

Service Match Tool Instructions

Please fill out the questions to the best of your ability. One or two sentences are preferred unless stated otherwise. Tool can be done collaboratively with the client but can also be done with service provider only. While not necessary, best practice is to review the tool with a supervisor to ensure a level of impartiality when using the tool. The intent is to answer questions on functionality based on other people experiencing homelessness as opposed to the general population. In other words, given the challenges of living unsheltered or without consistent housing, is the individual struggling more or less than other people experiencing homelessness.

- Name
- DOB
- Race
- Ethnicity
- Gender
- Current length of homelessness

Intro: please share a paragraph about client including brief history, strengths and challenges, and goals.

1. 24/7 front desk staff that will call into intercom for medication reminders, appointments, and welfare checks
 - a. Is this individual able to independently track appointments without prompting or follow up from others?
 - b. Do they generally track their surroundings well i.e. can recall history and names, remember to attend to daily tasks, know how to navigate the bus system, etc?
2. Medication monitoring
 - a. Please share what medications they are prescribed without reminders, support, or follow-up?
 - b. Please share any known medical diagnoses, insight into diagnosis, and engagement with treatment plan for diagnosis, if any
3. Visitor policy to ensure safe visitation within the building
 - a. Do they have a history of interpersonal violence i.e within last twelve months? Simple yes or no is sufficient
 - b. Do they have their belongings or benefits taken within the last twelve months?
 - c. Do they have a supportive (or detrimental) network?
4. Harm reduction approach that does not punish people for using substances
 - a. Do they use substances?
 - b. Do they use safely or know safe use practices? History of OD?
 - c. If currently using, how does this impact day-to-day living and/or ability to comply with a lease— include activities to obtain substances, if known
5. 24/7 supports on site for folks who struggle with reaching goals independently
 - a. How are they currently meeting basic needs i.e. food, clothing, shelter, and hygiene. How much/what type of support do they need to meet basic needs?
 - b. Are they able to navigate relationships and situations independently?
6. Housing Case Management to support tenants to successfully remain housed:
 - a. How much case management support do they need to make appointments, follow up with care/treatment needs, and other needs?
 - b. Have they had challenges retaining housing in the past? What were the types of issues they faced?
7. Monthly unit inspections and assertive outreach to address lease compliance
 - a. Do they accumulate belongings? Do they have a safe space to store their belongings?
 - b. Have they had a history of struggling to maintain healthy and safe living conditions?

- c. Will they need support and coaching to pay rent and otherwise comply with the lease?
- 8. Housing staff trained to respond to and de-escalate crisis situations. Programmatic interventions to respond to ongoing crisis or challenging behaviors
 - a. Are they barred from services or have been to jail? If so, please share frequency
 - b. Are they able to communicate and engage appropriately with community members and staff? If not, please share some details about challenging interpersonal behavior
 - c. Any other unsafe or risky behavior that requires wraparound supports?
- 9. Living in community with other tenants who also have severe and persistent mental illness AND a chronic health condition or substance use disorder
 - a. Does this individual present with mental health challenges? If so, how are they impacting daily living?
 - b. Is there a history of involuntary detainments?
 - c. Any known history of suicide attempts?

Decision Making Rubric

Here is the client profile that DESC is trying to prioritize - this is related to the individual's challenges and how on-site supports can support these challenges:

1. Has a severe and persistent mental illness - services include 24/7 staffing, housing first model, assertive on-site case management, connection with mental health providers, medication monitoring, a community of tenants also experiencing similar levels of MH acuity
 - a. Highest priority for individuals whose symptoms is clearly impacting daily living, i.e. delusions that prevent them from seeking care or accessing basic needs resources, unable to assess risky situations, etc, and either has no insight into MH challenges or actively denies/refuses MH treatment
 - b. Higher priority for individuals whose symptoms are impacting daily living, but have some service connections and have some insight into MH treatment
 - c. Lower priority for individuals whose symptoms seems well-managed and/or consistently engaged with care
 - d. Definition of SPMI: chronic mental illness (i.e. independent of substance use) that impacts daily living and requires ongoing support/treatment to thrive
2. Has substance use disorder - services include 24/7 staffing, housing first model, assertive on-site case management, welfare checks, harm reduction housing model, connection with substance use disorder professionals
 - a. Highest priority for individuals whose use is extremely risky, i.e. history of recent ODs, risky behavior to seek substances, use impacting cognitive functioning and/or medical wellness, and who is refusing SUD supports
 - b. Higher priority for individuals whose use is impacting daily living but some insight or protective factors in place, and interest in SUD supports
 - c. Lowest priority for individuals who has a long history (6+ months) of sobriety
3. Chronic Medical Conditions - services include 24/7 staffing and on-site case management
 - a. Highest priority for individuals with life threatening illnesses and refusing care
 - b. Higher priority for individuals with chronic medical conditions that are not well managed
 - c. Lower priority for individuals with well-managed chronic medical conditions
 - d. One note of emphasis: DESC PSH is not a skilled nursing facility and medical care is one domain DESC needs to collaborate with external partners to meet tenant needs
4. Ability to meet basic needs and self-advocate - services included 24/7 staffing, housing first model, assertive case management on-site, meals services, unit inspections
 - a. Highest priority for individuals who is refusing basic needs but clearly need it; tends to isolate
 - b. Higher priority for individuals who is meeting basic needs only due to staff supports; will listen to staff but will not attend to needs or goals independently
 - c. Lower priority for individuals who can meet most or all basic needs independently aka "high functioning" or "independent"; identify goals and able to make steps towards reaching them independently
 - d. Language and documentation status makes this category a bit more nuanced as some people might want to be a strong self-advocate but there are systemic barriers in place that prevent this

5. Interpersonal relationships - services include 24/7 staffing, visitor policy, controlled lobby, staff trained in de-escalation, risk management processes, housing first model
 - a. Highest priority for individuals who seem to frequently be in predatory or abusive relationships, seem to lack insight into this dynamic; and/or might be frequently barred from services and alienated from community due to escalated or inappropriate behavior
 - b. Higher priority for individuals who have a history of predation or IPV and seems to have some level of insight into this risk; can seem to identify some protective factors or behaviors, but also expresses some level of helplessness in removing themselves from situations
 - c. Lower priority for individuals who seem to be able to navigate interpersonal relationships with staff and others appropriately, can consistently identify unsafe relationships and shows insight into how to avoid
 - d. Race and gender oftentimes makes this domain a bit more nuanced because some demographics are seen more or less as "victims" of predatory behavior

This is a matrix, and individuals will fall on different levels of each domain, but this is the guideline on how DESC is assessing these service matches. The three different tiers are intended to guide decisions on whether or not an individual can ONLY be successful in DESC PSH with the level of supports we offer, or if they can be successful with other housing providers who might offer a lower level of support.