

Maricopa County SPDAT/FSPDAT Pilot Data as of Feb 2014

FSPDAT Prescreen

UMOM only (seeking ES)

•	Emergency Shelter only	124	27.4%
•	Rapid Rehousing	177	39.1%
•	Transitional Housing	125	27.6%
•	<u>Permanent Supportive Housing</u>	<u>2</u>	<u>6.0%</u>
•	Total	453	

UMOM & STF combined (seeking ES or TH)

•	Emergency Shelter only	194	33.8%
•	Rapid Rehousing	210	36.6%
•	Transitional Housing	141	24.6%
•	<u>Permanent Supportive Housing</u>	<u>29</u>	<u>5.1%</u>
•	Total	574	

FSPDAT Assessment for case management (families who have entered ES)

•	Emergency Shelter only (0-26)	7	10%
•	Rapid Rehousing or TH (27-39)	33	48%
•	Transitional Housing (40-53)	23	33%
•	<u>Permanent Supportive Housing (54+)</u>	<u>6</u>	<u>9%</u>
•	Total	69	

VI-SPDAT Prescreen (singles only)

Human Services Campus & HEART Partners

•	Emergency Shelter/Outreach only	332	34.6%
•	Rapid Rehousing or TH (27-53)	484	50.4%
•	<u>Permanent Supportive Housing (54+)</u>	<u>144</u>	<u>15.0%</u>
•	Total	960	

DRAFT

Scoring Ranges

	ES/NHI/HHS	RRH	TH	PSH
F-SPDAT Prescreen	0-5	6-8	9-12	13-18
F-SPDAT Assessment	0-26	27-39	40-53	54-80
VI SPDAT (non-veterans)	0-4	5-9		10+
VI SPDAT (veterans)	0-1	2-6	7-9	10+
SPDAT Assessment	0-19	20-39		40-60

My Initial Question:

1. I serve on the Iowa Council on Homelessness, an inter-agency effort where members are appointed by the governor. The Council is charged with exploring homelessness across the State of Iowa and oversees the Balance of State Continuum of Care, a 96-county geographically area without a common portfolio of homeless assistance throughout. Housing services are rich in urban areas; sparse in rural areas. In any case, I see the SPDAT tools to be something we can potentially incorporate into our common assessment process, assuming that its results can be tailored to support the available housing resources at the local level where the access and availability varies. Can you share how you have used the SPDAT tool to fit your specific housing services?
 - a. FYI, as a state Iowa has a shortage of affordable housing units for households with a gross income at or below \$20,000 [Iowa Finance Authority report]. The number of units in the state between 2000 and 2010 was essentially cut in half while the number of households remained relatively constant. This suggests to me that the rapid re-housing model may not be as effective in Iowa as other areas (as we may have a shortage of affordable housing stock).

Arizona response:

Hi David.

I got dragged into a VA issue that conflicts with our scheduled call...so I'm going to do my best to answer your questions by email.

So there are 4 tools – a prescreen for individuals (VI SPDAT) and a full assessment for individuals (SPDAT) and a prescreen for families and a full assessment for families. My agency has limited use of the tools for individuals – we have only used the VI-SPDAT to get our single women on the Service Priority List for PSH. Most of our experience is related to the F-SDPAT tools.

I have attached a summary of our data to date. At the top, you will see our screening results for families. This is exciting because it's the first time we've really had any sort of a community needs assessment. You will note that we have included a category for TH. Out of the established range for RRH (6-12), we carved out the higher acuity range for TH. So a family scoring a 0-5 is eligible only for emergency shelter. 6-8 for RRH. 9-12 for TH. And 13+ for PSH. This is a pretty big paradigm shift in our community, as TH has traditionally been used to serve the higher functioning/lower acuity families. But because of the length of stay, supportive services, and expense, we concluded this TH intervention should be used to serve the higher acuity families. This is going to require our TH programs to somewhat rethink their eligibility criteria, entrance processes, and service models. We have encouraged all family providers to attend Iain's training and use the prescreening tools. The TH providers have been experimenting with it and have concluded that most of the families they are currently admitting to their programs are scoring in the 0-5 range. So retooling to serve the 9-12s is going to be challenging, but necessary.

So you will note at the bottom of the page our draft scoring ranges for all 4 tools. We have a healthy stock of TH in our community and we want to make sure the units are used once we shift to a coordinated assessment model. We have almost no TH for non-veteran singles, so we have not designated a scoring range there, but we have quite a bit of Grant Per Diem TH funded by the VA, so we wanted to make sure we created a scoring range there.

And then we created draft scoring ranges for the full interventions, as well.

Overall, we are very loyal to Iain's tool. We believe in fidelity to the tool as it is. We have done nothing to modify the tool, its scoring, or administration. The only thing we adapted is how we would use those scores to refer individuals and families to housing interventions.

Regarding RRH, we have 4 years of experience with it and have found it to be a fantastic intervention. Unlike some communities that have used the "Rapid rehousing for all" approach (like Salt Lake City), we have always targeted it to the families with moderate barriers to housing (and now that we have FSPDAT we are targeting it to the 6-8s). Even when it seems unlikely they will be able to secure income, they do. Many, many families have surprised us. And if RRH fails for them as an intervention, we can then try TH. Arizona's housing stock for 60%AMI and below is woefully inadequate.

Okay, that was my starting point. Now...how else can I help?