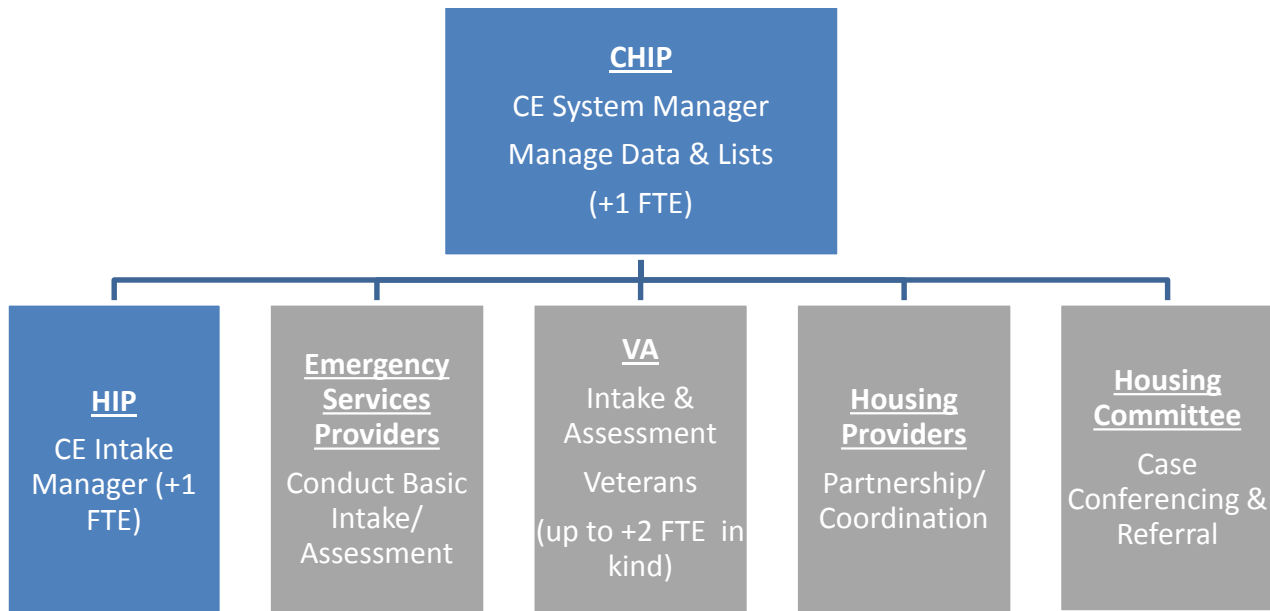CHIP
Coordinated Entry Workgroup Meeting #7
Monday, October 24, 2016

I. *Present:* Danielle Bagg *(CHIP),* Nathan Ferreira *(Julian Center)*, Terri Garcia (*Southeast Community Services Center*), Chris Handberg *(DVN),* Chelsea Haring-Cozzi *(UWCI)*, Mary Jones (*UWCI),* Leslie Kelley (*Horizon House),* Kaley Martin (C*ommunity Solutions*), Lisa Osterman (*Community Solutions*), Calli Pugh (*UWCI*), Cheryl Reed *(Anthem)*, Rachel Sample *(CHIP)*, Dena Simpson *(Salvation Army),* Susan Solmon (*Salvation Army*), Caleb Sutton *(CHIP)*, Kirk Taylor, Karin Thornburg (*Midtown*), Kay Wiles (*HIP*), Alan Witchey (*CHIP*)

II. Review of CE Model

    a. Participants reviewed the current model of CE for Indianapolis.

        i.The two funded positions are in dark blue. CHIP will serve as the CE System Manager, managing HMIS and the various lists of information of those waiting for housing support. The other funded position is the Intake Manager, housed at HIP, who will be on the ground, assisting with intake and applications.

        ii.As with other models of this type, there is the expectation of some in-kind support from the various partners in gray.

    b. Participants were reminded that going forward, agencies that receive ESG funds or Housing Trust Fund support will be required to use CE.

    c. There are two phases of data collection with CE – a broader set of data collected for everyone within the system and a more comprehensive, in-depth set of data collected for clients as they get closer to being housed. These two phases correspond to two levels of assessment.

        i.Intake Data Collection (for everyone), including:

1. Intake data collection (HMIS UDEs)
2. Basic program eligibility information
3. Vulnerability index/prioritization

ii. In-Depth Data Collection (based on prioritization), including:

1. Full vulnerability index and service prioritization
2. Updated/detailed program eligibility data

III. Common Assessment – Intake Data Collection Tool

    a. It was decided at the last meeting that a small group should look at the common assessment tool. They met on October 10th and came up with a proposal to put forward to the full group. With that information, Lisa did additional research into tools and other communities and has an additional proposal to put forward to the full group.

    b. The sub-group is proposing that Indianapolis adopt the VI SPDAT for the common basic eligibility assessment. The VI SPDAT is widely used in the US, Canada, and Australia. The benefits of this tool include:

        i. Takes about 7 minutes to complete

        ii. Has different versions for individuals and families (and youth for future efforts)

        iii. It is free to use, and there are free training resources online, so it can used consistently.

        iv. It is a module in HMIS.

        v. It has been tested for reliability, linguists gave input on question phrasing to be sure they are clear and avoid re-victimization, and the questions can be asked via phone or in-person with consistent results.

        vi. It is designed to assess high-level vulnerability on:

            1. History of housing and homelessness
            2. Risks
            3. Socialization and daily functioning
            4. Wellness

        vii. It provides a score from 0-18, and there are three recommendations based on the score:

            1. 0-3: No housing intervention (which doesn't literally mean no intervention)
            2. 4-7: Rapid Re-Housing
            3. 8-18: Permanent Supportive Housing or Housing First

        viii. The proprietors of the tool ask that it be administered as is – without adding, changing, or rearranging questions. This is in part for scoring fairness across the system and in part to keep the tool efficient in terms of triaging and moving people through the system.

        ix. The use of the VI SPDAT would not supersede the case management relationship, so it would not be prescriptive about next steps in terms of services or other resources the client might need beyond housing through CE. Service/resources next steps would depend on the intake process at the organization.

      x. The providers in the sub-group all agreed that this is something they could implement in their agencies without much difficulty. Participants were asked for their thoughts and feedback about implementing the VI SPDAT.

          1. Additional providers agreed it wouldn't be difficult to implement.

          2. The current PSH tool is observational, and the VI SPDAT involves clients answering questions. It has been noted that people could refuse to answer the question, and that point may come up from the community. The PSH tool took weeks to complete because you had to get to know the client, so there may be cases with the VI SPDAT where it will take a little longer to get clients to respond to questions. Maybe it is offered when clients first arrive, and then as the case manager or whoever gets to know them, they'll answer more questions later on.

          3. Why are Treatment and Transitional Housing not outcome options for the tool?

              a. Lisa will look into how they categorize treatment and transitional housing.

              b. Maybe HUD does not consider them permanent housing. Even if this were the case, they shouldn't be disregarded.

              c. Transitional housing hasn't yet been a part of this conversation, but it is best practice to include them in the CE process. It would be useful if we got their input.

                  i. VA should be part of this as well, especially since there is a lot of transitional housing for veterans. The VA and Interagency Council on Homelessness are working together with the Veteran's Taskforce, and VA is required to use CE and the common assessment, even if they have a different second-level assessment.

                  ii. As local funders require grantees to use CE, transitional housing providers will come on board.

          4. If you have 200 people and scoring is from 0-18, there are a lot of people who are going to fall into that 8-17 category. How do you prioritize them?

              a. That will happen with the next level of assessment.

   c. ***The group agreed that the VI SPDAT should be the common, first-level assessment for all entering the CE system.***

IV. Common Assessment – In-Depth Data Collection Tool

   a. With the decision that everyone will receive the VI SPDAT as the initial screening, it was proposed that the full SPDAT be adopted as the tool for the next level of screening, and the VI SPDAT score will determine who should get the full SPDAT.

      i. The full SPDAT would replace the current PSH tool.

   b. Information about the full SPDAT:

      i. Takes about an hour to complete

      ii. There are individual, family, and youth versions

      iii.It can only be conducted by providers who have been trained by OrgCode, but it is free.

      iv.It is built into HMIS.

      v.It assesses vulnerability on many measures, including: mental health, wellness, and cognitive functioning; physical health and wellness; medication; substance use; experience of abuse and trauma; risk of harm to self or others; involvement in higher risk and/or exploitive situations; interaction with emergency services; legal; managing tenancy; personal administration and money management; social relationships and network; self-care and daily living skills; meaningful daily activity; and history of homelessness and housing.

c.   Examples of how the SPDAT is used in other communities

      i.While there are communities who use the VI SPDAT as their only assessment tool and prioritize based on those scores, OrgCode does not recommend this, as it was not what the VI SPDAT was designed for.

      ii. Some communities wait until there are housing openings available before doing the full SPDAT on the top 10-15 clients based on their VI SPDAT scores. It allows for more current information, and it is more efficient.

            1.   In some communities, they do the full SPDAT after a certain amount of time (e.g., two weeks) if the client hasn't been placed yet.

d.   Full SPDAT Implementation Process Notes/Suggestions:

      i.We need to figure out what information would be required on the front-end to make placement decisions and be sure we capture that at intake if we wait to do the full SPDAT.

      ii.We still need to work on the domestic violence issue.

      iii.It's not practical to have every agency trained in administering the full SPDAT. It would make sense for the CE Intake Manager at HIP to be trained, and then have a small team who would serve as the full SPDAT assessors.

            1.   Some felt it would be uncomfortable for a stranger to come in and do the assessment on a client who already has a relationship with a case manager. It was suggested that the SPDAT assessor could sit down with both the client and the case manager. HIP staff are currently going to shelters to support with application completion – with the client or case manager and client – and that has been successful so far. And finally, there was a two-tiered approach suggestion in which shelters who see people in crisis could have an assessor come in to do the SPDAT, and organizations that do longer-term work with clients could become assessment sites.

      iv.There was concern about adding another task to the application process. We need to be sure to keep things as client-centered and rapid as possible.

v. There were questions and concerns about when to do the full SPDAT assessment. If we wait until there's an opening, it may take time to find folks, and it could become a contest of which case manager is still involved with which clients or who cares the most. Also, we don't want to have an empty unit while we are waiting to get people scored. On the other hand, there are inherent pitfalls to working with vulnerable populations, and we have limited control over that. Waiting until there's an opening means that we'll get the most up-to-date information from people who are found and interested in placement, which could lead to greater consistency in the scores.

1. There were also questions about doing the full SPDAT for only the top 10-15 based on the VI SPDAT score, or doing the full SPDAT for everyone who got a certain score (e.g., 7-8 for RRH and 16+ for PSH). There is also the option to automatically do the full SPDAT for individuals younger than 24 or families, since there are units for which they would be uniquely eligible even if they were 125th based on their VI SPDAT scores.

vi. We could decide that we'll do an initial assessment then wait two weeks and do the full SPDAT. Then after a certain period of time, we would redo the full SPDAT to see if anything has changed.

1. When we do the full SPDAT may depend on whether or not an agency would use it to replace some (or all) of the questions they ask of clients now through the case management/coaching process. It could be a good tool for case planning if agencies do not already have their own. If an agency is using the SPDAT in that way, it would be done up front. However, the sub-group proposed at least two weeks because it gives people time to self-resolve, and it gives the staff/case managers time to get to know the client, which is necessary.

2. Our shelters are not set up for longer-term stays, so people may only have 10 days in the shelter. We'll need to be sure they get the SPDAT even if they don't wait the full two weeks.

vii. There could also be a process where a case manager or staff person petitions to have someone get the full SPDAT even if they scored below a 4 on the VI SPDAT. Similarly, there could be a petition to redo the SPDAT if the staff person thinks it is inaccurate for some reason.

viii. We need to be sure to think of this as a circular process instead of linear. As we implement things, we will continue to figure out what works and what we need to do better. This is a great starting place, and then we can continue to improve on it as we move forward instead of waiting for the perfect solution.

1. We may need to be comfortable with not having fixed answers for everything. We should decide which principles we need to hold true and which could be more fluid. We have to be open to learning and adjusting as we go.

V. Assessment Process
   a. The group agreed to adopt the VI SPDAT as the first-level assessment and the full SPDAT as the in-depth assessment, but there are many process questions.
   b. Overall Assessment Process Questions/Concerns:
      i. Who should manage the VI SPDAT?
         1. It makes sense to have a triage intake person serve as a floater and go to various places as needed to do the assessment.
         2. The management of the VI SPDAT is really an administrative issue and should fall under CHIP. Trainings are available online, so it's about data entry and list management. That would then free up the HIP staff person.
      ii. It is great that the VI SPDAT and full SPDAT are in Client Track, and there are options for organizations that are not in Client Track. Someone could enter the intake information into Client Track – which could be built into the processes and procedures; or, we could potentially create a web portal for non-users to enter their data.
         1. The proposed approach for the VI SPDAT is de-centralized, with a more limited approach for the full SPDAT because it has to be done by people who have been trained. The data entry process could be built into that role.
      iii. Treatment, domestic violence, and detox support should be part of the initial assessment, if they want it.
   c. A crosswalk needs to be done to figure out what data needs to be collected at intake to determine eligibility (along with the VI SPDAT) and what should be collected later in the process.
      i. Karin has started figuring this out through the PSH application, so that will be a useful resource.
      ii. We should have a conversation with At Work Solutions about what is possible in HMIS. If we can, maybe we include everything in HMIS and figure out how to push a button to call up folks with certain characteristics, e.g., have pets.
      iii. Once we figure out what eligibility questions we need to ask, we can customize them at intake like with the UDEs.
   d. OrgCode recommended three communities that are using the SPDAT process well. It would be useful to review their processes and procedures if possible.
      i. Lisa is reaching out to those communities and will share information with the group.
VI. Next Steps
   a. The next meeting is on Thursday, December 1st from 11:00am-12:30pm at CHIP.
   b. The following activities will take place before the next meeting.
      i. Develop process flow diagrams to look at doing the full SPDAT after a certain period of time vs. when there is a housing opening.
      ii. Crosswalk the SPDAT tool with the eligibility elements included on Karin's spreadsheet.

iii. Reach out to three communities OrgCode recommended who are using the VI SPDAT and SPDAT well (Calgary, Santa Clara, and Columbus)
iv. Speak with Washington state about weaving domestic violence into CE
v. Work with Alan and Rachel to explore how to incorporate transitional housing into the process.