

- **Directions to Assessor:** HMIS or comparable database consent: Use your internal agency's protocols regarding client permissions/consent into your database information. Please note that victim-service providers are prohibited from entering any information into HMIS
- **Assessor Question:** Are accommodations needed? Accommodations may include an accessible location for a person with a mobility impairment; a sign language interpreter for a person who is deaf; a reader for a person who is blind; Ensuring that the assessment is completed in the individuals preferred language.
- **Purpose of the Assessment:** Instead of having to go to every agency to find out what you may qualify for, we collect your information and preferences and provide it to rapid re-housing programs, and other flexible housing programs so they can contact you with availability. We'll explore ways you could move out of homelessness, exploring your existing supports and community resources, including housing programs. This assessment helps our community ensure that individuals and families are matched to housing programs that could best meet their specific needs.
- **Program Openings:** Openings depend on if programs are currently full or taking openings, which changes all the time- this is why we don't know exact timeframes. Even if they are full and you are interested, it's worth signing up in case they have openings in the future that you may be eligible for. We encourage you to continue to still explore all possible housing options to you such as living with family or a roommate, or looking into more affordable areas, even after completing this assessment.
- **Right to Decline Responses:** You may decline to respond to any questions on this assessment. Start/Stop: You may stop this assessment at any time and pick it back up at a later meeting.
- **No Right/Wrong Responses:** Your responses will help to assist us to identify benefits that may be available to help you and will not harm any other benefits or services you receive. The questions are only designed to help explore housing options you may want to pursue.
- **Non-Discrimination:** If at any time feel that you were assessed incorrectly, feel uncomfortable during the assessment, or feel that you are being discriminated against, you can request to change assessors at any time. You may also request the information to file a non-discrimination complaint. (For CE: Contact Jessica Labia at jlabia@addresssthehomeless.org or 631-464-4314 x145. For DV CE: Contact Elizabeth Bazini at ebazini@newground.org or (516) 564- 4764 Ext 128

Rapid Resolution Problem Solving Guide

Below is a problem-solving guide for staff conducting Coordinated Entry assessments on Long Island to use to give participants the space to brainstorm ways they can avoid entering or quickly leave emergency shelter or unsheltered homeless situations. The questions on the first page are not required, but are a toolbox of prompts that can be used to explore alternative solutions to a housing crisis. Staff are encouraged to use the order and questions that make sense, given the nature of the relationship with the participant.

Introduce purpose of a problem-solving conversation to the participant. Suggested key points include:

- Continued homelessness can take a toll on people's health and well-being. Since there are not enough housing resources on Long Island to give everyone affordable, subsidized housing who needs it, we also want to problem solve and explore other options you may have to leave this housing crisis and move to a more stable safe alternative even if for tonight.
- If you get into shelter, there is no guarantee you will be able to access long-term housing assistance.
- Do you have any questions before we start?

Assess for Immediate Safety

Discuss with the participant if they are actively fleeing violence or harm or are experiencing a serious health or mental health crisis. If so, stop the conversation and connect the participant with crisis intervention services such as shelter or safety planning for domestic violence, or urgent medical or psychiatric care if applicable. (988, Long Island Crisis Center-516-679-1111)

- Is there anyone making you feel unsafe or that you are fleeing from?
- Do you have any pressing medical, health or other safety concerns that we should address before discussing your housing situation?

Explore the Situation & Appropriateness of the Shelter Environment

Gain an understanding of the participant's living situation. Share realities of the shelter environment so the participant has information to make informed choices about where to stay.

- What brings you here today? Why are you seeking shelter? Where did you stay last night?
- Do you currently have a housing voucher, even if it expired recently, or your own apartment or home?
- Where have you been staying? What was your most recent indoor living situation? How long had you stayed?
- Where would you stay if shelter was unavailable? If you came to shelter, do you know how you would get around and take care of your personal needs (hygiene, transportation, storage of things, etc)?
- In the past 1-6 months, have you stayed at an institution like detox, treatment, hospitals, jail?

Brainstorm Possible Solutions

Engage in active listening and think about/reflect back strengths they may share. Brainstorm possibilities and use motivational interviewing skills. Explore potential options with the participant.

- Is there anyone that may want to know you are seeking shelter tonight, or may want to know you need help?
- Do you have family, friends or anywhere to stay other than shelter, even for the night?
- Tell me about past places you've stayed that have been positive.
- Tell me about any strengths you have to navigate difficult situations.
- What support would you need to stay somewhere else or make a housing option work?

Brainstorming Relocations and/or Shared Housing Solutions

Discuss Housing Affordability as a common barrier for people living on Long Island. Explain that those that have relocated to areas where housing is cheaper have very high success rates from becoming homeless and remaining housed. Explore if the participant is interested in relocating to less expensive areas or sharing housing with roommates to lower the cost.

- Have you lived in other areas before where you still have family or friends?
- Are there any other areas you would be interested in living that are cheaper, so you would not need to be at-risk of homeless, or become homeless?
- Before you became homeless, how were you managing your rent - how were you paying the bills and what were your income sources that allowed you to remain housed at that time?
- Are you interested in increasing your income to exit homelessness?
- Have you had someone sit down and review your budget with you to come up with a plan to pay rent each month?
- Are you able to be flexible with the different areas you are willing to live, if we can find a different unit that is more affordable?
- If you were to attempt to move out of shelter into a rental unit, is there someone that has an income that could join your household to help have more money for rent moving forward?

If the participant currently lives in a unit and could relocate to a more sustainable unit, use these prompts instead.

- You've been managing rent up until this point- how were you paying the bills and what are your income sources?
- Have you had someone sit down and review your budget with you to come up with a plan to pay rent each month?
- Are you able to be flexible with the different areas you are willing to live, if we can find a different unit that is more affordable?
- Is there someone that has an income that could join your household to help have more money for rent?
- Do you need assistance to repair credit or do you keep getting turned down by landlords? (have updated resource information to provide)

Referrals to Housing + Income Maximization Outside of Coordinated Entry

Increasing Household Income through Employment and/or Benefits (SOAR and resource referral)

Refer households to community employment services. Determine whether household could exit homelessness with additional SSI/SSDI for the household. Complete SOAR with households when staff time and resources permit for households homeless for greater than one year.

Explore Rental Subsidy through the County to assist with rent (SSP):

Assist households in applying for SSP to exit homelessness.

Resource Linkages

All households should be connected to Care Coordination services whenever possible/applicable. All households should be made aware of SPA Housing options. All veteran households should be immediately referred to SSVF- SUS (Nassau) or EOC (Suffolk).

ALL PERSONS SHOULD BE MADE AWARE OF CARE COORDINATION AND HOW TO ENROLL.

Care Coordination Eligibility: HEALTH HOME ELIGIBILITY CRITERIA

All individuals served in the New York State Department of Health (NYSDOH) Health Home Supportive Housing Pilot (HHSHP) must be enrolled in the Health Home program. To qualify for the Health Home Program (care management services), Medicaid participants must have two chronic conditions, or one single qualifying condition (HIV/AIDS or one serious, persistent mental health conditions (SMI)).

Chronic conditions include, but are not limited to the following:

- Mental health conditions
- Substance abuse disorder
- Asthma
- Diabetes,
- Heart disease
- Being overweight (BMI over 25)
- Hypertension

For more information about Health Home eligibility criteria, including chronic conditions, please

see New York State Health Home State Plan Amendments at:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/nys_implementation.htm

Connect Households to Community Drop-in Centers:

Do you currently go to any food pantries, day programs, or drop-in centers for support?

- Drop-in centers: INN, Pax, HALI, Maureen's Haven, Federation
- SC Community Centers: Wyandanch, Bellport, Huntington, Brentwood

Next Steps: Data Collection, Services and Assistance to Resolve the Housing Crisis

If a resolution is possible, reflect back potential option(s) to participant and agree on next steps (i.e. confirm with family/friend their return with verbal consent, arrange for transportation, resources, etc. Inform the participant that to provide services like mediation (i.e. talking with a family member) and/or financial assistance, you will ask to collect key data points to both create a client record and inform service delivery.

If resolution is not possible, collect the below data and move forward with any triage or shelter intake work you would do to connect the participant to immediate shelter options.

(Data Elements/Addl. Information)

- Participant name
- Participant date of birth and/or social security number
- Race/ethnicity
- Gender
- Veteran Status
- Housing situation prior to seeking services
- # of individuals in household/household composition
- Outcome of conversation
- Referrals or resources provided during conversation
- Amount of funds used if applicable
- Participant Contact and Emergency Contact Info
- Are there any social service providers in the community, i.e. an outreach worker, that may be able to reach you if we are unable to reach you?
- Check box (yes, no, participant refused) for staff to confirm they secured releases of information to speak to outside parties (friends, family, other agencies).
- Free text notes to record pieces of the conversation that would be helpful in the future

Assessor to gather information from HMIS/comparable database if available (do not ask client directly)

1. What is your current living situation- where do you stay most often (ex: shelter, outdoors, in a vehicle)?

The following questions are intended to give us a better understanding of the challenges you face while trying to obtain housing. The answers you give will not be used to disqualify or screen you out from any program. You may stop the assessment and return to it with additional information at any time. You may also skip questions if you are not comfortable answering them. These questions are only asked for the purposes of appropriately matching people to the housing resources available.

2. Are you or anyone in your household currently experiencing an immediate risk to your safety?
3. Are you or anyone in your household pregnant? *Staff instructions: If pregnant and also answered yes to currently unsheltered, add an additional point*
4. (Only If head of household has children) With your current household, do your child care needs result in lost income, inability to work, or otherwise contribute to housing instability?
5. Have you experienced a serious decline in your overall health since becoming homeless?
6. Do you have trouble doing things such as eating, showering, taking the bus or moving around due to your medical or mental health needs?
7. Does severe lack of sleep consistently interfere with your ability to focus, concentrate, remember things and/or carry out daily activities?
8. Since your first time in shelter or living on the street as an adult, which, if any, of these situations applied to you? (note to interviewer- for youth, ask or “as an unaccompanied youth”)-
 - a) Living with family members or friends within your support network temporarily (couch surfing)
 - b) Placed in boarding home by DSS or other shared housing with people unrelated to you that you did not know
 - c) Living in your own apartment or private room on Long Island without a program
 - d) Relocated out of LI for housing
 - e) Were placed in a unit with a program or rental assistance
 - f) Were in a jail, hospital, or rehab
 - g) N/A- first time in shelter or on the street
 - h) N/A- fleeing but never been in shelter or on the street
9. What do you feel has impacted your ability to stay in housing in the past?

- a. Health problems
- b. Difficulty finding or maintain employment
- c. Criminal History
- d. Eviction or mistreatment from landlord
- e. Alcohol or Substance use
- f. Gambling
- g. Aging out of foster care
- h. Any types of violence or threats from others
- i. Eviction
- j. Other: _____

10. What do you feel is impacting your ability to access housing?

- a. Health problems
- b. Some income/fixed income (some examples may be: SSI/SSD, retirement, pension, working part time/limited hours)
- c. Zero income or inability to access personal money
- d. Alcohol or substance use
- e. Unable to gather ID or documents necessary for housing (such as birth certificate, social security card, government issued ID)
- f. Lack of access to transportation
- g. lack of access to technology
- h. Current credit
- i. Child support or other payments or debts
- j. Criminal history
- k. Any type of violence or threats from others
- l. Other: _____

Thank you for answering these questions. Please keep in mind that we strongly support housing first, and the answers you gave will not disqualify you or screen you out from any program. This assessment helps our community ensure that individuals and families are matched to housing programs that could best meet their specific needs. Please update assessor if there have been changes to your household or living situation.

**Assessor should provide their contact information and then collect the below information from the household*

Head of Household Phone #:

Head of Household Email (if applicable):

Alternative Contact Person Name:

Alternative Contact Number:

To appropriately match a household to a housing program, we must understand how the household would present in permanent housing, if different than how they are presenting currently during homelessness. If an opportunity were to become available for a referral to a housing program, please clarify who would live within your household:

Household Member	Date of Birth	Relation to Head of Household?

SCORING SUMMARY

Question	Scoring Key	Client Score
# 1- Living situation	If unsheltered- 4 points Other living situations- 0 points	
# 2- Immediate Safety Risk	Yes = 2 points No = 0 points	
# 3- Pregnancy	If someone in HH is pregnant = 1 point Pregnant & unsheltered= additional 1pt	
# 4- Child Care needs	Yes = 1 point No = 0 points	
# 5- Overall health	Yes = 1 point No = 0 points	
# 6- Daily living activities	Yes = 1 point No = 0 points	
# 7- Lack of sleep	Yes = 1 point No = 0 points	
# 8- Gaps in homelessness	0 points- c, d, - were able to exit without programs 0 points- g & h- first episode of homelessness 1 point (each)- a & b- unstably housed 2 points (each) e & f- extra vulnerabilities	
# 9- Barriers to remaining housed	If yes to A - I = 1 point each Other = 0 points	
# 10- Barriers to accessing housing	If yes to A - K = 1 point each Other = 0 points	
	TOTAL:	