WELCOME

Please turn on camera, if you are able.

Place questions in the chat or save for reserved spaces for questions.

Will stay on 30 minutes after training for any additional questions.

Contact Nikki Reising, OneHome Coordinator, with any additional questions – nikki.reising@mdhi.org

How to Administer an Assessment for the Coordinated Entry Process

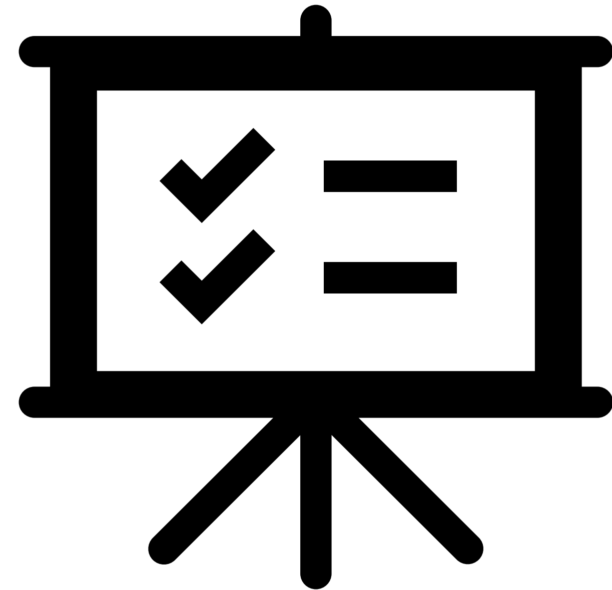
Created by: Metro Denver Homeless Initiative

April 2022

Objectives

1. Recognize the racial inequities of the VI-SPDAT and implement trauma-informed practices to help reduce these inequities.

2. Understand why each question on the assessment is asked and how each question should be interpreted.



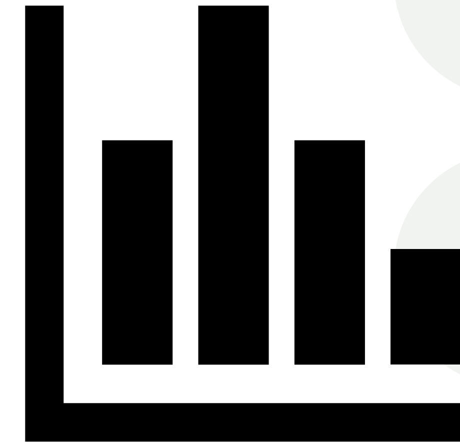
MDHi

Why do we have an Assessment for the Coordinated Entry System?

HUD requires that each CoC has an assessment form, tool or approach for it's Coordinated Entry Process.

There are not enough housing resources. The assessment assists with the referral and matching process to house the most vulnerable.

Data is collected from these assessments to help inform better housing strategies.



Metro Denver CoC's Assessment for Coordinated Entry: The VI-SPDAT

VI-SPDAT: ***Vulnerability Index- Service Prioritization Decision Assistance Tool***

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.

Is the VI-SPDAT Equitable?

According to VI-SPDAT data white individuals are prioritized for Permanent Supportive Housing (PSH) intervention at a higher rate than Black, Indigenous, People of Color (BIPOC) individuals, **though this is not true for families**

VI-SPDAT subscales do not equitably capture vulnerabilities for Black, Indigenous, People of Color (BIPOC) compared to white individuals: race is a predictor of 11/16 subscales, and most subscales are tilted towards capturing vulnerabilities that whites are more likely to endorse.

On average, BIPOC clients receive statistically significantly lower prioritization scores on the VI-SPDAT than their white counterparts

Why are we still using the VI-SPDAT?

- While the VI-SPDAT can be traumatizing and is inequitable, it is necessary for current use while we explore how to implement a more equitable assessment.
  - MDHI is working with C4 Innovations, a consulting agency dedicated to building racially equitable systems through process improvement, to look deeply at the racial inequities in our coordinated entry system. The Results Academy is a group that consists of community leaders and partners, direct care providers who interact with the Coordinated Entry system, and individuals with lived expertise and experience of the Coordinated Entry system. The Results Academy will examine data collected from a community survey provided by C4.

Implementing a Comprehensive Trauma-Informed Approach

Client Empowerment

Choice

Collaboration

Safety

Trustworthiness

Focus on “what happened to you” and not “what’s wrong with you”

https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

Demonstrating Empathy

"I'm so sorry this is happening to you…"

"I know this is extremely difficult for you…"

Everyone is different and has their own experiences and concerns. Some people have criminal records, or are dealing with drugs or alcohol, or have family circumstances that impact their safety and housing…

"I want you to feel like you can talk to me and tell me what is going on for you that would help me help you get safely and stably housed."

Redirecting Conversations

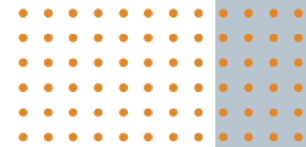
“I know that’s an important concern of yours and I’d like to come back to it, and right now I’d like to make sure we’re focused on getting you into housing. Is it okay if we go back to....?”

Redirect to other resources (therapy, benefits, etc.) after assessment is completed.

Stepping Into Housing First

- There are several questions on the VI-SPDAT where many experiencing trauma have been conditioned to lie in order to survive.
- Shame perpetuated in system historically
- Shift from deserving vs. underserving to more Housing First principles where we are screening in vs. screening out.
- Not only shift with providers but also households active in the system
- Example: Validating that have resources that don't have sobriety as eligibility factor
- Example: Disabling Conditions Questions

Systemic racism is racism that is expressed in policies, procedures, processes across economic, social, and political institutions that discriminate, oppress, exclude, harm people of color. This is what creates disparities in income, educational opportunities, employment, housing, healthcare, criminal justice, etc.

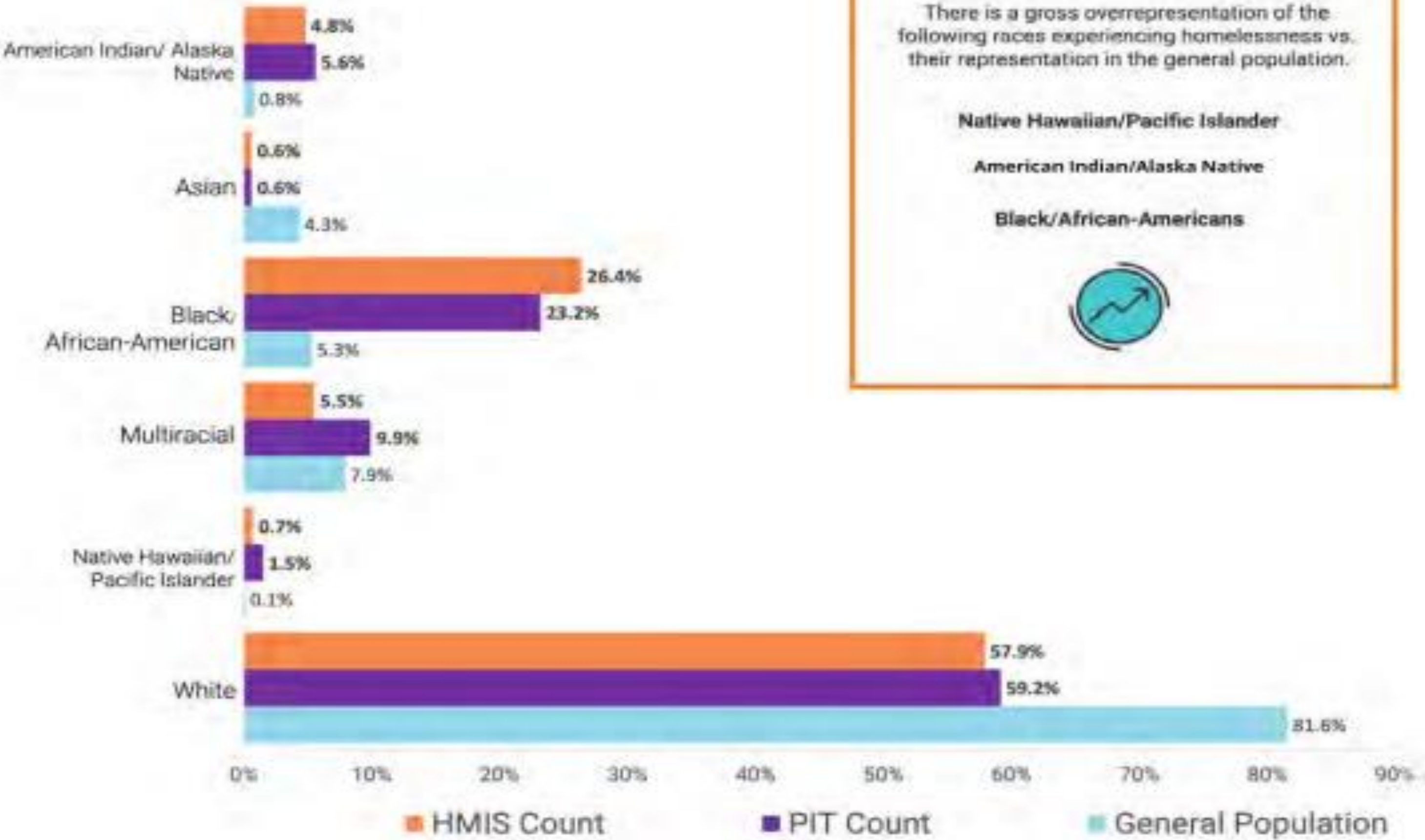


Recognizing Disparities

"While there are differences in the definitions, count types, and methodologies between the data sets, there are some clear commonalities. This year's report once again demonstrates the over-representation of BIPOC (Black, Indigenous, People of Color) individuals experiencing homelessness across all data sources. This is the result of systemic oppression and policies which continue to perpetuate this racial disparity. Second, homelessness continues to be one of the most pressing challenges in our region and is the direct result of economic conditions such as a lack of affordable housing, wages which do not keep pace with the cost of housing, cost of living, and gentrification"

- MDHI 2022 State of Homelessness Report

Race Inequity in Homelessness



https://static1.squarespace.com/static/5fea50c73853910bc4679c13/t/61eaf51014758102851febc8/1642788119525/SoH-Final.pdf (page 8)

Racial Trauma

- Trauma of any type can affect a person's choices, reactions, perceptions, attitudes, fears, and coping strategies.
- Racial trauma can contribute to increased vigilance, suspicion and distrust, hopelessness, and substance use. Racial trauma can change a person's views of people, events, and experiences.
- It also may cause a person to avoid going into service settings where they will be the minority or have historically experienced discrimination.

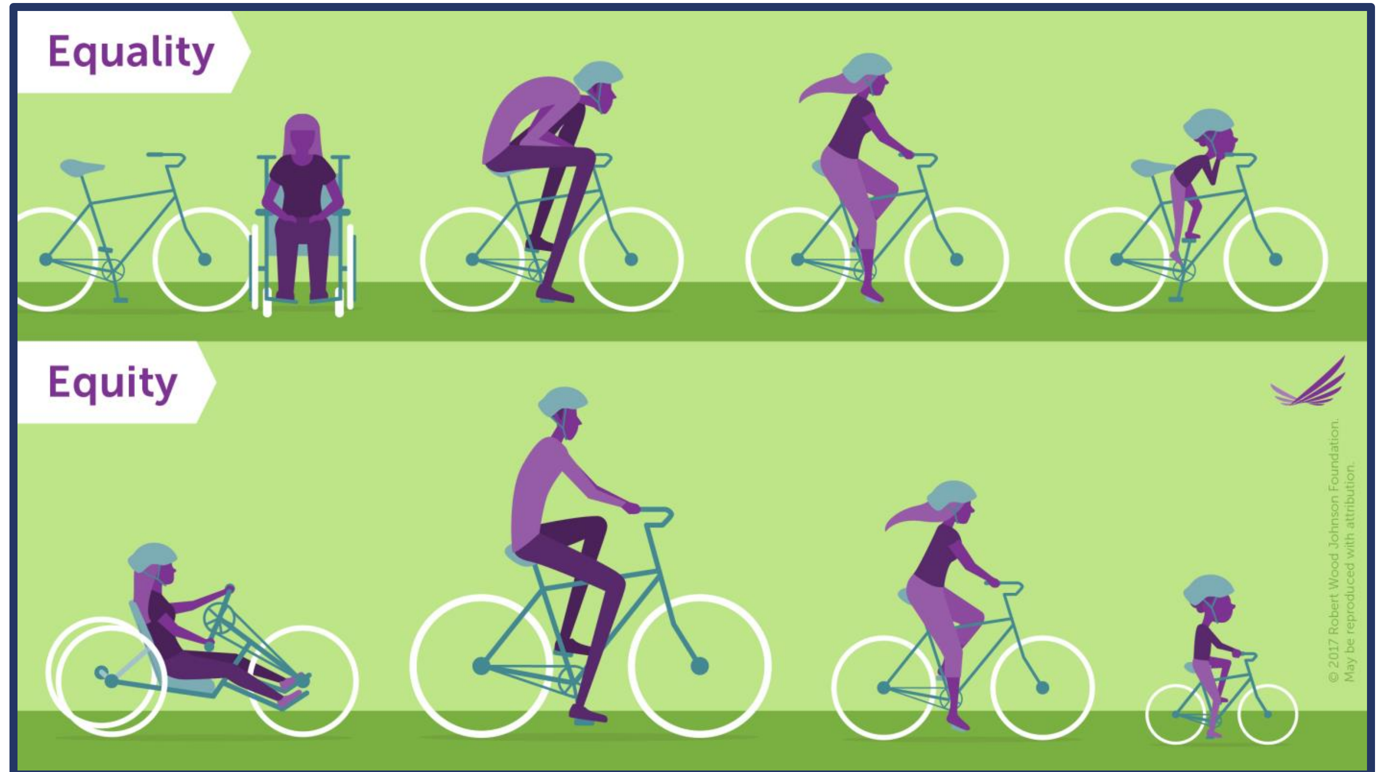
https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Racial-Trauma-and-Trauma-Informed-Services.pdf

MDHI

Equity over Equality

Equity refers to proportional representation (by race, class, gender, etc.) of opportunities in housing, healthcare, employment, and all indicators of living a healthy life.

To achieve equity, policies and procedures may result in an unequal distribution of resources but will lead to equitable outcomes for everyone.



More Tips

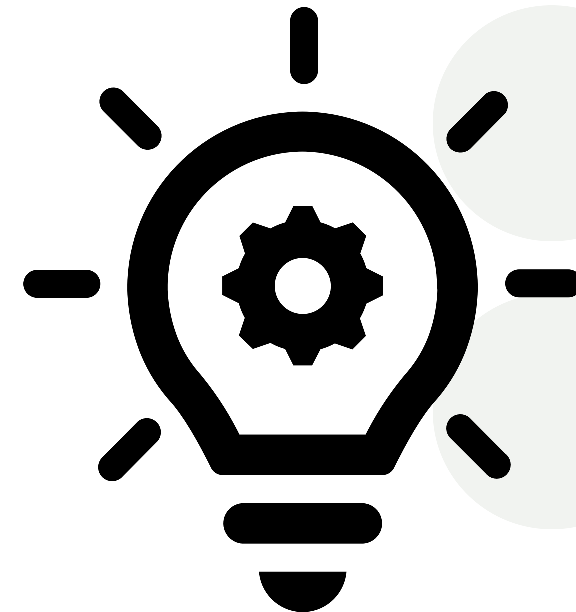
Do not use an assessment judgmentally. Do not make assumptions.

Reiterate that most questions only require a yes/no answer, and that no additional information is necessary. You may also find it more trauma-informed to prep certain questions that are particularly difficult/invasive.

An assessment tool provides data. It does not make decisions, it informs decisions. The tool is not perfect. It will continue to evolve and improve. Continue to have an active voice in making it better.

If a household has answered a question differently than what you know from previously gathered information, follow up questions are encouraged. (Example on Question 8).

If question has already been answered (during intake, through conversation, etc.) there is no need to ask, again.



Diversion

Diversion is an intensive service intervention. Through an interactive problem-solving conversation with the client, staff seek to:

understand what caused a person's housing crisis;

explore what immediate solutions to the crisis may be possible; and

help them pursue a solution(s).

The idea is to immediately get the client into a safe housing alternative, which may be short- or longer-term. Some of these options may include:

- a negotiated return to their previous housing;
- short-term, non-shelter accommodation;
- apartments or homes, (including shared housing);
- returns to family.

Who qualifies for a VI-SPDAT?

1. Household is experiencing literal homelessness, as defined by HUD.

2. Household has been homeless for at least 14 days if first time experiencing homelessness.

Look up household in HMIS to ensure VI-SPDAT has not already been completed. Complete the OneHome Intake Form and OneHome Initial Screener

If household is inappropriately assessed, they will be removed from the CQ

Literally Homeless – HUD Definition

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;

(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

A Quick Note on Transitional Housing

If a household is currently enrolled in a Transitional Housing (TH) Program, they meet the literally homeless definition

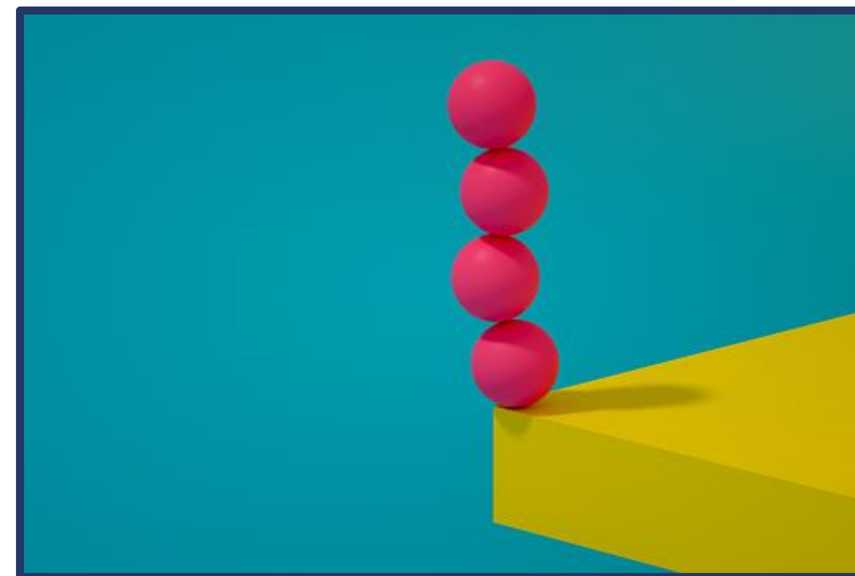
Does not break literal status but does break chronic status.

Who qualifies to complete TAY-VI-SPDAT, if at-risk?

1. Age 18-24

2. Household is at-risk of homelessness, as defined by HUD.

3. Been in foster care at least one day on or after 16th birthday. Can include young people in institutional placement or department of youth services.



Family, Youth or Individual?

Family

Household has at least one child, under the age of 18. Household has at least 50% custody of child(ren).

Youth

Age 18-24. Do they have a child? Then do a family VI-SPDAT.

Individual

Over the age of 18 and no children.

Couples - Both should do an individual VI-SPDAT separately. If they want to be in the same household, you can enter them as a household in HMIS

Prioritization

Score is no longer used, as it shows significant racial disparities.

New prioritization based on racial equity

- Family – start date in October 2021
- Individual – start date in January 2022
- Youth/Young Adult – in process

Family Prioritization

1. HoH currently fleeing DV
2. HoH has experienced DV
3. 3 or more disabling conditions

Each sorted by age of youngest child and length of time homeless

Individual Prioritization

1. **3 or more disabling conditions**

   (TBI, developmental disability, mental health, substance use disorder, chronic health condition, physical disability) and

   Systems involvement and

   Currently fleeing DV and

2. **Length of Time Homeless**

   RRH: < 36 months

   PSH: > 36 months

Youth/Young Adult Prioritization

Chronic Health Condition

- From the TAY-VI-SDPDAT assessment “Do you have any chronic health issues with your liver, kidneys, stomach lungs or heart?” AND/OR
- “Yes” to Chronic Health Condition on the OneHome program enrollment

2. Significant Criminal Justice Involvement

- From the eligibility and preferences questions “Have you had significant interaction(s) with the Criminal Justice System?”

3. Length of Time Homeless

**Housing Intervention type determined via case conferencing*

Youth/Young Adult Prioritization is currently in revision process.
Gathering feedback from providers, YALP and Catalyze.

Questions

Opening Script

"My name is ______________ and I work for __________________________. I have a short survey that I would like to complete with you. The answers will help us to determine how we can go about supporting and housing you. Most questions only require a "yes" or "no". Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but you can skip or refuse any questions. If you are unclear about what I am asking, just let me know, and I will try to clarify. Also, if I'm unsure about any of your answers, I will ask for clarifications. The information collected in this survey will be stored in a secure database, the Homeless Management Information System (HMIS), with your consent, so that you will only have to fill out this paperwork one time. Many of the agencies in the Metro Denver region are part of this system. If you choose to not give consent, you will still be eligible for Coordinated Entry.

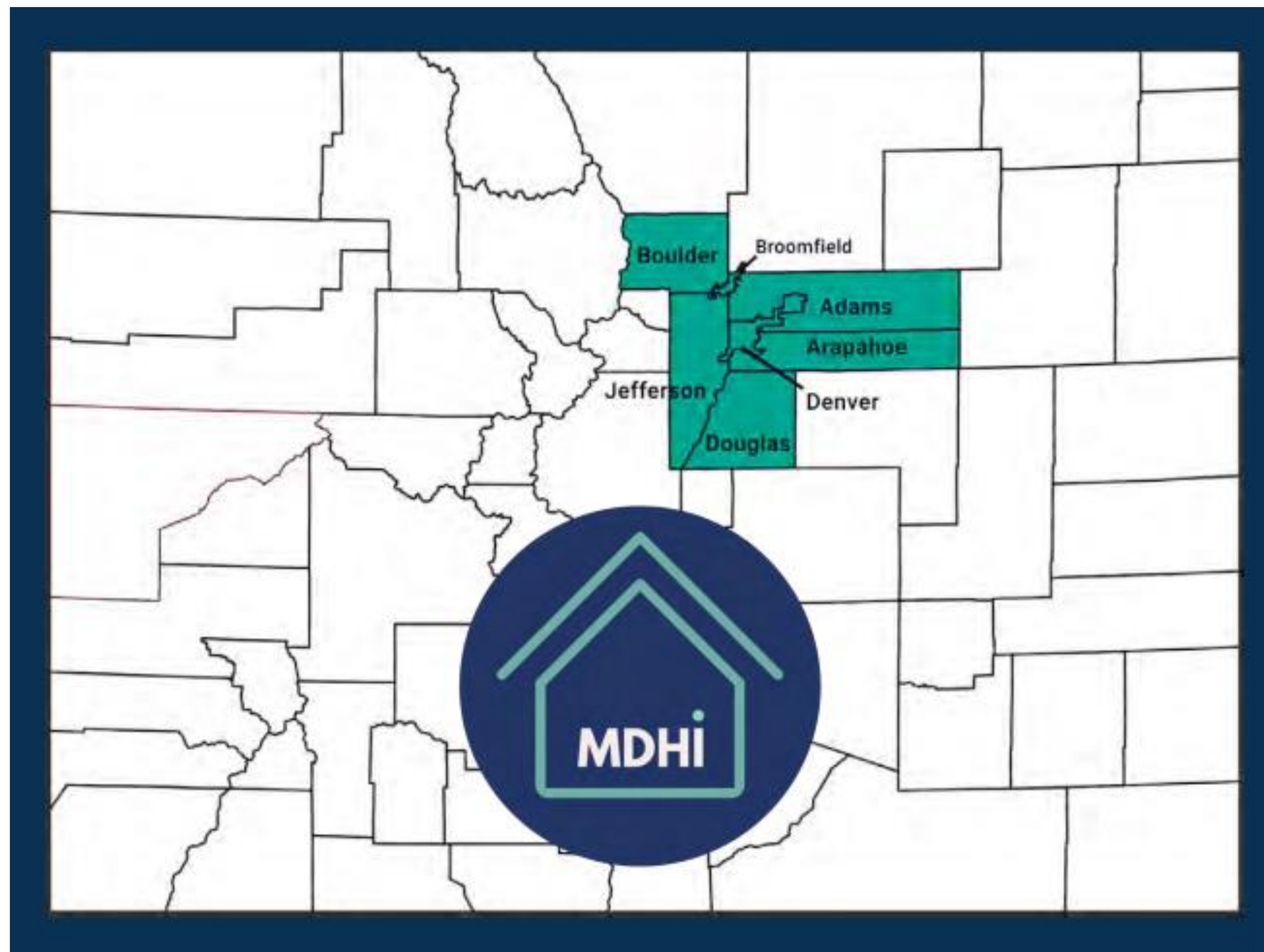
One last thing before we begin. I've been doing this long enough to know that some people will tell me what the want me to hear, rather than telling me or even themselves, the truth. It is up to you, but the more honest you are the better we can figure out how to support you. So please answer as honestly as you are able and feel comfortable.

You should still work with a case manager to help you apply for housing once you have finished this survey, as completing this is not a guarantee of housing."

Subregional Determination

If housing programs' eligibility is tied to a subregion, the subregion where the household is **currently receiving services** will be used to determine the household's subregion.

Subregional data is used with our CoC's Built for Zero work with eligible veterans. The household will be placed on the By Name List in the region where they are receiving services most often.

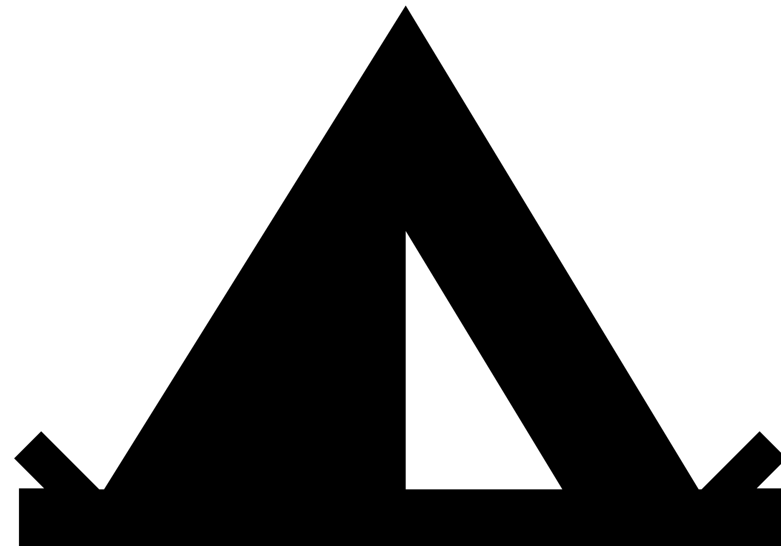


Literal Homelessness

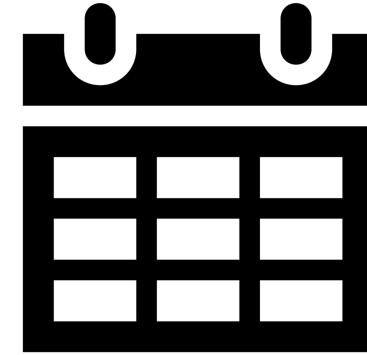
Question 1:

Where do you sleep most frequently?

You can help by making the context more manageable. “Where did you sleep the most in the last month or week?”



Chronicity



Question 2:

How long has it been since you lived in permanent, stable housing?

Permanent housing does not include Transition Housing or Sober Living Facilities. Stable housing is housing that is reliable, and that the person can return to every day without fear of being locked out or having to move frequently.

Question 3:

In the last three years, how many times have you been homeless?

Help by including a time frame for context. "Since July 2018..."

Emergency Service Use

It is helpful to give an exact month: "Since October…"

Question 4:

In the last 6 months, how many times have you…

a.) Received healthcare at an emergency department/room?

b.) Taken an ambulance to the hospital?

c.) Been hospitalized as an inpatient?

d.) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

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?

f.) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence or anything in between?

Examines the frequency of the respondent's interaction with various emergency services.

Risk of Harm

Question 5:

Have you been attacked or beaten up since you've become homeless?

This time frame indicates anytime the household has been homeless.

Violence has been normalized historically in many communities, including people of color, elderly, LGBTQ+, women, people with disabilities, and youth.

Question 6:

Have you threatened to or tried to harm yourself in the last year?

Help by including a time frame for context. "Since July 2018..."

Self harm as well as failed attempts to harm yourself or others count for this question. No detail is needed.

There are going to be some people who have experience or knowledge with mandated reporters. If follow up information is needed, please provide

Legal Issues

Question 7:

Do you have any legal issues 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?

If there is a legal record that follows someone after eviction (or series of evictions) that a potential landlord would discover when running a background check, then consider it a legal issue. However, you should not in any way attempt to influence the answer of the individual you are surveying with this information or end the question with "eviction history would count" or things like that.

Risk of Exploitation

Question 8:

Does anybody force or trick you to do things you do not want to do?

- Examples of manipulation: SSI/SSDI, expectation of sharing resources, DV, control over your resources (i.e. phone)
- "Anybody" can also include service providers. Remind the household we don't need to know who and this question only requires yes/no answer.
- Note: The BIPOC community has a higher risk of sex trafficking.

Question 9:

Do you ever do things that may be considered risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle or anything like that?

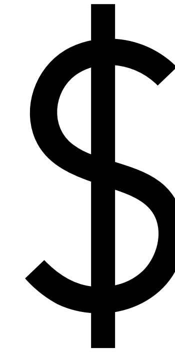
Emphasize this requires a yes or no answer. No explanation is required - Redirect if needed

Leaves open to the client to determine what they consider risky.

Example:

One provider shared, “They’ve clearly [said] yes, they’ve been a victim of domestic violence. But when you ask them in the VI-SPDAT – has anyone hurt you, or forced you to do things you didn’t want to do, they say no. Then you can ask a clarifying question. You can say, ‘okay well earlier you mentioned domestic violence, does that mean that’s not affecting your right now, or can you just clarify that for me?’ Or you can ask them the question again and remind you of an earlier answer.

Money Management



Question 10:

Is there any person, landlord, business, bookie, dealer or government group like the IRS that thinks you owe them money?

Key word: “thinks”

Question 11:

Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

Emphasize this requires a yes or no answer. No explanation is required.

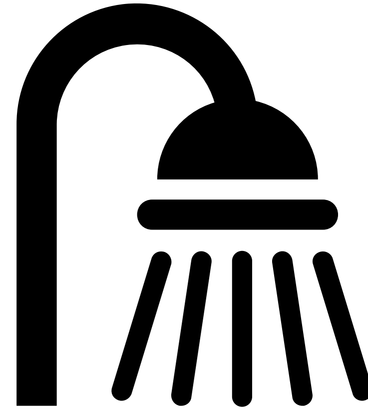
Meaningful Daily Activity

Question 12:

Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

Activities they chose.
Provide personal satisfaction.
A sense of intellectual, emotional, social, physical or spiritual fulfilment.

Self-Care



Question 13:

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

This question is asking if the household has consistent access to these resources.

Emphasize this requires a yes or no answer. No explanation is required.

Social Relationships

Question 14:

Is your current homelessness in anyway caused by a relationship that broke down, an unhealthy or abusive relationship or because family or friends caused you to become evicted?

“Blacks in America may have more family members in their social networks and more contact with these network members than Whites (Ajrouch et al., 2001), which in turn might not result in those contacts causing eviction.

Furthermore, Black/ African Americans may be less likely to perceive or report members of their community as the cause for economic or housing struggles, given that they share with their supports the collective experience of discrimination.

This question also problematically embeds an inquiry of a domestic violence situation, which, when paired with the complex phenomenon of women of color under-reporting domestic violence or an unhealthy or abusive relationship (Tillman, Bryant-Davis, Smith, & Marks, 2010), may be further unresponsive to the reality of BIPOC clients’ experiences. Should having stronger social relationships or a desire to protect one’s social supports preclude prioritization of permanent supportive housing services?”

We do not need to know, nor will you be asked further information. All we need is a yes/no answer.

Our intention is not to get anyone in trouble but rather gain a better understanding of your social relationships.

https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity_Analysis_2019-.pdf

Questions

Disabling Conditions:
Physical, Mental and Substance Use

For this section, the focus is on if a household has had difficulty obtaining/maintaining/staying in housing or shelter due to a disabling condition.

Information from the OneHome enrollment is also used to determine prioritization, based on disabling conditions.

History of Health Care in BIPOC Community

- The medical establishment has a long history of mistreating Black Americans – from gruesome experiments on enslaved people to the forced sterilizations of Black women and the infamous Tuskegee syphilis study that withheld treatment from hundreds of Black men for decades to let doctors track the course of the disease.
- BIPOC are disproportionately affected by a lack of access to quality health care, health insurance, etc.
  - Multiple factors contribute to these health inequities, such as underlying chronic conditions, variations in the quality of care, structural racism, and implicit bias.
- Clinical encounters in which the stakes of not addressing mistrust are high:
  - Childbirth
  - Childhood vaccination, and
  - The care of patients with HIV, cancer, and substance use disorder.

www.southernersonnewground.org
https://www.rtor.org/bipoc-mental-health-equity-fact-sheet/?gclid=CjwKCAjwopWSBhB6EiwAjxmqDdle5tw00RtlHkuLH1Jo3AOUcDzNzuLtYWHSbUGlhi27nYKBEtYbFxoCCQQQAvD_BwE

MDHi

Physical Health

Question 15:

Have you ever had a leave an apartment, shelter program or other place you were staying due to your physical health?

It does not matter whether the reason was official or unofficial. Does the individual feel this was the reason?

Question 16:

Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?

Emphasize this requires a yes or no answer. No explanation is required.

Physical Health – Cont.

Question 17:

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?

Reword this question: People living with HIV/AIDS may be eligible for specific housing opportunities. Would this be something of interest to you or another household member?

Do NOT ask if they have HIV/AIDS

Physical Health – Cont.

Question 18:

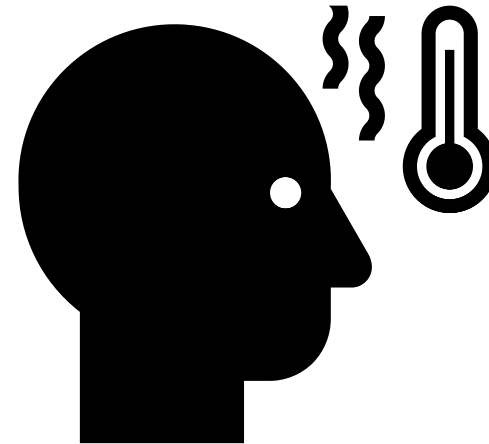
Do you have any disabilities that would limit the type of housing you could access, or would make it hard for you to live independently because you'd need help?

Within the BIPOC community it can be seen as "weak" to seek help, especially for males.

Remind the household these questions only require a yes/no answer.

Question 19:

When you are sick or not feeling well, do you avoid getting help?



Physical Health – Cont.

Question 20:

Are you currently pregnant?

Should be asked of all genders.

Substance Use

Question 21:

Has drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

Reminder: This question is only asking if housing has been impacted by substance use.

Question 22:

Will drinking or drug use make it difficult to stay housed or afford your housing?

Remind the household that the answer to this question will NOT disqualify them from any housing resources.

Mental Health

Question 23:

Have you ever had trouble maintaining housing, or been kicked out of an apartment, shelter, or other place you were staying, because of:

a) A mental health issue or concern?

b) A past head injury?

c) A learning disability, developmental disability, or other impairment?

Question 24:

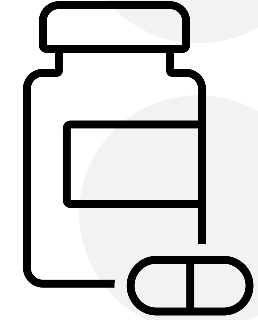
Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

Keep in mind that mental health disabilities still hold a certain negative stigma, especially within the male BIPOC community. Remind the household these questions only require a yes/no answer.

https://digitalcommons.tacoma.uw.edu/cgi/viewcontent.cgi?article=1067&context=gender_studies

MDHI

Medications



Question 25:

Are there any medications a doctor said you should be taking that, for whatever reason, you are not taking?

"BIPOC single adults are 27% less likely to endorse this subscale than Whites.

This question assumes access to adequate medical care in an inquiry about not taking prescribed medications (rather than capturing, for example, unmet treatment need in any form)."

Question 26:

Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

This could include taking less than prescribed to make the medication last longer, crushing or chewing pills, taking more than the prescribed dose.

You're answer will not get you in trouble*. Just yes/no answer needed.

*If program has high barrier access, only say if ensures that will not limit services provided.

https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity_Analysis_2019-.pdf

Abuse and Trauma

Question 27:

Yes or No - Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual or other type of abuse, or any other trauma you have experienced?

Starts with, “Yes or No” in order to remind the respondent indirectly that no particular details are being sought

Written by experts in trauma and abuse and is specifically worded to decrease the likelihood of re-traumatizing someone through the asking of the question.

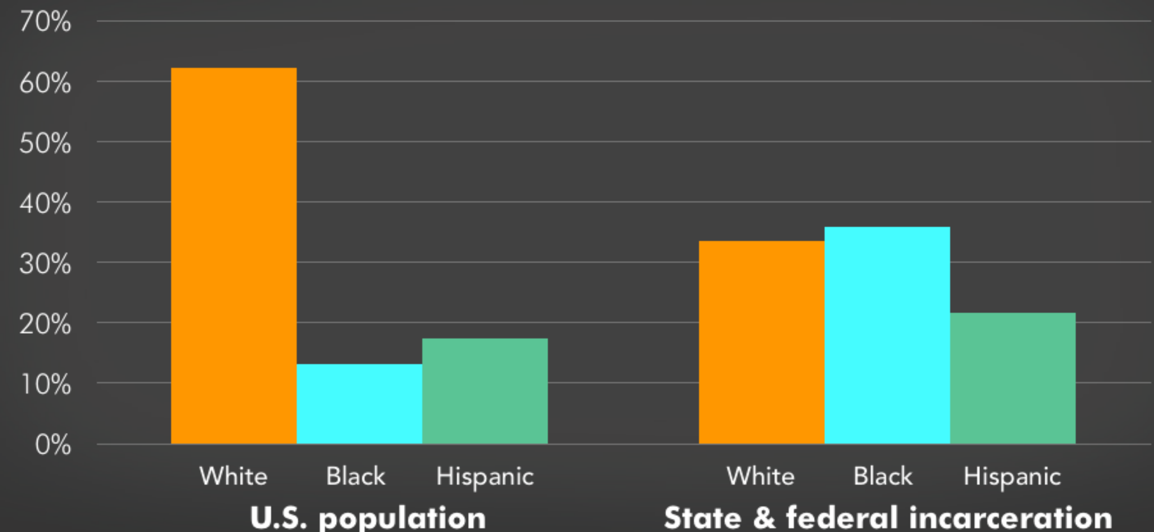
Other questions asked specific to Metro Denver CoC:

Have you or an adult in your household served in the United States Military?

- There are specific resources dedicated to eligible veterans. If you are working with a veteran, please refer to the OneHome BNL

Have you had any interaction(s) with the criminal justice system resulting in criminal charges? (Reworded)

- One of the current prioritizations is criminal justice involvement. This is to help address some inequity concerns.



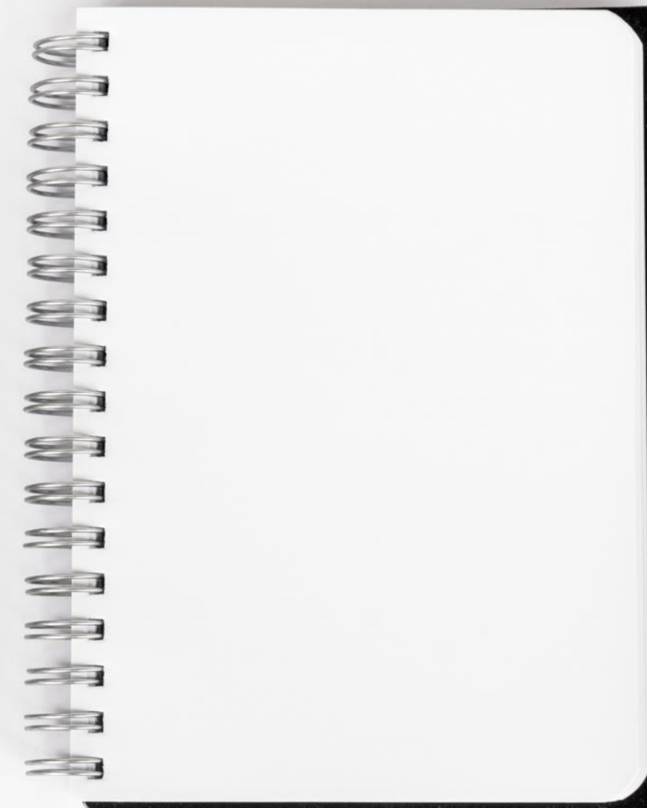
https://www.prisonpolicy.org/blog/2016/08/15/cjrace/

MDHi

Contact Information/Tab in HMIS

Please tell us how we can contact you to discuss housing resources and opportunities.

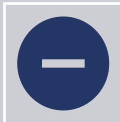
Please provide specific locations, phone numbers, time, email address, text numbers, an alternate person to contact, etc.



Current Living Situation

The Currently Living Situation (CLS) is an update in HMIS that ensures a household stays active in OneHome and on the Community Queue

Recommend completing every 30-60 days.



Inactive Policy: “In short, our inactive policy stipulates that following 90 days of inactivity in HMIS, a household will be considered inactive until they reconnect with a community partner.”

Setting Realistic Expectations

Our community does not have sufficient housing resources to be able to meet the need. We recognize that providers often need to have extremely challenging conversations with the households they serve about the availability of housing resources. A main component of prioritization is the need for clear and realistic messaging to people experiencing homelessness.

Providers are encouraged to move away from setting harmful and unrealistic expectations that “OneHome will contact you when your name comes up for housing,” and instead focus on resources a household may be able to access outside of the Coordinated Entry System.

Information for Households on Next Steps

- Keep your contact/location information up to date. Many households miss an opportunity for housing because they could not be contacted. Update contact information by calling a Regional Access Point or a service provider you are working with.
- Be sure to update your Vi-SPDAT/Assessment if more than a year has passed or you have significant changes in your life, such as a change in your income, health/disability, or family size. You can do so by contacting the Regional Access Point or community provider where you had your Vi-SPDAT/Assessment completed.
- Continue to pursue other housing options, services, & benefits.
- Work towards obtaining vital documents for all household members. This includes IDs, social security cards, birth certificates, proof of income, etc.
  - Keep copies of receipts or proof of purchase/request when obtaining these documents.
  - Upload vital documents into HMIS.