



HALS CONTINUUM OF CARE (COC) COORDINATED ASSESSMENT TRAINING FOR AGENCY STAFF – JANUARY 2019

HALS COORDINATED ASSESSMENT SYSTEM - PURPOSE

The HALS CoC has implemented a no wrong door Coordinated Assessment System to assist people in our 3 county CoC to access services and housing to meet their needs.

KEY ASPECTS OF COORDINATED ASSESSMENT SYSTEM

Access Points

The CoC employs a “no wrong door” approach for the entire geographic areas in the CoC (Wicomico, Somerset and Worcester Counties).

Agencies use the same tool and methodology so that referrals are consistently completed across the CoC.

The local 211 Hotline system screens and directly connects callers to appropriate homeless housing and service providers in the area.


Staff at access points assist individuals seeking housing locate shelter beds or services to meet their needs using the same Assessment tool and provides a warm hand off to the agency that can provide them with the needed service.

COORDINATED OF SERVICES

Coordination of Services for People Experiencing Homelessness or at Risk of Becoming Homelessness

- a. The HALS CoC Coordinated Assessment is client centered to address the needs of the client rather than the needs of the agency where the client is seeking services.
- b. Agencies providing services to individuals and families must assist the client to obtain needed services to minimize the burden on the individuals to access services.
- c. All agencies providing Street Outreach, PATH, Shelter Services, Rapid Rehousing, Prevention Services and Permanent Supportive Housing must provide case management to the individuals and families they serve.
- c. When services are available in multiple funding streams, the HALS CoC Coordinated Assessment should connect the client with those funds dedicated to specific subpopulations (veterans, DV, youth, etc) as part of our prioritization. When funding is provided for a sub-population (veterans, DV, youth, etc) by an agency, all such funds should be exhausted before the client is referred to another funding source. Only when the sub-population funds are exhausted or the client has been deemed ineligible may the client be referred to another agency. Referrals to other agencies should be addressed in Veterans case conferencing and other future case conferencing initiatives. When this occurs, the referring agency must continue to provide case management services to the individual to provide the support necessary in coordinating additional services.

SUGGESTION ON COMPLETING FORM

- Please do not hand them a form and ask them to fill it out.
 - Introduce yourself and tell them you have some questions so they can get the help they need.
 - Have a conversation with the person seeking help.
 - Have the form with you, but talk to them as you go over the form.
 - As you talk to them, fill out the form.
 - Remember, they are coming for help at a traumatic time in their lives, so please be kind and patient.
 - Please give them a HALS CoC Resource Card so they have numbers of agencies that can help them.
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- Three parallel white lines of varying lengths are positioned diagonally in the bottom right corner of the slide, pointing towards the top right.

HOMELESS ALLIANCE FOR THE LOWER SHORE (HALS) COC COORDINATED ASSESSMENT SCREENING TOOL

First Point of Contact

Agency Completing Form: _____ Date: _____

Name: _____ Age: _____ DOB: _____

Contact Information: _____ County: _____

Phone Number _____ Address: _____

How many household members? _____ Number of Minor Children: _____

Do you have income? ____Yes ____No Source of Income _____ Amount: _____

Where did you stay last night? _____

How long have you stayed there? _____

Why do you want/need to leave? _____

When do you need to leave by? _____

HOMELESS ALLIANCE FOR THE LOWER SHORE (HALS) COC COORDINATED ASSESSMENT SCREENING TOOL (CONTINUED)

Are you receiving assistance from any agencies/organization(s)? ____ Yes ____ No

If yes, please list _____

Do you have health **issues** (physical, mental, substance abuse) which require assistance? ____ Yes
____ No

If yes, please list _____

If yes for Mental Health, also refer to **PATH** for assistance and continue with assessment. Please call the **PATH** staff person below to make the referral:

Somerset – Ray Lockamy – **443-523-1782**

Wicomico - **410-334-3031**

Worcester - **410-632-3366**

HOMELESS ALLIANCE FOR THE LOWER SHORE (HALS) COC COORDINATED ASSESSMENT SCREENING TOOL (CONTINUED)

Are you or a member of your family a veteran? _____ Yes _____ No (If yes, refer to Veteran Resources)

Veteran Resources: (Please circle all resources given)

VA National Call Center for Homeless Veterans: **1-877-4AIDVET (1-877-424-3838)** Available 24/7

VA Health Care for Homeless Veterans Eastern Shore: **(443) 206-2435**

24 hour Veteran Crisis Hotline: **1-800-273-8255**

All veterans may be referred to one of the 3 Supportive Services for Veteran Families (SSVF) Programs:

(Please circle referral(s) given)

Diakonia: **(410) 213-0923**

St. James: **(410) 742-4950**

Alliance: **(443)686-0192**

If the veteran needs shelter services, contact **Diakonia at 410-213-0923** Referral made _____ Yes _____ No

If the veteran needs employment services, call St. James Homeless Veterans Reintegration Program (HVRP) at **410-742-4950** Referral made _____ Yes _____ No

HALS COC COORDINATED ASSESSMENT SCREENING TOOL (CONTINUED)

Are you experiencing or fleeing Domestic Violence? ____Yes ____No

If yes, refer to **Domestic Violence Resource: Life Crisis Center, Inc.: (410) 749-4357 (HELP) or 211**

Are you willing to stay in a shelter? ____ Yes ____ No (If yes, please refer to an **Emergency Shelter**):

Shelter Resources: (Please circle all shelter resources you call to see if they had a bed

Emergency Shelters

Christian Shelter-Salisbury: (410) 749-5673

HALO Shelter for Men, Women & Children- Salisbury: (410) 742-9356

Diakonia Emergency Shelter for Men, Woman & Children & VA Shelter, West Ocean City, (410) 213- 0923

Samaritan Shelter- Pocomoke, Worcester County. (410) 957-4310

Lower Shore Shelter – Princess Anne, Somerset County (443-888-6160

Transitional Shelters:

Village of Hope Transitional Shelter for Women & Children-Salisbury: (410) 860-5981

Joseph House Workshop Transitional Shelter for Men-Salisbury: (410) 749-8150

HALS COC COORDINATED ASSESSMENT SCREENING TOOL (CONTINUED)

Do you need assistance to stay in your current housing or assistance with finding alternate housing? ☐ Yes ☐ No

(If yes, please refer to the appropriate Prevention and/or Rapid Rehousing Resource.
Circle all referrals made)

Prevention and Rapid Re-Housing Resources:

Prevention & Rapid Rehousing: Diakonia Homeless Solutions Program (HSP), West Ocean City

Hours: 8:30 AM – 5:00 PM Telephone Number: 410-213-0923 (Worcester & Wicomico Residents)

Prevention & Rapid Rehousing: Seton Center Homeless Solutions Program (HSP), Princess Anne

Hours: By Appointment Only Telephone Number: 410-651-9608 (Somerset & Wicomico Residents)

HALS COC COORDINATED ASSESSMENT SCREENING TOOL (CONTINUED)

Prevention: Wicomico County Department of Social Services, 201 Baptist Street, Salisbury, MD,

Prevention: Worcester County Department of Social Services, 4767 Snow Hill Road, Snow Hill, MD

Hours: 8:00AM - 4:30 PM Telephone Number: 410-632-9915

Prevention: Somerset County Department of Social Services, 30397 Mount Vernon Road, Princess Anne, MD

Hours: 8:00AM - 4:30 PM Telephone Number: 410-677-4200

Permanent Supportive Housing for Chronically Homeless: City of Salisbury Community Development

Hours: 9:00 AM – 4:00 PM Telephone Number: 410-334-3031 (Wicomico County Residents)

HALS CoC Funded Permanent Supportive Housing Program: 443-523-1815 (Somerset, Wicomico & Worcester)

HALS COC COORDINATED ASSESSMENT SCREENING TOOL (CONTINUED)

Additional Notes or Comments:

Referrals Made: **List Date, Name of Agency Referred to and Reason for Referral**

Date: _____ Agency _____ Reason for Referral _____

Date: _____ Agency _____ Reason for Referral _____

Date: _____ Agency _____ Reason for Referral _____

Final Disposition of Service Offered:

Date of Final Disposition: _____

Person completing Coordinated Assessment: _____

NON DISCRIMINATION REQUIREMENTS

People seeking assistance cannot be discriminated against for:

- Race, Color, Religion, National Origin, Ethnicity, Disability or Familiar Status, Sexual Orientation or Gender Identity
- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- HUD's Equal Access rule which prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status,

People must be provided housing based upon their gender identity.

Families must be housed based how they present as a family.

LOWERING BARRIERS

HALS CoC Coordinated Assessment prohibits screening people out for:

- too little or no income,
- active or a history of substance use,
- domestic violence history,
- resistance to receiving services,
- the type or extent of disability-related services or supports that are needed,
- history of evictions or poor credit, lease violations or history of not being a leaseholder
- criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

MARKETING & EQUAL ACCESS

HALS CoC Coordinated Assessment mandates that agencies participating must:

- a. Ensure the coordinated assessment process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.
- b. Ensure that all people in different populations and subpopulations in HALS CoC's area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated assessment process, regardless of the location or method by which they access the system.

PEOPLE SEEKING PLACEMENT IN SHELTERS

Shelter Diversion

Ideally, shelters should only admit people who are literally homeless – living in a place not meant for human habilitation, coming from another shelter or from an institution such as jail, hospital, etc. But, you should determine need for shelter beds on a case by case basis if the person presenting for a bed is not literally homeless.

When someone calls or comes to your shelter seeking a bed and have never been in a shelter in the past, they really do not understand what the living situation will be.

Explain the shelter rooms to them – bunk beds with the possibility that only a top bunk is available., etc.

Have a candid conversation about their current living situation to see if there is a way that they can made adjustments to make it to work for them, rather than enter a shelter.

SCENARIOS FOR DISCUSSION FOR PEOPLE SEEKING ASSISTANCE THROUGH COORDINATED ASSESSMENT

- A Veteran comes to your agency seeking assistance for eviction assistance.
- A woman calls your shelter and informs you she is seeking shelter for her and her children as a result of violence between her and her partner.
- A couple comes to your office seeking assistance with an eviction notice. They live in Wicomico County.
- A woman calls your shelter seeking a bed. She is currently living with friends, but had a argument about cleanliness of her bedroom.
- A family of 5 called who is living in their truck with their 3 children.
- A person appears at your shelter who identifies as female transgender. You have an open beds for men and women. How do you handle?
- Someone comes to your shelter from jail and with substance use history and you have an open bed.

PEOPLE SEEKING RAPID REHOUSING OR PERMANENT HOUSING MUST BE PRIORITIZED USING THE OUTCOME MATRIX FORM.

The Outcome Matrix Form is easy to complete and should be attached to the Coordinated Assessment form. It asks about basic living conditions of people seeking services.

The Form rates answers in 0 – 5 with 0 meaning the most need and 5 be the least need.

People with the highest need should be prioritized for assistance.

The form can also be entered into HMIS where a score is automatically generated.

HALS SELF SUFFICIENCY ASSESSMENT FORM

Shelter/Housing

- 1 Homeless or Threatened with Eviction
- 2 In transitional, temporary or substandard housing; and/or current rent/mortgage is unaffordable (over 30% of income)
- 3 In stable housing that is safe but only marginally adequate
- 4 Household is in safe, adequate, subsidized housing
- 5 Household is in safe, adequate, unsubsidized housing

Employment

- 1 No job
- 2 Temporary, part-time or seasonal; inadequate pay, no benefits
- 3 Employed full-time; inadequate pay; full or no benefits
- 4 Employed full-time with adequate pay and benefits
- 5 Maintains permanent employment with adequate income and benefits

HALS SELF SUFFICIENCY ASSESSMENT FORM

Income

- 1 No income
- 2 Inadequate income and/or spontaneous or inappropriate spending
- 3 Can meet basic needs with subsidy; appropriate spending
- 4 Can meet basic needs and manage debt without assistance
- 5 Income is sufficient, well-managed; has discretionary income and is able to save

Food and Nutrition

- 1 No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.
- 2 Household is on food stamps.
- 3 Can meet basic food needs, but requires occasional assistance.
- 4 Can meet basic needs without assistance.
- 5 Can choose to purchase any food household desires.

HALS SELF SUFFICIENCY ASSESSMENT FORM

Child Care

- 1 Needs childcare, but none is available/accessible and/or child is not eligible.
- 2 Childcare is unaffordable or unreliable, inadequate supervision is a problem for childcare that is available.
- 3 Affordable subsidized childcare is available but limited.
- 4 Reliable, affordable childcare is available, no need for subsidies.
- 5 Able to select quality childcare of choice.

Children's Education

- 1 One or more school-aged children not enrolled in school.
- 2 Children enrolled in school but not attending classes.
- 3 Enrolled in school but one or more school-aged children not attending.
- 4 Enrolled in school and attending classes most of the time.
- 5 All school-aged children enrolled and attending classes regularly.

HALS SELF SUFFICIENCY ASSESSMENT FORM

Adult Education

- 1 Literacy problem and/or no high school diploma or GED are serious barriers to employment.
- 2 Enrolled in literacy program and/or GED and/or has sufficient command of English to the point where language is not a barrier to employment.
- 3 Has high school diploma/GED.
- 4 Needs additional education/ training to improve employment situation and/or to resolve literacy problems so they are able to function effectively in society.
- 5 Has completed education/training needed to become employable. No literacy problems.

Health Care Coverage

- 1 No medical coverage with immediate need.
- 2 No medical coverage and great difficulty accessing care when needed. Some members of the household may be in poor health.
- 3 Some members (ie Children) on public health plan.
- 4 All members can get care when needed, but may strain budget.
- 5 All members are covered by affordable, adequate health insurance.

HALS SELF SUFFICIENCY ASSESSMENT FORM

Life Skills

- 1 Unable to meet basic needs such as food, activities of daily living, hygiene.
- 2 Can meet a few but not all needs of daily living without assistance.
- 3 Can meet mostly all but not all of daily needs without assistance.
- 4 Able to meet all basic needs of daily living without assistance.
- 5 Able to provide beyond basic needs of daily living for self and family.

Family Relations

- 1 Lack of necessary support from family or friends; abuse (DV, Child) is present or there is child neglect.
- 2 Family or friends are supportive, but lack ability or resources to help; family members do not relate well with each other; potential for abuse or neglect
- 3 Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.
- 4 Strong support from family or friends. Household members support each other's efforts.
- 5 Has healthy expanding support network. Communication is consistently open.

HALS SELF SUFFICIENCY ASSESSMENT FORM

Mobility

- 1 No access to transportation, public or private; may have car that is inoperable.
- 2 Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.
- 3 Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.
- 4 Transportation is generally accessible to meet basic travel needs.
- 5 Transportation is readily available and affordable; car is adequately insured.

Community Involvement

- 1 Not applicable due to crisis situation; in “survival” mode.
- 2 Socially isolated and/or lack of social skills and/or lacks motivation to become involved.
- 3 Lacks knowledge of ways to become involved.
- 4 Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues.
- 5 Actively involved in community.

HALS SELF SUFFICIENCY ASSESSMENT FORM

Parenting Skills

- 1 There are safety concerns regarding parenting skills
- 2 Parenting skills are minimal.
- 3 Parenting skills are apparent but not adequate.
- 4 Parenting skills are adequate.
- 5 Parenting skills are well developed.

Legal Skills

- 1 Current outstanding tickets or warrants.
- 2 Current charges/trial pending, compliance with probation/parole.
- 3 Fully compliant with probation/parole terms.
- 4 Has successfully completed probation/parole with past 12 months, no new charges filed
- 5 No active criminal justice involvement in past 12 months, and/or no felony criminal history.

HALS SELF SUFFICIENCY ASSESSMENT FORM

Mental Health

- 1 Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day to day life due to psychological problems.
- 2 Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health problems.
- 3 Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.
- 4 Minimal problems with are expected responses to life-stressors; only slight impairment in functioning.
- 5 Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or stressors.

Substance Abuse

- 1 Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.
- 2 Meets criteria for dependence; pre-occupation with use and/or obtaining substance; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.
- 3 Use w/in last 6 months, evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.
- 4 Client has used during the last 6 months, but no evidence of persistent or social, occupational, or emotional or physical problems related to use. No evidence of recurrent dangerous use.
- 5 No drug use or alcohol abuse in the last 6 months.

HALS SELF SUFFICIENCY ASSESSMENT FORM

Safety

- 1 Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement.
- 2 Safety is threatened/temporary protection is available, level of lethality is high.
- 3 Current level of safety is minimally adequate; ongoing safety plan is essential.
- 4 Environment is safe, however, the future of such is uncertain. Safety planning is important.
- 5 Environment is apparently safe and stable.

At the end, you add the scores. The lower the score, the more vulnerable the person/family is and should be prioritized over others with higher scores.

WHAT TO DO WITH THE COORDINATED ASSESSMENT FORMS AFTER YOU COMPLETE

After completion, please keep a copy of these forms in a central location that can be easily accessed by all agency staff.

It is up to each agency how you want to maintain the files – by date of call or alphabetized by client name. Do what is easiest for your agency.

If you have given assistance to this person in the past and they are entered into HMIS, you can scan the form and attach it to the client profile record. If your agency uses HMIS and wants to enter these in the HMIS record, please email Greta at Greta.Rolland@Maryland.gov.

COORDINATED ASSESSMENT IS A WORK IN PROGRESS – CHANGES ARE COMING

Coordinated Assessment is a work in progress as needs and requirements are constantly changing. This training is the second since HALS CoC has implemented Coordinated Assessment and it won't be the last.

HUD released a new directive while this training was in development, so anticipate additional trainings to address HUD requirements.

Changes are anticipated based comments heard in this training. Please take time to fill out the survey form.

CONCLUSION



Conclusion of Training on HALS CoC Coordinated Assessment System For Agency Staff

Questions/Comments

Please fill out the survey form before you leave.