COORDINATED ASSESSMENT THROUGH HMIS USING SPDAT

ADOH Housing Forum  September 11, 2014

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Mandate: coordination of resources
HEARTH – Coordinated Assessment

§ 578.7 Responsibilities of the Continuum of Care.

The Continuum of Care must:

- In consultation with recipients of Emergency Solutions Grant program funds,
- establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
- develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services.
HEARTH - Coordinated Assessment

From the HUD Interim Rule:

Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals.

A centralized or coordinated assessment system

1. covers the geographic area,
2. is easily accessed by individuals and families seeking housing or services,
3. is well advertised, and
4. includes a comprehensive and standardized assessment tool.
Introduction to the Service Prioritization Decision Assistance Tools (SPDAT) Common Assessment
Why Service Prioritization Decision Assistance Tool (SPDAT)?

- Prioritization to Housing Options
  - Consistent with Housing First Philosophy
- Pre-Screening Capability (VI-SPDAT)
  - Incorporates Vulnerability Index
- Evidence Based and Validated Tool
  - Already in Use in Other Implementations
- Ease of Use
  - Written at 5th Grade Level
  - Compatible with Other Systems
  - TA Available through OrgCode
- Cost – Free
  - Training Expenses apply
COORDINATED ASSESSMENT ELEMENTS AND STRATEGIES (MARICOPA COUNTY – SINGLE ADULTS)

**COORDINATED ACCESS**
- WELCOME CENTER
- FAMILY HOUSING HUB
- SHELTERS
- DROP IN CENTERS
- HOMELESS SERVICE SITES
- STREET OUTREACH
- TEAMS

**STANDARD ASSESSMENT/PRIORITY**
- VI – SPOAT
- FAMILY VI - SPOAT
(SERVICE PRIORITY DECISION ASSISTANCE TOOL)
& STANDARD SCREENING TOOL

**MATCHING**
- HOUSING MATCHING
- PROCESS
  - TRANSPARENT
  - REAL TIME
  - AVAILABILITY
  - AGENCY ELIGIBILITY
  - MAX. SPECIAL POP. RESOURCES
  - CLIENT CHOICE
- COMMUNITY-WIDE
- HOUSING/SERVICE INTERVENTION
  - PRIORITIZED LISTS
  - ACUITY (VI SPOAT)
  - COMMUNITY DEFINED PRIORITIES
  - SPECIAL POPULATIONS
  - REGULARLY UPDATED

**CASE CONFERENCING/NAVIGATION**
- MULTI AGENCY/DISCIPLINARY
  STAFF MEETS REGULARLY TO:
- FIND PRIORITIZED HOUSING ELIGIBLE
  CLIENTS
- COORDINATE OUTREACH AND
  ENGAGEMENT
- COORDINATE TRANSITIONAL
  SERVICES (SHELTER, CRISIS) UNTIL
  HOUSING PLACEMENT
- NAVIGATE SERVICES AND
  MAINSTREAM RESOURCES
- HOUSING SEARCH
- SECURE DOCUMENTS AND COMPLETE
  HOUSING APPLICATIONS
- HOUSING ORIENTATION
- SECURE FURNITURE AND OTHER
  HOUSING NECESSITIES
- ASSIST WITH MOVE IN
- FOLLOW UP SERVICES/WARM HAND
  OFF TO COMMUNITY BASED
  RESOURCES AND SERVICES

**PERFORMANCE MGMT.**
- PROCESS DATA TOOLS
  - Outreach Capabilities
  - Assessment Function in
    System
  - Single Accurate
    Prioritized Client List
  - Live Housing Database
  - Matching Tool
  - Housing Placement
    Tracking
  - Data Sharing
  - Confidentiality/Security

**SYSTEM PERFORMANCE**
- Recidivism
- Housing Placement
- Housing Retention
- Length of Homelessness

**CONTINUUM REPORTING**
- HEARTH Outcomes
- Resource Alignment
  (Gap's Analysis)
- Community Successes

**PURPOSE**
- NO WRONG DOOR
- ASSESS IN, NOT OUT
- MULTIPLE ENTRY POINTS
  FOR BOTH ENGAGED AND
  UNENGAGED POPULATIONS
- COORD. HOMELESS AND
  MAINSTREAM RESOURCES
- GEOGRAPHIC COVERAGE
- REDUCE DUPLICATION OF
  SERVICES

**STANDARD ASSESSMENT**
- EVIDENCE BASED TOOL
- STANDARDIZE PROCESS
- REDUCE DUPLICATION
- COMMON LANGUAGE
- CLIENT FOCUSED

**PRIORITIZATION**
- ALL CLIENT EQUAL ACCESS TO RESOURCES
  BASED UPON NEED AND PRIORITIES
- FOCUS ON HARDEST TO SERVE CLIENTS
- MAXIMIZE RESOURCES
- TRANSPARENCY FOR CLIENTS/PROVIDERS

**WATCHING**
- CONNECT CLIENTS TO
  MOST APPROPRIATE
  RESOURCE BASED ON
  NEED
- EQUAL ACCESS TO ALL
  COMMUNITY
  RESOURCE
- MAXIMIZE CAPACITY
- ADDRESS ELIGIBILITY
- TRANSPARENCY FOR
  ALL STAKEHOLDERS.
- CLIENT CHOICE
- REGIONAL/GEOGRAPHY

**CASE CONFERENCING**
- ESTABLISH PRIMARY
  CONTACT POINT
- ACCOUNTABILITY
- RESOURCE SHARING
- FACILITATING CONNECTION
  TO HOUSING
- MONITORING PROGRESS
- COORDINATING MULTIPLE
  SERVICES AND NEEDS
- WARM HAND OFFS
- DOCUMENTATION AND
  INFORMATION SHARING

**PERFORMANCE MANAGEMENT**
- SERVICE COORD.
- RESOURCE ALLOCATION
- REDUCE CLIENT
  BURDEN
- EXPEDITE PROCESSES
- DEMONSTRATE
  SUCCESS
- REAL TIME
  INFORMATION
- SINGLE LISTS
Looks at the presence of an issue, a snapshot

USE OF A PRESCREEN

VI-SPDAT

FAMILY VI-SPDAT
CORE PREMISE

- Get the right household to the right program at the right time to end their homelessness, based upon evidence of strengths, understanding of needs and housing status.
Homeless Population – Not Homogeneous

“Funnel” Of Homeless Services

Intake & Assessment – Acuity Determined

Housing First/PSH

Rapid Re-housing/Transitional Housing

Shelter/Outreach Only
General Housing Help
### Sample questions - Wellness

<table>
<thead>
<tr>
<th>Questions</th>
<th>Wellness</th>
<th>SPDAT Prescreen Score</th>
<th>Prescreen Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where do you and your family members usually go for healthcare or when you’re not feeling well?</td>
<td>[ ] Hospital</td>
<td>[ ] Clinic</td>
<td>[ ] VA</td>
</tr>
<tr>
<td>Do you have now, have you ever had, or has a healthcare provider ever told you that you or any member of your family have HIV/AIDS, Hepatitis C, Tuberculosis, Cancer, Asthma, Diabetes, Emphysema, Heart disease, Liver disease, History of heat stroke or heat exhaustion, history of frostbite or hypothermia, kidney disease, renal disease, or dialysis:</td>
<td><strong>DO NOT ASK:</strong> Surveyor, do you observe signs or symptoms of a serious health condition?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Have you or any member of your family:</strong></td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td><strong>Refused</strong></td>
</tr>
<tr>
<td>Ever have problematic drug or alcohol use, abused drugs or alcohol, or told you do?</td>
<td>YES</td>
<td>NO</td>
<td>REFUSED</td>
</tr>
<tr>
<td>Consumed alcohol and/or drugs almost every day or every day for the past month?</td>
<td>YES</td>
<td>NO</td>
<td>REFUSED</td>
</tr>
<tr>
<td>Ever used injection drugs or shots in the last six months?</td>
<td>YES</td>
<td>NO</td>
<td>REFUSED</td>
</tr>
<tr>
<td>Ever been treated for drug or alcohol problems and returned to drinking or using drugs?</td>
<td>YES</td>
<td>NO</td>
<td>REFUSED</td>
</tr>
<tr>
<td>Used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?</td>
<td>YES</td>
<td>NO</td>
<td>REFUSED</td>
</tr>
<tr>
<td>Blacked out because of your alcohol or drug use in the past month?</td>
<td>YES</td>
<td>NO</td>
<td>REFUSED</td>
</tr>
<tr>
<td><strong>DO NOT ASK:</strong> Surveyor, do you observe signs of symptoms of alcohol or drug abuse?</td>
<td>YES</td>
<td>NO</td>
<td><strong>If “YES” to any, then score 1.</strong></td>
</tr>
</tbody>
</table>
Acuity Score = Recommended Intervention

Family VI-SPDAT

- Emergency Shelter (0-5)
- Rapid Rehousing (6-8)
- Transitional Housing (9-11)
- Subsidized/Section 8
- Permanent Supportive (12-18)
- Permanent affordable housing
- Eviction Prevention
Looks at the depth of the issue & how best to support the families

USE OF A FULL ASSESSMENT

SPDAT

F-SPDAT
The SPDAT has 4 Domains

The F-SPDAT has 5 Domains

- Wellness
- Risks
- Socialization & Daily Functions
- Housing History
- Family Unit
Wellness

Mental Health and Wellness & Cognitive Functioning
Abuse/Trauma
Substance Use
Physical Health & Wellness
Medication
<table>
<thead>
<tr>
<th>Mental Health and Wellness &amp; Cognitive Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Have you ever received any help with your mental wellness?</td>
</tr>
<tr>
<td>• Have you ever had a conversation with a psychiatrist or psychologist? When was that?</td>
</tr>
<tr>
<td>• Do you feel you are getting all the help you might need with whatever mental health stress you might have in your life?</td>
</tr>
<tr>
<td>• Have you ever hurt your brain/head?</td>
</tr>
<tr>
<td>• When you were in school, did you ever have trouble learning or paying attention? Was any reason given to you for that?</td>
</tr>
<tr>
<td>• Was there ever any special testing done on you when you were in school or as a kid?</td>
</tr>
<tr>
<td>• Has any doctor ever prescribed you pills for your nerves, anxiety, feeling down or anything like that?</td>
</tr>
<tr>
<td>• To the best of your knowledge, when your mother was pregnant with you did she do anything that we now know can have lasting effects on the baby?</td>
</tr>
<tr>
<td>• Have you ever gone to an emergency room or stayed in a hospital because you weren’t feeling 100% emotionally?</td>
</tr>
</tbody>
</table>
## Mental Health Wellness & Cognitive Functioning

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No mental health issues disclosed, suspected or observed within any family member.</td>
</tr>
<tr>
<td>1</td>
<td>One or more family member has disclosed that they have a mental health issue or diminished cognitive functioning, and are effectively engaged with professional assistance to manage the issue; or the member is in a heightened state of recovery, fully aware of their symptoms and wellness and manages their mental health and wellness independently.</td>
</tr>
<tr>
<td>2</td>
<td>One or more family members has a disclosed, suspected or possibility of mental health issues and/or cognitive functioning issues based upon that which is observed or heard, but any impact on communication, daily living, social relationships, etc is minimal. Possibly without formal diagnosis. If diagnosed, may not require anything more than infrequent assistance.</td>
</tr>
<tr>
<td>3</td>
<td>One or more family members has a significant mental health issue disclosed, suspected or observed, or the individuals have significantly diminished cognitive functions, most likely having an impact on communication, daily living, social relationships, etc. The member of the family may have supports but the mental health and/or cognitive functioning issues still have considerable impact on day-to-day living. Assistance is required, but the family has no consistent, ongoing assistance.</td>
</tr>
<tr>
<td>4</td>
<td>One or more family members has a serious and persistent mental health issue disclosed, suspected or observed and/or the member(s) has major barriers to daily functioning as a result of compromised cognitive functioning; most likely greatly impacting communication, daily living, social relationships, etc., While most often without ongoing assistance, it is possible that the family does have supports, but their serious and persistent mental health issues or major cognitive functioning issues are still greatly impacting day to day living.</td>
</tr>
</tbody>
</table>
Risks

- Harm
- Interaction with Emergency Services
- Managing Tenancy
- High Risk & Exploitive Situations
- Legal
Socialization & Daily Functions

- Meaningful Daily Activities
- Administration & Money Management
- Social Relations & Networks
- Self-care & Daily Living Skills
Housing History

History of Housing & Homelessness
Family Unit (F-SPDAT only)

- Needs of Children
- Child Protection/Family Court
- Parental Engagement
- Stability and Resiliency of Family Unit
- Size of Family
Graphing acuity of scores (0-80)
Frequency of Assessment

- After prescreen
- On or about day of move-in
- After 30 days of moving in
- 90 days
- 180 days
- 270 days
- 365 days
- Every three months thereafter if still in program
- Anytime there is re-housing
- Anytime there is a significant shift in case plan
HMIS

- Homeless Management Information System (HMIS)
  - HMIS is a HUD mandated web-based data collection system that tracks homeless services for individual providers and Continuums of Care.
  - HMIS is specifically designed to capture client level data over time to understand the characteristics and service needs of homeless men, women, and children.
  - HMIS has multiple capabilities including case management, reporting, service and referral tracking, coordinated assessment, and shelter bed tracking.
  - Maricopa County and Balance of State HMIS databases have over 600 Users, 600 projects, 80 Agencies and track approximately 25,000 homeless individuals receiving services a year in Arizona.
VI-SPDAT in HMIS
**SPDAT/F-SPDAT in HMIS**

### Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement in High Risk and/or</td>
<td>0, 1, 2, 3, 4, N/A</td>
<td>Test Notes...&lt;br&gt;Has been involved in one to three high risk or exploitive situations in the last 6 months.</td>
</tr>
<tr>
<td>Exploitive Situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Care and Daily Living Skills</td>
<td>0, 1</td>
<td></td>
</tr>
<tr>
<td>Social Relationships and Networks</td>
<td>0, 1, 2, 3, 4, N/A</td>
<td></td>
</tr>
<tr>
<td>Meaningful Daily Activity</td>
<td>0, 1, 2, 3, 4, N/A</td>
<td></td>
</tr>
<tr>
<td>Personal Administration and Money</td>
<td>0, 1, 2, 3, 4, N/A</td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Client Information

#### SPDAT - (14691) CASS Single Adult Shelter

<table>
<thead>
<tr>
<th>Point of Measurement</th>
<th>Total</th>
<th>Score Range</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>29/68</td>
<td>(20-39) Rapid Re-housing: With some support, though not as intensive as Housing First, the individual can access and maintain housing. The focus of the support will more likely be on a smaller number of SPDAT components. Support services do not last as long as Housing First supports.</td>
<td>06/01/2014</td>
<td>06/01/2014</td>
</tr>
</tbody>
</table>
## HMIS VI-SPDAT Statistics

<table>
<thead>
<tr>
<th>Scoring Range</th>
<th>Assessments Description</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10+</td>
<td>Permanent Supportive Housing</td>
<td>727</td>
<td>15%</td>
</tr>
<tr>
<td>5-9</td>
<td>Rapid Rehousing</td>
<td>2,679</td>
<td>55%</td>
</tr>
<tr>
<td>0-4</td>
<td>No Intervention</td>
<td>1,481</td>
<td>30%</td>
</tr>
</tbody>
</table>

Total VI-SPDAT Assessments: 4,887 (100%)
# HMIS SPDAT Statistics

<table>
<thead>
<tr>
<th>Scoring Ranges</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-60</td>
<td>63</td>
<td>28%</td>
</tr>
<tr>
<td>20-34</td>
<td>105</td>
<td>46%</td>
</tr>
<tr>
<td>0-19</td>
<td>60</td>
<td>26%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total SPDAT Assessments</th>
<th>228</th>
<th>100%</th>
</tr>
</thead>
</table>

[Logo: HMIS Homeless Management Information System]
## HMIS F-SPDAT Statistics

<table>
<thead>
<tr>
<th>Scoring Ranges</th>
<th>Total FSPDAT Assessments</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>54-80 Housing First</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>27-53 Rapid Rehousing</td>
<td>18</td>
<td>86%</td>
</tr>
<tr>
<td>0-26 Housing Help Supports</td>
<td>1</td>
<td>5%</td>
</tr>
</tbody>
</table>
Critical Learnings

- Change is hard, even when intentions are good.
- Paradigm shifts take time. There is no immediate gratification.
- Communication, active engagement, and transparency are necessary.
- Common assessment tools provide a common language.
- Build capacity for change in the community through training. It’s no longer about individual programs. It’s about a system. And everyone needs to have tools in their toolboxes.
- Guiding principles developed through consensus are key. They keep you on course.
- Funders and contractors must align and be willing to enforce contracts, mandate participation.
- Coordinated assessment is not intended to solve everything. Don’t try.
- Diversion is critical and should be intentional.
QUESTIONS?
Thank You!

- **Contacts:**
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  - Mattie Lord  
  - Michelle Thomas  
  - Karia Lee Basta  

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