

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name _____	Agency _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ____:____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="radio"/> Yes <input type="radio"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.	SCORE:
	1

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters Couch surfing Other (specify): _____
 Transitional Housing Outdoors
 Safe Haven Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. SCORE:

2. How long has it been since you lived in permanent stable housing? _____ Years Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 7+ EPISODES OF HOMELESSNESS, THEN SCORE 1. SCORE:

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused
8. Were you ever incarcerated when younger than age 18? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

0

9. Does anybody force or trick you to do things that you do not want to do? Y N Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

0

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

0

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

0

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

0

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? Y N Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? Y N Refused
- c) Because your family or friends caused you to become homeless? Y N Refused
- d) Because of conflicts around gender identity or sexual orientation? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

0

- e) Because of violence at home between family members? Y N Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA.

SCORE:

0

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
20. When you are sick or not feeling well, do you avoid getting medical help? Y N Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

0

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

0

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

0

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

0

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	1 /1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /5	
D. WELLNESS	0 /5	
GRAND TOTAL:	1 /17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

ATTACHMENT D



Client Privacy and Release of Information Policy For All Programs Serving Adults

Background

Maintaining the privacy and safety of Wayne Metro clients is central to the agency's mission to empower low-income people and strengthen communities. This Client Privacy and Release of Information Policy follows all confidentiality regulations that are applicable to this Agency. The Agency collects personal information directly from clients when needed to provide services, manage Agency programs, or as required by law or funder policy. Client Information is recorded on paper forms and/or entered into one or more agency database systems. Clients are informed of the Agency privacy policy through the **General Release of Information**. This form also serves as a consent form enabling the agency to maintain client information and share with Agency partners.

Policy Applicability

This Policy applies to all adult clients that are enrolled in Agency Programs that provide direct client assistance as described in the General Release of Information section. Certain programs require additional Privacy Policies and Procedure. The chart in Exhibit I summarizes the current listing of applicable Privacy Policies and Release by Department and Program.

Information Collected

FACSPRO, ServicePoint (HMIS) and COPA are three of the primary database systems serving most Agency programs. These and other agency database systems are designed to streamline the delivery of services to clients while organizing client information in a way that robust analysis and reporting can take place. Database systems collect and tabulate 4 primary forms of data described below.

- **Protected Personal Information (PPI)** such as name, address, date of birth and full or partial social security number is collected as mandated by funders and entered into the database system. Collecting PPI helps ensure that unique client records are created and that duplicated services are not provided. The agency never collects PPI that is not mandated.
- **Demographic information** such as age, gender, address, income, race/ethnicity, and education is collected as required by funders and as needed by the agency to ensure that agency programs are assisting those most in need. This information is essential to analyzing the impact of programs and measuring outcomes. Demographic information is only visible to direct program staff. It is analyzed by administrative staff and funders in aggregate form.

- **Case Notes and Plans** are produced to help guide the client's engagement with the Agency program. This information is the domain of the direct program staff and client to chart the course of the program engagement.
- **Service Transactions** are simple inputs used to track and measure case management, counseling, education home improvement, financial and other forms of assistance. Tracking and counting service transactions is essential to reporting the depth and variety of work the agency performs. It is also the basis of many funder required reports.

Information Sharing

In the course of serving clients, it may be important to share aspects of their case record with partner agencies. Data will only be shared if the client gives consent. Providing consent through the **Agency General Release of Information** is a required condition to enroll in any agency program. The only exceptions to this rule are youth programs, and certain programs funded through the U.S. Department of Housing and Urban Development (HUD) that are governed through the Michigan State Homeless Management Information Management (MSHMIS) Operating Policy and Procedure.

Client information may be shared in three distinct domains: Intra-Agency, Funders and Inter-Agency with partners. Each of these is described below:

- **Intra-Agency** – Clients enrolled in agency programs are required to share certain elements of personal information in order for the agency to effectively provide the service. This information may be shared with program staff, Administration Staff, and staff in other programs and departments if referrals are made. Agency auditors may also review client information to test eligibility. Audit firms maintain strict confidentiality codes that apply all data collected. All sharing of client information Inter-Agency is governed through this policy and the Privacy Notice to Clients (3/2007) as applicable.
- **Funders** – As a condition of receiving grant funds, many funders require aggregate qualitative and quantitative data regarding the services and outcomes made possible through the funding source. Client data is typically provided to funders through program reports and monitoring visits. Some funders require client specific data for billing purposes.
- **Inter-Agency** – Clients enrolled in certain programs may have case information that is subject to partner sharing agreements. Partner sharing agreements enforce strict guidelines that limit access and ensure the confidentiality of client data. Information that may be visible to partner agencies is limited to name, year of birth, last 4 digits of social security number, gender, address and phone number. More detailed information is only accessible through a formal release process. Agencies that Wayne Metro shares with are limited to member of the Out Wayne Homeless Coalition (Continuum of Care body) and other Community Action Agencies in Michigan. For lists of these agencies, go to: www.waynemetro.org/homelesscoalitionmembers and www.mcaaa.org/resources/locator.

General Release of Information

The Agency has adopted a **General Release of Information** that is applicable to all Agency programs that provide direct assistance to adults. This document is attached as Exhibit II. Direct assistance includes case management, financial assistance, home improvement, counseling or educational services. If a client file is maintained, a General Release of

Information is required to be in the file. Certain programs such as Head Start and HUD- HMIS Mandated programs have other release and consent forms that must be utilized in addition to the General Release of Information.

The **General Release of Information** serves three primary functions:

- Informs clients that program staff will need to contact a broad range of service providers to assist in meeting the clients case needs.
- Explicitly informs clients that the Agency is required to enter client information into database systems that may share their information with partner agencies.
- Informs clients that their medical or mental health information will not be shared without their explicit consent through a separate medical or mental health Authorization to Release Form.

Providing consent through the **Agency General Release of Information** is a required condition to enroll in any applicable Agency Program.

Client Privacy Script

The Client Privacy Script is a tool designed to guide the program staff's interaction with the client regarding the privacy policy and completion of the **General Release of Information**. The script is not meant to be read verbatim, but rather provides predictable questions and answers typical to the subject. Client Privacy Script is attached at Exhibit III.

Off-site Access

When working off-site, the following procedures will be followed. Transferring and/or accessing electronic and hard copy client data off-site require the written permission of the Department Director or Director of Program Operations (Exhibit IV). Only Agency-issued computers will be used to access, transmit, print, review, or work with client data. Use of personally-owned computers or electronic data storage mediums to work with client data is prohibited unless written permission is given by the Department Director or Chief Operating Officer (Exhibit IV). All privacy and confidentiality rules apply when working off-site. Hard copy client data or electronic client data stored on your computer or a portable electronic data storage device is the responsibility of the Agency and all policies regarding such data must be followed.

Exhibit I – Applicable Privacy Policy and Release by Department

Agency Department or Program	Applicable Privacy Policy	Applicable Release of Information
<ul style="list-style-type: none"> • Basic Needs / Detroit Division • Stability and Life Skills • Weatherization • Youth and Family Programs – LEAPS, ELC 	<ul style="list-style-type: none"> • Client Privacy and Release of Information Policy (guide to staff) 	<ul style="list-style-type: none"> • General Release of Information (version 2/2014)
<ul style="list-style-type: none"> • Head Start 	<ul style="list-style-type: none"> • Privacy and Release of Information Policy (guide to staff) 	<ul style="list-style-type: none"> • Head Start Permission for Service/Referral • General Release of Information (version 2/2014)
<ul style="list-style-type: none"> • Housing and Homeless Services • Youth and Family Programs – Key Program 	<ul style="list-style-type: none"> • Public Notice of Information Collection (must be posted at intake site) • Summary of Privacy Notice to Clients (available on agency website) • Privacy Notice to Clients (provided to client at intake) • Client Privacy and Release of Information Policy (guide to staff) 	<ul style="list-style-type: none"> • MSMHIS Client Release of Information (version 2/2014) • General Release of Information (version 2/2014) • Authorization to Release Medical Record Information: Psychiatric/Behavioral Health Record Information • Authorization to Release Psychiatric / Behavioral Health Record Information
<ul style="list-style-type: none"> • Youth and Family Programs – 21st Century 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • Not applicable

Exhibit II - General Release of Information

By signing below, you are authorizing Wayne Metropolitan Community Action Agency (referred to below as the "Agency"), its agents, employees, sub-contractors, and affiliates to:

1. Communicate with and request information from your housing, utility, service, and income providers (including, but not limited to, landlords, DTE, the Department of Human Services, the Social Security Administration, Veterans Administration, employers, banks, credit unions, etc.) listed on any Agency-related forms (including, but not limited to, program applications, screenings, assessments, etc.). This information is needed for the purposes of determining program eligibility and coordinating services.
2. Enter your personal information into funder-required databases that share your information with other partner agencies in order to coordinate services, track progress, and comply with funder accountability requirements.

The Agency cannot obtain or share your health, medical, or mental health records unless you grant permission on a separate Release form.

Executing this Release is a requirement to enroll in the specified Agency program. You may revoke this Release at any time. However, information requests and data sharing occurring prior to the revocation will remain in effect. Revoking this Release will cancel all services provided to you by our Agency.

CONSENT: I/We hereby allow the Agency, its agents, employees, sub-contractors or affiliates to communicate with and request information from all housing, utility, service, and income providers listed on my/our Agency-related forms and to enter my/our personal information into the applicable program databases.

This release expires on this date (mm/dd/yyyy): _____

I agree that photocopies of this authorization may be used for the purposes stated above.

Applicant Signature

Date

Other Adult Household Member

Date

Co-Applicant Signature

Date

Other Adult Household Member

Date

Exhibit III - GENERAL ROI SCRIPT (PS: program staff; C: client)

1. **PS:** *This is our General Release of Information (ROI) form which lets you know that we will share your information with other helping agencies.*
2. **PS:** *Sharing can involve communications with or requests to agencies that have provided services to you, such as schools, DHS, utility vendors, landlords, etc.*
3. **PS:** *Sharing also means entering your data into funder-required databases where it will be shared with funders and other helping agencies across the state.*
4. **PS:** *By signing this ROI, you agree to share your data in these ways.*
5. Give the client a few minutes to read the document for him/herself.
6. **C:** *I don't want to share my information with all these agencies.*
 - o **PS:** *That's an understandable response. The funders that oversee these databases use them to better understand how their funding is put to work and to hold us, the Agencies to whom they grant funds, accountable. Good accounting on their end means continued funding for families in need.*
7. **C:** *Who are these agencies?*
 - o **PS:** *Other Community Action Agencies and other HUD continua of care agencies. For lists of these agencies, go to: <http://www.mihomeless.org/MCAH/Resources.html> (HMIS Participation List) and <http://www.mcaaa.org/resources/locator> (Michigan Community Action Agencies).*
8. **C:** *How is my information used?*
 - o **PS:** *In order to provide services to you, we sometimes have to communicate with other service agencies that are assisting with your case.*
 - o **PS:** *By entering your data into our databases we are complying with funders who use these databases to hold us accountable.*
9. **C:** *I agree to share.*
10. Recommend an end date that is two years or more from the date of signature. This allows continuous service to the client over a 24 month period without needed to sign new release forms.
11. Have the client sign.
12. **C:** *I do not agree to share.*
 - o **PS:** *What is your concern? Address those concerns.*
 - o **PS:** *If you do not sign this document, then I will not be able to contact your other service providers which may make it difficult or impossible to provide you with all of the services you need.*
 - o **PS:** *In order to comply with funder requirements, I must enter your data into our database. If you refuse to sign, then I cannot serve you.*

Exhibit IV - Off-Site & Personally Owned Computer Authorization Form

Please check one or both of the options below:

I am requesting permission to work with client hard copy and/or electronic data off-site.

I am requesting permission to use my personally-owned desktop, laptop, and/or portable electronic data storage device (such as a flash drive) to access, transmit, upload, download, review, print, and/or work with client data (PPI). I understand that:

1. Any client data downloaded onto my desktop or laptop's hard drive must be disposed of by reformatting the hard drive. Erasing or deleting this data is not sufficient. Also, before disposing of or reusing this hard drive, it will be reformatted a second time.
2. My desktop and/or laptop must be:
 - Equipped with commercial virus protection software which is maintained to protect all databases from virus attacks.
 - Equipped with virus protection that automatically scans files as they are accessed by users.
 - Regularly updated with the latest virus definitions.
 - Protected by a firewall either through a workstation firewall or a server firewall.
 - Equipped with a password-protected screen saver that is activated after 15 minutes of inactivity.
 - Owned by me.
 - Secured when not in use.
3. My portable electronic data storage devices must be:
 - Reformatted two times after the client data stored on them is no longer in use. I understand that deleting or erasing data from these devices is not sufficient.
 - Owned by me.
 - Secured when not in use.

By signing below, I acknowledge that I have read and understood the Agency's Privacy Policy and Privacy Notice to Clients and that I will abide by the standards set forth in those documents.

Staff Person's Signature: _____ Date: _____

Staff Person's Name and Title (printed): _____

Approval granted by (Department Director or Director of Program Operations only):

Signature: _____ Date: _____

Name and Title (printed): _____

This permission is valid until the staff person is no longer in the above-listed position or the Department Director or Director of Program Operations terminates this permission.

Submit original to: Director of Information Management, Annually these permissions will be reviewed and updated if needed.

ATTACHMENT E



Summary Privacy Notice to Clients

Background

Maintaining the privacy and safety of Wayne Metro clients is central to the agency's mission to empower low-income people and strengthen communities. This Client Privacy and Release of Information Policy follows all confidentiality regulations that are applicable to this Agency. The Agency collects personal information directly from clients when needed to provide services, manage Agency programs, or as required by law or funder policy. Client Information is recorded on paper forms and/or entered into one or more agency database systems. Clients are informed of the Agency privacy policy through the **General Release of Information** and this Notice upon request.

Information Collected

FACSPro, ServicePoint (HMIS) and COPA are three of the primary database systems serving most Agency programs. These and other database systems assist the agency to serve clients efficiently and to report outcomes to funders in summary form. The types of information collected include those listed below. Not all programs collect all forms of information.

- **Protected Personal Information (PPI)** such as name, address, date of birth and full or partial social security number is collected as mandated by the funder. The agency never collects PPI that is not mandated.
- **Demographic information** such as age, gender, address, income, race/ethnicity, and education is collected as required by funders and as needed by the agency to ensure that agency programs are assisting those most in need. Demographic information is only visible to direct program staff.
- **Case Notes and Plans** are visible to the direct program staff and clients to chart the course of the program engagement.
- **Service Transactions** are simple inputs used to track and measure case management, counseling, education home improvement, financial and other forms of assistance.

Information Sharing

During the course of working with the Agency, it is important to share aspects of the case record internally, with funders, and with partner agencies. Data will only be shared if the client gives consent. **Providing consent through the Agency General Release of Information is a required condition to enroll in any agency program.** Sharing case information promotes coordination of service and helps insure access to the most comprehensive array of services available for reaching client goals. Client information may be shared inside of the Agency for referrals and reporting, with funders as required to report on program progress, and on occasion with partner agencies to provide comprehensive, wrap around services to clients.

Sharing of client information with partner agencies is governed through information sharing agreements that enforce strict guidelines limiting access and ensuring confidentiality of client data. For lists of these agencies, go to: www.waynemetro.org/homelesscoalitionmembers and www.mcaaa.org/resources/locator.

ATTACHMENT F

Fair Housing

https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws/yourrights

Section 504 of the Rehabilitation Act

<https://www.hudexchange.info/resources/documents/Section504RehabilitationActof1973.pdf>

Title VI of the 1964 Civil Rights Act

<https://www.justice.gov/crt/title-vi-1964-civil-rights-act>

Title II and III of the Americans With Disabilities Act of 1990

https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/disabilities/sect504

ATTACHMENT G

Grievance Form

1. Name of person making complaint

2. Telephone number

3. Address

4. What agency/organization does your complaint involve?

5. Complaint - Please provide the details of the complaint, including any staff involved, dates, etc.

6. What steps have already been taken to resolve this complaint?



ATTACHMENT G



Coordinated Entry Overview

Coordinated Entry “is a consistent, streamlined process for accessing the resources available in the homeless crisis response system”.

All households receiving shelter assistance will be referred for a housing eligibility screening by their 14th day of shelter or when they are document ready, whichever comes first. The documents needed are as follows:

- Picture ID for all household members over the age of 18
- Social Security cards for all household members
- Birth Certificates for all household members
- Proof of income
- DHHS Statement

Shelter case managers/advocates will assist with obtaining those documents within the first 14 days. Shelter case managers/advocates will refer households to the Housing Assistance Resource Agency (HARA) for an eligibility screening on the 14th day of shelter. HARA Housing Specialists will contact households within 1 business day of the receipt of referral to schedule an eligibility screening.

Housing eligibility is based on level of need as determined by assessment and the length of time homeless. The assessment tool used is the VI-SPDAT. Information about the VI-SPDAT will be provided at the eligibility screening.

Households that are eligible for housing will be placed on the By Name List for 60 days. If housing is not available through the CoC within 60 days, the HARA Housing Specialist will contact the household to re-determine homeless status. While the household is on the By Name List or if the household is not eligible for HARA housing services, the shelter case manager/advocate will work with the household to obtain alternate housing resources.

If you would like to review the full Out Wayne County Homeless Service Coalition Coordinated Entry System plan, please speak to your shelter case manager/advocate or go to www.outwaynehomeless.org.