Coordinated Entry Training Series: Assessment
Ohio Balance of State Continuum of Care
January 24, 2020

Webinar Information
All participants lines are muted.
Use the questions feature in the GoToWebinar control panel to submit questions.
This webinar will be posted to COHHIO's website.
This webinar is being recorded.

Ohio BoSCoC Staff
Erica Mulryan
CoC Director
Hannah Basting
CoC Coordinator
Valerie Walton
CoC Coordinator
Carolyn Hoffman
CoC Technical Assistance & Training Coordinator
Genelle Denzin
HMIS Data Analyst
Matt Dicks
HMIS Technical Assistance and Training Support Coordinator
Amanda Wilson
HMIS Support Coordinator
Agenda

• Purpose and Focus of Coordinated Entry Training Series
• Assessment Fundamentals
• Assessment Tool Overview
• Assessment Procedures
• HMIS

Purpose and Focus of CE Training Series

• Series of webinars focused on reviewing each of the CE components in detail
• No new requirements to share
• Each webinar is intended to provide a comprehensive review of current requirements and guidance related to each of the CE components:
  • Includes new clarifying guidance provided in the new Ohio BoSCoC Coordinated Entry Operational Manual
  • Additional webinars may be added if needed

Purpose and Focus of CE Training Series

• Coordinated Entry Training Series Details
  • Access
    • Jan. 8, 2020 at 10am
    • Materials available at: [Link]
  • Assessment
    • Jan. 24, 2020 at 10am
    • Register at: [Link]
  • Prioritization
    • Feb. 12, 2020 at 10am
    • Register at: [Link]
  • Referrals
    • Feb. 28, 2020 at 10am
    • Register at: [Link]
  • Details also on COHHIO calendar at: [Link]
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Key Elements of Coordinated Entry

Fundamentals of Assessment in a CE System

• CoC uses standardized assessment process
• Assessment tool aids uniform decision-making process for prioritization for resources
• Data collected through the assessment process is protected
• Clients may refuse to answer assessment questions
• Assessors are thoroughly trained

Fundamentals of Assessment in a CE System

• Ohio BoSCoC utilizes the VI-SPDAT
• Helps quickly assess the health and social needs of people experiencing homelessness
• Helps determine who may need to be prioritized for housing interventions within the community
• Ohio BoSCoC requires providers to complete training before implementing assessment in a formal setting
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VI-SPDAT

(Vulnerability Index - Service Prioritization Decision Assistance Tool)

A survey to determine severity of need for those experiencing homelessness. Assessment results help inform prioritization decisions.

VI-SPDAT

- Standardized interview
- Provides numerical assessment of client risk factors
- Based on client self-report, not worker observation/knowledge
- Takes into account history of homelessness, financial issues, medical issues, mental health
- Max score for individuals = 18

There are three tools in the VI-SPDAT series:

- VI-SPDAT for Individuals
- VI-SPDAT for Families
- VI-SPDAT for Youth (TAY-VI-SPDAT)

https://cohio.org/boscoc/coordinated-entry/
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Who Conducts the VI-SPDAT

• Assessments completed on households in emergency shelter or unsheltered locations only
• Emergency shelter, street outreach, or other designated agencies are responsible for completing VI-SPDATs with homeless households
  • Agencies designate appropriate staff to complete the VI-SPDAT

When to Conduct the VI-SPDAT

• The VI-SPDAT is completed no sooner than 5 days after shelter entry and no later than 8 days after entry
  • Note: There are exceptions to the wait period for anyone who has been homeless before or who is currently unsheltered
  • Staff must obtain informed consent before completing the VI-SPDAT

When to Conduct the VI-SPDAT Part 2

• In shelter- completed no sooner than 5 days after shelter entry and no later than 8 days after entry.
• Unsheltered- Can be conducted at anytime as long as client has given informed consent.
  • Ideally, unsheltered homeless are connected with local PATH or Street Outreach providers, where available
  • If your AP is completing VI-SPDATs over the phone with unsheltered, please remember that unsheltered homelessness must be verified and documented before being served by RRH or PSH
  • Do not assess people at risk of homelessness
VI-SPDAT Training

- Staff completing VI-SPDATs with clients must first complete the required training.
- Required training can be found in the VI-SPDAT Instructional Guide at: https://cohhio.org/boscoc/coordinated-entry/
- The Ohio BoSCoC strongly encourages homeless service providers to incorporate training on completing the VI-SPDAT into their standard staff training/orientation process.
- Agencies should provide shadowing opportunities for new staff who will be completing VI-SPDATs with clients.

Completing the VI-SPDAT

- Read the question as written, if clients ask for clarification rephrase as needed.
- Reference dates to help with recall.
- Example: Question 3: “In the past six months, how many times have you been to the emergency room?” Can also be framed as: “The fourth of July was six months ago. Since the fourth of July, how many times have you been to the emergency room?”

Completing the VI-SPDAT

- Read word for word, do not ask for details, and do not press if you think the answer is inaccurate.
- The assessment can also help identify needed referral options.
- Examples: health care, mental health, employment, etc.

Completing the VI-SPDAT

- VI-SPDATs may need to be completed again in the following cases:
  - It has been 12 months or more since the last VI-SPDAT was completed.
  - Client’s situation or circumstances have significantly changed since the last VI-SPDAT was completed, such as:
    - Client has experienced a new episode of homelessness.
    - Client’s functioning, including mental health or substance abuse disorder symptoms, has worsened.
Documenting VI-SPDAT Scores

- Results of the VI-SPDAT are recorded in HMIS
- Non-HMIS participating providers store paper files securely and make assessment scores available as part of local Prioritization Workgroup meetings and decision-making
- HMIS participating providers are not required to keep paper VI-SPDATs if they are recording the scores in HMIS

Limitations of the VI-SPDAT

- Clients may not understand wording/timeframe of questions
- Language barriers
- Client’s ability to recall history
- Client’s sensitivity to questions asked
- Intentional answering to get higher score
- Workers administering the tool may not understand questions, may not read tool as written
- Relative weighting of risk factors may not be the same as community values

Limitations of the VI-SPDAT

- What to do if you believe the VI-SPDAT is not accurate or not reflective of client’s situation and experiences
  - Complete a new VI-SPDAT if there have been significant changes in the client’s situation
  - If it’s not appropriate to complete a new VI-SPDAT but you believe the client needs to be considered for prioritization for RRH or PSH, ensure appropriate staff participate in the local PH Prioritization Workgroup meeting and explain to the workgroup members why you believe the client needs to be prioritized
    - Be prepared to share detailed information about homeless history, severity of need, interactions with systems of care, etc.

VI-SPDAT Recommendations

The VI-SPDAT scores are used to help with prioritization decision-making.

<table>
<thead>
<tr>
<th>Score</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>Provide community resources</td>
</tr>
<tr>
<td>4+</td>
<td>Possible need for consideration for PH resources</td>
</tr>
<tr>
<td>8+</td>
<td>Likely need for consideration for PSH (and all other available PH resources)</td>
</tr>
</tbody>
</table>
VI-SPDAT Scoring

- Some providers have expressed concern that the score does not accurately reflect their client’s true need for services.
- Do NOT give out the score, only explain possible assistance
  - If the score appears to not adequately capture the level of need, staff may advocate for their clients using the information at their disposal that is not reflected in the score during prioritization meetings.
- It may be helpful to review the CE FAQ sheet.

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Entering the VI-SPDAT in HMIS

- Hmis.cohhio.org>CE-Coordinated Entry>Standard 6A, 6B- VI-SPDAT>What is the VI-SPDAT?
Contact Information

CE Correspondence  valeriewalton@cohhio.org
Diversion Correspondence  joshjohnson@cohhio.org
HMIS Correspondence  hmis@cohhio.org