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SUCCESS

CLIENT DRIVEN; CULTURALLY AWARE NEEDS ASSESSMENT: SERVICING THE DIVERSE POPULATION OF LOS ANGELES

Presented by:

John Dennem-Tigner, BA, CADCA
Program Manager
&
Shannon Parker
Manager of Client Services Department

SKIDROW HOUSING TRUST

CULTURAL COMPETENCE:

- "Cultural competence is the ability to engage in actions or create conditions that maximize the optimal development of client and client systems. It is the acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds), and on an organizational/societal level, advocating effectively to develop new theories, practices, policies and organizational structures that are more responsive to all groups."

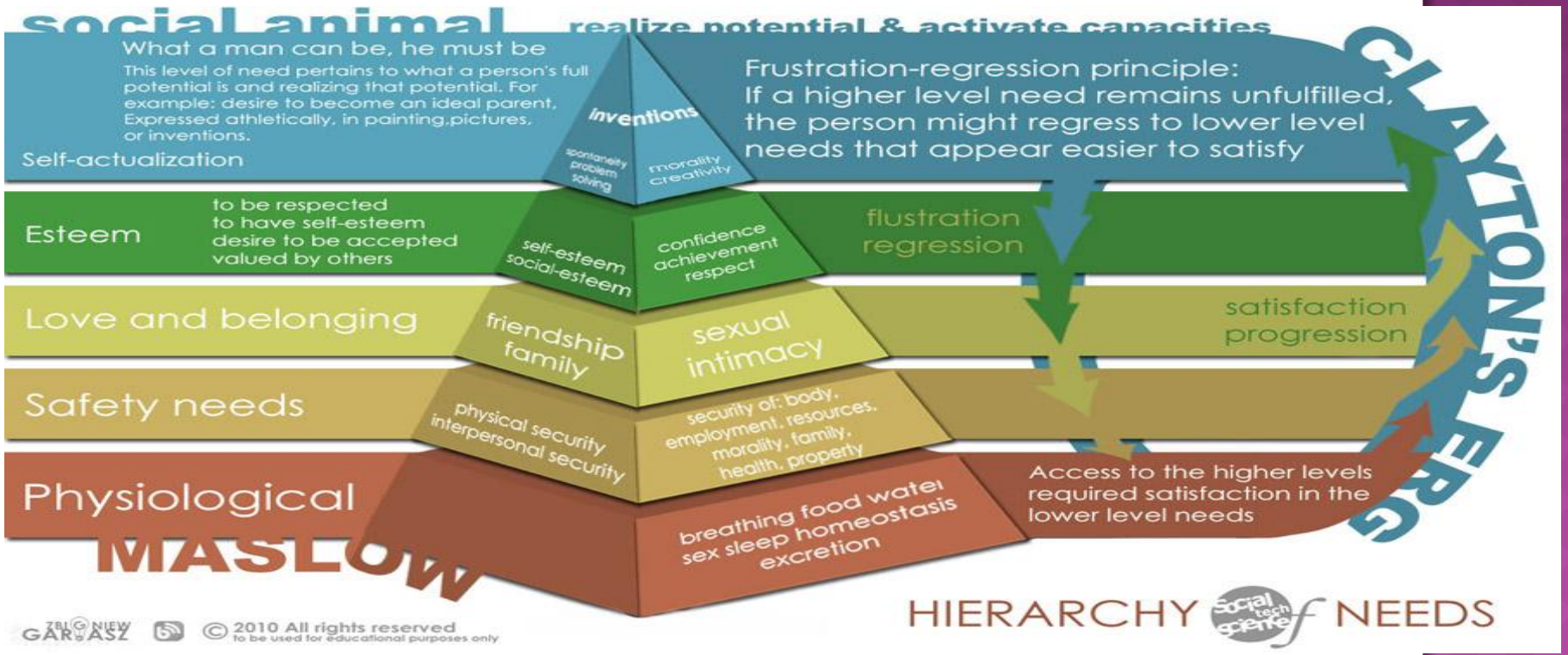
GOAL/IDEAL

While working with a client the client is not perceived as solely an individual, but as an individual who is a product of his or her social and cultural context. As a result, systemic influences are seen as equally important as individual ones.

NEEDS ASSESSMENT

- **need [nēd]**

something that is required or necessary. Basic human needs are those things that are required for complete physical and mental well-being. Needs vary greatly in the degree to which they are necessary for survival. For this reason, they are often classified into a hierarchy according to their relative urgency. Those on lower levels must be met before attention can be paid to needs on higher levels. The most widely used classification is called *Maslow's hierarchy of needs*, devised by Abraham H. Maslow, shown in the accompanying figure. Maslow's hierarchy of needs.



LEVELS OF NEEDS

- ***BOTTOM: Physiologic Needs***. These are the needs that are essential for the maintenance of biological homeostasis and the survival of the individual and the species. They include needs for oxygen, water, food, elimination of wastes, temperature regulation, avoidance of pain, rest and sleep, exercise and sex.

- **SECOND: *Needs for Safety and Security***. These include needs for protection from physical harm, for order, consistency, and familiarity in one's surroundings, and for some degree of control over matters concerning oneself.

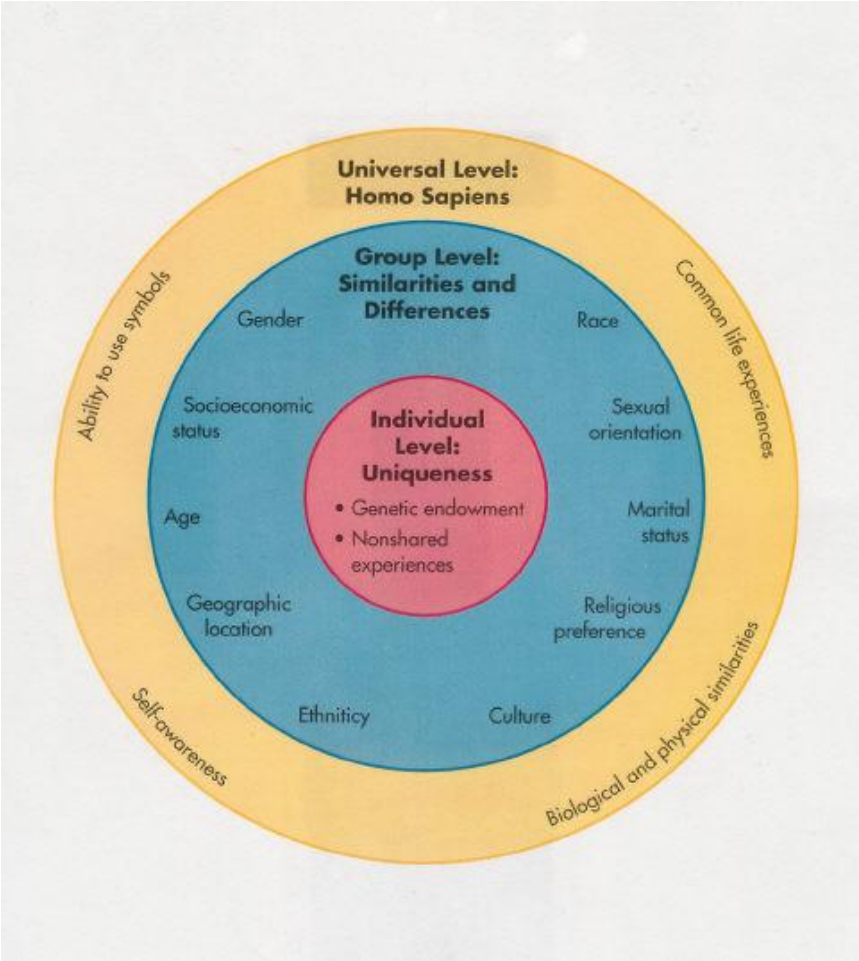
- **THIRD: *Needs for Love and Belonging***. These include needs for giving and receiving love and affection and for sexual intimacy, for friendship and companionship, and to identify with a group.

- **FOURTH: *Needs for Esteem and Self-Esteem***. These are the needs that are necessary for a person to have a basic sense of self-respect and self-acceptance and to be self-sufficient. Self-esteem requires an understanding of oneself and one's limitations and the ability to face and cope with stress and painful realities. Persons in whom these needs have been met are relatively free of feelings of inferiority or inadequacy. This level also includes needs for approval and recognition from others.

- **TOP: *Need for Self-Actualization***. This is the need to make full use of one's talents, capabilities, and potential. Self-actualizing persons tend to be dedicated, realistic, autonomous, creative, and open. They are not in conflict with themselves and are motivated by their own values and goals.

The theory: Individual experiencing unmet basic needs may assign lower priority to higher needs in favor of directing personal resources toward the fulfillment of those basic needs

TRIPARTITE FRAMEWORK MODEL



SOURCE: Sue, D.W. (2001). Multidimensional facets of cultural competence, *Counseling Psychologist, 29, p. 793*

NEEDS ASSESSMENTS

- Many Case Managers use a general systems perspective, which is analytic, synthetic, dynamic, and historic, simultaneously. Using this approach, the case manager would separately evaluate major life areas (i.e., medical and dental care, vocational development, social support systems, living situation, legal involvements, financial resources, substance use history, activities of daily living, and psychological functioning).

HOW DID WE CREATE OUR NEEDS ASSESSMENT

- Used existing format developed by Virginia Health Department (Medical need HIV/AIDS). Scored on a likert scale 1 to 4 with definition provided within the domains.
- Used peer reviewed research on homelessness and needs assessments use and efficacy.
- Looked at population demographics within the Downtown Los Angeles area.
- Used input from Case Managers in our buildings and our database (DOMUS).
- Program Managers as a team developed the Domains and the Needs Assessment.

WHAT DID WE DO WITH THAT INFORMATION? WE CREATED:

- 10 Domains developed and based on research
- Five Domains in which a score of 3 or 4 regardless of total score place the individual into comprehensive case management (Medical Care, Mental Health, Substance Abuse, Living Situation, Practical Assistance). These were chosen because they are often indicators for return to homelessness as well as at times hardest to access.
- Three levels of case management Limited (score 10-15), Supportive (score 16-30), or Comprehensive (score of 31+)

A LOOK AT ONE DOMAIN:

- Medical Care: Since 1989 there has been no significant change in the unmet medical needs for the homeless. *Baggett et al*. 2010, found that 73 percent of homeless persons had at least 1 unmet medical need in the past 12 months and 49 percent had 2. *Tsai et al*. *2012*, found that if we look at veterans as a sub group: while homeless veterans tend to engage and/or utilize medical services more than other homeless. However, the number in need of medical care and who have an unmet need is not significantly different.

- Research has found that even the most mentally ill homeless individual comprehends what are their needs.

- *Acosto and Toro 2000*, found that when asked it was indicated that Medical Care was in the top ten of needs and hardest to access. (ER V. Continuous care).

- As an Anectdote: I worked at Project 50.

SAMPLES

- Medical Care: 1=Established Medical home and sees provider regularly; 2= Reports occasional non-emergent care 2 or more providers; 3=Does not have an established care provider; 4=No provider and seeks out care through ER.
- Practical Assistance: 1=independent and performs all ADLs; 2=can provide for some ADLs and arrange for rest; 3=limited capacity and may benefit from IHSS; 4=extreme difficulty with ADLs, requires assistance.

OUR DOMAINS

Medical Care *
Medical Status; Need for CM Intervention; Other Medical Needs
Mental Health *
History, Risk, and/or Treatment Status
Substance Abuse *
History, Risk, and/or Treatment Status
Support System
Informal helping network, Reliability, Family involvement
Living Situation (prior to housing)*
Environment, Payments, Options
Financial Resources
Income/Savings, Benefits, Entitlements
Legal Affairs
History of incarceration, outstanding tickets, probation/parole
Practical Assistance *
Nutrition, Clothing, Hygiene, Mobility, Dependent Children
Self-Sustaining Activities (SSAs)
Alternate Activities, Social engagement, Community involvement
Dental
Significance of Dental Needs

NEEDS ASSESSMENT

- This initial needs assessment is done within 7 days of move in and is in place for 90 days and then a new one is done, after that then every 6 months or when status changes or an event or series of events effect resident.
- This needs assessment then informs our level of engagement and all phases of case management.
- This tool will allow for tracking of progress as well as provide historical data on residents.
- We have been using this tool since January 1, 2012 and have recently completed a data collection which is currently under review.

DOES IT MAKE A DIFFERENCE?

- Short answer: We believe so
- Has been in use since January 1, 2012
- A review of DOMUS indicates that there has been a three fold engagement rate in services since it's implementation when the first six months of 2011 are compared to the first six months of 2012
- A visual inspection of the documents indicates a positive progression and a decrease in need of those entering housing during the first six month of 2012 (More comprehensive analysis is being done at this time)

WHAT HAVE WE LEARNED?

- Implementing a new document with a paradigm change requires multiple trainings and should be ongoing with hands on supervision during initial implementation.
- Audits of entries during initial stages are important to ensuring proper entry and utilization.

DEMOGRAPHICS

- 47 y/o
- Homosexual
- Jewish
- HIV +
- Retired Navy
- Homeless 1.5 years (living under overpass)
- IV drug user (methamphetamines)
- Income from VA pension (1,500.00/mo)
- Last physical 3 years ago.
- Currently uses FQHCs downtown on a walk in basis.

- 1=Established Medical home and sees provider regularly; 2= Reports occasional non-emergent care 2 or more providers; 3=Does not have an established care provider; 4=No provider and seeks out care through ER.

REFERENCES

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