

## Unsheltered Homelessness Initiative (UHI) Prioritization

*All questions should be answered based on participant self-report and/or assessor observation.*

<b>Medical Vulnerability</b>	
<b>Question and Help Text</b>	<b>Responses</b>
<p><b>Do you have open wounds on your body that require medical care?</b>  <i>Help Text: "Wound" encompasses - injection wounds, trauma wounds, skin damage from environmental exposure (frostbite and blistered sunburn).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><b>Do you have difficulty taking any prescription medications as prescribed? Yes, No</b>  <i>Help Text: Difficulty managing prescription medication can include missing doses because the applicant forgot or can't remember, missing doses due to transportation limits or proximity, missing doses due to lack of access to medication, missing doses due to lack of storage capability, missing doses due to lack of food. Prescription medication includes Medically Assisted Recovery (such as methadone/naltrexone).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><b>Do you use any kind of medical tool or device to help you move, hear, breath, or complete tasks more easily?</b>  <i>Medically Assistive Devices are any kind of mobility aid, hearing aid, adaptive tool, or breathing aid. Examples include wheelchair, walker, c-pap/bipap, oxygen tank. These are examples—this list is not complete.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><b>Do you receive any kind of medical treatment that must be provided in a medical setting or cannot be provided while you are living outside? Yes, No</b>  <i>Help Text: Common treatments that fall under this umbrella include Dialysis, Breathing Treatments, Medically Assisted Recovery (in some cases), Scans. These are examples—this list is not complete.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><b>High user of Emergency Departments (3+ visits in the past 6 months):</b>  <b>How many times have you been to the emergency room for medical attention in the last 6 months?</b>  <i>Help Text: Count all visits to the ED where applicant received medical services. Do not count any visits to the ED for warming center or shelter pick up.</i></p>	<input type="checkbox"/> 3 or more visits <input type="checkbox"/> 2 or fewer visits <input type="checkbox"/> N/A
<p><b>Is the participant 70 years old or older?</b>  <i>Help Text: You can use the date of birth in the HMIS profile.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Have you been pregnant in the last 12 months or given birth in the last year?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<p>Yes to 3 or more items – <b>4 points</b>          Yes to 2 items– <b>2 points</b>          Yes to 1 items – <b>1 point</b>          None – <b>0 points</b>  <b>Total Medical Vulnerability Score:</b></p>	
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Behavioral Health	
Question and Help Text	Responses
<p><b>Have you overdosed on any drugs in the last 90 days, or have you been administered/used Naloxone/Narcan in the last 90 days?</b>  <i>Help Text: Symptoms of an overdose may include “nodding out”, reduced breathing, reduced heart rate, increased blood pressure, increased heart rate, increased heart rate, seizure, heart attack, or stroke as related to drug use.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><b>In the last 90 days, have you detoxed from opiates or taken a break from using opiates?</b>  <i>Help Text: Detox/abstinence can include time spent in jail or prison as well as medically assisted detox. Opiates include: heroin (H), fentanyl (fent), oxycodone (Oxy, Percs), hydrocodone (Vicodin), codeine, morphine</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><b>In the past year, how many times have you been to the ER or been hospitalized for mental health/psychiatric reasons?</b>  <i>Psychiatric Hospitalization describes a patient who is held at the hospital for psychiatric evaluation, either of their own will or as petitioned by a service provider</i></p>	<input type="checkbox"/> 3 or more visits <input type="checkbox"/> 2 or fewer visits <input type="checkbox"/> N/A
<p><i>Assessor Observes (do not ask):</i></p> <p><b>Do you observe any of the following?</b></p> <ul style="list-style-type: none"> <li>• Signs of severe and persistent mental illness, including under/over dresses for weather, responding to internal stimuli, delusions, or hallucinations.</li> <li>• Requires frequent visits from outreach due to safety concerns; understood to be high risk or vulnerable by outreach provider</li> <li>• Signs of social isolation (<i>Individual has limited engagement with peers or other service providers. Their tent is located away from others or is in an isolated location.</i>)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><i>Assessor Observes (do not ask):</i></p> <p><b>Based on your knowledge of the participant, do they require frequent requests for crisis intervention or wellness checks, including aldermanic requests, reports from DFSS, calls to police/fire/911/988?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <i>If you do not know the answer to this question, answer “N/A”</i>
<b>Total Score for Behavioral Health:</b>	

Yes to 2 or more items – <b>2 points</b> Yes to 1 item – <b>1 point</b> None – <b>0 points</b>	
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First Time Experiencing Unsheltered Homelessness (last 90 days)	
Question and Help Text	Responses
Is this your first time staying outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long ago did you start staying outside? 3 months or less, more than 3 months	<input type="checkbox"/> 3 months or less <input type="checkbox"/> more than 3 months
<b>Total First Time Unsheltered Score:</b> Participant answers “yes” to the first question <b>and</b> “3 months or less” to the second question – <b>1 Point</b> Any other combination of answers – <b>0 Points</b>	

Re – Entry: Exited Jail or Prison in the last 90 days	
Question and Help Text	Responses
Did you leave jail or prison in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Reentry Score:</b> Yes – <b>1 Point</b> No – <b>0 Points</b>	

<b>Total Unsheltered Housing Initiative Prioritization Score:</b>	
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Triage Housing	
Question and Help Text	Responses
Triage is a transitional housing model ideal for participants who are interested in a short-term housing option with stabilization services before enrolling in Rapid Rehousing. Would you be interested in Triage Housing if it is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment and Income	
Question and Help Text	Responses
<b>Would you like assistance applying for benefits such as the following:</b>  <i>Help Text: What are the client’s benefit needs? Benefit services are available to individuals living outside and</i>	<input type="checkbox"/> SSDI/SSI <input type="checkbox"/> Mainstream benefits (such as food, cash, medical) <input type="checkbox"/> Both

<p><i>entering housing, so if interested the client may be referred to this resource and may be contacted.</i></p>	<p><input type="checkbox"/> No – I have benefits / no I am not interested</p> <p><input type="checkbox"/> Client Doesn't Know (HUD)</p> <p><input type="checkbox"/> Client Prefers not to answer (HUD)</p> <p><input type="checkbox"/> Data Not Collected (HUD)</p>
<p><b>Are you interested in receiving employment services to obtain work?</b>  <i>Help Text: Employment services are available to individuals living outside and those entering housing, so if interested the client may be referred to this resource and may be contacted</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client Doesn't Know (HUD)</p> <p><input type="checkbox"/> Client Prefers not to answer (HUD)</p> <p><input type="checkbox"/> Data Not Collected (HUD)</p>
<p><b>Do you have a disability or health condition that limits your ability to work?</b>  <i>Help Text: Does this client have barriers to employment or are they potentially eligible for disability benefits?</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client Doesn't Know (HUD)</p> <p><input type="checkbox"/> Client Prefers not to answer (HUD)</p> <p><input type="checkbox"/> Data Not Collected (HUD)</p>