TRANSITIONING FROM THE VI-SPDAT:
MATCHING TO APPROPRIATE PLACEMENT

National Alliance to End Homelessness

#NAEH2022

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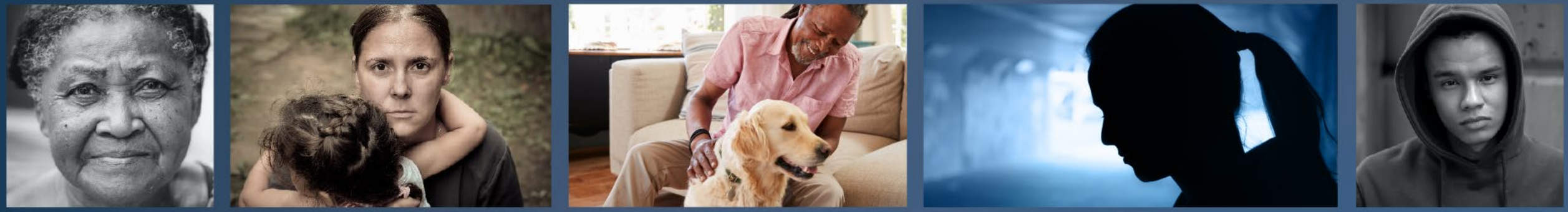
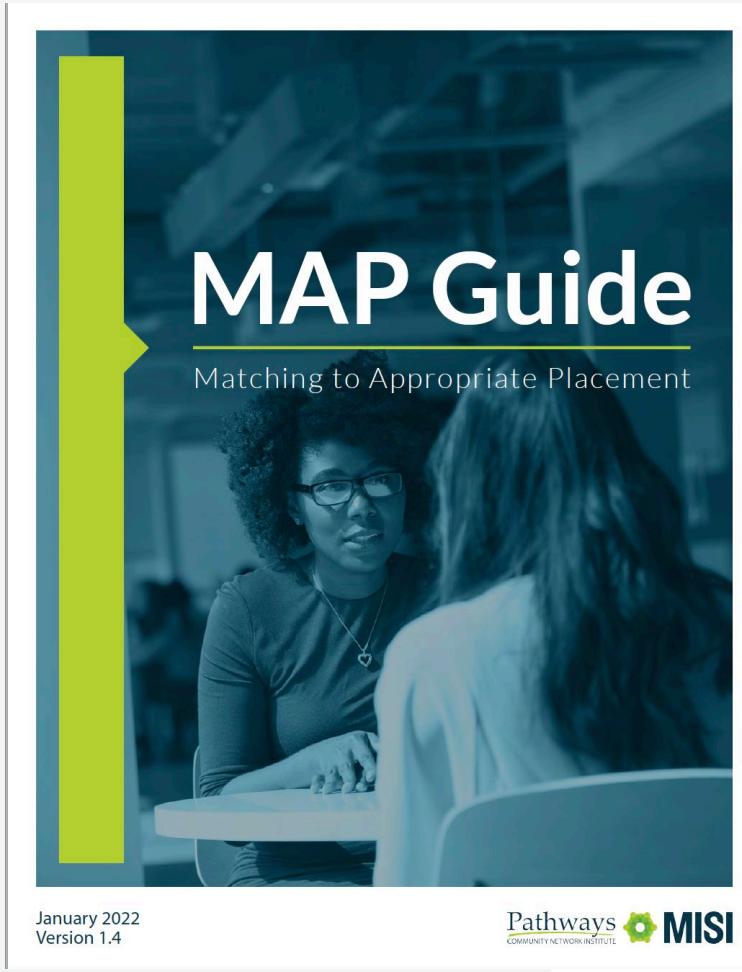


MAP Development



Why?

Continua of Care need a Coordinated Entry assessment that is:

- Evidence based (documented)
- Equitable
- Frequently validated
- Easy to implement
- Free to use

How?

The MAP was developed in a year-long collaboration between:

- Montana Statewide Continuum of Care
  - Coordinated Entry leadership from 7 communities
  - Case managers and assessors from across the state
  - People with lived experience
    - Including the MT Youth Action Board
- John P Barile, PhD (author) & Anna S. Pruitt, PhD (University of Hawai‘i at Mānoa)
- Pathways Community Network Institute

Who?

The MAP is available to all Continua of Care, at no cost

- Currently implemented in Montana, Illinois and Tennessee
- Available this year to all WellSky Human Services (ServicePoint) HMIS users
- Free for any HMIS vendor to incorporate

More information and documentation:
www.mapassessment.org

MAP

www.pcni.org

Components of an Effective CES Assessment

Uses validated measures

- Allows for comparison to national-level data
- Measurement invariance and can reduce racial bias found in other CES tools
- Can be designed to reduce variation in client scores and be appropriate for all ages and demographics
- Can be used to predict successful placements and outcomes

Matches people to services

- Matching people to services—as opposed to prioritizing solely based on vulnerability—based on a wholistic range of criteria can lead to more appropriate housing placement more quickly which can reduce recidivism
  - Clients with high vulnerability and prioritized for PSH may actually not be able to live independently and need a different housing placement
  - Consideration of more wholistic factors that impact housing and health needs can lead to more appropriate housing that uniquely matches client needs.

Considers client choice

Considering client choice in the CES assessment tool

- may reduce numbers of failed referrals, particularly client refused referrals
- may increase housing placement satisfaction and reduce recidivism if clients are happy with their placement and feel they had a voice in it
- will lead to increased client autonomy that is in line with Housing First philosophy

Introducing the MAP

MAP

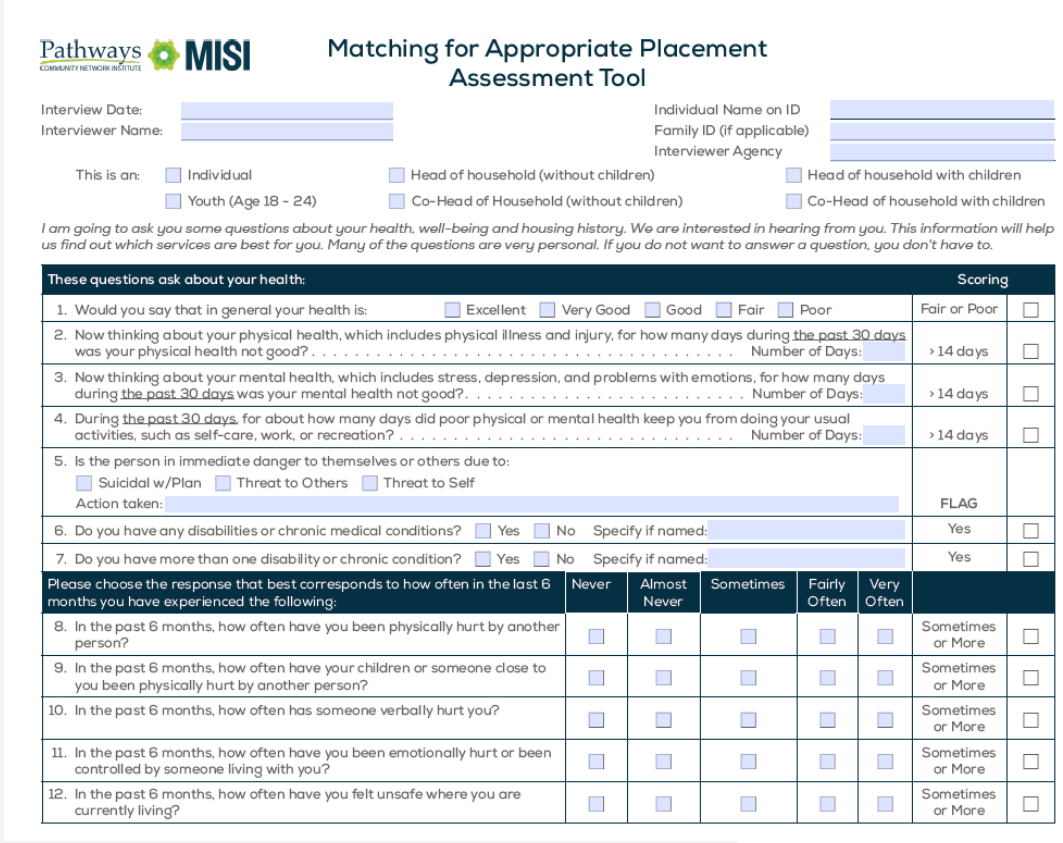
www.pcni.org

MAP Core Components

5 Sub-scales comprised of 22 items:

- 6 items: Quality of Life (29%)
- 6 items: Violence & Abuse (29%)
- 4 items: Crisis involvement (19%)
- 3 items: Housing History (14%)
- 2 items: CJ System Involvement (10%)
- 1 item: Crisis Flag

- Supplemental modules



Pathways COMMUNITY NETWORK INSTITUTE MISI

Matching for Appropriate Placement Assessment Tool

Interview Date:
Interviewer Name:
Individual Name on ID
Family ID (if applicable)
Interviewer Agency

This is an: ☐ Individual ☐ Head of household (without children) ☐ Head of household with children
☐ Youth (Age 18 - 24) ☐ Co-Head of Household (without children) ☐ Co-Head of household with children

I am going to ask you some questions about your health, well-being and housing history. We are interested in hearing from you. This information will help us find out which services are best for you. Many of the questions are very personal. If you do not want to answer a question, you don't have to.

These questions ask about your health:						Scoring	
1. Would you say that in general your health is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor						Fair or Poor	☐
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? Number of Days:						› 14 days	☐
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Number of Days:						› 14 days	☐
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Number of Days:						› 14 days	☐
5. Is the person in immediate danger to themselves or others due to: ☐ Suicidal w/Plan ☐ Threat to Others ☐ Threat to Self Action taken:						FLAG	
6. Do you have any disabilities or chronic medical conditions? ☐ Yes ☐ No Specify if named:						Yes	☐
7. Do you have more than one disability or chronic condition? ☐ Yes ☐ No Specify if named:						Yes	☐
Please choose the response that best corresponds to how often in the last 6 months you have experienced the following:	Never	Almost Never	Sometimes	Fairly Often	Very Often		
8. In the past 6 months, how often have you been physically hurt by another person?	☐	☐	☐	☐	☐	Sometimes or More	☐
9. In the past 6 months, how often have your children or someone close to you been physically hurt by another person?	☐	☐	☐	☐	☐	Sometimes or More	☐
10. In the past 6 months, how often has someone verbally hurt you?	☐	☐	☐	☐	☐	Sometimes or More	☐
11. In the past 6 months, how often have you been emotionally hurt or been controlled by someone living with you?	☐	☐	☐	☐	☐	Sometimes or More	☐
12. In the past 6 months, how often have you felt unsafe where you are currently living?	☐	☐	☐	☐	☐	Sometimes or More	☐

Quality of Life

These questions ask about your health:	Scoring	
1. Would you say that in general your health is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor	Fair or Poor	☐
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? . . . . . Number of Days:	> 14 days	☐
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? . . . . . Number of Days:	> 14 days	☐
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? . . . . . Number of Days:	> 14 days	☐
5. Is the person in immediate danger to themselves or others due to: ☐ Suicidal w/Plan ☐ Threat to Others ☐ Threat to Self Action taken:	FLAG	
6. Do you have any disabilities or chronic medical conditions? ☐ Yes ☐ No Specify if named:	Yes	☐
7. Do you have more than one disability or chronic condition? ☐ Yes ☐ No Specify if named:	Yes	☐

- Health, wellness, quality of life, and vulnerability (6 items; 29%)

Violence & Abuse

Please choose the response that best corresponds to how often in the last 6 months you have experienced the following:	Never	Almost Never	Sometimes	Fairly Often	Very Often		
8. In the past 6 months, how often have you been physically hurt by another person?	☐	☐	☐	☐	☐	Sometimes or More	☐
9. In the past 6 months, how often have your children or someone close to you been physically hurt by another person?	☐	☐	☐	☐	☐	Sometimes or More	☐
10. In the past 6 months, how often has someone verbally hurt you?	☐	☐	☐	☐	☐	Sometimes or More	☐
11. In the past 6 months, how often have you been emotionally hurt or been controlled by someone living with you?	☐	☐	☐	☐	☐	Sometimes or More	☐
12. In the past 6 months, how often have you felt unsafe where you are currently living?	☐	☐	☐	☐	☐	Sometimes or More	☐

22. Has someone ever forced, manipulated or asked you to do something sexually or non-sexually in return for paying a debt, for money that you may or may not have received, or for promises of compensation, security or a place to stay? ☐ Yes ☐ No	Yes	☐

- Violence exposure, safety and abuse (6 items; 29%)

Crisis Involvement

13. Have you had interaction with the police in the past 6 months for any reason?	☐ Yes	☐ No		# Times	Yes	☐
14. Have you been arrested, or have you spent a day in jail in the past 6 months?	☐ Yes	☐ No		# Times	Yes	☐
15. Have you gone to an emergency room in the past 6 months?	☐ Yes	☐ No		# Times	Yes	☐
16. Have you been admitted to or stayed overnight at a hospital for a medical reason?	☐ Yes	☐ No		# Times	Yes	☐
17. Have been committed to a (psychiatric) state hospital in the past 6 months?	☐ Yes	☐ No		# Times	Yes	☐
18. Have you stayed at a crisis home or unit in the past 6 months?	☐ Yes	☐ No		# Times	Yes	☐

- Physical and mental health crisis involvement (4 items; 19%)

Criminal Justice Involvement

13.	Have you had interaction with the police in the past 6 months for any reason?	Yes	No	# Times	Yes	
14.	Have you been arrested, or have you spent a day in jail in the past 6 months?	Yes	No	# Times	Yes	
15.	Have you gone to an emergency room in the past 6 months?	Yes	No	# Times	Yes	
16.	Have you been admitted to or stayed overnight at a hospital for a medical reason?	Yes	No	# Times	Yes	
17.	Have been committed to a (psychiatric) state hospital in the past 6 months?	Yes	No	# Times	Yes	
18.	Have you stayed at a crisis home or unit in the past 6 months?	Yes	No	# Times	Yes	

- Criminal justice and public safety involvement (2 items; 10%)

Housing History

19. In the last 30 days, how many days have you lived (enter number of days) Outside (including street, car, camper/RV or park): (days) at an emergency shelter: (days) at a temp/transitional shelter: (days) in a supervised group home: (days) in a shared apartment/house: (days) in an independent apartment/house: (days)	Outside >14 days	☐
20. In the last 3 years, how many times have you experienced homelessness? Times	>1 Time	☐
21. How long have you experienced homelessness this last time? Years Months	≥1 year	☐

- Housing history and instability (3 items; 14%)

Crisis Flag

These questions ask about your health:	Scoring	
1. Would you say that in general your health is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor	Fair or Poor	☐
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? . . . . . Number of Days:	> 14 days	☐
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? . . . . . Number of Days:	> 14 days	☐
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? . . . . . Number of Days:	> 14 days	☐
5. Is the person in immediate danger to themselves or others due to: ☐ Suicidal w/Plan ☐ Threat to Others ☐ Threat to Self Action taken:	FLAG	
6. Do you have any disabilities or chronic medical conditions? ☐ Yes ☐ No Specify if named:	Yes	☐
7. Do you have more than one disability or chronic condition? ☐ Yes ☐ No Specify if named:	Yes	☐

- Crisis response flag (1 item)

Scoring

SCORESHEET

Section I. Health and Wellness

#1: 1 point if general health is poor or fair
#2: 1 point if #PUD >14
#3: 1 point if #MUD >14
#4: 1 point if #ACT >14
#5: Take immediate action
#6: 1 point = 1 condition or disability
#7: 1 point = 2 or more conditions or disability
#8: 1 point = violence to you (sometimes, fairly often, very often)
#9: 1 point = violence to those close (sometimes, fairly often, very often)
#10: 1 point = verbal violence (sometimes, fairly often, very often)
#11: 1 point = emotional violence or controlling (sometimes, fairly often, very often)
#12: 1 point = feeling unsafe (sometimes, fairly often, very often)
#13: 1 point = police encounter
#14: 1 point = arrested or jail
#15: 1 point = ER
#16: 1 point = hospital (medical)
#17: 1 point = state hospital (psychiatric)
#18: 1 point = crisis home

Section II. Housing

#19: 1 point = outside >14
#20: 1 point = number of times experienced homelessness is >1
#21: 1 point = number of years >1
#22: 1 point = victim of human trafficking

Total score = 0-21
Scores > 11 should be flagged for possible crisis intervention

Supplemental Modules

Tailored to CoC Needs

MAP Supplemental Modules

- Housing Navigation & Placement
- Pathways into Homelessness
- Services Used & Needed
- Substance Use
- Social Support
- Community Integration

Housing Navigation Module

Housing Navigation and Placement Module						
1. If you could choose, where would you like to live:	Outside (including street, car, camper/RV or park) ☐	Emergency shelter ☐	Temp or transitional shelter ☐	Supervised group home ☐	Shared apartment or home ☐	Single occupancy apartment ☐
2. Would you be interested in housing made available to people living with HIV/AIDS?	☐Yes ☐No					
3. Does your household have any pets?	☐ Yes	☐ No	Type and # of pets:_____			
4. Does your household have a car?	☐ Yes	☐ No				
5. Regarding smoking, are you interested in housing that....	☐Allows smoking indoors	☐Allows smoking indoors or on the grounds	☐Any smoking policy	☐I prefer a smoke-free residence		
6. Some housing options do not prevent residents from using drugs or alcohol while others do, would you prefer:	☐ No policies against alcohol or drug use	☐ Dry Housing (no drinking or drug use)	☐ Dry housing intended for former substance users			
Notes:						

Pathways into Homelessness Module

What were the primary reasons that caused you to experience homelessness (last occurrence if multiple)?					
☐	Alcohol or drug use	☐	Family or domestic violence	☐	Loss of public housing or section 8 voucher
☐	Left a substance abuse treatment program and had nowhere to go	☐	Divorce	☐	Loss due to foreclosure
☐	Lost job	☐	Death in the family or loved one	☐	Evicted from a foreclosed rental property
☐	Unable to pay rent or mortgage	☐	Illness or medical problem	☐	Loss of housing due to non-economic reasons (house fire, lease violation, etc.)
☐	Loss of money or lack of funds	☐	Mental illness	☐	Relocation or transition from another state
☐	SSI or SSD cut off or benefits canceled	☐	Released from a hospital with nowhere to go	☐	Released from jail or prison and had nowhere to go
☐	Argument with family or friends	☐	Disabled		
☐	Other reasons: _____				

Please check which of the follow services have you used in the last 30 days and which services you feel you need.

Services	I USED this service	I currently NEED this service	I am not interested in this service
Soup kitchen or food pantry	☐	☐	☐
Clothes closet	☐	☐	☐
ID assistance	☐	☐	☐
Job readiness, job search, or employment assistance	☐	☐	☐
Transportation assistance	☐	☐	☐
Day center w/ telephones, mailrooms, or restrooms	☐	☐	☐
Case management	☐	☐	☐
Legal services	☐	☐	☐
Disability services, including SSI and SSDI	☐	☐	☐
Medical services	☐	☐	☐
Mental health services	☐	☐	☐
Permanent housing	☐	☐	☐
Transitional housing	☐	☐	☐
Emergency shelter/ temp housing	☐	☐	☐
Substance abuse treatment	☐	☐	☐
Please list any other services you used or still need **Used:** **Need:**			

Substance Use Module

We are interested in finding out about your drug and alcohol history. Your responses will not impact your eligibility for services.

In the last 30 days:

1. Have you drank alcohol? ☐ Never ☐ Once every couple week ☐ Once a week ☐ A couple times a week ☐ Everyday
2. Have you use illegal drugs? ☐ Never ☐ Once every couple weeks ☐ Once a week ☐ A couple times a week ☐ Everyday

2b. If using illegal drugs, please list drugs used in the last 30 days:

_____

Social Support

1. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)?

   _____ **write in the number of close friends and close relatives**

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Please circle the number that best corresponds to your experiences.	None of the time	A Little of the time	Some of the time	Most of the time	All of the time
2. Someone to help you if you were confined to bed	1	2	3	4	5
3. Someone to take you to the doctor if you need it	1	2	3	4	5
4. Someone to share your most private worries and fears with	1	2	3	4	5
5. Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5
6. Someone to do something enjoyable with	1	2	3	4	5
7. Someone to love and make you feel wanted	1	2	3	4	5
8. Someone to talk story with	1	2	3	4	5

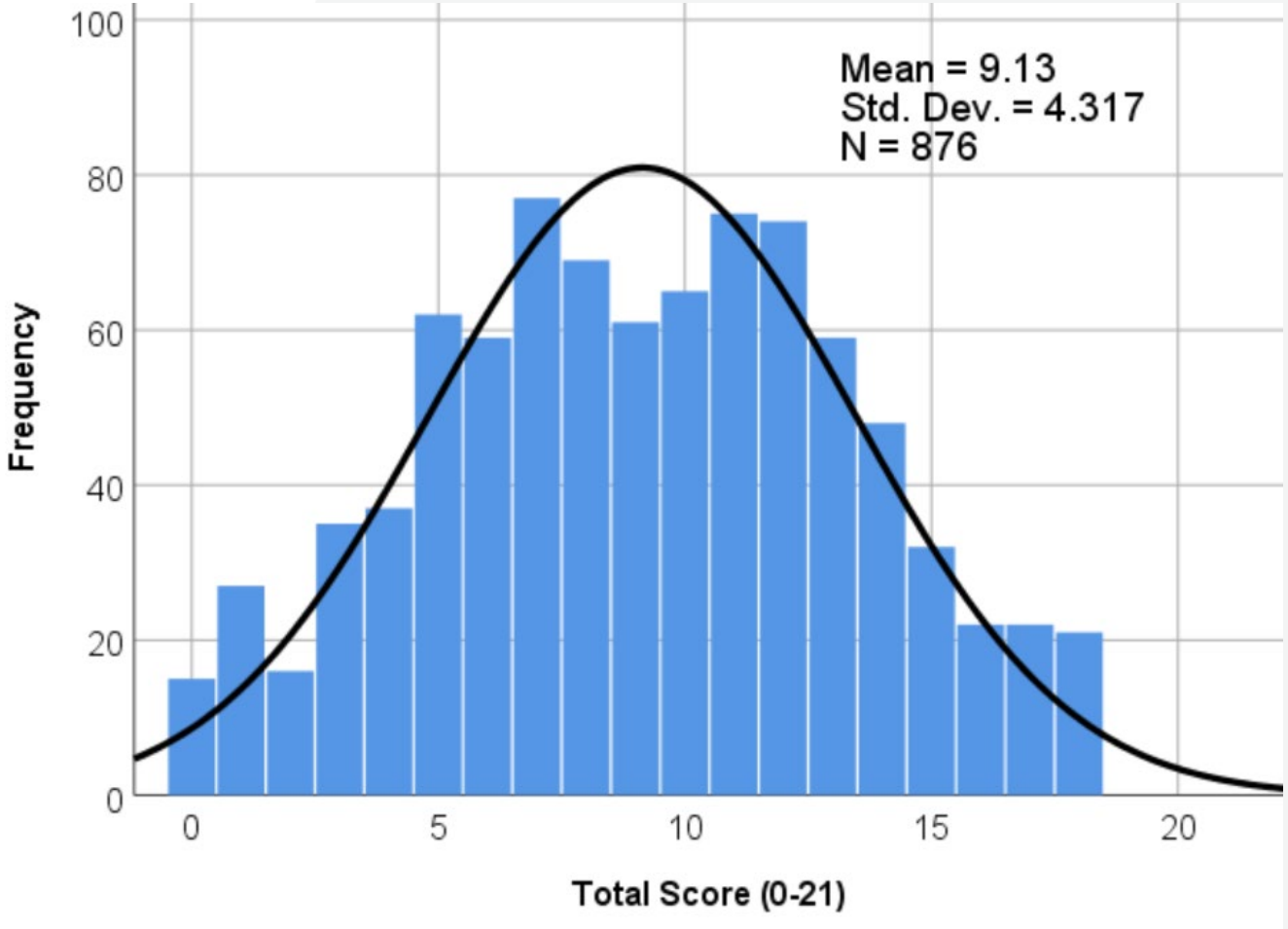
Community Integration

I would also like to ask you about other support available to you. In the last 30 days, how often have you participated in the following activities?	
1. Visited a community of faith or spirituality (e.g., church, temple, meditation group, etc.)?	_____ Number of Days
2. Been active with a community activity group (e.g., sports, art, music, writing, etc.)?	_____ Number of Days
3. Conducted recreation activities on your own (e.g., sports, art, music, writing, etc.)?	_____ Number of Days
4. Participated in support groups (e.g., AA, parenting, mental health, etc.)?	_____ Number of Days

Evidence for the MAP

Data from Montana

Initial Data Snapshot



Range of Total Scores

Score	n	%	Cumulative %
0	15	1.7	1.7
1	27	3.1	4.8
2	16	1.8	6.6
3	35	4.0	10.6
4	37	4.2	14.8
5	62	7.1	21.9
6	59	6.7	28.7
7	77	8.8	37.4
8	69	7.9	45.3
9	61	7.0	52.3
10	65	7.4	59.7
11	75	8.6	68.3
12	74	8.4	76.7
13	59	6.7	83.4
14	48	5.5	88.9
15	32	3.7	92.6
16	22	2.5	95.1
17	22	2.5	97.6
18	21	2.4	100.0

Item 22, flagged as immediate threat: 7%

	Quality of Life Q1-6	Violence & Abuse Q7-11, 21	Criminal Justice Q12-13	Crisis Involvement Q14-17	Housing History Q18-20
Quality of Life Q1-6	1				
Violence & Abuse Q7-11, 21	.329**	1			
Criminal Justice Q12-13	.094**	.232**	1		
Crisis Involvement Q14-17	.296**	.258**	.158**	1	
Housing History Q18-20	.147**	.146**	.132**	.104**	1

Average Scores by Race

	Total Score		Subscales: Quality of Life (range 0-6)		CJ Involve. (range 0-2)		Crisis Involve. (range 0-4)		Housing (range 0-4)		Violence/Abuse (range 0-5)	
	n	*Mean*	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean
American Indian, AK Native, or Indigenous	*152*	*9.01*	152	2.95	152	0.72	152	1.22	152	1.63	152	2.36
Black, African, or African American	*35*	*10.14*	35	3.34	35	0.63	35	1.23	35	1.91	35	2.6
White	*649*	*9.09*	649	3.46	649	0.65	649	0.92	649	1.51	649	2.28

Average Scores by Gender

	Total Score		**Quality of Life (range 0-6)**		**CJ Involve. (range 0-2)**		**Crisis Involve. (range 0-4)**		**Housing (range 0-4)**		**Violence/Abuse (range 0-5)**	
	n	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean
Female	468	9.12	468	3.35	468	0.65	468	0.98	468	1.45	468	2.5
Male	399	9.16	399	3.4	399	0.69	399	0.98	399	1.67	399	2.09

Average Scores by Ethnicity

	Total Score		**Quality of Life (range 0-6)**		**CJ Involve. (range 0-2)**		**Crisis Involve. (range 0-4)**		**Housing (range 0-4)**		**Violence/Abuse (range 0-5)**	
	n	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean
Hispanic or Latino/a/x	77	8.97	77	3.2	77	0.58	77	0.91	77	1.36	77	2.6
Non-Hispanic/Non-Latino/a/x	761	9.11	761	3.38	761	0.67	761	0.97	761	1.56	761	2.28

Average Scores by Age Group

	Total Score		Quality of Life (range 0-6)		CJ Involve. (range 0-2)		Crisis Involve. (range 0-4)		Housing (range 0-4)		Violence/Abuse (range 0-5)	
	n	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean
18-24	87	7.89	87	2.59	87	0.71	87	0.77	87	1.41	87	2.28
25-34	202	8.16	202	2.69	202	0.75	202	1.02	202	1.43	202	2.20
35-44	197	9.47	197	3.44	197	0.70	197	0.87	197	1.67	197	2.49
45-54	188	10.14	188	3.79	188	0.69	188	1.05	188	1.57	188	2.60
55-64	143	9.59	143	4.06	143	0.50	143	1.00	143	1.66	143	2.07
65-74	38	9.37	38	4.14	38	0.50	38	1.29	38	1.45	38	1.97
75+	8	8.75	8	3.38	8	0.63	8	1.25	8	1.75	8	1.75

Average Scores by Unsheltered Y/N

	Total Score		Quality of Life (range 0-6)		CJ Involve. (range 0-2)		Crisis Involve. (range 0-4)		Housing (range 0-4)		Violence/Abuse (range 0-5)	
	n	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean
No	400	8.10	400	3.20	400	0.57	400	1.00	400	0.82	400	2.18
Yes	475	9.99	475	3.53	475	0.74	475	0.97	475	2.15	475	2.41

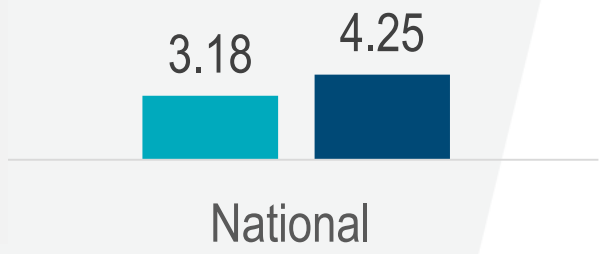
Flagged for Threat to Self or Others Y/N

	Total Score		**Quality of Life (range 0-6)**		**CJ Involve. (range 0-2)**		**Crisis Involve. (range 0-4)**		**Housing (range 0-4)**		**Violence/Abuse (range 0-5)**	
	n	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean	*n*	Mean
No (93%)	787	8.91	787	3.32	787	0.66	787	0.96	787	1.54	787	2.24
Yes (7%)	59	11.83	59	4.20	59	0.69	59	1.34	59	1.54	59	3.11

Comparing to National & State Data

Health-Related Quality of Life: Comparing across MAP, MT, & US (CDC BRFSS, 2020):

Average Number of Unhealthy Days in the Last 30 Days



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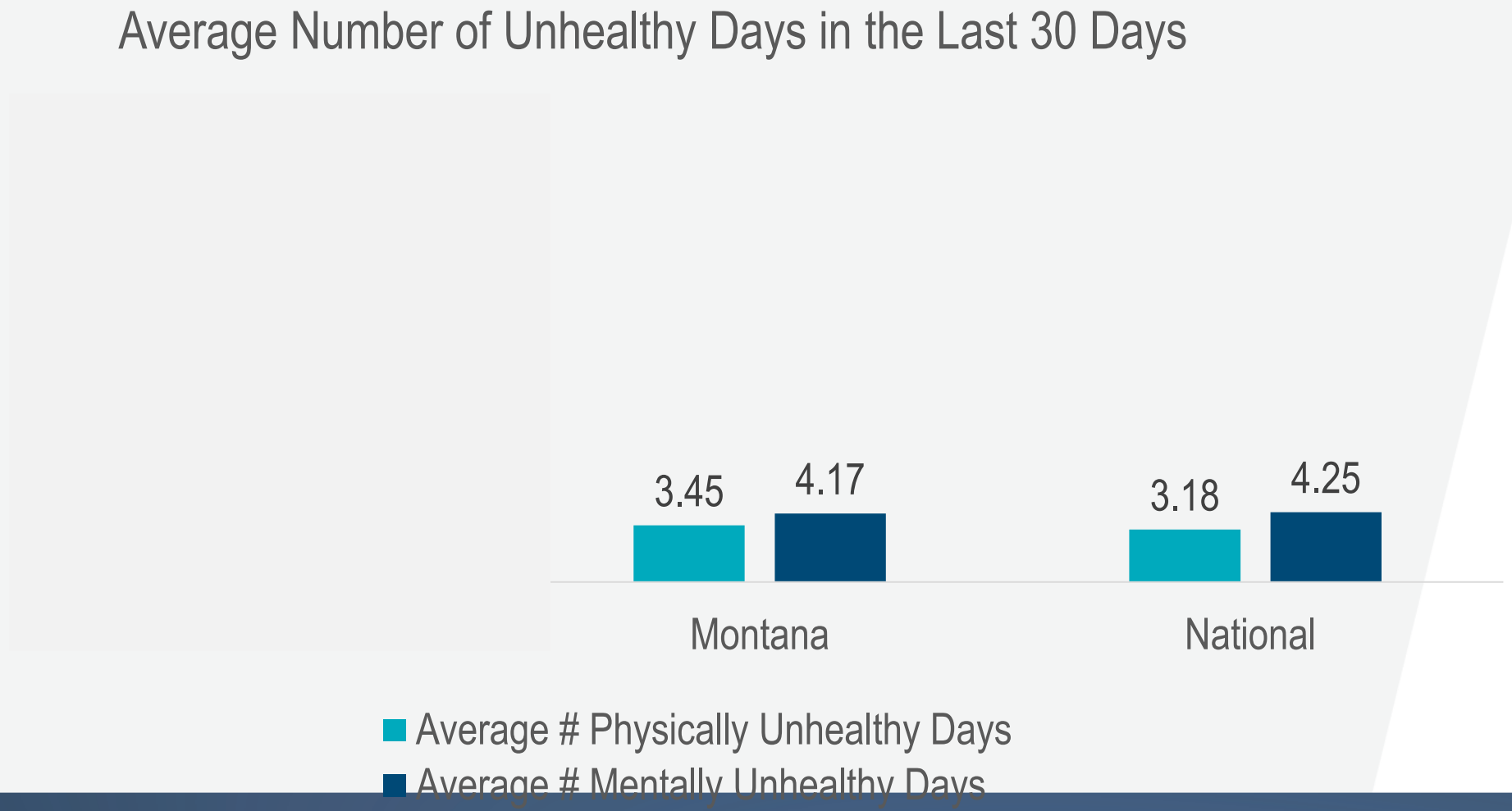

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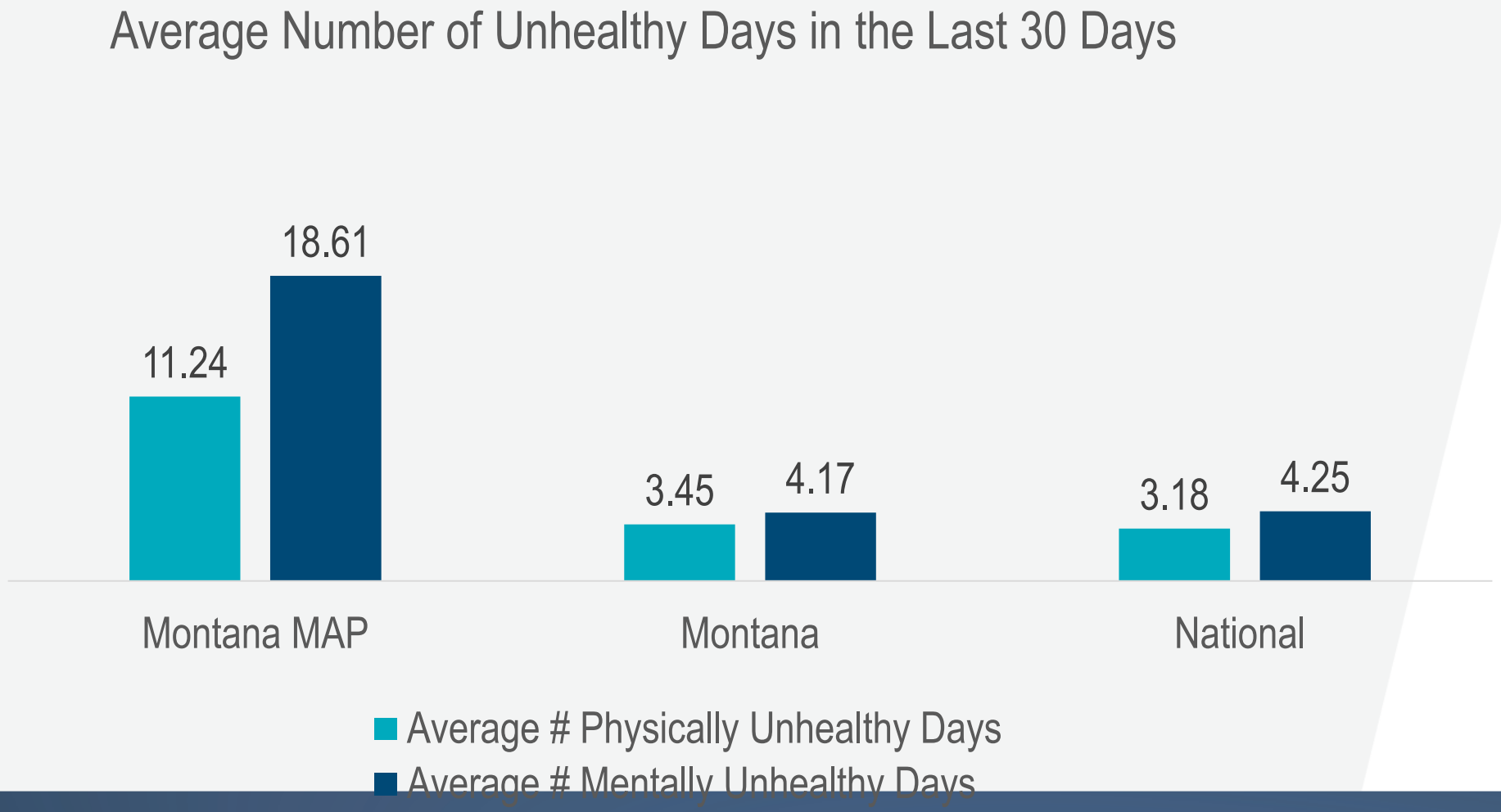

Limitations

- Montana data has lower representation of individuals identifying as Black, African, or African American and higher rates of individuals identifying as American Indian, Alaska Native, or Indigenous groups.
- Not enough data to adequately report on individuals that do not identify as male or female
- MAP uses items that are strongly correlated with age, which may be inappropriate for younger folks.

Next Steps

- Analysis of longitudinal data to see if MAP scores predict success in housing placements.

- Continue to search for appropriate questions appropriate for all ages, including youth.

Benefits

- Valid and reliable way to assess needs, preferences, and vulnerability
- Use of items & supplemental modules that can be used beyond prioritization
- Flexible and adaptable
  - Short core components with supplemental modules
  - Can be tailored to specific CoC needs and contexts
- Already built into some HMIS platforms
- Free & we can provide TA

Mahalo!

For more information:

MAP

www.pcni.org