

taking action on YOUTH HOMELESSNESS

YOUTH HOMELESSNESS DIVERSION & PREVENTION PRESCREEN

Note to service provider: The following tools and referral forms are for service providers who have identified a youth (16-24) as needing homelessness diversion and/or prevention supports through the Youth Homelessness Protocol. **If the youth is experiencing a housing crisis (currently living on street or in shelter) or is likely to experience a housing crisis in 48 hours, please use the diversion script available. If the youth is not able to be diverted, please contact the YWCA (519-631-9800) or call 2-1-1 and notify them that you have a youth who requires support through the youth homelessness protocol.** The full form is to be completed to prevent youth from becoming homeless and to access supports available through the Youth Homelessness Protocol.

The following form includes:

1. Diversion script: questions and cues to support a youth find alternative housing solutions or to explore other resources that might be acquired to help them stay housed.
2. The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT): developed as a pre-screening tool for communities. It was made as a brief survey (self-reporting) 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 and to be shared with members of the Taking Action on Youth Homelessness Committee to match youth with services that may be available. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.
3. Signed consent form to share information with partners of the Youth Homelessness Protocol.

Please fill out in full.

ONCE THE FORM IS COMPLETED,
PLEASE CONFIDENTIALLY FAX TO 519-631-6411 or
DROP OFF AT 16 Mary St. W, St. Thomas or scan and email to
ewoolley@ywcastthomaselgin.org

If you have any questions, please contact Erin Woolley at 519-631-9800 ext. 237 or email
ewoolley@ywcassstthomaselgin.org

Administration

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

Youth's Basic Information

First Name: _____	Last Name: _____
Middle Name: _____	Also known as/nicknames: _____
Date of Birth (dd/mm/yr): ____/____/____	Age: ____
Gender: _____	

System Matching Questions:

- Have you ever been a crown ward or are you receiving Renewed Youth Supports?**
 - Yes No Refused
- Are you currently or have you ever received support from**
 - Family & Children's Services Yes No Refused
 - Canadian Mental Health Association Yes No Refused
 - Salvation Army Yes No Refused
 - YWCA St. Thomas Elgin Yes No Refused
- What is your current source of income?**
- Are you currently enrolled in school?**

Yes No

If yes, what school are you attending? _____

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Place: _____ Time: __:__ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	Phone: (____)____:_____ Email: _____

DIVERSION

One of the goals of the Youth Homelessness Protocol is to prevent youth from entering the youth homelessness system (ie. Shelter, transitional housing). The following are a few exploratory questions that may prevent youth from entering the system or may help them find a solution that they haven't already considered. Be honest with the youth or those referring them – they must be actively engaged in finding a solution to their homelessness by using natural resources. THERE ARE LIMITED COMMUNITY RESOURCES AND SERVICES.

In terms of housing, have you tried other things in the past (ie. living with other family members)? What were these and how did they work for you?

What other things have you considered doing?

What barriers are preventing you from using the above to address your current housing situation, even for the short term while other options can be explored?

You said you were living _____. Is this a safe situation for you to return to and if so could you stay there for a few days, week or a month while other options are explored and resources accessed?

What would it take for you to be able to stay there a few more days, weeks or a month? (*Help the youth exhaust all possible solutions and help provide or link the youth with possible solutions (ie. It sounds like you have a good relationship with your aunt. Have you thought about asking her if you could stay there? You are looking at renting an apartment but don't have enough money. Have you thought about a roommate?)*)

What are these barriers and what other supports would you need? (check all that apply

- Family counselling/support
- Mental Health Supports: _____
- Addiction Counselling/Supports: _____
- Landlord mediation
- Conflict resolution with potential roommate
- Rental assistance (Amount _____)
- Utility assistance (Amount _____)
- Other financial assistance (Amount _____)
- Other assistance _____

What other options do you have – family, friends or coworkers, again even if just for a week or so? Explore – what would it take for you to stay there – consider possible ways to remove barriers.

What is making it difficult for you to be in stable housing at this time?

What are some resources or strengths that you already have available or are already using that would be of benefit in helping to formulate a solution – are you employed, already receiving financial assistance, using other community resources or services?

VI-SPDAT

Script: The purpose of asking the following questions is to help you find supports that might help you with your housing or homelessness. The pre-screen usually takes less than 7 minutes to complete and asks only yes, no, or one word answers. **You can skip or refuse to answer any questions but know that the more honest you are the more likely we'll be able to match you with supports that might help you.** The information you give will be kept in a confidential space at the YWCA and will be stored in a secure database. **Any information that might be useful will also be shared with community partners as part of the consent to share information agreement I'm going to ask you to sign. If, at any time, you don't want your information shared, you can contact me or the YWCA and tell them that you want to withdraw your consent.** There are no right or wrong answers to any of these questions and the more information you share the more likely we'll be able to support you.

If the person is 17 years of age or less, then score 1

Score:

A. History of Housing & Homelessness

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

- Shelters
- Housed
- Couch Surfing
- Outdoors
- Refused
- Other _____

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER" OR "HOUSED" SCORE 1.

Score:

2. How long (in months) has it been since you lived in permanent stable housing?

_____ refused

3. In the last year, how many times have you been homeless?

_____ refused

If housed:

a) When did you first stay/move-in where you are now? What type of housing is it?

b) Where did you stay before that? Housing type? How long did you live there?

c) How about before that? Housing type? How long did you live there?

refused

IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ 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 centres 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 for a short-term 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:

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 or stay housed?

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:

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:

C. Socialization & Daily Functioning	
11. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT. Score: <input type="text"/>	
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
IF "NO" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. Score: <input type="text"/>	
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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
IF "NO" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SELF-CARE. Score: <input type="text"/>	
15. Is your current lack of stable housing...	
a) Because you ran away from your family home, a group home or a foster home?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
c) Because your family or friends caused you to become homeless?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
d) Because of conflicts around gender identity or sexual orientation?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS Score: <input type="text"/>	
e) Because of violence at home between family members?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA Score: <input type="text"/>	

D. Wellness:	
16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
18. 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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
19. When you are sick or not feeling well, do you avoid getting medical help?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
20. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH	
	Score: <input type="text"/>
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
23. If you've ever used marijuana, did you ever try it at age 12 or younger?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE	
	Score: <input type="text"/>
24. 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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
25. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH	
	Score: <input type="text"/>
IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY	
	Score: <input type="text"/>
26. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
27. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MEDICATIONS	
	Score: <input type="text"/>

Scoring Summary

PRESURVEY (17 OR YOUNGER)	/1
A) HISTORY OF HOUSING & HOMELESSNESS	/2
B) RISKS	/4
C) SOCIALIZATION & DAILY FUNCTIONS	/5
D) WELLNESS	/5
GRAND TOTAL:	/17

NOTES:

INTENTIONALLY LEFT BLANK



The Youth Homelessness Protocol is a collaborative approach to preventing youth homelessness. Part of this protocol is working with a group of individuals/agencies who may be able to support the youth maintain their housing or look for other options that might be available. This form allows your information to be shared with other members of the Taking Action on Youth Homelessness Committee in order to determine if there is a program or service available which best fits your needs. It will also help us gather information about youth and how we can work better to prevent youth homelessness in our community.

Client Name (Print):

Date of Birth:

I UNDERSTAND THAT:

- My consent to share information is voluntary, and that failure to provide consent will not result in any adverse decision about my rights, benefits or services, other than limiting the ability of the organizations to work together on my behalf.
- I have been asked to permit the disclosure of my individually identifying personal information between service providers, and I have been informed of the main benefits and disadvantages of consenting and of refusing to consent, to such disclosure. I further understand that I may revoke this consent at any time, in writing, and no new information will be shared.
- I may consent to the sharing of personal information on behalf of minor children for whom I have legal guardianship, or for other persons for whom I am a legal representative.

I HEREBY AUTHORIZE

The Taking Action on Youth Homelessness Committee (working under the Community Action Network for Children & Youth) including representatives from:

- Family & Children's Services St. Thomas Elgin
- Youth for Christ
- Salvation Army
- CMHA Elgin Branch
- YWCA St. Thomas Elgin
- Thames Valley District School Board (TVDSB)
- AND

Other community agencies/individuals

to use, disclose to each other and otherwise share with each other my individually identifying personal information from my client file and such other personal information about me.

All agencies except _____

I HEREBY AUTHORIZE

the TAYH to collect, store and disclose to each other and otherwise share with each other my individually identifying personal information in Homeless Individual and Family Information System (HIFIS).



Dated and effective as of (Day/Month/Year):

Signature of Client

Print Client's Full Name

I believe that the person signing this form understands what is involved in the TAYH Committee and voluntarily agrees to participate.

Signature of Witness

Date

Print Name of Witness

I hereby revoke my authorization to share information previously given to the following individuals and/or organizations:

Name:	Organization:
Name:	Organization:
Name:	Organization:
Name:	Organization:
Name:	Organization:
Name:	Organization:

Signature:

Date:

I hereby revoke my authorization for the Youth Taking Action Committee to store and disclose to each other and otherwise share with each other my individually identifying personal information in Homeless Individual and Family Information System (HIFIS).

Signature:

Date: