- Documentation of compliance with expenditure limits and deadlines
- Retain copies of all procurement contracts as applicable
- Documentation of amount, source and use of resources for each match contribution

## Occupancy Standards for All Programs

All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards)

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents
- Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
- Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings
- Each room must have a natural or mechanical means of ventilation
- Must provide access to sanitary facilities that are in operating condition, private and clean
- Water supply must be free of contamination
- Heating/cooling equipment must be in working condition
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
- Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
- Building must be maintained in a sanitary condition
- Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide.

## **Coordinated Entry/Assessment System**

### Planning Process of the Coordinated Entry

There are some project level efforts have been made throughout the continuum towards coordinated entry/assessment in the past 3 years. It set a path for establishing the system-wide coordinated entry/assessment system.

Matt Urban, the first provider implementing the Housing First Model in this area, has been using a vulnerability index since 2011. This tool was was modified from the Community Solutions<sup>1</sup> research by the provider and it is focuses on evaluating those who are most vulnerable and have highest risk of death. The tool accurately reflects the vulnerability of the clients that they have assessed and served. This tool has been reviewed and revised by a chronically homeless committee in October 2014. The outreach team has been administering the score and the wait-list. The wait-list is available in both HMIS and a shared online tool with a mapping function that allow the outreach team to see where their client was last seen. This tool (Appendix B-Local-CH VI) has been approved by the CoC and will be the coordinated

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<sup>1</sup> <http://cmtysolutions.org/>

assessment tool for the chronically homeless and will be used by all projects that are dedicated or prioritized for the chronically homeless.

Erie County Department of Mental Health has a Single Point of Access and Accountability (SPOA) system in place for years. In June, 2012, SPOA has integrated referral for housing, Care Coordination and Assertive Community Treatment (ACT) services. SPOA is intended for individuals who are at high risk of further system penetration, who are unable to maintain community based linkage and important supports, such as; Psychiatric treatment and medication management, medical provider and treatment, housing and housing crisis management, substance abuse treatment, financial, social support and legal. The goal of SPOA is to have the right person, in the right service, at the right time, for the right length of time, achieving the right outcomes. SPOA system prioritize person who have severe mental illness with the following factors: medical and behavioral health emergency room visits, medical and behavioral health inpatient stays, arrests, homelessness, and episodes of lethality(self-harm or harm to others), occurring in the past 12 months. Having a risk score of 0 is technically eligible for services, though not likely to receive services. Anyone with homelessness is a priority for services. The triage works much like an ER. The more risk factors you have the more priority you have. A person with a risk score of 8 will receive services before a person with a risk score of 2. ECDMH obtains the risk score through the online referral, the referring agent enters the information and the system tallies the responses. The majority of the non-dedicated/prioritized PSH units are administered by ECDMH, or take referral from ECDMH. The CoC will use the SPOA system as the coordinated entry system for all PSH units that are not dedicated or prioritized for persons experiencing chronic homelessness.

A Common Assessment Committee was formed in early 2012. The common assessment that was developed at that point was more based on clients' income level, barriers of obtaining and retaining housing as per National Alliance of Ending Homelessness recommended for triaging for Rapid Re-Housing. City of Buffalo Emergency Solutions Grant (ESG) funded Rapid Rehousing, as a pilot project, used the common assessment to screen clients through the program. Assessments were uploaded to HMIS and referrals are made through HMIS as well. The process is fairly successful, we have housed 114 households during last year's pilot project. However, while comparing the new tool that nationally adopted, like the VI-F-SPDAT, our tool was less precise with barriers. While we accurately identified barriers, we did not clearly operationalize them, failing to include precise definition in the assessment tool. We, as the CoC, decided to adopt the VI-F-SPDAT for families and also to learn from the past and develop other tools based on scientific research.

In the spring of 2014, the Homeless Alliance of WNY hosted four (4) focus groups which were facilitated by Diane Bessel, Assistant Professor at the Department of Social Work and Sociology of Daemen College, who has extensive experiences working on the homeless issue. The aim of the focus group was to discuss and assess, the need of a Coordinated

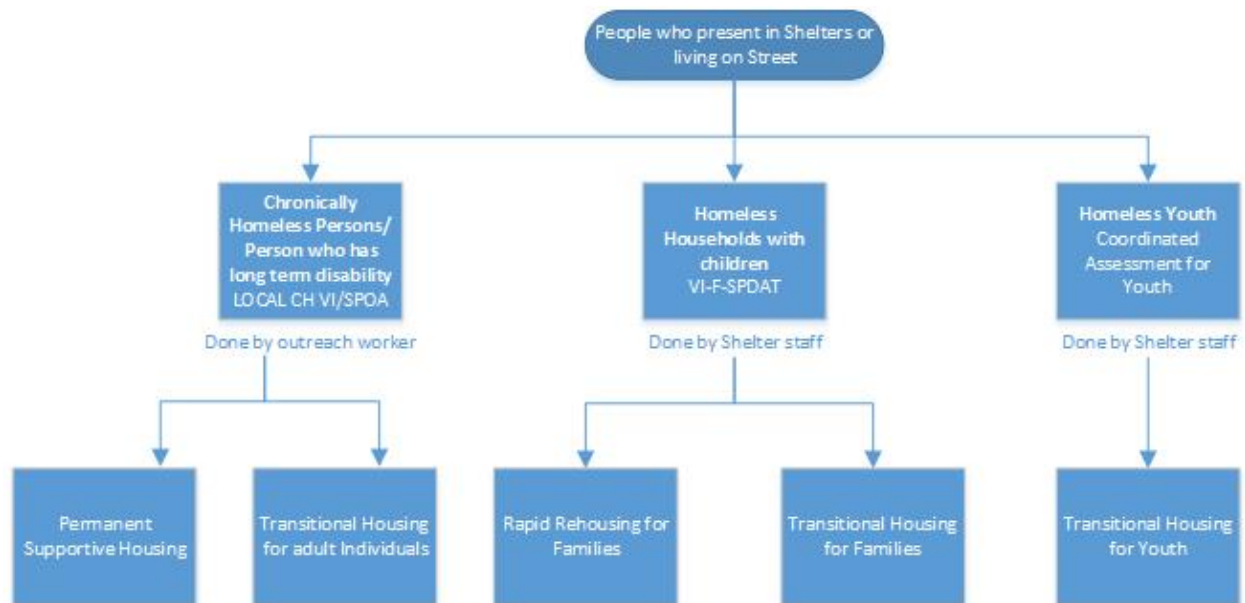
entry/assessment, initial model recommendation, and key factors on implementing the coordinated entry/assessment system that is viable to our community. There were a total of 74 members from the Continuum who participated in the discussion. After the focus groups, there were two committees formed: Access and Assess. Representatives from different housing programs were presented to discuss the two topics. The Assessment tools that are described below are developed and approved by the Assess Committee and the CoC.

Being located in a right-to-shelter state has meant that the point of entry into our homelessness assistance system is the city/county department of social services. At the time that a person who is experiencing homelessness or at risk of being homeless apply for assistance, he/she also screened for eligibility into other welfare and assistance programs, such as the Home Energy and Assistance Program run by the New York State Office of Temporary Disability Assistance, Supplemental Nutrition Assistance Program, and other aid. The department of social services provides many aid programs that assist county residents in staying in their own home and thus serves as the first point of access for homelessness prevention services. Other best practices, such as attempting diversion from the homeless shelters, have been standard practice at the department of social service for many years. ESG funded a prevention programs in Erie County focus on those who are unjustly denied benefits at the department of social services, or are facing legal issues of eviction. Erie County Department of Social Service required to conduct a face-to-face interview before clients are placed to shelters and which has proven effective. For this reason, and given a relative lack of other homelessness prevention programs in the area, it was clear that starting the Coordinated Entry at the point of shelter for housing and housing related services, as opposed to set up another system rather than the existing one to assess people before they entered the shelters. There are discussions about assessing all clients' need for future programming and funding purposes. However, due to lack of funding currently support such function, it is considered as a 2nd phase plan for the Coordinated Entry/Assessment system.

Late 2014 to January of 2015, 4 different housing committees were formed based on the population and housing types to discuss the details of the wait-list criteria, referral process and other implementation procedures. In February of 2015, the procedure for the coordinated entry system were added into the written standards and approved by the CoC. Implementation of the system wide coordinated entry for our region officially starts on February 18th, 2015. The four housing committees were merged into three, based on different service population and will be responsible for reviewing cases within its specific population. They are PSH housing committee, Family housing committee and Youth housing committee. Case conferences will be held regularly. An accountability committee will be formed to monitor the overall process and evaluate the system performance.



## Summary of the Coordinated Entry System



Based on housing projects that are available in this area, we have adopted 3 different tools for 3 different population:

- **Population:** Chronically homeless or homeless person who has a severe mental illness
  - **Tool:** Appendix B--Local Chronically Homeless Vulnerability Index(Local CH VI) /Single Point of Access and Accountability (SPOA)
- **Population:** Homeless Households with Children
  - **Tool:** Appendix C--Vulnerability Index and Family Service Prioritization Decision Assistance Tool(VI-F-SPDAT, developed by OrgCode. available to download here:<http://wnyhomeless.org/wp-content/uploads/VI-SPDAT-F.pdf>)
- **Population:** Homeless Youth under 25
- **Tool:** Appendix D--Coordinated Assessment for Youth

All HUD funded shelters/outreach projects are required to use the coordinated assessment tool. All HUD funded housing projects are required to take referrals from the coordinated entry system. All non-ESG or CoC funded projects are encouraged to participate in Coordinated Entry System.

Prevention programs and supportive service only programs funded with homeless-specific funding in Erie County are significantly different in their goals, methods, services and recruitment strategy. The Coordinated Entry system currently does not cover the process of referral homeless clients to prevention or supportive service only programs.

### [Use of HMIS in the Coordinated Entry](#)

ServicePoint is the software for our Homeless Management Information System (HMIS). It allows us to manage referrals, manage measurement score (for example, the VI-SPDAT score) and also allows us to create customized assessments and reports. Exception will be made to accommodate domestic violence shelters and domestic violence transitional programs.

The Local Chronically Homeless Vulnerability Index has been inputted into HMIS by outreach team since Oct. 2013. VI-F-SPDAT is going to be programmed into ServicePoint in a near future, so currently we will be uploading the scanned intake into HMIS as an attachment to the client record and manage the waitlist using HMIS customized assessment and report. The Youth assessment will also be implemented in a similar manner as the family one.

The waitlist will be managed by outreach team and dedicated shelter staff and monitored by the Homeless Alliance, who is the CoC and HMIS Lead agency. Meeting will be held regularly to review cases and the process of referring and housing clients. Homeless Alliance staff will also manage a list of clients who are successfully housed and publish the total number/count down on our website.

### [Emergency Shelters](#)

The Emergency Shelter System in Erie and Niagara County is currently composed of 16 providers; a total of 529 year round beds. In addition to the year round beds, there are 55 Code Blue beds available November 15 through March 15 for unsheltered homeless persons on nights where the temperature is expected to fall below 15 degrees in Erie County. Placements can also be made at area hotels/motels if there is no appropriate shelter available. Emergency shelter programs serve various sub-populations: households with children, individuals male or female, unaccompanied youth, and victims of domestic violence. The level of support services available to participants varies greatly from program to program. The length of stay is generally expected to be less than 30 days; extensions may be granted at some shelters if participants are following through with their case plans.

Access to Emergency Shelter: Information on how to access Emergency Shelter is available 24 hours a day/7 days a week:

- Going directly to Erie/Niagara County Department of Social Services (DSS) during regular business hours (8AM – 4PM)
- Crisis Services After Hours Number – 716-834-3131
- Niagara Community Mission after hours—716-285-3403
- Calling 2-1-1
- Haven House Domestic Violence Hot Line – 716-884-6000
- Family and Children’s Service of Niagara, Inc. (DV)—716-285-6984
- YWCA of Niagara DV shelter and hotline—716-433-6716

- Compass House Runaway Homeless Youth Hot Line – 716-886-0935
- Casey House runaway hotline youth (Niagara) 716-285-6984

Currently, there are multiple entry points into the emergency shelter system. The largest single point of entry is the Erie County Department of Social Services (DSS) and Niagara County DSS. There are several shelters where homeless persons must be approved for placement by DSS before entering the program. These include: Temple of Christ, Salvation Army Family Shelter, Faith Based Fellowship, and 25 beds at Buffalo City Mission Men’s Center, Matt Urban Hope House.

Note: The Restoration Society, Inc. operates a Drop-in Center, Harbor House that is often used as if it is an emergency shelter by the community. For example, after hour homeless persons will be referred to Harbor House from other shelters or other homeless persons; people who are on “do not house” lists at other shelters, etc. However, Harbor House is not an emergency shelter and DSS cannot place people there in lieu of emergency housing . This needs to be taken into consideration in the development of the Coordinated Entry System.

#### Erie County DSS Emergency Shelter Access

- Person(s) experiencing homelessness must go to the Rath Building, located at 158 Pearl Street between 8AM and 4PM and be screened for eligibility by the Emergency Housing unit. For additional information you may call the DSS Call Center at 716-858-2714.
- After hours, weekend and Holiday placements can be made by calling Crisis Services, Inc. at 716-834-3131
- If determined to be eligible, a placement will be made at one of the emergency shelters or a hotel/motel placement can be made if an appropriate shelter bed(s) is not available.
- While in shelter the participant must fulfill all DSS requirements provided to them in writing; i.e. – housing search, getting additional documentation for public benefits eligibility determination, etc.
- If denied an emergency shelter placement or placement is terminated before permanent housing is accessed, a fair hearing may be requested by calling 1-800-342-3334. Legal Services may be provided by calling Neighborhood Legal Services at 716-847-0650.

#### Other Erie County Emergency Shelter Access:

The other emergency shelters include: Non-DSS beds at Buffalo City Mission Men’s Center and Cornerstone, Family Promise, Little Portion Friary, Haven House, St. Luke’s Mission of Mercy, Compass House, and Transitional Services, Inc. Homeless persons access these programs by:

- calling or going directly to the shelters to find out about bed availability
- calling 2-1-1 or Crisis Services After Hours

#### Niagara County Emergency Shelter Access:

In Niagara County, there are two DSS locations: 20 East Ave. , Lockport and 301-10<sup>th</sup> St. Niagara Falls. People who go to DSS and are eligible for emergency shelter will be placed into Shelters. There are shelters in Niagara County that take walk-in individuals and families

as well. After hours, weekend and holiday placements can be made by Community Mission of Niagara Frontier, Inc. (716-285-3403).

### Participant Eligibility

Participants must meet the HUD definition of homelessness and meet the program sub-population criteria, i.e. age (youth), gender, DV etc.

## **Permanent Supportive Housing and Transitional Housing for Individual or CH Family**

In 2015, 134 additional PSH units dedicated to chronically homeless that are funded through CoC became available. In total, there are 855 Permanent Supportive Housing (PSH) units funded by the CoC, in which 195 are dedicated to chronically homeless. All non-dedicated chronically homeless PSH projects have committed to prioritize 85% of their turnover units to serve chronically homeless clients, which is approximately 80 units annually. Of the current 855 units, 623 units are administered by the Erie County Department of Mental Health (ECDMH). ECDMH recently required their sub-grantees to have a temporary housing units available for chronically homeless people moving into the permanent units. The City of Buffalo, who administers the Emergency Solutions Grants (ESG) also dedicated a portion of the Rapid Rehousing funding to temporarily house chronically homeless people who are waiting for their permanent supportive housing unit to become available.

There are 42 transitional housing units for individuals who have dual diagnosis or severe mental illness that are funded through CoC fund. However, funding for 24 of such were being reallocated to create more chronically homeless PSH units. Only 18 beds that are administered by ECDMH will be accepting new clients in 2015 and it should follow the same criteria as those beds that are not dedicated or prioritize to chronically homeless.

### Participant Eligibility

For all dedicated/prioritized chronically homeless units, participants must meet the chronically homeless definition:

(a) An individual who:

- i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
- iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)),

post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

For all non-dedicated/prioritized CH PSH/TH units, participants must meet the homeless definition and have a long-term disability.

Participants need to meet the project specific requirement, for example, have a severe mental illness for ECDMH beds.

#### [Waitlist Selection Process and Criteria](#)

##### **Units dedicated/prioritized to CH:**

Outreach team will use the Local CH VI to survey chronically homeless who are living on the street or shelters and put the score in Bas-Net. CH dedicated/prioritized PSH providers will inform the outreach team lead of a opening in 2 weeks (exception may occur when client left the program without notice.) with a unit available (pass inspection and under rent reasonableness/ FMR). Outreach team lead will follow the criteria below and select the individual/household based on the criteria below as candidate. The PSH case manager will perform a final assessment with the clients and determine final enrollment. Rejection has to be reviewed by the PSH housing committee and the PSH housing committee will make the final decision.

1. First priority should be given to chronically homeless individuals and families with the longest history of homelessness (**have been homeless at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months**) and have the highest Local CH VI score
2. Second priority should be given to chronically homeless individuals and families with the longest history of homelessness as described above and have lower Local CH VI score
3. Third priority should be given to chronically homeless individuals and families with high local CH VI score but has 4 separate episodes of homeless that cumulatively equal to less than a year
4. All other chronically homeless individuals and families.
5. If there are no chronically homeless individuals or families on the waitlist, priority will be given to client who has the highest Local CH VI score and have been homeless cumulatively the longest.

6. Participants who have already been accepted to the program, regardless of move-in status, a unit will be hold for this participant and will not be disqualified if they are able to secure a temporary housing situation in the interim wait period. However, the case will be discussed in the PSH housing committee monthly meeting when the client has been absent from contact for thirty days.
7. Only clients who are permanently housed with subsidy will be taken off of the list. Clients who have not been seen will remain in the list. However they may not be referred until they resurface.
8. With each one opening, a maximum 5 clients who are within 3 points difference on the top of the list will be canvassed for placement. For opening from ECDMH, only the top 5 clients with indication of mental illness will be referred. However, if none of the 5 can be reached with in 72 hours, outreach team will reach out to the next 5 clients on the list.
9. Participants who have already been enrolled in the program and moved into their apartment will retain their apartment unless it has been vacated without notice for more than thirty days. Cases will be discussed in the PSH housing committee monthly meeting to determine if opening the slot for a new client is appropriate.

**Units not dedicated/prioritized to CH:**

1. First priority should be given to homeless individuals and families with a disability with the highest SPOA score<sup>2</sup>.
2. Second priority should be given to homeless individuals and families with a disability and with a long period of continuous or episodic homelessness, which cumulative total is more than 6 months.
3. Third priority should be given to homeless individuals and families with disability coming from places not meant for human habitation, safe haven, or emergency shelters.
4. Homeless individuals and families with a disability coming from transitional housing.

**Rapid Rehousing for Families**

Both ESG and CoC funded Rapid Rehousing (RRH) projects. ESG RRH projects are administered by City of Buffalo, City of Niagara Falls, Town of Tonawanda and Erie County. So there are total 8 Rapid Rehousing projects funded in this CoC.

The CoC grant could only use for homeless families, while ESG RRH mostly is used for homeless families. However small portion also goes to housing young adults (under 25) and for bridging the gap for chronically homeless household. Prioritization for young adults and CH should follow the Youth and CH prioritization criteria in this document.

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<sup>2</sup> For units that are not dedicated/prioritized to CH, and administered by ECDMH, will follow the SPOA score. For units that are not dedicated/prioritized to CH, and such agencies have direct contract with HUD, will follow the local CH VI score.

### Payment Requirement

Prior to rental assistance, the apartment must pass the necessary inspections (habitability, and visual lead for families & pregnant individuals) and a one year lease must be provided. The rent for the apartment must also be within Rent Reasonableness Guidelines and not exceed the Fair Market Rent.

Short to Medium Term financial/rental assistance may be provided. Amounts may vary depending on household need. The total amount of financial assistance for one household cannot exceed \$10,000.

The following percentage is based on the client responsible rent, which is the actual rent minus rental allowance that the Department of Social Service provides, if there is any. The length of rental assistance should be determined by the client's need and should not be longer than 12 months. The percentage of rent will be scaled if client and caseworkers determine that a brief stay is more appropriate; the below numbers represent the maximum subsidy that will be paid at the months of stay below. For instance, no more than 70% of the rent will be covered by the subsidy at month four, but a client could pay a higher share of rent at month four if they and their caseworker determine that is appropriate.

	<u>Client Pays</u>	<u>Subsidy</u>
0-3 Months	0%	100%
4-6 Months	30%	70%
7-9 Months	70%	30%
10-12 Months	100%	0%

A household can only be eligible for this program 2 times in 3 years and total rental assistance could not exceed 24 months.

### Participant Eligibility for Rapid Rehousing for Families:

In order to receive CoC or ESG program assistance, participants have to meet the first 4 eligibility criteria. The rest of the criteria is for providing general guidelines and could vary on a case-by-case basis and/or at the case manager's discretion/judgment.

1. For CoC FY2014 funded projects, participants must meet homeless definition Category 1. For ESG funded programs, participant must meet either Categories 1 or 4. (see Appendix A)
2. Homeless Families who stayed in shelters and whose VI-F-SPDAT score are 6-11.
3. Household incomes less than 30% of AMI for ESG program and less than 50% of AMI for CoC program
4. Housing history, education level and employment history will also be considered when choice of transitional housing and rapid rehousing are both available
5. The family's assets must be less than \$2,000. For the purpose of this program, we will use the term "available assets" which is any ownership of cash or of an item that will be converted to cash immediately. A vehicle is not included as an asset when it is the primary vehicle.

NOTE: In the event an individual or family is enrolled in the program while residing in the shelter is asked to leave the shelter, the case manager may assist in securing alternative shelter placement. Individual must be homeless at the time of being housed.

### Waitlist Selection Process and Criteria

Shelter staff will do an intake of all families using the VI-F-SPDAT and enter their information within a week in HMIS. Case manager from Rapid Rehousing projects will perform the eligibility screening and meet with the client after referral to determine final enrollment.

Waitlist selection process:

1. Household has to be staying in shelter at enrollment.
2. Household with higher scores have higher priority than those who have lower scores, and households with higher scores will be considered first regardless date of entry.
3. Household who have already enrolled into a Rapid Rehousing project will not discontinue services because of higher score household enter shelter.
4. Households, who are in the referral/screening process but have not yet enrolled into the Rapid Rehousing project, will be treated like any other households in the waitlist.
5. If two or more households have the same score, whoever has the longest history of homelessness will be prioritized and served first.
6. Household whose score is 9-11, and meet the barriers below will be referred to transitional housing first. Otherwise, Rapid rehousing should be considered the first referral.
  - a. Lack of stable housing history(3 evictions in 2 years)
  - b. Low education level (lower than a high school diploma or do not have GED)
  - c. has little or no employment history
7. A family that left the shelter before enrollment or during housing search period will not qualify for a housing subsidy unless they present as homeless again at a later time.
8. VI-F-SPDAT score for a family will be valid for 3 months from interview. After the 3 month period, Case managers at the shelter will need to conduct another interview to reevaluate eligibility criteria. Reevaluation could also be conducted when there are significant changes to the household.

### **Transitional Housing for Families**

HUD-funded transitional housing projects in our community includes Gerard Place and the YWCA of WNY. Currently there are 27 units (Gerard Place has 14 units, YWCA of WNY has totaling 13 units) in total and both only serve homeless families.

### Participant Eligibility

- a. Households must meet the definition of homelessness and are currently staying at an emergency shelter before enrollment to TH project.
- b. Must have a VI-F-SPDAT score between 9-16. Clients who score 9-11 must also have 3 barriers described below. Clients who scored 12-16, without a long term disability will be referred to TH. Clients who scored 12-16 and are not considered chronically



homeless will be referred to TH projects first before considering assign to permanent supportive housing.

- c. Household with children under 18 years old before enrollment.

### Waitlist Selection Process and Criteria

Shelter staff will do an intake of all families using the VI-F-SPDAT and enter their information in BAS-Net within a week. TH program staff will follow the criteria below and select the candidate and notify the shelter staff. The Transitional housing case manager will meet with the clients and determine final enrollment. Rejection has to be reviewed by the Family Housing Committee and the Family Housing Committee will make the final decision.

1. Household has to be staying in shelter at enrollment.
2. Household with higher score have higher priority than those who has lower score, and household with higher score will be considered first regardless date of entry.
3. Household whose score is 12-16 and are not considered chronically homeless will be referred to TH projects first before considering assign to permanent supportive housing.
4. Household whose score is 9-11, would need to meet all the barriers below. Otherwise, Rapid rehousing should be considered the first referral.
  - a. Lack of stable housing history(3 evictions in 2 years)
  - b. Low education level (lower than a high school diploma or do not have GED)
  - c. has little or no employment history
5. Households who have already been enrolled into a TH project will not be displaced if a household with a higher score enters a shelter.
6. Households, who are in the referral/screening process but have not yet been enrolled into a TH project, will be treated like any other households in the waitlist.
7. If two or more households have the same score, whoever has the longest homeless history will be prioritized and served first.
8. If there are openings but there are no families score higher than 9, the Family housing committee could review clients on a case-by-case basis.
9. A family that leaves the shelter before enrollment or during housing search period will not qualify for TH placement unless they present as homeless again at a later date.
10. VI-F-SPDAT score for a family will be valid for 3 months from interview. After the 3 months period, Case Managers will need to conduct another interview to reevaluate eligibility. Reevaluation could also be conducted when there are significant changes to the household.

## **Transitional Housing for Youth**

### Program Summary and Eligibility

There are two transitional housing projects for youth in our community. Teaching and Restoring Youth is a 10 unit single site facility that only accepts homeless female youth who are 16-21 years old. United Church Home is a 10 unit single site facility that only accepts

homeless male youth who are 16-20 years old. Compass House, a youth shelter who takes clients under 18, is appointed as the point of entry. Currently we do not have dedicated youth shelter for people age between 18-24.

### Waitlist Selection Process and Criteria

Compass House case managers are the point of assessment for all the youth age under 25, which includes not only the one who goes to Compass House shelter/ resource center, but also from any resources. Compass House will screen youth who are homeless and fit the program age requirement and make referrals accordingly. The Youth Housing Committee has developed a Coordinated Assessment Tool for Youth (see appendix D) The Transitional Housing case manager will perform a final assessment with the clients and determine final enrollment. Rejection has to be reviewed by the Youth Housing Committee and the Youth Housing Committee will make the final decision.

1. Participants with higher score have higher priority than those who has lower score, and Participants with higher score will be considered first regardless date of entry.
2. Participants have to be homeless or at imminent risk of being homeless youth. Preference is given to those who are currently living on the street, secondly to those who are staying at shelter.
3. Participants who have already enrolled into a TH project will not be displaced if a person with a higher score enters a shelter.
4. Participants who are in the referral/screening process but have not yet enrolled into a TH project, will be treated like any other participants in the waitlist.
5. If two or more clients have the same score, whoever has the longest homeless history will be prioritized and served first.
6. With each opening, a maximum 5 clients who are within 3 points difference on the top of the list will be canvassed for placement. However, if none of the 5 can be reached within 72 hours, the Compass House caseworker will reach out to the next 5 clients on the list.
7. Compass House caseworker will keep in contact with the people on the waitlist on a regular basis to determine housing status. If there are some significant changes in status, they may be reassessed by the caseworker.

## **Standard Outcomes**

### Emergency Shelters

- Average length of stay is less than 35 days
- 50 % of participants exit with a successful housing outcome<sup>3</sup>

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<sup>3</sup> Successful housing outcome for Emergency Shelter participants could be permanent housing or transitional housing for former homeless persons; living with family or friend as permanent tenure; owned or rental by client with or without subsidy; psychiatric facility; substance abuse or detox facility.

and/or

- 30% of participants exit to permanent housing
- Less than 30% of participants exit to an unknown location
- 60% of participants exit with/linked to cash income
- 60% of participants exit with/linked to non-cash resources

### Rapid Rehousing

- 80% or more of all participants remain stable in RRH or exit to a different permanent housing situation
- 54% or more of adult participants will have income from sources other than employment
- 54% or more of adult participants will increase income from sources other than employment
- 56% or more of all participants have mainstream (non-cash) benefits at exit from program
- 20% or more of adult participants have employment income
- 20% or more of adult participants increase employment income

### Transitional Housing

(Apply CoC Benchmarks to ESG funded programs)

- 80% or more of all participants will exit to a permanent housing situation
- 54% or more of adult participants will have income from sources other than employment
- 56% or more of all participants have mainstream (non-cash) benefits at exit from program
- 20% or more of adult participants have employment income
- 20% or more of participants will increase employment income
- 54% or more of adult participants will increase income from all sources

### Permanent Supportive Housing & Safe Haven

- 80% or more of all participants remain stable in PSH or exit to a different permanent housing situation
- 70% or more of participants remain stable in PSH for at least one year or exit to permanent housing (New: Local measurement)
- 54% or more of adult participants will have income from sources other than employment
- 54% or more of adult participants will increase income from sources other than employment
- 56% or more of all participants have mainstream (non-cash) benefits at exit from program
- 20% or more of adult participants have employment income

- 20% or more of adult participants increase employment income

#### Supportive Service Only Projects

- 80% or more of all participants will exit to a permanent housing situation
- 54% or more of adult participants will have income from sources other than employment
- 56% or more of all participants have mainstream (non-cash) benefits at exit from program
- 20% or more of adult participants have employment income
- 20% or more of participants will increase employment income
- 54% or more of adult participants will increase income from all sources

Appendix A--Homeless Definition



# Homeless Definition

<b>CRITERIA FOR DEFINING HOMELESS</b>	<b>Category 1</b>	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(ii) 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); <u>or</u></li> <li>(iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
	<b>Category 2</b>	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	<b>Category 3</b>	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	<b>Category 4</b>	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; <u>and</u></li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>

source:[https://www.hudexchange.info/resources/documents/HomelessDefinition\\_RecordkeepingRequirementsandCriteria.pdf](https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)

## Appendix B--Local Chronically Homeless Vulnerability Index

Applicant's Name: \_\_\_\_\_

Date of Initial Interview: \_\_\_\_\_ Case Manager: \_\_\_\_\_, Agency \_\_\_\_\_

Has applicant been homeless for one year or more, or had four episodes (totaling one year) of homeless in the past three years? Y N

Does applicant have a long-term disability that impacts their ability to live independently? Y N

Have you ever served in the U.S. Military? Y N

If applicant has a mental illness, can it be documented? Y N

### VULNERABILITY SCALE

Does applicant have a mobility impairment?	Yes/No	
Does applicant have a serious chronic physical illness, i.e. cancer, diabetes, auto-immune disease, kidney failure, cirrhosis of the liver, etc.	Yes/No	
Is applicant, or do you have reason to believe, being taken advantage of by others on the streets due to a mental illness or learning disability?	Yes/No	
Has applicant been terminated from other programs?	Yes/No	
Is applicant living on the streets or an abandoned building as opposed to a shelter or safe haven?	Yes/No	
Has applicant ever been assaulted while living on the streets?	Yes/No	
Has applicant been assaulted within the past six months?	Yes/No	
Has applicant been assaulted within the past month?	Yes/No	
Is client without an income?	Yes/No	
Applicant has untreated severe mental illness.	Yes/No	
Does client have a severe substance abuse disorder?	Yes/No	
Has client lived on the streets for more than 5 years?	Yes/No	

Is client over 60 years old?	Yes/No	
Other, e.g. if living on streets for more than one year, amputee, etc.	Yes/No	
Questions below are counted as <b>1 point if any of them is "Yes"</b> , however please answer all of them based on your best knowledge.		If yes, how many times:
Has applicant had one or more emergency room visits in the past 6 months?	Yes/No	
Has applicant been arrested/detained by the police in the past 6 months?	Yes/No	
Has client been admitted to the hospital within the past 6 months?	Yes/No	
Has client been admitted to a psychiatric facility within the past 6 months?	Yes/No	
<b>TOTAL POINTS</b>		

**Comments**


**Date of Referral to PSH:** \_\_\_\_\_

**Looking for Housing:** Yes   Housed without subsidy   Housed by PSH   Disappeared/temporary  
instituted   Passed away   Not ready for housing

## Appendix C--VI-F-SPDAT

**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
 Prescreen for Families

### GENERAL INFORMATION/CONSENT

1. Interviewer's First Name	2. Interviewer's Last Name
3. Interviewer's Email	4. Interviewer's Phone Number
5. When was this survey conducted? _____ / _____ / _____ Time: _____	6. Referring Agency: <i>If applicable</i>
7. Location of Survey:	
<b>HEAD OF HOUSEHOLD 1</b>	
1. In what language do you feel best able to express yourself?	
2. Unique Client Identifier	
How old are you?	3. Birth Month/Year: <i>(The 1<sup>st</sup> of the month has been selected as a proxy DOB)</i> _____ / <u>1</u> / _____
<b>HEAD OF HOUSEHOLD 2 (when applicable)</b>	
1. In what language do you feel best able to express yourself?	
2. Unique Client Identifier	
How old are you?	3. Birth Month/Year: <i>(The 1<sup>st</sup> of the month has been selected as a proxy DOB)</i> _____ / <u>1</u> / _____
<b>If either head of household is 60 years or older, then score 1.</b>	
<b>Prescreen Score</b>	

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<b>CHILDREN</b>			
Total number of children under the age of 18 that are currently with the head(s) of household		RESPONSE	REFUSED <input type="checkbox"/>
How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?		RESPONSE	REFUSED <input type="checkbox"/>
<b>Unique Client Identifiers</b>		How old?	
1			
2			
3			
4			
5			
6			
<p><b>Only ask the following question when there is at least one female head of household, and/or if there is at least one female child 13 years of age or older:</b></p> <p>Is any member of the family currently pregnant?</p>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Single Parent Family: If there are two or more children, or any child 11 years of age or older, and/or it is a female single parent that is pregnant, score 1.</p>		Prescreen Score	
<p>Two Parent Family: If there are three or more children, or any child 6 years of age or younger, and/or there is a female head of household that is pregnant, score 1.</p>			
<b>PRE-SCREEN GENERAL &amp; FAMILY SIZE INFORMATION SUBTOTAL</b>			

### A. HISTORY OF HOUSING & HOMELESSNESS

<b>QUESTIONS</b>			
If at least one head of household AND at least one child has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.		RESPONSE	REFUSED <input type="checkbox"/>
1. What is the total length of time you (and your family) have lived on the streets or in shelters?			
2. In the past three years, how many times have you (and your family) been housed and then homeless again?			
<b>PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL</b>			

## B. RISKS

**SCRIPT:** I am going to ask some questions about all the times you and other members of your family have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

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

### C. SOCIALIZATION & DAILY FUNCTIONS

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

## D. WELLNESS

QUESTIONS				
<b>If Does Not Go For Care, score 1.</b>		<b>RESPONSE</b>		<b>Prescreen Score</b>
21. Where do you and other family members usually go for healthcare when you're not feeling well?		<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care		
<b>For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.</b>				
<b>Do you or any family member have now, ever had, or had a healthcare provider ever told you that you have any of the following medical conditions:</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Medical Conditions</b>
22. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Other Medical Conditions</b>
26. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>	<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>		

<b>If any response is YES in questions 35 through 42, score 1 in the Substance Use column.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Substance Use</b>
35. Have you or any member of the family ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you or any family member consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you or any family member ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you or any family member ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you or any family member used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Have you or any family member blacked out because of alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. (WHEN APPLICABLE) Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month – including marijuana or prescription pills to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 42. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>If any response is YES in questions 43 through 49, score 1 in the Mental Health Column.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Mental Health</b>
43. Have you or any family member ever been taken to a hospital against their will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Have you or any family member ever gone to the emergency room because they weren't feeling 100% well emotionally or because of their nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Have your or any member of your family spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of mental health – whether that was voluntary or because someone insisted that it be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Have you or any member of your family had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Have you or any member of your family ever been told they have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Do you or any member of your family have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 49. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
<b><i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X – AND IT IS ALL RELATED TO THE SAME FAMILY MEMBER, then score 1 additional point for tri-morbidity.</i></b>				<b>Tri-Morbidity Prescreen Score</b>
<b>ASK THIS QUESTION ONLY WHEN THERE WAS 1 in Substance Use AND 1 in Mental Health, and at least 1 in the Medical Conditions OR an X.</b> 50. You indicated in your responses that there is a medical condition, experience with mental health services and experience with substance use. Is that the same member of the family in all of those instances?				

If YES to question 51, score 1.	YES	NO	REFUSED	Prescreen Score
51. Have you or any member of the family had any medicines prescribed by a doctor that were not take, sold, stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 52, score 1.	YES	NO	REFUSED	Prescreen Score
52. Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN WELLNESS SUBTOTAL</b>				

## E. FAMILY UNIT

QUESTIONS				
If YES to question 53 or 54, score 1.	YES	NO	REFUSED	Prescreen Score
53. Do any of your children spend two or more hours per day when you don't know where they are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. On most days, do any children do tasks that adults would normally do like preparing meals, getting other children ready for bedtime, shopping, cleaning the apartment, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If either 55 or 56 are 3 or more, score 1.	RESPONSE		REFUSED	Prescreen Score
55. What is the total number of times adults in the family have changed in the family over the past year because of things like new relationships or a breakdown in the relationship, prison, military deployment, or anything like that?			<input type="checkbox"/>	
56. What is the total number of times that children have been separated from the family or returned to the family over the past year?			<input type="checkbox"/>	
If YES to either 57 or 58, score 1.	YES	NO	REFUSED	Prescreen Score
57. Are there any school-aged children that are not enrolled in school or missing more days of school than they are attending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. Right now or at any point in the last six months have any of your children been separated from you to live with a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to either question 59 or 60, score 1.	YES	NO	REFUSED	Prescreen Score
59. Has there been any involvement with any member of your family and child protective services in the last six months – even if it was resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60. Have you had anything in family court over the past six months or anything currently being considered in family court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN FAMILY UNIT SUBTOTAL</b>				

## FAMILY SCORING SUMMARY

DOMAIN	SUBTOTAL	
GENERAL INFORMATION		<p><b>If the Pre-Screen Total is equal to or greater than 12, the family is recommended for a Permanent Supportive Housing/Housing First Assessment.</b></p> <p><b>If the Pre-Screen Total is 6, 7, 8, 9, 10, or 11 the family is recommended for a Rapid Re-Housing Assessment.</b></p> <p><b>If the Pre-Screen Total is 0, 1, 2, 3, 4 or 5, the family is not recommended for a Housing and Support Assessment at this time.</b></p>
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
E. FAMILY UNIT		
<b>PRE-SCREEN TOTAL</b>		

## F. DEMOGRAPHIC INFORMATION

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

1. Have you or any family member ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, which war/war era?</i>	<input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Refused
<i>If yes, was your active duty status before 1980?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, how many consecutive months were you on active duty?</i>	
<i>If yes, what was the character of the discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify)
2. Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
3. Do you or any member of the family have a permanent physical disability that limits mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
4. What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____

## Appendix D--Local Youth Assessment

Date of Intake: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (current age: \_\_\_\_\_) What is the best way to contact you? \_\_\_\_\_

Cell phone number \_\_\_\_\_ Email Address \_\_\_\_\_

Name on Facebook \_\_\_\_\_ Twitter or Instagram Handle \_\_\_\_\_

Any other ways to contact you that you wish to share? \_\_\_\_\_

### Where are you currently staying?

- In a shelter
- On the street
- Couch Surfing (moving from place to place - friends, relatives, or others)
- At home, and domestic violence is present
- At home, no domestic violence is present

### PART A: Score 1 for every "no":

Is it likely that you can return to home to your parent or guardian?	Yes	No	
Do you have any family or relatives that you can stay with?	Yes	No	
Are you currently attending school or a GED program? <i>(Skip if client graduated)</i>	Yes	No	
<b>TOTAL SCORE</b>			

### PART B: Score 1 for every "yes":

Are you involved in the justice system?	Yes	No	
Are you a refugee?	Yes	No	
Are you a parent?	Yes	No	
Is someone taking advantage of you, or making you do things you wouldn't do? (A yes counts even if the client is receiving something)	Yes	No	
<b>TOTAL SCORE</b>			



**PART C: Score 2 for every "yes":**

Is there violence in your home?	Yes	No	
Are you using drugs or alcohol on a regular basis?	Yes	No	
Does anyone in your home abuse substances?	Yes	No	
Do you have any physical impairments?	Yes	No	
Do you have a mental health diagnosis?	Yes	No	
<b>TOTAL SCORE</b>			

**Total Score from Part A, B and C \_\_\_\_\_**

**PROGRAMMATIC FIT QUESTIONS**

Are you willing to go to a housing program?	Yes	No
<i>(If female)</i> Are you pregnant?	Yes	No (NA)

NOTE: The Youth Assessment is the intellectual property of the NYS-508 Continuum of Care. Agencies outside of the NYS-508 CoC may use this tool, provided that they cite Compass House and the Homeless Alliance of Western New York.