

Understanding the New York City Standardized Vulnerability Assessment

May 2019

Effective **January 17, 2018**,
all submitted and approved HRA 2010e
applications will be reviewed using the
Standardized Vulnerability Assessment (SVA).

January 2018						
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What is the New York City SVA?

The SVA is used to determine the level of vulnerability of individuals and/or families experiencing homelessness or at risk of homelessness.



An individual's and/or family's level of vulnerability is reflected as a categorical determination using a set of standardized criteria.

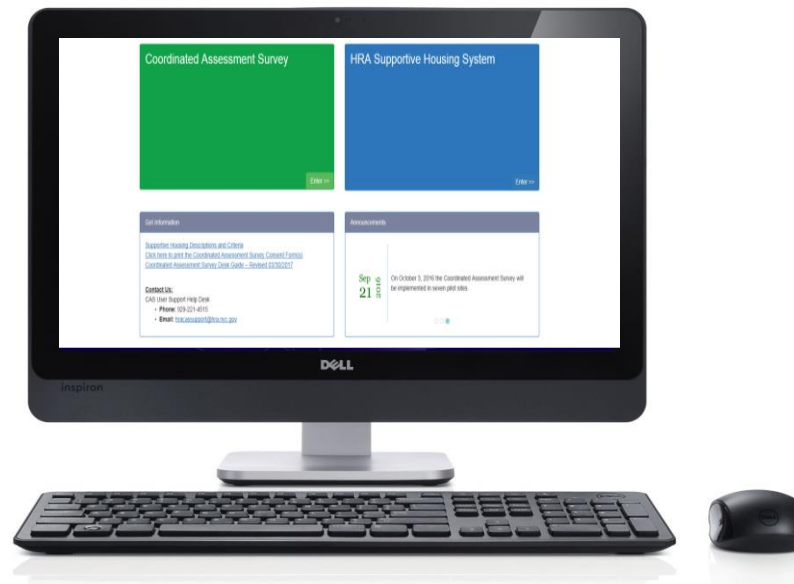
Why do we need the SVA?

The Department of Housing and Urban Development (HUD) requires that all municipalities receiving HUD funding develop a coordinated entry system.

A coordinated entry system is expected to:

1. Assess individuals and/or families experiencing homelessness or at risk of homelessness
2. Determine the appropriate housing resource
3. Prioritize referrals based on vulnerability

In response to HUD's requirement, NYC is developing a *Coordinated Assessment and Placement System (CAPS)*.



CAPS development is a phased process that first began with the creation of the *Coordinated Assessment Survey*.

The survey was developed by the *Human Resources Administration (HRA)*, in collaboration with various government agencies, coalitions and supportive housing providers.



It is a universal tool used to assist individuals and families who are currently homeless or at risk of becoming homeless.

Completing a survey generates a list of supportive housing and rental subsidies that the client may be eligible for. This list is used to provide guidance for pursuing the client's housing choice.



While the *Coordinated Assessment Survey* addresses the initial assessment of clients, the SVA is the next phase of a coordinated entry system. The SVA determines individuals' and/or families' vulnerability for risk of continued homelessness.

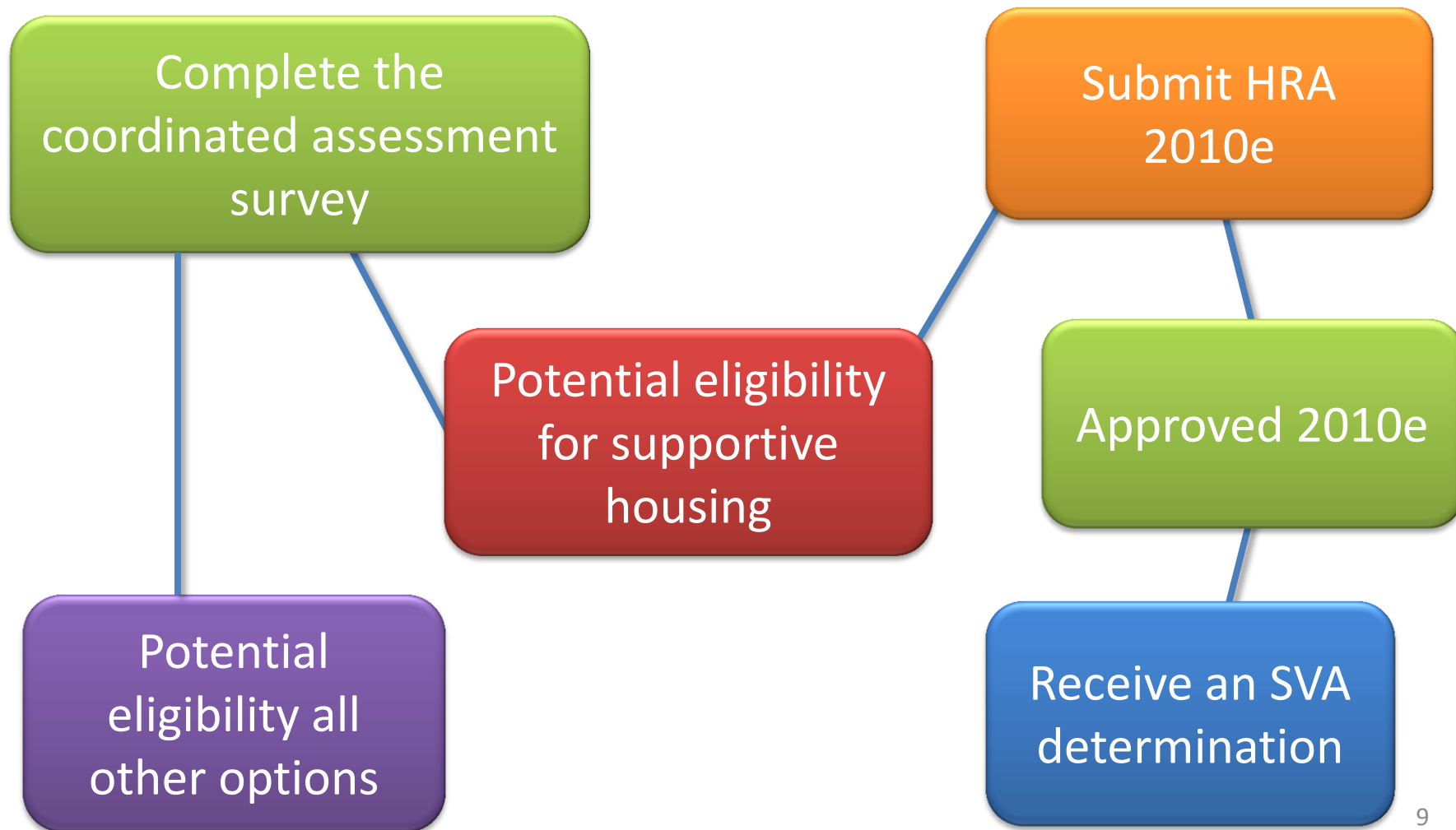
HUD has outlined five broad household categories per ***Notice CPD-17-01*** including guidance on what type of factors can determine vulnerability.

NYC convened focus groups and held a large convening with housing and subject matter experts, leaders and consumers to identify specific factors for the SVA.

Representatives included:

- 13 NYC government agencies
- 4 NYS government agencies
- 8 coalitions and membership organizations
- Leaders from 16 housing and service providers
- Individuals with lived experience

What does this process look like?



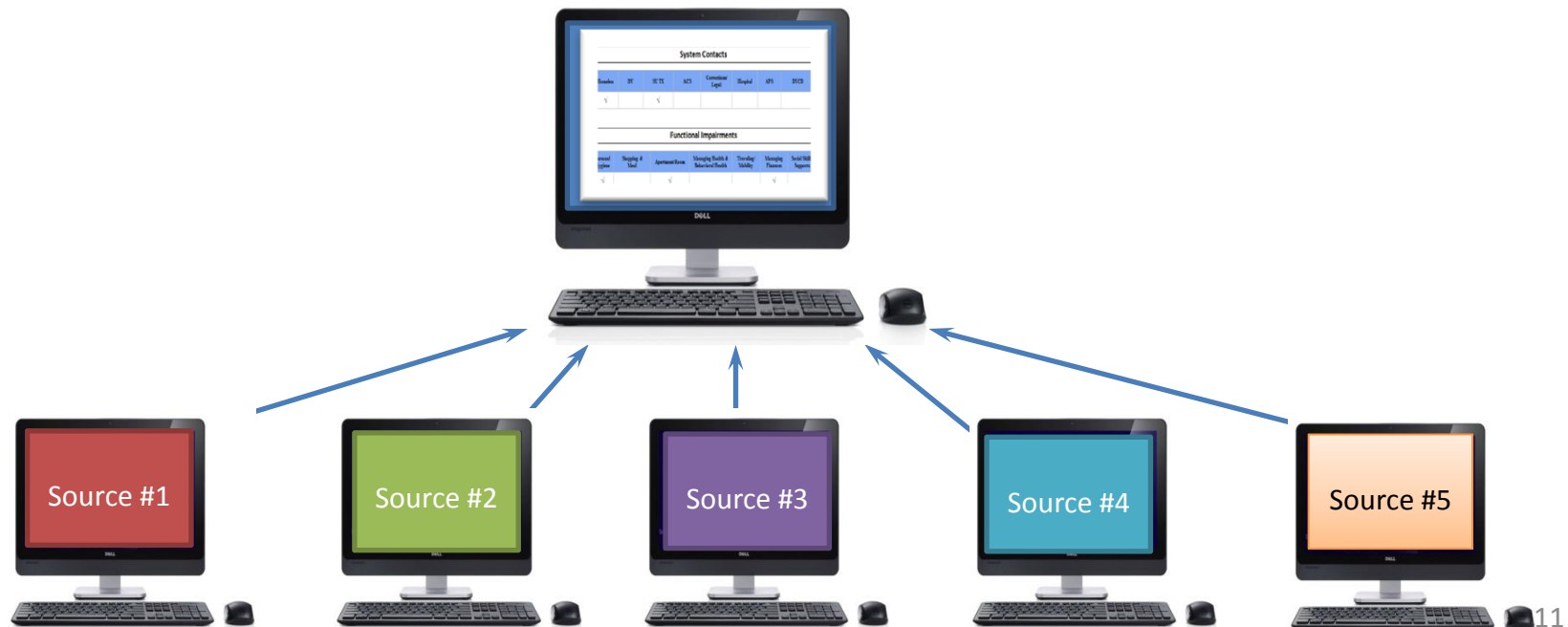
What are some factors that can determine a client's SVA?

The SVA considers a client's:

- Functional impairments
- Multi-system contact
- Additional Vulnerability Factors (new 5/17/19)
- Medicaid expenditure

How does my client receive an SVA determination?

The SVA is a data match which pulls information from various systems, including elements from the supportive housing application (HRA 2010e).



How does my client receive an SVA determination?

Applications approved for supportive housing will receive an SVA determination.

Each approved individual or family will receive an SVA summary sheet, included with the supportive housing determination .



Has the HRA 2010e changed?

Yes, the HRA 2010e has changed. There are new questions in the application to document the additional vulnerability factors.

Also, it is important that the application is completed correctly to reflect the client's clinical conditions and housing history as accurately as possible.



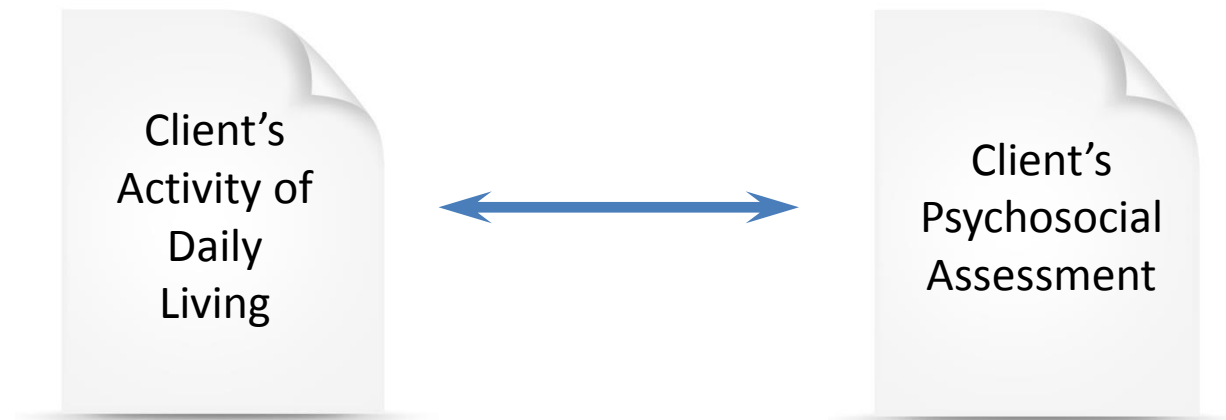
Are there additional Supporting documents required?

No, the documentation requirements for each housing category have not changed. Again, it is important that the application is completed correctly to reflect the client's clinical conditions and housing history as accurately as possible.



Completing the HRA 2010e

It is important that the activity of daily living (ADL) section of the HRA 2010e mirrors the clinical content in the psychiatric evaluation and psychosocial assessment.



If the client's impairments are not described and indicated correctly in the application, the SVA determination may not accurately reflect the client's level of vulnerability.

For example:

On the ADL screen of the HRA 2010e, the client below was described as being *Mostly Independent* in managing personal hygiene.

Complete the checklist for each of the activities of daily living skills as a result of any medical and/or mental health conditions to determine the level of support the applicant may need in a supportive housing program.

Activity	Description	Type of Support
Personal Hygiene	Bathing, toileting or incontinence, washing clothes, appropriate dress for the weather, purchasing and using personal care products	Mostly Independent ▼

However, the psychosocial assessment described the same client as generally being disheveled and requiring prompting.

When the SVA pulls data from the HRA 2010e, this discrepancy may cause the client to receive an inaccurate SVA determination.

Understanding the SVA Summary

The SVA summary sheet will detail the factors that informed an individual's and/or household's categorical determination. A check will be displayed for each factor that was verified in the application.

Vulnerability Assessment Determination:

The applicant is determined to be in the **MEDIUM** vulnerability category based on Medicaid service utilization and/or number of system contacts and functional impairments.

System Contacts							
Homeless	DV	SU TX	ACS	Corrections/ Legal	Hospital	APS	DYCD
√		√					
Additional Vulnerability Factors Determined:							
Functional Impairments							
Personal Hygiene	Shopping & Meal	Apartment/Room	Managing Health & Behavioral Health	Traveling/ Mobility	Managing Finances	Social Skills/ Supports	
√		√			√		

In the example on the previous slide:

The client was determined to meet the *MEDIUM* vulnerability category based on having only two system contacts. Even though the client has three functional impairments, the *HIGH* category was not determined because s/he did not **also** have three system contacts in the last two years. Also, there were no Additional Vulnerability Factors Determined.

The following table outlines the threshold criteria for each SVA category:

Category/Vulnerability	Medicaid Service Utilization within the past year	# of System Contact and # of Functional Impairments within 2 years
High	Top 5% of Medicaid Utilization	At least 3 System Contacts <u>and</u> 3 Functional Impairments
Medium	Between 55% and 95% of Medicaid Utilization	At least 2 System Contacts <u>and</u> 2 Functional Impairments
Low	Below 55% of Medicaid Utilization	At least 1 System Contact <u>and</u> 1 Functional Impairment or NONE

The *HIGH* criteria could have also been met if the client's Medicaid expenditure was in the top five percent.

A client's SVA category is determined using the higher of the two threshold criteria for either the combination of system contacts and functional impairments or his/her Medicaid expenditure.

For more details on the category criteria review the *Standardized Vulnerability Assessment Criteria Fact Sheet* in the *What's New* section in PACTWeb.

Additional Vulnerability Factors (effective 5/17/19)

- Young adults (18-25) with a history of commercial sexual activity and/or other exploitative situations
- Individual or family (head of household) that is at serious risk due to intimate partner or gender-based violence
- Parents with a child that has significant emotional/behavioral/developmental or health issues
- Parents of two or more children under the age of five
- Currently unsheltered or recently sheltered individuals that were unsheltered for a continuous year prior to entering shelter

Additional Vulnerability Factors = One System Contact

Additional SVA factors will be considered the equivalent of one system contact. Multiple additional SVA factors will be considered the equivalent of one system contact.

In the example from the previous slides, the *HIGH* criteria could have been met if the client had an additional vulnerability factor determined because the 2 system contacts plus the additional vulnerability factor would total the equivalent of 3 system contacts.

What do I do if I disagree with my client's SVA?

First, read the *Vulnerability Fact Sheet* and ensure that you have correctly completed the application.



or



If after reviewing the application and the fact sheet you determine that there is additional information that will better inform the SVA, you may contact the PACT reviewer.

The PACT reviewer will case conference the application with the referring worker and let them know if a new application will need to be submitted to include the additional information.



Does the SVA impact how my client is referred to supportive housing?

Yes, it does. Clients that are referred to **HUD funded** supportive housing must follow the prioritization policy of the NYC Coalition on the Continuum of Care (CCoC) as outlined in the written standards.

For more information please visit the CCoC at:
<http://www.nychomeless.com/html/home.html>

Also, referrals for NYC 15/15 will be prioritized based on the SVA determination.

Other Questions You May Have

My client was determined to have a low SVA. Will they still be referred for supportive housing?

Yes. At this time **HUD** and **NYC 15/15 funded** supportive housing programs will be prioritized based on the SVA determination.

If I have a client who is highly vulnerable, does they qualify for supportive housing?

Eligibility is based on the criteria for the specific housing categories that were used to review the application. Eligibility is **not** based on an individual's and/or family's SVA.

Additional Resources

- [Coordinated Entry System Policies and Procedures for the NYC Coordinated Assessment and Placement System \(CAPS\)](#)
- [NYC CCoC Written Standards](#)
- Standardized Vulnerability Assessment Criteria Fact Sheet
- [HUD Notice](#)

Thank You