Coordinated Entry for Adults and Families

ServicePoint Handbook

Contents

Multnomah County

General Questions or Adult System HMIS Technical Assistance:
Contact Wendy Smith, 503.823.2386,wendy.smith@protlandoregon.gov
Family System HMIS Technical Assistance:
Contact ServicePoint Helpline at servicepoint@multco.us – Website: multco.us/servicepoint
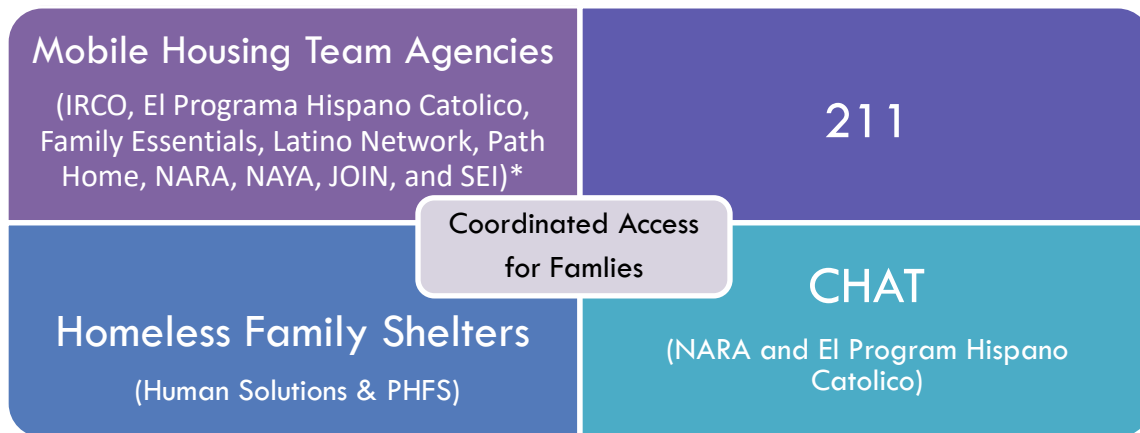
Version 2.2

REVISION HISTORY

- **July 2021** – Added visuals for Exits based on no contact/services not requested. Added cautionary instructions for not entering protected or sensitive information in Assessor Notes. Clarified instructions for if a client's Total Vulnerability Score is below 6 during assessment to specify that the client's assessment is to be saved and added to Coordinated Access and that HUD verification questions are not necessary.
- **November 2020** – Added instructions for Exits, added language to SKIP Living Situation verified and Location Details from Current Living Situation sub-assessment, updated questions in Vets assessment, clarified expectations for clients with low scores on the VI-SPDAT.
- **October 22, 2020** – Version 2.1: Updated section on ROIs to include instructions for adding OR-501: Coordinated Access (7326) provider to ROI list.
- **October 1, 2020** – Version 2.1: Changed from a referral based workflow, to an entry/exit workflow
- **October 16, 2019** – Version 2.0: Changed contact information for questions. Edited instructions for family and adult assessments to reflect the alignment of local questions.
- **August 27, 2018** – Version 1.9: Updated MHT agencies. Added CHAT agencies conducting family assessments. Edited instructions for visibility and unlocking clients' records. Added instructions for entering recovery-oriented housing questions.
- **February 16, 2018** – Version 1.8: Visibility and unlocking the client's record updated.
- **December 21, 2017** – Version 1.7: Updated instructions for creating a referral to emphasize NOT to pull in additional household members.
- **October 10, 2017** – Version 1.6: ROI instructions updated
- **August 1, 2017** – Version 1.5: Clarified that questions are intended to be asked on behalf of the entire family only for the VI-SPDAT assessment portion of the Coordinated Access Family with Minor Children screening.
- **July 26, 2017** – Version 1.4: Corrected page numbers on "Contents" section of front page; Renamed "Remove Referral" to "Cancel Referral"; Corrected instructions for "Cancel Referral" on pg. 19; other minor changes.
- **July 10th, 2017** – Version 1.3:
  - Corrected phone number for Hunter Belgard.
  - Made additional edits for clarity and readability.
- **July 6th, 2017** – Version 1.2:
  - Made changes to cover page to add contact information for Hunter Belgard of the Portland Housing Bureau.
  - Made changes to Program Model on page 3 to clarify definitions of "families" vs. "adults". "Families" are adults with minor children; "Adults" may have children, too, but all are over the age of 18.
  - Made changes to Data Milestones on page 4 to add "CLIENTPOINT" for those service providers who may need to create new clients before recording screening.
  - Added clarification on page 7: "If previous screening was completed more than 6 months prior, add a new screening."
  - Made various edits for clarity and readability.
- **June 9, 2017** – Version 1.1: Made change to work flow for Coordinated Access for Adults on pages 9 and 16. Add contact information and make referral to the program *OR-501: Coordinated Access for Adults* regardless of total assessment score.
- **May 15, 2017** – Version 1.0: Added instructions along with screen shots for screening assessments and a section on how to remove a referral.
- **May 3, 2017** – Version 0.0: Created and published document.
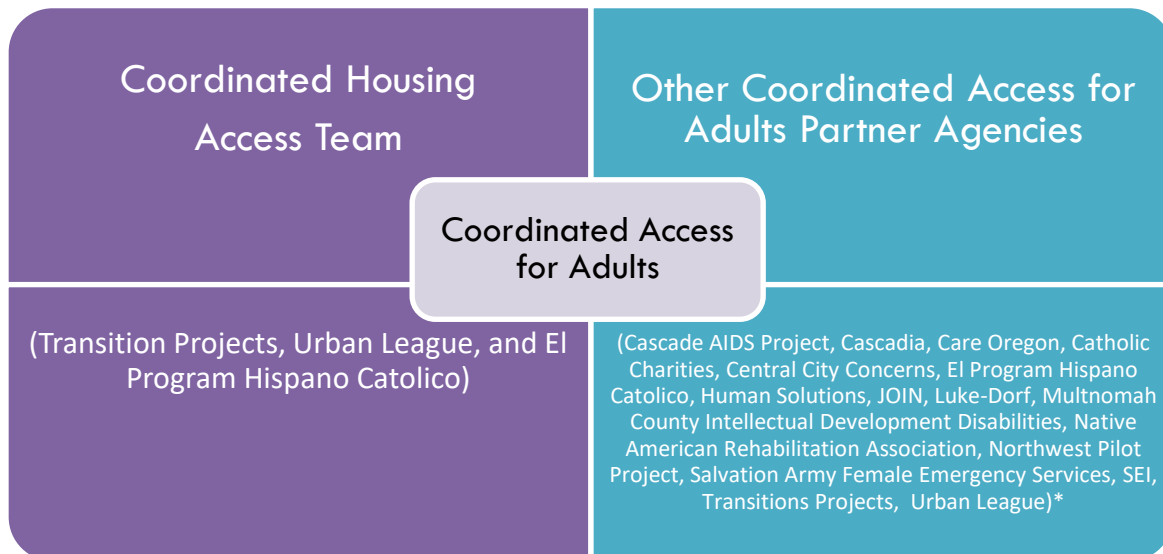
COORDINATED ACCESS PROGRAM MODEL

Families

Coordinated Access process works with families (adults with children under the age of 18) to create a single process for receiving homeless family services. Families can access services by calling 211, talking to shelter personnel, or through staff at participating Mobile Housing Team (MHT) Agencies. Families are screened for vulnerability and/or other opportunities. If the family meets program eligibility requirements, they will be contacted by a participating agency (see chart below for agency names). *Note: additional agencies may be added.

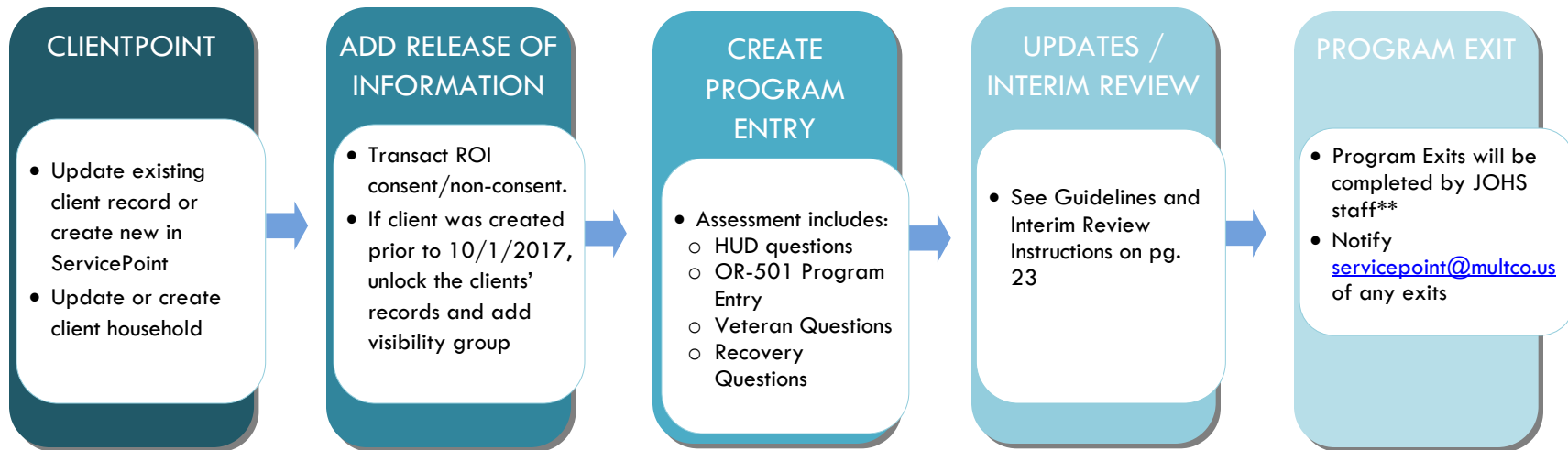| Mobile Housing Team Agencies	211
(IRCO, El Programa Hispano Catolico, Family Essentials, Latino Network, Path Home, NARA, NAYA, JOIN, and SEI)*	
Coordinated Access for Famlies	
Homeless Family Shelters	CHAT
(Human Solutions & PHFS)	(NARA and El Program Hispano Catolico)

Adults

Coordinated Access for Adults works with unaccompanied adults, adults in couples, and households with adult dependents (all children must be over the age of 18). Adult households can access an assessment through the Coordinated Housing Access Team (CHAT) or through any of the Partner Agencies that conducts assessments. The assessment screens for vulnerability, eligibility, and client preference for a range of housing resources. Households are prioritized based on vulnerability and length of time homeless.

Coordinated Housing Access Team	Other Coordinated Access for Adults Partner Agencies
Coordinated Access for Adults	
(Transition Projects, Urban League, and El Program Hispano Catolico)	(Cascade AIDS Project, Cascadia, Care Oregon, Catholic Charities, Central City Concerns, El Program Hispano Catolico, Human Solutions, JOIN, Luke-Dorf, Multnomah County Intellectual Development Disabilities, Native American Rehabilitation Association, Northwest Pilot Project, Salvation Army Female Emergency Services, SEI, Transitions Projects, Urban League)*

*Note: additional agencies may be added.

DATA MILESTONES – COORDINATED ACCESS FOR ADULTS AND FAMILIES

CLIENTPOINT
- Update existing client record or create new in ServicePoint
- Update or create client household

ADD RELEASE OF INFORMATION
- Transact ROI consent/non-consent.
- If client was created prior to 10/1/2017, unlock the clients' records and add visibility group

CREATE PROGRAM ENTRY
- Assessment includes:
  - HUD questions
  - OR-501 Program Entry
  - Veteran Questions
  - Recovery Questions

UPDATES / INTERIM REVIEW
- See Guidelines and Interim Review Instructions on pg. 23

PROGRAM EXIT
- Program Exits will be completed by JOHS staff**
- Notify servicepoint@multco.us of any exits

**211, FAMILY HOUSING NAVIGATORS:

If it is determined that there is no way to contact the participant, or if the participant says they no longer want or need services, an event sub-assessment is not required. Family Housing Navigators and 211 staff can close the entry themselves (see page 26).

SHELTER DIVERSION RRH: **Lilac Meadows, New Hope Kafoury Project, Lents Family Village and Winter Outreach Diversion – Shelter Diversion Programs**

SEND EMAILS TO SERVICEPOINT@MULTCO.US WHEN:

- Shelter families are identified to begin the Diversion RRH Program, to remove participant from the waitlist.
- If family is not successfully housed, send details to add the family back on to the waiting list.
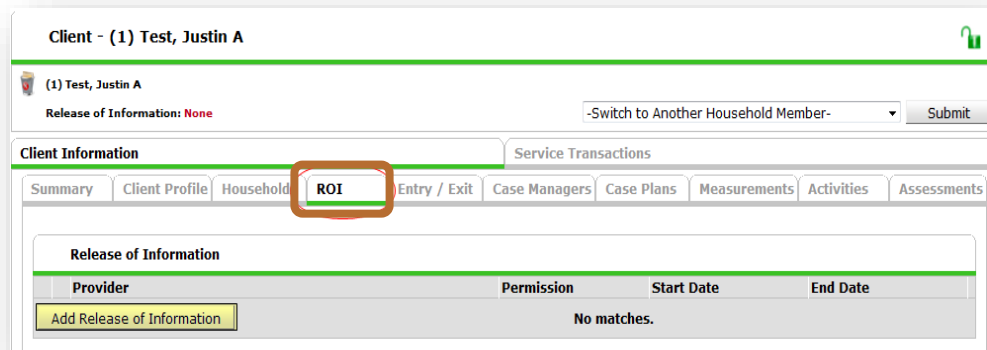
IF THE AGENCY IS NOT ABLE TO HOUSE PARTICIPANT: Family & Adult System – servicepoint@multco.

RELEASE OF INFORMATION (ROI) AND VISIBILITY

Before entering a new client in ServicePoint, always search for the client's name first. If the client has a record, verify the client's demographic information before proceeding. For new clients (not yet in ServicePoint), create a new ServicePoint record, create a household that includes all the family members, and follow the steps below to share their record and record their screenings:

Transact the Release of Information (ROI)

❶ Click on the ROI tab in the client's record.

❷ Click on the "Add Release of Information" button.

❸ Select the appropriate household members (If applicable).

❹ Fill in the remaining fields:
- **Provider**: Use the Search button to find your agency's main provider, AND the OR-501: Coordinated Access (7326) provider
- **Release Granted***: Yes or No
- **Start Date***: Date consent was signed.
- **End Date***: 12 months from Start Date.
- **Documentation**: Select the appropriate value from the list.
- **Witness**: type words "Coordinated Access"

❺ Click the "Save and Release of Information" button.

ULOCKING THE CLIENT'S RECORD (IF CLIENT WAS CREATED PRIOR TO 10/1/2017 AND CLIENT SAID "YES")

❶Unlock the client's record to the appropriate visibility group.

❷Click on the red padlock in the upper right-hand corner.

Client - (87) Test, Justin 🔒

(87) Test, Justin
Release of Information: Ends 04/29/2018

Client Information					Service Transactions			
Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans	Activities	Assessments

Release of Information

	Provider	Permission	Start Date	End Date	
🖉 🗑	Multnomah County - SP	Yes	04/29/2017	04/29/2018	
Add Release of Information			Showing 1-1 of 1		

❸Click the Add "Visibility Group" button.

Client Visibility ⊠

Client

⚠ Warning: This client is shared by other providers. This client should not be restricted except in extreme circumstances.

Client	(21970) Test, Antoinette
Date Updated	02/20/2015 10:54:43 AM
Visibility Updated	Never been set

Visibility Groups		Deny Groups	
Group ID	Group Name	Group Type	Last Updated
Add Visibility Group		No matches.	

❹Search for VG OR-501 Visibility: Coordinated Access

❺Click on the green circle with the plus sign to add the group.

❻Click on the "Exit" button

Visibility Groups Search ⊠

Visibility Groups Search

Search for Visibility Groups by using keywords from their Group name or description.

Search | VG OR-501 Visibility: Coordinated Access |

Search	Clear	Create New Group

Visibility Group Search Results

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

	Group ID	Name	Date Created	Last Updated
➕	12215	VG OR-501 Visibility: Coordinated Access	05/01/2017	05/03/2017
		Showing 1-1 of 1		

	Exit

*Reach out to the contacts on the main page of this handbook for removing visibility.

PROGRAM ENTRY

- Clients should only have ONE open OR-501: Coordinated Access program entry at a time. Check Entry/Exit list before creating a new entry
- Score updates should be done as Interim Reviews, NOT new entries; instructions on page 23
- **ALL assessed clients should be entered into ServicePoint, regardless of vulnerability scores**

After adding a new client, creating the ROI, and opening visibility to the record, complete the HUD Questions, Program Entry, and Vets/Recovery questions when applicable

❶ Go to the Entry/Exit tab. Click Add Entry/Exit button

Search for OR 501: Coordinated Access (7326)

Entry Type: BASIC

Project Start Date: intake date

Save & Continue to get to assessments

RED buttons are required for all entries

GREEN buttons are optional, when applicable

Select OR-501: HUD Coordinated Entry Questions

Complete Current Living Situation & Coordinated Entry Assessment
DO NOT complete Coordinate Entry Event

Click Add to enter assessments

OR-501: HUD Coordinated Entry Questions   Entry Date: 09/01/2020
09:28:39 AM

HUD Required Coordinated Entry sub-assessments

🔍 **Current Living Situation**

Start Date *	End Date	Information Date	Current Living Situation
Add			

🔍 **Coordinated Entry Assessment**

Date of Assessment *	End Date	Assessment Location	Assessment Type	Assessment Level	Prioritization Status
Add		No matches.			

🔍 **Coordinated Entry Event**

Start Date *	Date of Event *	Event *	Referral Result	Date of Result
Add		No matches.		

Save   Save & Exit   Exit

CURRENT LIVING SITUATION
- Information Date
- Current Living Situation
- Living situation verified by – **SKIP this question**
- Is client going to have to leave their current living situation within 14 days?

- If yes, complete lower section

- **SKIP Location details**

Save once all questions are answered

Current Living Situation

Start Date *	09 / 01 / 2020 G
End Date	/ / G
Information Date	09 / 01 / 2020 G
Current Living Situation	Place not meant for habitation (HUD) G
If "Other", Specify	G
Living situation verified by	(23) 211info Information Lookup Clear G
Is client going to have to leave their current living situation within 14 days?	Yes (HUD) G

If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.

Has a subsequent residence been identified?	No (HUD) G
Does individual or family have resources or support networks to obtain other permanent housing?	No (HUD) G
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	No (HUD) G
Has the client moved 2 or more times in the last 60 days?	Yes (HUD) G
Location details	Staying in car G

Save   Save and Add Another   Cancel

COORDINATED ENTRY ASSESSMENT
- Assessment Location
- Assessment Type
- Assessment Level
- Prioritization Status

Save once all questions are answered

Coordinated Entry Assessment

Date of Assessment *	09 / 01 / 2020 G
End Date	/ / G
Assessment Location	Phone/Main call-in line/211 G
Assessment Type	Phone G
Assessment Level	Housing Needs Assessment G
Prioritization Status	Placed on Prioritization List G

Save   Save and Add Another   Cancel

Once both assessments have been completed, *scroll to the top of the screen and choose the correct entry assessment button*

Scroll back to top of screen to complete next steps

OR-501: HUD Coordinated Entry Questions

Entry Date: 09/01/2020
09:28:39 AM

HUD Required Coordinated Entry sub-assessments

🔍 **Current Living Situation**

Start Date *	End Date	Information Date	Current Living Situation
Add			

🔍 **Coordinated Entry Assessment**

Date of Assessment *	End Date	Assessment Location	Assessment Type	Assessment Level	Prioritization Status
Add		No matches.			

🔍 **Coordinated Entry Event**

Start Date *	Date of Event *	Event *	Referral Result	Date of Result
Add		No matches.		

Save   Save & Exit   Exit

For Adults select OR-501: Coordinated Access for Adults from the list.

For Families with minor children select OR-501: Coordinated Access for Families with minor children.

❷Enter clients demographic information.

Entry Assessment

Select an Assessment

☑ SEE INSTRUCTIONS BELOW	☑ OR-501: HUD Coordinated Entry Questions	☑ OR-501: Coordinated Access for Adults	☑ OR-501: Coordinated Access for Families with minor children
☑ OR-501: Veterans Questions	☑ OR-501: Recovery Housing Questions		

OR-501: Coordinated Access for Adults

Date of Birth	___/___/___ 🔁 G
Date of Birth Type	-Select- ▼ G
Gender	-Select- ▼ G
Race	-Select- ▼ G
Race-Additional	-Select- ▼ G
Ethnicity (Hispanic/Latino)	-Select- ▼ G

🔍 **Inclusive Identity (Race/Ethnicity/Origin)**

Start Date *	Please add all that apply (Race/Ethnicity/Origin):
Add	

Primary Language	-Select- ▼ G
Pregnant?	-Select- ▼ G
How many people are in your household?	___ G
Of those, how many are under age 18?	___ G

The Families with minor children screening has one additional question.

Primary Language	-Select- ▾ G
Pregnant?	-Select- ▾ G
Are you in Multnomah County now?	-Select- ▾ G
How many people are in your household?	____ G
Of those, how many are under age 18?	____ G

For Adults:

Please read the section headers to make sure the correct assessment is being used.

❶ Answer questions regarding the person's length of time homeless and disabling condition.

IF NO CHILDREN UNDER THE AGE OF 18 IN THE HOUSEHOLD, CONTINUE.* OTHERWISE, COMPLETE THE FAMILY ASSESSMENT. IF EVERYONE IN HOUSEHOLD UNDER 25, REFER TO YOUTH SYSTEM.

*Pregnant adults without other children in the household, and adults with a plan in place to gain custody of children (but who do not currently have children in the household) can complete both the family and adult assessment.

Residence Prior to Project Entry	-Select- ▾ G
Length of Stay in Previous Place	-Select- ▾ G
Does the client have a disabling condition?	-Select- ▾ G

❷ Click on the Add button to complete the VI-SPDAT Assessment. *Answer all of the questions in the assessment.*

IF STAYING IN SHELTER, TRANSITIONAL HOUSING, PLACE NOT MEANT FOR HABITATION OR HAS BEEN IN AN INSTITUTION (HOSPITAL, JAIL, ETC.)

FOR LESS THAN 90 DAYS & WAS IN ONE OF THE AFORMENTIONED LOCATIONS BEFOREHAND, CONTINUE. OTHERWISE STOP.

🔍 **VI-SPDAT**

Start Date *	GENERAL INFORMATION	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONING	D. WELLNESS	PRE-SCREEN TOTAL	GRAND TOTAL (ADJUSTED FOR v2.0)
❷ Add							

❸ Click on the Calculate button at the bottom of the VI-SPDAT Assessment to see the Pre-Screen and the Grand Totals.

SCORING SUMMARY

GENERAL INFORMATION

A. HISTORY OF HOUSING AND HOMELESSNESS

B. RISKS

C. SOCIALIZATION & DAILY FUNCTIONING

D. WELLNESS

PRE-SCREEN TOTAL   Calculate ❸

GRAND TOTAL (ADJUSTED FOR v2.0)

❹ Copy the Pre-Screen Total and click the 'Save' button to return back to the screening questions.

❹ Save   Save and Add Another   Cancel

❺ Answer the remaining "bonus" questions regarding the person's vulnerability level.

❻ Enter the Pre-Screen Total from the VI-SPDAT Assessment into the 'Enter VI-SPDAT Prescreen Total (0-20)' box.

❼ Add all the points from the "bonus" questions and enter the total into the 'Enter Additional Point Total (0-6)' box.

❽ Add the points from the 'Enter VI-SPDAT Prescreen Total (0-20)' and the 'Enter Additional Points Total (0-6)' together and enter the score into the 'Total Vulnerability Score' box.

Are you caring for a parent or other elder adult in your household?	-Select- ▼ G
Are you in immediate danger?	-Select- ▼ G
Is someone hurting you or your children?	-Select- ▼ G
Abuser Relationship	-Select- ▼ G
Do you have a safe place to stay tonight?	-Select- ▼ G
Do you think culturally specific services might help you overcome housing challenges?	-Select- ▼ G
Have you or an immediate family member ever experienced racial discrimination in housing?	-Select- ▼ G
Do you have a permanent disability that limits your mobility?	-Select- ▼ G

Review Intergenerational

If caring for older adult or parent in household, enter one (1)	☐ G

Review Abuser Relationship

If identifies abuser relationship for domestic violence questions, enter one (1)	☐ G

Review age, mobility and pregancy staus

If 50 or older, pregant and/or has a physical disability that limits mobility, enter one (1)	☐ G

Review client gender

If self-identifies as "transgender male to female", "transgender female to male", or "doesn't identify as male, female or transgender", enter one (1)	☐ G

Review if culturally specific services might help overcome challenges

If culturally specific services might help overcome housing challenges, enter two (2)	☐ G

Enter VI-SPDAT Prescreen Total	☐ G ❻
Enter Additional Points Total (0-6)	☐ G ❼
Total Vulnerability Score (Adults)	☐ G ❽

❾ Answer the questions regarding income, including the full monthly income amount. Click on the HUD Verification link to select the appropriate Income Types.

Household Income (Monthly)				☐ G
🔍 **Monthly Income**				**HUD Verification** ⚠
Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date
Add	View Gross Income			

Hint: Select No for "Select the Receiving Income Source? value for all incomplete Source of Income records" to prefill all of the Income Types and then choose Yes for the appropriate type.

HUD Verification: Monthly Income for 05/16/2017

Per Source of Income, the current records for Monthly Income as of 05/16/2017 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Income Source? value for all incomplete Source of Income records

- ● No
- ○ Data Not Collected
- ○ Incomplete

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	○	●	○	○
Child Support (HUD)	○	●	○	○
Earned Income (HUD)	○	●	○	○
General Assistance (HUD)	○	●	○	○
Other (HUD)	○	●	○	○
Pension or retirement income from another job (HUD)	○	●	○	○
Private Disability Insurance (HUD)	○	●	○	○
Retirement Income From Social Security (HUD)	○	●	○	○
SSDI (HUD)	○	◉	○	○
SSI (HUD)	○	●	○	○
TANF (HUD)	○	●	○	○
Unemployment Insurance (HUD)	○	●	○	○
VA Non-Service Connected Disability Pension (HUD)	○	●	○	○
VA Service Connected Disability Compensation (HUD)	○	●	○	○
Worker's Compensation (HUD)	○	●	○	○

Save   Save & Exit   Exit

❿ Ask about culturally specific services

⓫ Answer the health questions below. Please read the questions carefully, based on the person's answer they may qualify for other services. Click on the HUD Verification link to select the appropriate Health Insurance Types.

Hint: Select No for "Select the Receiving Income Source? value for all incomplete Source of Income records" to prefill all of the Income Types and then choose Yes for the appropriate type.

HUD Verification: Health Insurance for 05/16/2017

ℹ Per Health Insurance Type, the current records for Health Insurance as of 05/16/2017 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for all incomplete Health Insurance Type records

○ Yes
◉ No
○ Data Not Collected
○ Incomplete

Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
MEDICAID	○	◉	○	○
MEDICARE	○	◉	○	○
State Children's Health Insurance Program	○	◉	○	○
Veteran's Administration (VA) Medical Services	○	◉	○	○
Employer - Provided Health Insurance	○	◉	○	○
Health Insurance obtained through COBRA	○	◉	○	○
Private Pay Health Insurance	○	◉	○	○
State Health Insurance for Adults	○	◉	○	○
Indian Health Services Program	○	◉	○	○
Other	○	◉	○	○

[Save] [Save & Exit] [Exit]

⓬ Answer the remaining questions.

Has anyone in your household ever been diagnosed with an intellectual or developmental disability, or think they may have an intellectual or developmental disability?	-Select- ▼ G

If yes, the person may be eligible for housing and other services from the Multnomah County Developmental Disabilities Services Division. Number to refer: (503) 988-6258

Is anyone in your household HIV positive?	-Select- ▼ G

If yes, the person may be eligible for a HIV specific housing and case management program through Cascade AIDS Project (CAP). Number to refer: (503) 223-5907

Does any of the following apply to you?	-Select- ▼ G
What other agencies or providers are you (or your family) working with (for example: NARA, a medical social worker, etc.)?	(text box) G
Do you need an ADA accommodation?	-Select- ▼ G
If yes, describe in detail	(text box) G
Does client want shelter?	-Select- ▼ G

Answer the recovery-oriented housing questions below if they are relevant to the person.

A few housing programs are recovery-oriented, meaning they are alcohol and drug free and support people in their recovery. I'm going to ask you a few questions that relate to this. If these questions aren't relevant, we can skip to the next section.

Do you have a history of drug or alcohol use?	-Select- ▼ G

If NO, stop and proceed to contact information. If YES, continue.

Are you in recovery?	-Select- ▼ G

If NO, stop and proceed to contact information. If YES, continue.

If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?	-Select- ▼ G

If NO, stop and proceed to contact information. If YES, continue the Recovery questions on the OR-501 Recovery Housing assessment.

If the person answered YES to all three recovery questions, continue with the contact information sections below, click save, and then scroll to the top of the screen to access the OR-501 Recovery Housing assessment.

The below sections are important, they are used for recording the person's contact information. This section must be answered in order to locate/contact the person when services become available for them. If the person does not have an address or telephone number you can accept a number for a friend, family, business, or etc.

How would you like to be contacted? Please indicate how, when, where to find you, etc...	G
Primary Contact Phone	G
Email Address	G
OK to leave voicemail?	-Select- ∨ G
OK to send texts?	-Select- ∨ G
Other Contacts	G

The remaining section is for the person who is completing the assessment. Once you are done answering all the questions, scroll back to the top of the screen and complete the VETS or RECOVERY questions if applicable. If not, Save & Exit.

Assessor Name and Organization	G
Assessor Phone and/or Email Address	G
Assessor Notes: are there any additional details about this person's situation that you think we should have to help in the prioritization or matching process?	G

Save   Save & Exit   Exit

Scroll up to VETS & RECOVERY questions

For Families with minor children

Please read the section headers to make sure the correct assessment is being used.

❶ Answer the questions regarding previous living situation, length of time homeless, and disabling condition.

Note: Do not continue the screening if the person is currently in their own rental. Refer the person to 211 for assistance. If they are not in their own rental, continue the screening.

IF NO CHILDREN UNDER THE AGE OF 18 IN HOUSEHOLD, STOP, & COMPLETE ADULT ASSESSMENT.* IF EVERYONE IN HOUSEHOLD UNDER 25, REFER TO YOUTH SYSTEM.

Pregnant adults without other children in the household, and adults with a plan in place to gain custody of children (but who do not currently have children in the household) can complete both the family and adult assessment.

Residence Prior to Project Entry   -Select-   ▼ G
Length of Stay in Previous Place   -Select-   ▼ G   ❶
Does the client have a disabling condition?   -Select-   ▼ G

IF IN MULTNOMAH COUNTY AND STAYING WITH FRIENDS/FAMILY (aka doubled up), STAYING IN SHELTER, TRANSITIONAL HOUSING, PLACE NOT MEANT FOR HABITATION OR HAS BEEN IN AN INSTITUTION (Hospital, Jail, etc.) FOR LESS THAN 90 DAYS & WAS IN ONE OF THE AFOREMENTIONED

LOCATIONS BEFOREHAND, CONTINUE. OTHERWISE, STOP.

REFER TO 211 OR OTHER PROVIDERS IF CURRENTLY IN OWN RENTAL UNIT (Name on Lease) AND NEEDS RENT ASSISTANCE

❷ Complete the Pre-Screen
General & Family Size, VI-SPDAT, and Family Unit Screenings by clicking on the 'Add' button for each.

🔍 Pre-Screen General & Family Size

Start Date *		SPDAT SCORE
Add ❷		

WHEN ASSESSING FOR A FAMILY, FRAME QUESTIONS TO BE - "YOU AND YOUR FAMILY"

🔍 VI-SPDAT

Start Date *	GENERAL INFORMATION	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONING	D. WELLNESS	PRE-SCREEN TOTAL	GRAND TOTAL (ADJUSTED FOR v2.0)
Add ❷							

🔍 Family Unit

Start Date *		SPDAT SCORE
Add ❷		

❸ For the VI-SPDAT screening only, click on the 'Calculate' button at the bottom of the VI-SPDAT to see the Pre-Screen and the Grand Totals.

This assessment is to be answered on behalf of everyone in the family. When asking the questions, please frame the question to say "**You and your family**" (e.g. "Do you or anyone in your family have a disabling condition?").

SCORING SUMMARY

GENERAL INFORMATION
A. HISTORY OF HOUSING AND HOMELESSNESS
B. RISKS
C. SOCIALIZATION & DAILY FUNCTIONING
D. WELLNESS
PRE-SCREEN TOTAL   Calculate ❸
GRAND TOTAL (ADJUSTED FOR v2.0)
                    ❹ Save   Save and Add Another   Cancel

❹ Copy the Pre-Screen Total and click the Save button to return back to the screening questions.

❺ Answer the remaining "bonus" questions regarding the person's vulnerability level.

❻ Enter the Scores:
1. Enter the score from the Pre-Screen and General & Family Size assessment into the 'Enter General Information Total (0-2)' box.

2. Enter the score from the VI-SPDAT assessment into the 'Enter VI-SPDAT Prescreen Total (0-20)' text box.

3. Enter the score from the Family Unit assessment into the 'Enter Family Unit Total (0-6)' text box.

4. Calculate the scores from the additional "bonus" questions and enter the total to the 'Enter Additional Points Total (0-6)' text box.

❺	Are you caring for a parent or other elder adult in your household?	-Select- ▼	G
	Are you in immediate danger?	-Select- ▼	G
	Is someone hurting you or your children?	-Select- ▼	G
	Abuser Relationship	-Select- ▼	G
	Do you have somewhere to go tonight to be safe from this person?	-Select- ▼	G
	Do you think culturally specific services might help you overcome housing challenges?	-Select- ▼	G
	Have you or an immediate family member ever experienced racial discrimination in housing?	-Select- ▼	G
	Do you have a permanent disability that limits your mobility?	-Select- ▼	G

Review Intergenerational
| If caring for older adult or parent in household, enter one (1) | | G |

Review Abuser Relationship
| If identifies abuser relationship for domestic violence questions, enter one (1) | | G |

Review age, mobility and pregancy staus
| If 50 or older, pregant and/or has a physical disability that limits mobility, enter one (1) | | G |

Review client gender
| If self-identifies as "transgender male to female", "transgender female to male", or "doesn't identify as male, female or transgender", enter one (1) | | G |

Review if culturally specific services might help overcome challenges
| If culturally specific services might help overcome housing challenges, enter two (2) | | G |

❻	Enter General Information Total (0-2)		G ❶
	Enter VI-SPDAT Prescreen Total		G ❷
	Enter Family Unit Total (0-3)		G ❸
	Enter Additional Points Total (0-6)		G ❹
	Total Vulnerability Score (Families with minor children) ❼		G
	Total Vulnerability Score (Adults)		G

❼ Add all the SPDAT scores together and enter the total into the 'Total Vulnerability Score' text box. If the total score is less than 6, it is not necessary to continue answering HUD Verification questions such as income. Scroll down to the bottom of the screen and click the 'Save' button to retain the assessment and add the client to Coordinated Access. If the score is 6 or more, continue to the remainder of the screening.

❽ Answer the questions regarding income, including the full monthly income amount. Click on the HUD Verification link to select the appropriate Income Types.

| Household Income (Monthly) | | G |

🔍 **Monthly Income**   **HUD Verification** ⚠

Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date

| Add | View Gross Income |

Hint: Select No for "Select the Receiving Income Source? value for all incomplete Source of Income records" to prefill all of the Income Types and then choose Yes for the appropriate type.

HUD Verification: Monthly Income for 05/16/2017

Per Source of Income, the current records for Monthly Income as of 05/16/2017 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Income Source? value for all incomplete Source of Income records

- ◉ No
- ○ Data Not Collected
- ○ Incomplete

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	○	◉	○	○
Child Support (HUD)	○	◉	○	○
Earned Income (HUD)	○	◉	○	○
General Assistance (HUD)	○	◉	○	○
Other (HUD)	○	◉	○	○
Pension or retirement income from another job (HUD)	○	◉	○	○
Private Disability Insurance (HUD)	○	◉	○	○
Retirement Income From Social Security (HUD)	○	◉	○	○
SSDI (HUD)	○	◉	○	○
SSI (HUD)	○	◉	○	○
TANF (HUD)	○	◉	○	○
Unemployment Insurance (HUD)	○	◉	○	○
VA Non-Service Connected Disability Pension (HUD)	○	◉	○	○
VA Service Connected Disability Compensation (HUD)	○	◉	○	○
Worker's Compensation (HUD)	○	◉	○	○

[Save] [Save & Exit] [Exit]

❾ Ask about culturally specific services

Would you be interested in cultural specific services for African Americans?	-Select- ▾ G
Would you be interested in cultural specific services for Native Americans and Alaska Natives?	-Select- ▾ G
Would you be interested in culturally specific services for immigrants and refugees?	-Select- ▾ G
Would you be interested in culturally specific services for the Hispanic/Latino/Latina/Latinx community?	-Select- ▾ G

❿ Answer the health questions below. Please read the questions carefully, based on the person's answer they may qualify for other services. Click on the HUD Verification link to select the appropriate Health Insurance Types.

🔍 **Health Insurance**   **HUD Verification** ⚠

Start Date *	Health Insurance Type	Covered?	End Date
[Add]			

Has anyone in your household ever been diagnosed with an intellectual or developmental disability, or think they may have an intellectual or developmental disability?	-Select- ⌄ G

If yes, the person may be eligible for housing and other services from the Multnomah County Developmental Disabilities Services Division. Number to refer: (503) 988-6258

Is anyone in your household HIV positive?	-Select- ⌄ G

If yes, the person may be eligible for a HIV specific housing and case management program through Cascade AIDS Project (CAP). Number to refer: (503) 223-5907

Hint: Select No for "Select the Covered? value for all incomplete Health Insurance Type records" to prefill all of the Insurance Types and then choose Yes for the appropriate type.

HUD Verification: Health Insurance for 05/16/2017

Per Health Insurance Type, the current records for Health Insurance as of 05/16/2017 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for all incomplete Health Insurance Type records

- ○ Yes
- ◉ No
- ○ Data Not Collected
- ○ Incomplete

Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
MEDICAID	○	◉	○	○
MEDICARE	○	◉	○	○
State Children's Health Insurance Program	○	◉	○	○
Veteran's Administration (VA) Medical Services	○	◉	○	○
Employer - Provided Health Insurance	○	◉	○	○
Health Insurance obtained through COBRA	○	◉	○	○
Private Pay Health Insurance	○	◉	○	○
State Health Insurance for Adults	○	◉	○	○
Indian Health Services Program	○	◉	○	○
Other	○	◉	○	○

Save   Save & Exit   Exit

⓫ Answer the remaining questions.

Does any of the following apply to you?	-Select- ▼ G
What other agencies or providers are you (or your family) working with (for example: NARA, a medical social worker, etc.)?	G
Do you have any time-sensitive housing resources, such as Section 8, a DV grant or anything else like that?	G
Do you have a landlord or property manager willing to work with you?	G
Do you need an ADA accommodation?	-Select- ▼ G
Does client want shelter?	-Select- ▼ G

Answer the recovery-oriented housing questions below if they are relevant to the person.

A few housing programs are recovery-oriented, meaning they are alcohol and drug free and support people in their recovery. I'm going to ask you a few questions that relate to this. If these questions aren't relevant, we can skip to the next section.

Do you have a history of drug or alcohol use?	-Select- ▼ G

If NO, stop and proceed to contact information. If YES, continue.

Are you in recovery?	-Select- ▼ G

If NO, stop and proceed to contact information. If YES, continue.

If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?	-Select- ▼ G

If NO, stop and proceed to contact information. If YES, continue the Recovery questions on the OR-501 Recovery Housing assessment.

If the person answered YES to all three recovery questions, continue with the contact information sections below, click save, and then scroll to the top of the screen to access the OR-501 Recovery Housing assessment.

The below sections are important because they are used for recording the person's contact information. This section must be answered in order to locate/contact the person when services become available for them. If the person does not have an address or telephone number, you can accept a number for a friend, family, business, or etc.

How would you like to be contacted? Please indicate how, when, where to find you, etc...	[text box]
Primary Contact Phone	[text field]
Email Address	[text field]
OK to leave voicemail?	-Select-
OK to send texts?	-Select-
Other Contacts	[text box]
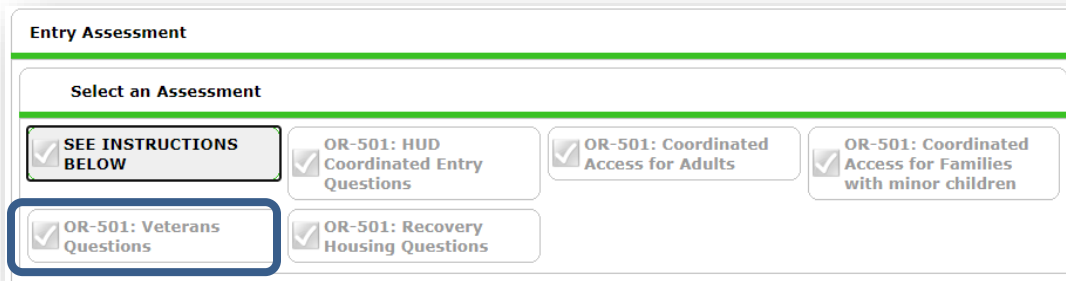
The remaining section is for the person who is completing the assessment. *Please avoid entering protected or sensitive information in the Assessor Notes.* Once you are done answering all the questions, scroll to the top of the screen and answer the VETS or RECOVERY questions if applicable.

Assessor Name and Organization	[text field]
Assessor Phone and/or Email Address	[text field]
Assessor Notes: are there any additional details about this person's situation that you think we should have to help in the prioritization or matching process?	[text box]

[Save] [Save & Exit] [Exit]

To VETS & RECOVERY questions

ENTERING VETERAN QUESTIONS
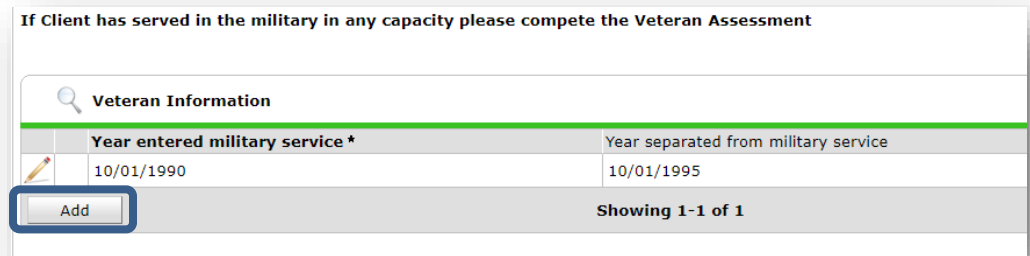
Entry Assessment

Select an Assessment

SEE INSTRUCTIONS BELOW	OR-501: HUD Coordinated Entry Questions	OR-501: Coordinated Access for Adults	OR-501: Coordinated Access for Families with minor children
OR-501: Veterans Questions	OR-501: Recovery Housing Questions		

If Client has served in the military in any capacity please compete the Veteran Assessment

Veteran Information
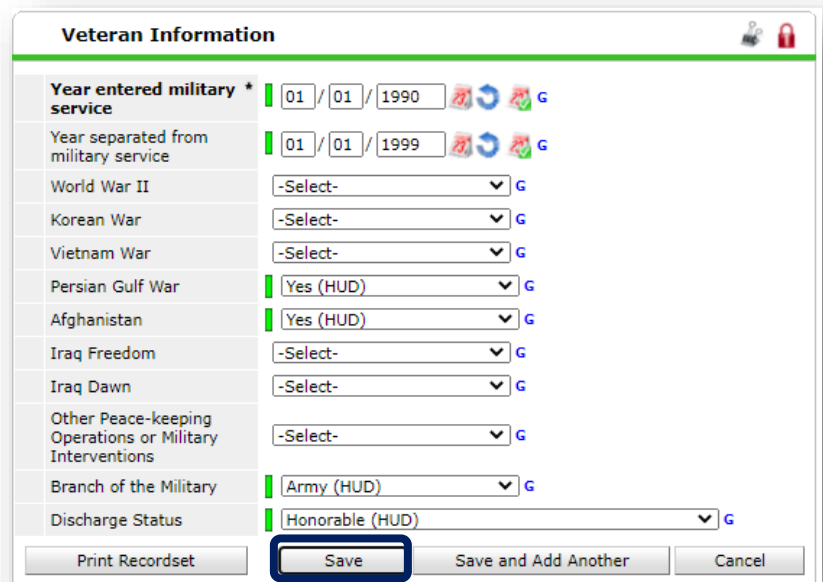
	Year entered military service *	Year separated from military service
✏	10/01/1990	10/01/1995
Add		Showing 1-1 of 1

Click Add to enter Veteran Information

Answer the following:

- Year entered military service
- Year separated from military service
- Add Yes/No/Other response for each conflict
- Branch of Military
- Discharge Status

Click Save when done

Veteran Information

Year entered military service *	01 / 01 / 1990
Year separated from military service	01 / 01 / 1999
World War II	-Select-
Korean War	-Select-
Vietnam War	-Select-
Persian Gulf War	Yes (HUD)
Afghanistan	Yes (HUD)
Iraq Freedom	-Select-
Iraq Dawn	-Select-
Other Peace-keeping Operations or Military Interventions	-Select-
Branch of the Military	Army (HUD)
Discharge Status	Honorable (HUD)

Print Recordset | Save | Save and Add Another | Cancel

Continue answering the questions in sections 1-3

If Client is VBNL entry only please be sure to complete these:

Section 1: General Information

Date of Birth	10 / 01 / 1982
Date of Birth Type	Full DOB Reported (HUD)
Race	Black or African American (HUD)
Race-Additional	American Indian or Alaska Native (HUD)
Ethnicity (Hispanic/Latino)	Non-Hispanic/Non-Latino (HUD)
Gender	Male
Prior Living Situation	Client refused (HUD)
Length of Stay in Previous Place	Client refused (HUD)
Did you stay less than 7 nights?	No
Does the client have a disabling condition?	Yes (HUD)
Convicted Sex Offender?	No

Section 2: Veteran Status

Have you ever served on active duty in the U.S. Armed Forces (e.g. served in full-time capacity in the Army, Navy, Air Force, Marine Corps, or Coast Guard)?	Yes (HUD)
Were you ever called into active duty as a member of the National Guard or as a reservist?	No (HUD)
Are you receiving any type of benefit through Department of Veteran Affairs?	No

Once you are done answering all the questions, scroll to the top of the screen and answer the RECOVERY questions if applicable.

To RECOVERY questions

Section 3: Contact Information

Primary Contact Phone	
How would you like to be contacted? Please indicate how, when, etc...	
What other agencies or providers are you (or your family) working with (for example: NARA, a medical social worker, etc.)?	
Staff Name	

Save   Save & Exit   Exit

If RECOVERY services not needed, Save & Exit

ENTERING RECOVERY HOUSING QUESTIONS

A few housing programs are recovery-oriented, meaning they are alcohol and drug free and support people in their recovery.

- If these questions are not relevant, you can skip this section.
- If the person answered YES to the first three recovery questions, continue to the OR-501 Recovery Housing assessment to answer the remaining questions.

To enter the recovery housing questions, scroll to the top of the screen an choose the **Recovery Housing Questions** button.

Entry Assessment

Select an Assessment

☑ SEE INSTRUCTIONS BELOW	☑ OR-501: HUD Coordinated Entry Questions	☑ OR-501: Coordinated Access for Adults	☑ OR-501: Coordinated Access for Families with minor children
☑ OR-501: Veterans Questions	☑ OR-501: Recovery Housing Questions		

Answer the questions regarding the person's substance use and recovery and click "Save" when you are finished.
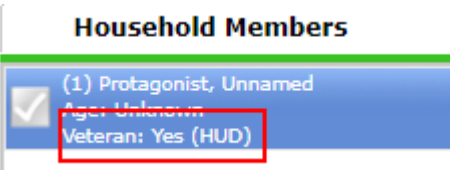
A few housing programs are recovery-oriented, meaning they are alcohol and drug free and support people in their recovery. I'm going to ask you a few questions that relate to this. If these questions aren't relevant, we can skip to the next section.

Do you have a history of drug or alcohol use?   -Select- ▼ G

If NO, stop and proceed to contact information. If YES, continue.

Are you in recovery?   -Select- ▼ G

If NO, stop and proceed to contact information. If YES, continue.

If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?   -Select- ▼ G

If NO, stop and proceed to contact information. If YES, continue the Recovery questions on the OR-501 Recovery Housing assessment.

OR-501: Recovery Housing Questions

Do you have a history of drug or alcohol use?   Yes ▼ G

Are you in recovery?   Yes ▼ G

If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?   Yes ▼ G

....

Are you currently engaged in or have you completed detox services?   -Select- ▼ G

Past or anticipated date of completion (best estimate):   __/__/____

Are you stabilized on medication for a Substance Use Disorder (e.g. methadone, buprenorphine, naltrexone, etc.)?   -Select- ▼ G

Medications   _____ G

What was the date of last drug or alcohol use?   __/__/____

Are you currently enrolled in or have you completed Substance Use Treatment other than detox?   -Select- ▼ G

If yes, with what agency?   _____ G

Past or anticipated date of completion (best estimate):   __/__/____

If available, would you be interested in recovery housing that is focused on employment services?   -Select- ▼ G

Print Assessment   Save   Cancel

UPDATES / SCORE APPEALS / INTERIM REVIEWS

Updates to client information (Current Living Situation changes, Coordinate Entry Assessments, Score Updates) will happen through the Interims icon on the Entry/Exit tab.

Guidelines for when to update assessments

ASSESSMENT	WHEN TO UPDATE
HUD Questions	**CURRENT LIVING SITUATION:** Anytime any of the following occurs: - A Coordinated Entry Assessment or Coordinated Entry Event is recorded - The client's living situation changes - If a Current Living Situation hasn't been recorded for longer than 365 days and the client has connected with workers for Coordinate Access support - Project Start **COORDINATED ENTRY ASSESSMENT:** **Each new assessment**
OR-501 Coordinated Access for Adults or Families with Children	- If the client has an existing entry, existing scores can be updated via ENTRY/EXIT INTERIM REVIEW - If a client's Entry/Exits show that they were housed and already exited the program, treat them like a new call and **add new** screening scores and new Entry/Exit – ADD NEW ENTRY
VETS & RECOVERY	**RECOVERY** if the following 3 questions are YES - Do you have a history of drug or alcohol use? - Are you in recovery? - If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management? **VETERANS** if U.S. Military Veteran? = Yes **Household Members** (1) Protagonist, Unnamed Veteran: Yes (HUD)
SCORE APPEALS	- Score appeals discussions will happen off-line and handled administratively - Once score appeal has been determined, EDIT THE Most recent transaction (entry or interim) to reflect the appealed score

From the Entry/Exit tab, click on the Interims icon next to the **OR-501: Coordinated Access (7326) entry**

Click Add Interim Review

Interim Review Type: Update

Review Date: date you collected the information

Click Save & Continue

Choose which assessment you would like to update

If updating multiple assessments, remember to scroll back to the top to choose each one.

When all relevant assessments have been updated, Save & Exit

You will be returned to the Entry/Exit tab, and you will see a number 1 on the Interim icon. The number grows as more Interim Reviews are added.

EXITS FROM COORDINATED ACCESS

- Only 211, Family Housing Navigators and JOHS staff will do exits from OR-501: Coordinated Access
- Contact servicepoint@multco.us with any questions about exits

When participant is assigned to an agency for service, click on the Exit Date pencil

Enter Exit Date, and answer questions <u>as if participant is successful in the next phase of housing</u>

You will land on this screen, Save & Exit

NO CONTACT/NO REQUESTED SERVICE EXITS FROM COORDINATED ACCESS

If it is determined that there is no way to contact the participant, or if the participant says they no longer want or need services, an event sub-assessment is not required. Family Housing Navigators and 211 staff can close the entry themselves.

When it is determined that contact cannot be made or the client expresses that they no longer want services, click on the Exit Date pencil

Enter Exit Date, and answer questions about reason for exit and departure destination to the best of your knowledge

You will land on this screen, Save & Exit