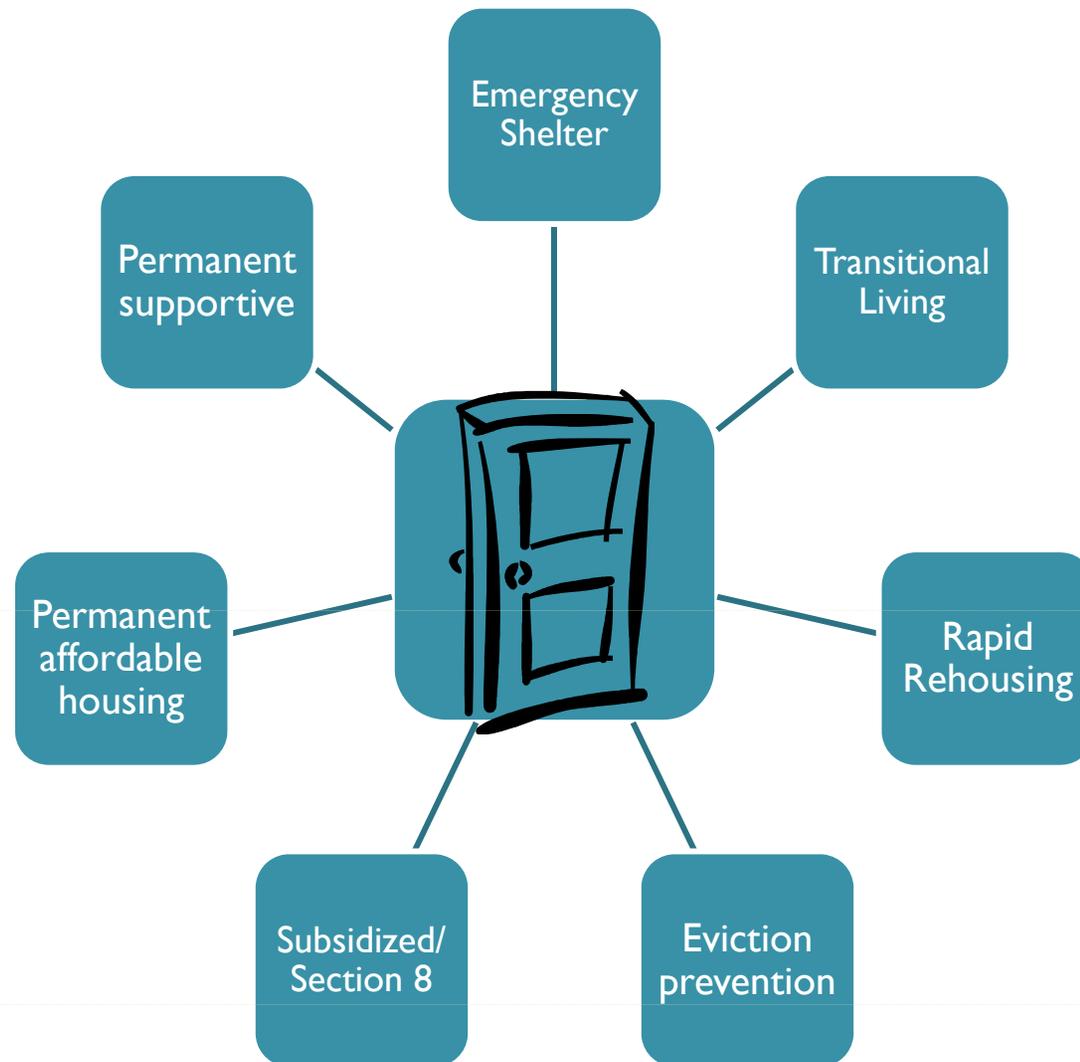


COORDINATED ASSESSMENT THROUGH HMIS USING SPDAT

ADOH Housing Forum September 11, 2014

**Karia Lee Basta
David Bridge
Mattie McVey Lord
Michelle Thomas**

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:

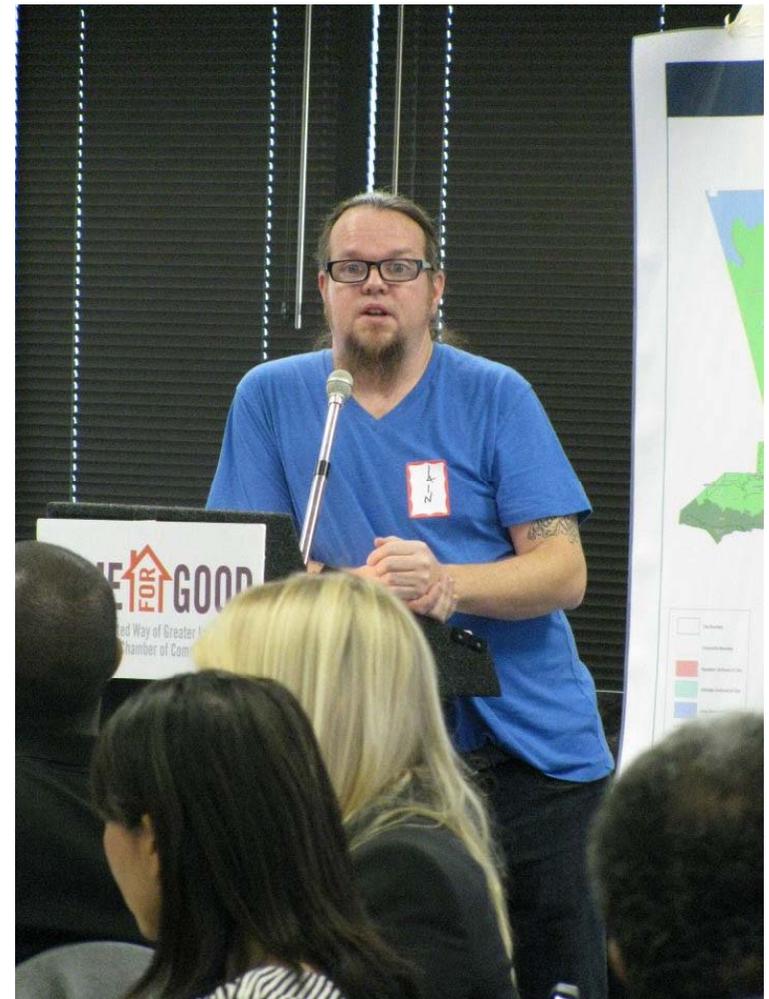
Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals.

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.**

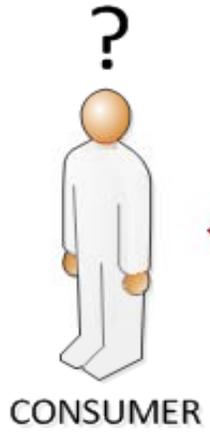
Introduction to the Service Prioritization Decision Assistance Tools (SPDAT)

Common Assessment



Why Service Prioritization Decision Assistance Tool (SPDAT)?

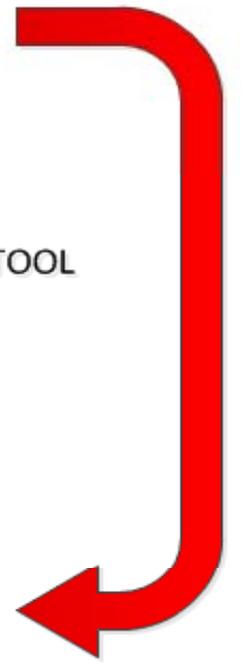
- **Prioritization to Housing Options**
 - Consistent with Housing First Philosophy
- **Pre-Screening Capability (VI-SPDAT)**
 - Incorporates Vulnerability Index
- **Evidence Based and Validated Tool**
 - Already in Use in Other Implementations
- **Ease of Use**
 - Written at 5th Grade Level
 - Compatible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



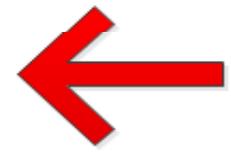
1) COORDINATED ENGAGEMENT



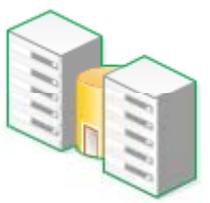
2) COORDINATED ASSESSMENT TOOL



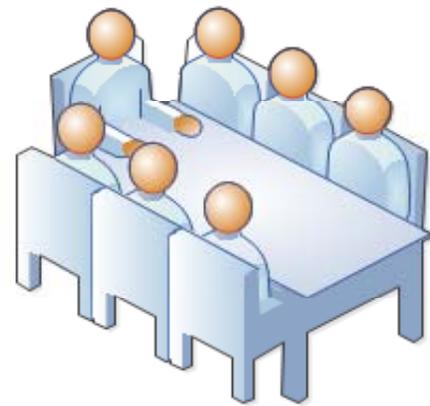
4a) HOUSING INVENTORY



3) PRIORITIZATION



6) PERFORMANCE MANAGEMENT (DATA)



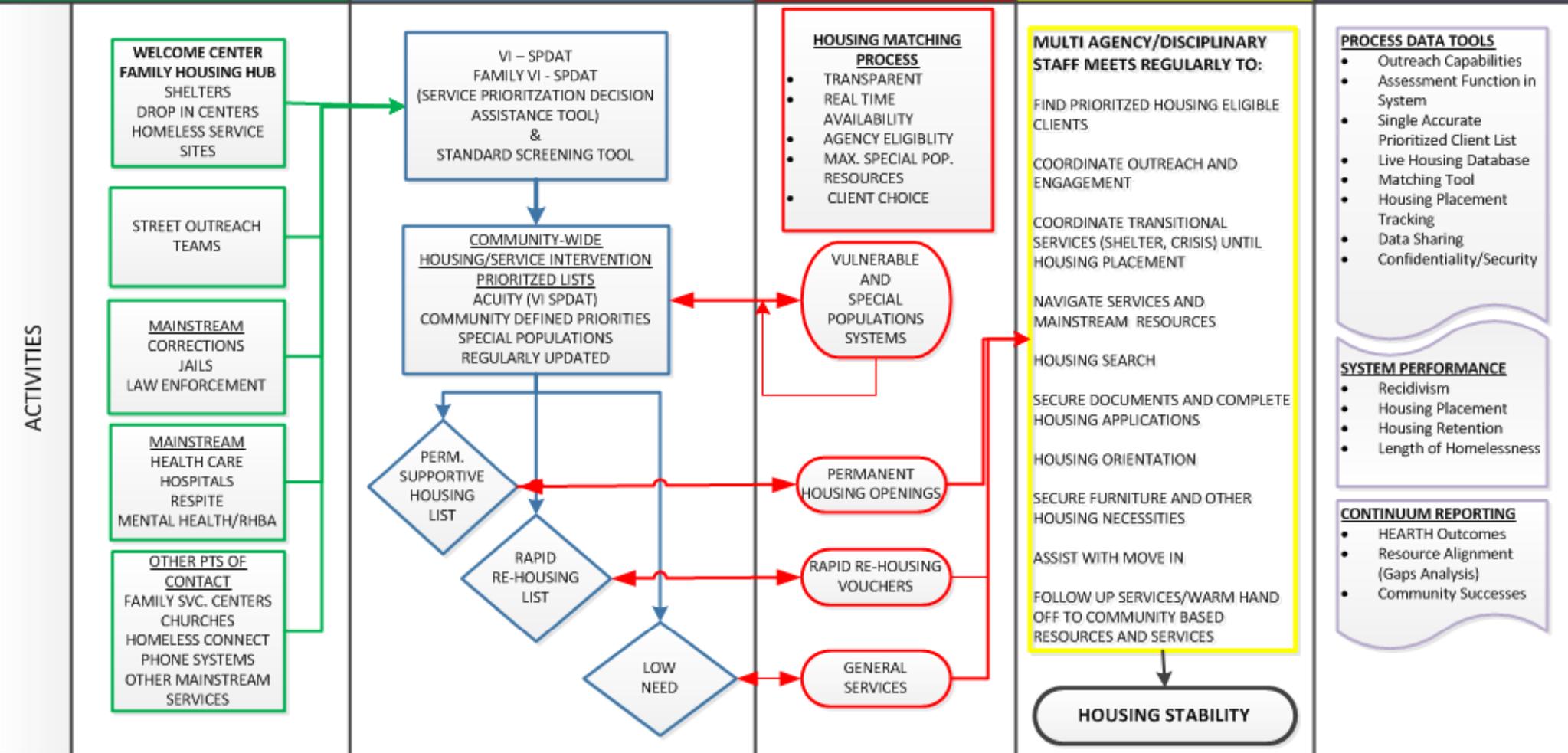
5) CASE CONFERENCING



HOUSING

COORDINATED ASSESSMENT ELEMENTS AND STRATEGIES (MARICOPA COUNTY – SINGLE ADULTS)

COORDINATED ACCESS	STANDARD ASSESSMENT/PRIORITIZATION	MATCHING	CASE CONFERENCING/NAVIGATION	PERFORMANCE MGMT.
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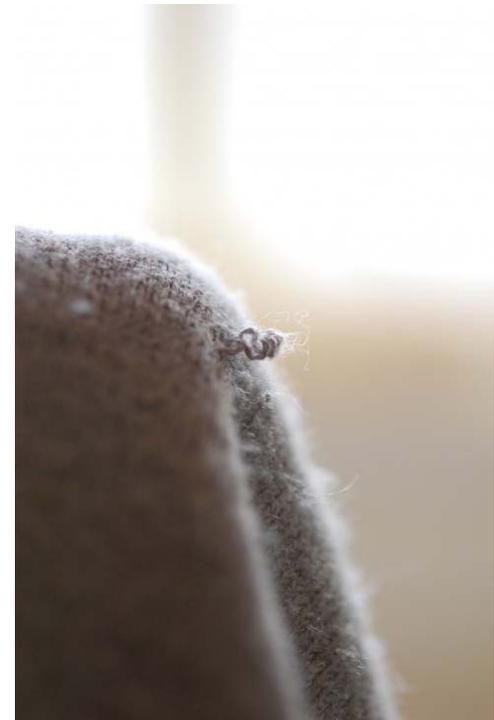
PURPOSE	<div style="border: 1px solid green; padding: 5px;"> <ul style="list-style-type: none"> NO WRONG DOOR ASSESS IN, NOT OUT MULTIPLE ENTRY POINTS FOR BOTH ENGAGED AND UNENGAGED POPULATIONS COORD. HOMELESS AND MAINSTREAM RESOURCES GEOGRAPHIC COVERAGE REDUCE DUPLICATION OF SERVICES </div>	<div style="border: 1px solid blue; padding: 5px;"> STANDARD ASSESSMENT <ul style="list-style-type: none"> EVIDENCE BASED TOOL STANDARDIZE PROCESS REDUCE DUPLICATION COMMON LANGUAGE CLIENT FOCUSED PRIORITIZATION <ul style="list-style-type: none"> ALL CLIENT EQUAL ACCESS TO RESOURCES BASED UPON NEED AND PRIORITIES FOCUS ON HARDEST TO SERVE CLIENTS MAXIMIZE RESOURCES TRANSPARENCY FOR CLIENTS/PROVIDERS </div>	<div style="border: 1px solid red; padding: 5px;"> MATCHING <ul style="list-style-type: none"> 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 </div>	<div style="border: 1px solid yellow; padding: 5px;"> CASE CONFERENCING <ul style="list-style-type: none"> 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 </div>	<div style="border: 1px solid purple; padding: 5px;"> PERFORMANCE MANAGEMENT DATA SHARING <ul style="list-style-type: none"> SERVICE COORD. RESOURCE ALLOCATION REDUCE CLIENT BURDEN EXPEDITE PROCESSES DEMONSTRATE SUCCESS REAL TIME INFORMATION SINGLE LISTS </div>
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Looks at the presence of an issue, a snapshot

USE OF A PRESCREEN

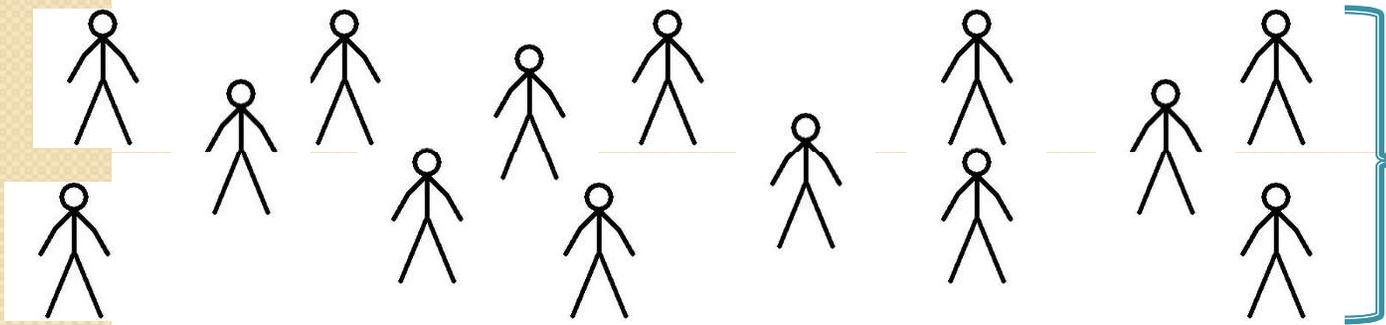
VI-SPDAT

FAMILY VI-SPDAT



CORE PREMISE

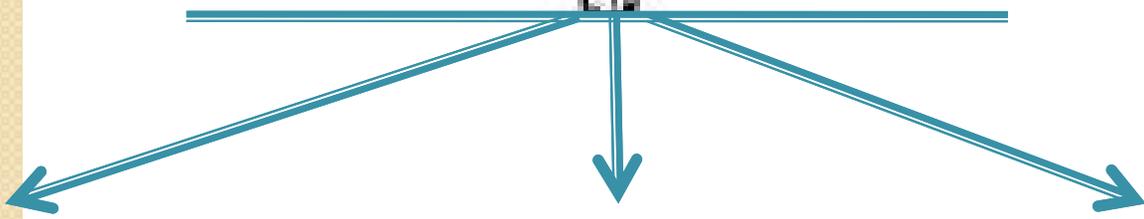
- *Get the right household to the right program at the right time to end their homelessness, based upon evidence of strengths, understanding of needs and housing status.*



Homeless
Population – Not
Homogeneous



“Funnel” Of
Homeless Services



Intake &
Assessment –
Acuity Determined



**Housing First/
PSH**



**Rapid Re-housing/
Transitional
Housing**

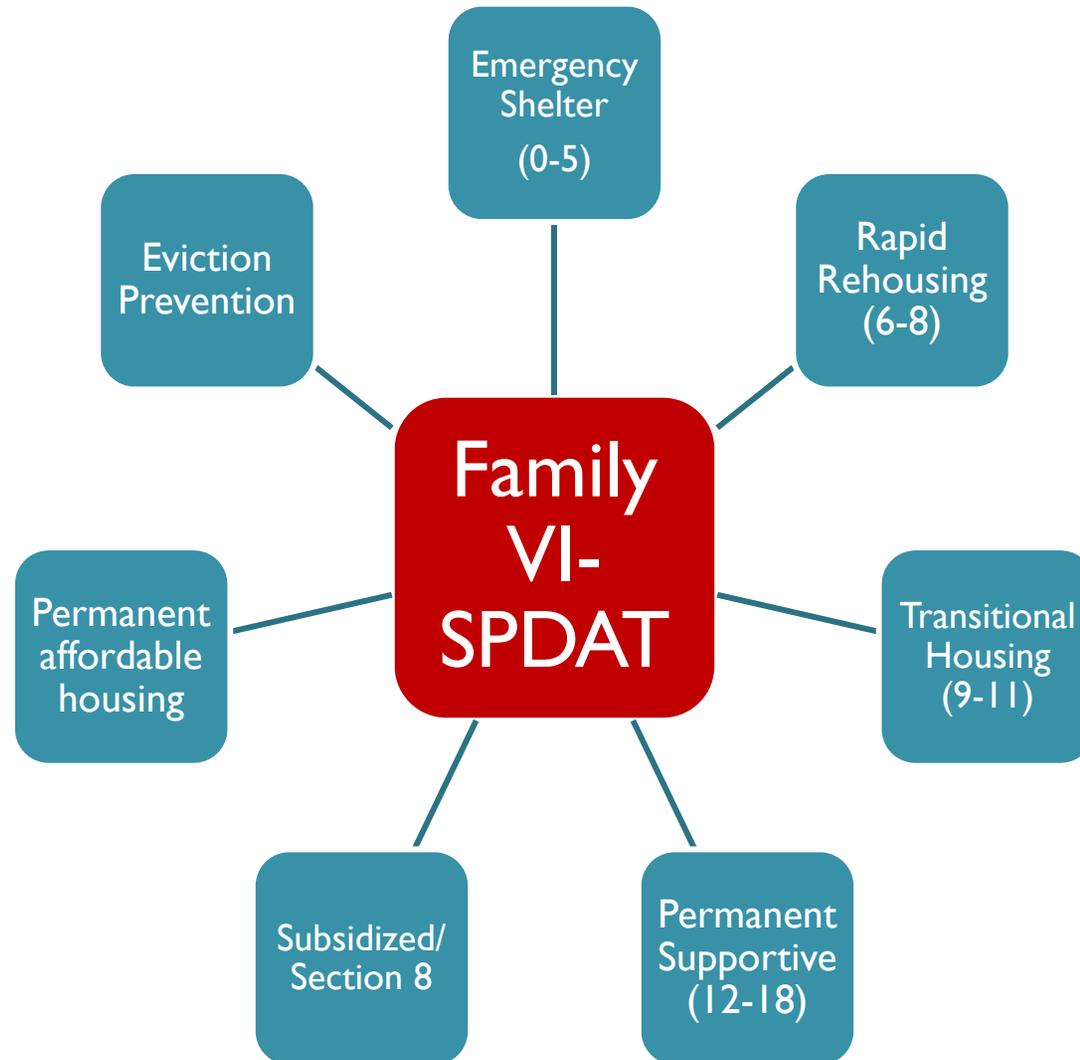


**Shelter/Outreach Only
General Housing Help**

Sample questions - Wellness

Wellness				SPDAT Prescreen Score	Prescreen Instruction
Questions					
Where do you and your family members usually go for healthcare or when you're not feeling well? <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Does not go for care					If "Does not go for care" in the first question, or "YES" score 1, and score 1 for every "YES" response in the other questions in this section.
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:					
DO NOT ASK: Surveyor, do you observe signs or symptoms of a serious health condition?			YES	NO	
Have you or any member of your family :					If "YES" to any, then score 1.
Ever have problematic drug or alcohol use, abused drugs or alcohol, or told you do?	YES	NO	REFUSED		
Consumed alcohol and/or drugs almost every day or every day for the past month?	YES	NO	REFUSED		
Ever used injection drugs or shots in the last six months?	YES	NO	REFUSED		
Ever been treated for drug or alcohol problems and returned to drinking or using drugs?	YES	NO	REFUSED		
Used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months:	YES	NO	REFUSED		
Blacked out because of your alcohol or drug use in the past month?	YES	NO	REFUSED		
DO NOT ASK: Surveyor, do you observe signs of symptoms of alcohol or drug abuse?			YES	NO	

Acuity Score = Recommended Intervention

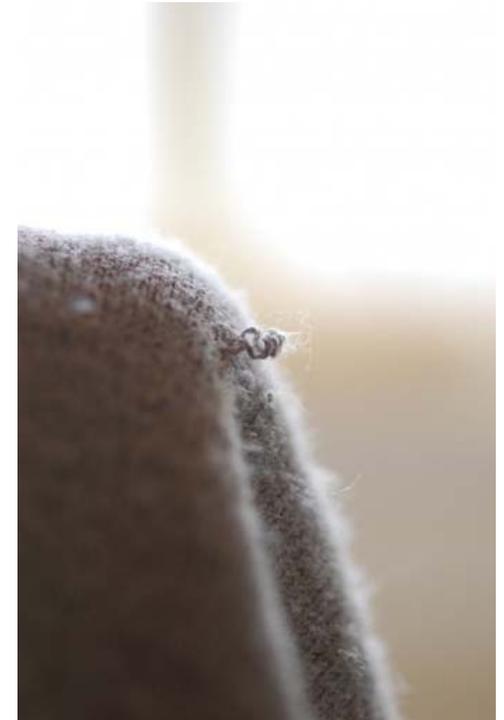


Looks at the depth of the issue
& how best to support the families

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

Mental Health Wellness & Cognitive Functioning

Mental Health and Wellness & Cognitive Functioning

- **Have you ever received any help with your mental wellness?**
- **Have you ever had a conversation with a psychiatrist or psychologist?
When was that?**
- **Do you feel you are getting all the help you might need with whatever mental health stress you might have in your life?**
- **Have you ever hurt your brain/head?**
- **When you were in school, did you ever have trouble learning or paying attention? Was any reason given to you for that?**
- **Was there ever any special testing done on you when you were in school or as a kid?**
- **Has any doctor ever prescribed you pills for your nerves, anxiety, feeling down or anything like that?**
- **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?**
- **Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally?**

Mental Health Wellness & Cognitive Functioning

0	No mental health issues disclosed, suspected or observed within any family member.
1	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.
2	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.
3	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.
4	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.

Risks

Harm

Interaction
with
Emergency
Services

Managing
Tenancy

High Risk
&
Exploitive
Situations

Legal

Socialization & Daily Functions

Meaningful
Daily Activities

Administration
& Money
Management

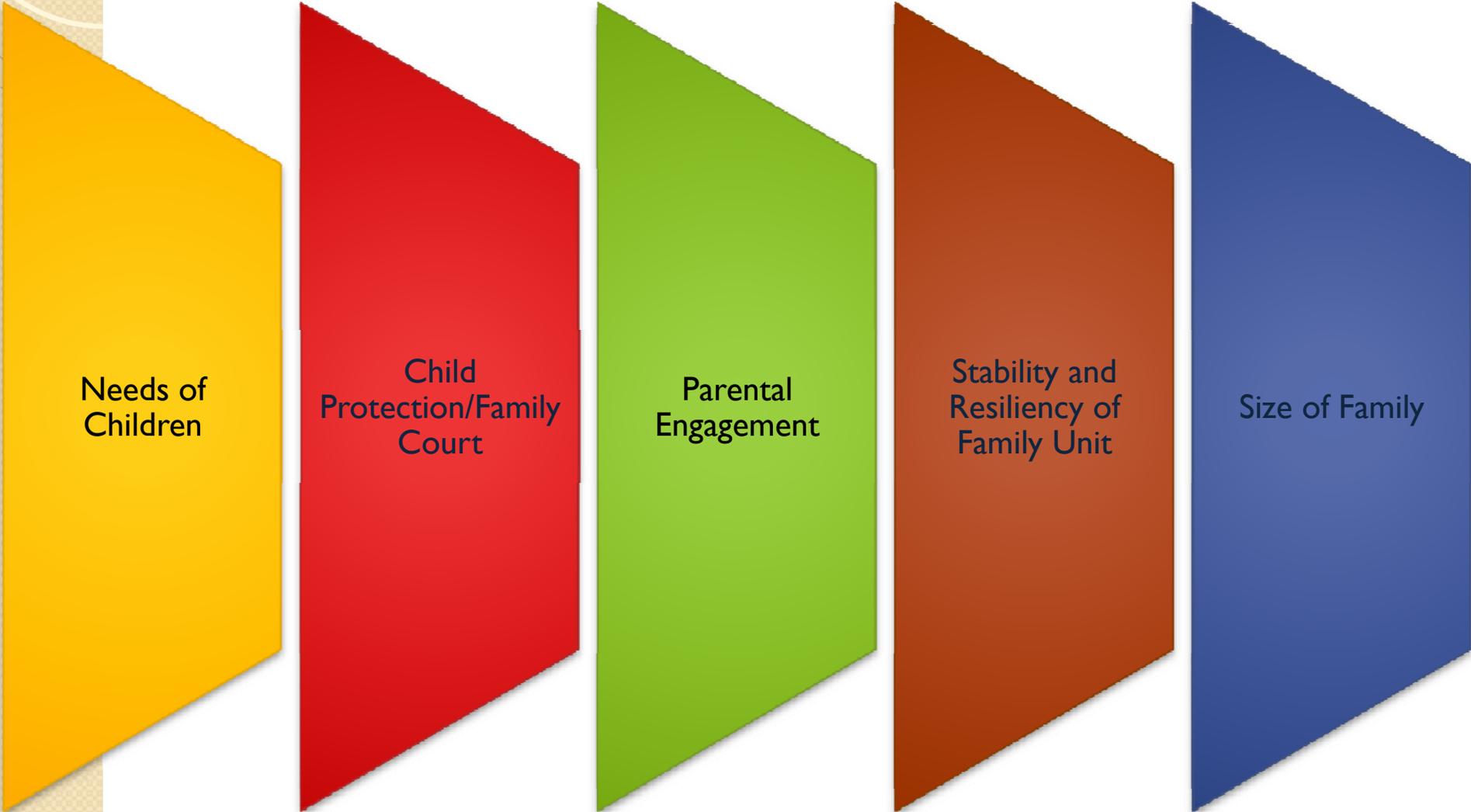
Social
Relations &
Networks

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

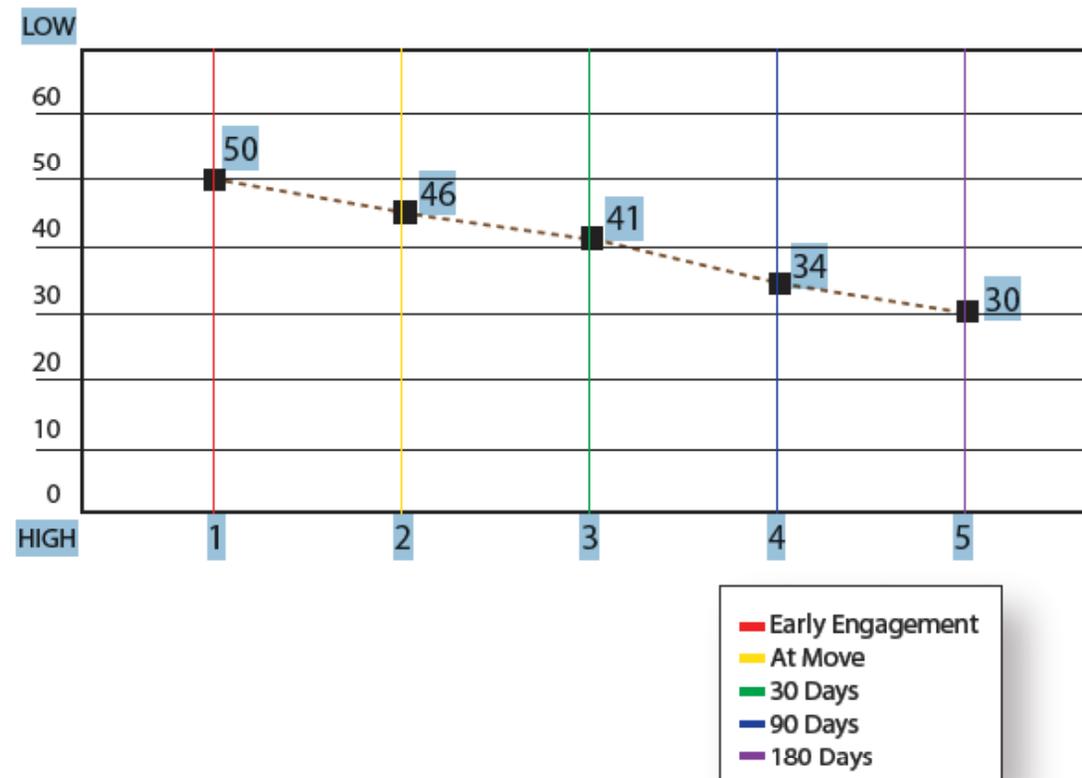
Stability and
Resiliency of
Family Unit

Size of Family

Graphing acuity of scores (0-80)

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL FOR FAMILIES (F-SPDAT)

APRIL 2013



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



VI SPDAT Prescreen Entry Date: 07/29/2014 12:47:14 PM

Interview Date: / / **G**

Interviewer Name: **G**

VI-SPDAT

	Start Date	* GENERAL INFORMATION	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONING	D. WELLNESS	PRE-SCREEN TOTAL
	07/29/2014	0	1	3	4	6	14

Showing 1-1 of 1

SPDAT/F-SPDAT in HMIS



Domains

<input type="checkbox"/> Involvement in High Risk and/or Exploitive Situations	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> N/A	Test Notes...
<input type="checkbox"/> Self Care and Daily Living Skills	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	Has been involved in one to three high risk or exploitive situations in the last 6 months.
<input type="checkbox"/> Social Relationships and Networks	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> N/A	
<input type="checkbox"/> Meaningful Daily Activity	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> N/A	
<input type="checkbox"/> Personal Administration and Money Management	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> N/A	

Client Information | Service Transactions

Client Profile | Households | ROI | Entry / Exit | Case Managers | Case Plans | **Measurements** | Assessments

▼ SPDAT - (14681) CASS Single Adult Shelter

Point of Measurement	Total	Score Range	Date
Intake	29/60	(20-39) Rapid Re-housing: With some supports, though not as intensive as Housing First, the individuals can access and maintain housing. The focus of the supports will more likely be on a smaller number of SPDAT components. Support services do not last as long as Housing First supports.	06/01/2014

Add New Point of Measurement | Show Summary | Showing 1-1 of 1

Add New Measurement | Exit

HMIS VI-SPDAT Statistics



Total VI-SPDAT Assessments		4,887	100%	
Scoring Range	10+	Permanent Supportive Housing	727	15%
	5-9	Rapid Rehousing	2,679	55%
	0-4	No Intervention	1,481	30%

HMIS SPDAT Statistics



Total SPDAT Assessments		228	100%	
Scoring Ranges	35-60	Housing First	63	28%
	20-34	Rapid Rehousing	105	46%
	0-19	Housing Help Supports	60	26%

HMIS F-SPDAT Statistics



Total FSPDAT Assessments		21	100%	
Scoring Ranges	54-80	Housing First	2	9%
	27-53	Rapid Rehousing	18	86%
	0-26	Housing Help Supports	1	5%

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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- Michelle Thomas

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- Karia Lee Basta

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