

**Suggested District of Columbia
Coordinated Assessment and Housing Placement System
Messaging
February 2015 Version**

What is the right messaging when explaining the Coordinated Assessment and Housing Placement system and survey?

Giving the right message about the coordinated entry system will be essential to its success. It is important to be clear about the benefits to participating in a survey in order to encourage people to participate, but is equally important to make sure that individuals understand that participating does not guarantee (and at the beginning is unlikely to result in) receiving housing. It is also important that people are given a clear understanding of where their information will be shared.

Suggested messaging:

"My name is [] and I work for a group called []. I have a 15 minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. The information collected goes into the Homeless Management Information System, which will ensure that instead of going to agencies all over town to get on waiting lists, you will only have to fill out this paperwork one time. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey.

After the survey, I can share its recommendations with you and give you some basic information about resources that could be a good fit for you. I want to make sure you know, though, that there are very few housing resources that are connected to the survey, so it's possible but unlikely that you would be housed through this process. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources I can refer you to.

Would you like to take the survey with me?"

If "yes," ask the individual to sign the Release of Information before proceeding with the survey.

"If at any point you don't understand what I am really asking, just let me know and I will help you understand what I want to know. Let's start with the first question..."

Authorization to Use or Disclose Protected Health Information (PHI)

Section 1. Who is the Individual?

Last Name:	First Name:	Middle Initial
Provider Completing Assessment:	Date of Birth:	Social Security Number:

I hereby authorize the use or disclosure of protected health information about the individual named above.

I am: the individual named above (complete Section 8 below to sign this form)

a personal representative because the patient is a minor, incapacitated, or deceased (complete Section 9 below)

Section 2. Who Will Be Disclosing Information About the Individual?

The following person(s) or entity may use or disclose the information:

All providers within the Washington, D.C. continuum of care who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or Service Prioritization Decision Assistance Tool (SPDAT)

Section 3. Who Will Be Receiving Information About the Individual?

The information may be disclosed to:

All providers within the Washington, D.C. Continuum of Care who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or Service Prioritization Decision Assistance Tool (SPDAT)

Section 4. What Information About the Individual Will Be Disclosed?

The information to be disclosed may include records on drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or tests for HIV information.

The information to be disclosed, including behavioral health and/or substance abuse services, includes the following:

All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment, including:

- A. History of Housing and Homelessness
- B. Risks
- C. Socialization and Daily Functioning
- D. Wellness

All information contained within the Service Prioritization Decision Assistance Tool (SPDAT), including:

- A. Self-Care and Daily Living Skills
- B. Meaningful Daily Activity
- C. Social Relationships and Networks
- D. Mental Health and Wellness
- E. Physical Health and Wellness
- F. Substance Use
- G. Medication
- H. Personal Administration and Money Management
- I. Personal Responsibility and Motivation
- J. Risk of Personal Harm/Harm to Others
- K. Interaction with Emergency Services
- L. Involvement in High Risk and/or Exploitive Situations
- M. Legal
- N. History of Homelessness and Housing
- O. Managing Tenancy

Section 5. What is the Purpose of the Disclosure?

To improve access and service alignment by assessing various health and social needs, and then to match those assessed with the most appropriate housing interventions available. The VI-SPDAT and SPDAT are tools to help guide those assessed to the appropriate services, assist with the case planning process and track changes over time – for those clients that are referred to a case management team as a result of their SPDAT score.

Section 6. What is the Expiration Date or Event?

This authorization will expire 1 year from the date this document was signed in Section 8 or Section 9 below.

Section 7. Important Rights and Other Required Statements You Should Know

- ❖ You can revoke this authorization at any time by writing to The Community Partnership for the Prevention of Homelessness, at 801 Pennsylvania Avenue SE Suite 360, Washington, D.C. 20003. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- ❖ The information disclosed based on this authorization may be redisclosed by the recipient and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- ❖ If you refuse the authorization or revoke the authorization, you will continue to receive all the medical care and benefits for which you are eligible. You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services and these cannot be a conditioned on signing this authorization.
- ❖ The unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978 (§§ 7-1201.01 to 7-1207.02). Disclosures may only be made pursuant to a valid authorization by the client or as provided in title III or IV of that Act. The Act provides for civil damages and criminal penalties for violations.
- ❖ This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- ❖ You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records, or you may ask us for a copy at any time by writing to The Community Partnership for the Prevention of Homelessness, at 801 Pennsylvania Avenue SE Suite 360, Washington, D.C. 20003.
- ❖ If you have any questions about anything on this form, or how to fill it out, we can help. Please call The Community Partnership for the Prevention of Homelessness, at 202-543-5298.

Section 8. Signature of the Individual

Signature _____ Date (required) _____

Section 9. Signature of Personal Representative (if applicable)

Signature _____ Date (required) _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal document giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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

Pre-Screen for Single Individuals

GENERAL INFORMATION/CONSENT

Interviewer's Name		Interviewer's Agency	
Interviewer's Work Phone Number		Interviewer's Work Email Address	
Date Survey Was Conducted	Time Survey Was Conducted	Location of Survey	
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Social Security Number	
How old are you?	What's your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
If 60 years or older, then score 1.			Pre-Screen Score
PRE-SCREEN GENERAL INFORMATION SUBTOTAL			

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	Pre-Screen Score
1. What is the total length of time you have lived on the streets or in shelters? <i>(record response in months)</i>		<input type="checkbox"/>	
2. In the past three years, how many times have you been housed and then homeless again? <i>(minimum response of "1" episode of homelessness for anyone currently homeless)</i>		<input type="checkbox"/>	
PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL			
3. In the past three years, what is the total number of months you have lived on the streets or in shelters?		<input type="checkbox"/>	
4. During the last three years, have you been continually homeless for at least a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	

**100,000
HOMES**

For 100,000 homeless individuals and families

POWERED BY COMMUNITY SOLUTIONS



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

Pre-Screen for Single Individuals

B. RISKS

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

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



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

Pre-Screen for Single Individuals

C. SOCIALIZATION & DAILY FUNCTIONS

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



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

Pre-Screen for Single Individuals

D. WELLNESS

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



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

Pre-Screen for Single Individuals

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

SCORING SUMMARY

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



