HFH Risk Stratification Tool (Based on VAT)

DOMAIN	1	2	3	4	5
A.PHYSICAL HEALTH	**No impairment**	**Minor or temporary health condition**	**Stable significant medical or physical issue or chronic medical condition that is being managed**	**Chronic medical conditions that is no well-managed or significant physical impairments**	**Total neglectful of physical health; extremely impaired by condition, serious health conditions with no regular follow up**
	No health complaints or chronic medical conditions; appears well; would access medical care if needed	Acute medical problems such as respiratory or skin infection but in medical care/following treatment recommendations OR recovering from minor surgery and doing well with appropriate follow up OR cast or splint but able to take care of daily activities	Chronic medical problems (diabetes, COPD, high blood pressure, heart disease, Hepatitis C, HIV, cancer in remission, on dialysis but fully adherent to dialysis schedule) with disease under control and in care of regular provider OR Sight or hearing impaired but functioning OR Over 60 years old without reported conditions but does not access care even for routine check-ups OR Chronic condition requiring access to electricity (eg sleep apnea on CPAP or oxygen concentrator) OR Normal risk pregnancy	Poorly managed chronic disease (such as diabetes, heart failure, COPD/asthma, kidney disease and poorly adherent to dialysis) OR High-risk pregnancy OR Needs medication adherence support for communicable disease (eg HIV, Hep C, or TB) OR Untreated open wounds or other acute medical condition that requires >3 days intensive health care management OR Hospitalized for a chronic disease in the last 3 months OR Blind, deaf, and/or mute and not functioning well OR Appears chronically ill and is not receiving medical attention	Multiple uncontrolled chronic diseases with severe physical disability (untreated AIDS, cirrhosis, CHF) OR 1+ end-stage disease (cancer, COPD, CHF, cirrhosis) with <1year prognosis OR 1+ acute condition that is life-threatening or threatening to limbs/functional ability

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			AND Has not been hospitalized for last 3 months		
DOMAIN	1	2	3	4	5
B.Mental Health	**No mental health issues**	**Mild MH issues**	**Moderate MH issues**	**High MH issues**	**Severe MH issues**
	Denies any history of mental illness AND Denies any symptoms of depression, anxiety, mania, or psychotic illness	Reports feeling down or anxious about situation/circumstances (e.g. situational depression) but has good coping skills and able to function OR Has mental health disorder that is well-controlled and is receiving MH care AND Does not appears highly symptomatic	Reports having MH symptoms that are moderately disrupting function AND Is already receiving mental health care OR is interested in receiving mental health services	Reports having MH symptoms that are significantly disrupting function OR Clearly symptomatic with tenuous service engagement/ not interested in treatment and not taking MH medications well OR Describes history or suicide attempts and has recent attempt in the past 6 months	Extreme symptoms that impair functioning (e.g. talking to self, severe delusions/paranoia; fearful/phobic; extreme depression or mania) regardless of engagement in MH treatment or medication adherence OR Actively suicidal or homicidal OR
DOMAIN	1	2	3	4	5
C.SUD	**No or non-problematic substance use**	**Mild SUD**	**Moderate SUD**	**High SUD**	**Severe SUD**
	No SUD or strictly social with no negative impact on functioning	Sporadic use of substances not affecting level of functioning; is aware of SUD; still able to meet basic needs most of the time	90-180 days into addiction recovery OR SUD affecting ability to follow through on basic needs; has some support available for	In first 90 days of SUD treatment with high relapse potential OR Use obviously impacting ability to function; not interested in SUD support	Active addiction with little or no interested in treatment or harm reduction efforts AND Obvious deterioration in functioning with severe symptoms of mental illness or clear cognitive

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			SUD issues; some trouble making progress goals		damage or physical threat due to SUD
DOMAIN	**1**	**2**	**3**	**4**	**5**
D.Life Skills*	**Excellent communication/self-advocacy skills**	**Minor issues with communication/self-advocacy**	**Moderate issues with communication/self-advocacy with somewhat challenging interpersonal skills**	**Significant issues with communication/interpersonal skills which require intensive support/redirection**	**Severe cognitive/communication deficits; extremely poor coping skills with very challenging behavior**
	Cognitively intact; able to communicate effectively in order to self-advocate; excellent problem-solving skills; excellent interpersonal skills; copes well with stress; practices good judgment; able to fully participate in shared decision-making processes; no behavioral or personality disorders	Cognitively intact; good communication skills; good problem solving skills; good interpersonal skills; good decision making ability but may need occasional redirection and support to solve problems or self-advocate	May have some cognitive decline; frequently needs help with communicating effectively with others; frequently needs help solving problems; has behavioral issues/poor coping skills that sometimes get in the way of making progress but usually re-directable and responsive to behavioral intervention	Significant cognitive decline; often needs help with communication or navigation; needs help with problem-solving more often than not; poor coping skills; poor judgment with frequent negative consequences; behavioral issues that often persist despite redirection that make therapeutic alliance challenging	Severe dementia or cognitive dysfunction (due to developmental delay, head trauma, prolonged drug use) that endangers client's health and wellbeing OR TWO OF THE FOLLOWING: Poor communication skills due to brain damage and/or life trauma with inability to self-advocate Poor judgment/insight with decision-making that frequently places client or others in harm's way Very poor problem-solving skills with example in past year that placed client or others in harm's way Very poor coping skills with example in past year that placed client or others in harm's way

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					Very poor inter-personal skills or behaviors with inability to create or maintain supportive or therapeutic relationships
DOMAIN	**1**	**2**	**3**	**4**	**5**
E.ADL/iADLs#	**No difficulty meeting basic needs**	**Mild difficulty meeting basic needs**	**Moderate difficulty meeting basic needs**	**High difficulty meeting basic needs**	**Severe difficulty meeting basic needs**
	Able to do all ADLs and iADLs without difficulty. Mostly able to use services to get food, clothing, takes care of hygiene, manages own finances, etc.	Some trouble staying on top of basic needs but usually can do for self (e.g. hygiene/clothing are usually clean, client is eating, client is managing budget OK); minor functional difficulty	Needs moderate assistance with ADLs but can remain independent with minimal IHSS support Needs prompting to perform iADLs but can usually perform them with minimal support	Needs significant assistance with ADLs but can remain independent with maximal IHSS or care giver support Doesn't wash regularly; goes through garbage/eats rotten food, frequently out of money and needs rep payee	Unable to perform 1+ ADL that makes independent living (even with IHSS) not safe OR Unable to perform 3+ iADLs, such as unable to access food on their own, very poor hygiene, unable to manage finances

*There are 10 WHO-classified life skills: Self-awareness; Empathy; Critical thinking; creative thinking; decision-making; problem-solving, effective communication; interpersonal relationships; coping with stress; coping with emotion

#There are six basic **ADLs**: eating, bathing, getting dressed, toileting, transferring and continence. **IADLs** are activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, doing laundry, and using a telephone.

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HOW TO USE THESE SCORES

NOTE: This scoring tool will be:

- **Added to ARE referral form**
- **Added to the RCC data collection tool and used at intake/discharge to RCC (and quarterly if recup stay exceeds 3 months)**
- **Added to the CHAMP summary page and be administered at intake and quarterly by ICMS provider;**
- **Added to the PSH RN intake and case notes in CHAMP and administered at intake, quarterly and case closure by PSH nurses**

The HFH RST scores will complement VI-SPDAT scores in determining prioritization of clients for services and housing

Street teams

- Clients with scores >3 in Domain A should be prioritized for medical recuperative care center once acute issues addressed through urgent care/ER as necessary
- Clients with scores >3 in Domain B should be prioritized for psych recup care center and/or HOME team or IMHT evaluation per DMH or homeless FSP provider
- Clients with scores >3 in Domain C should be prioritized for drug treatment interventions and/or sobering center and/or recuperative care center if physically or mentally disabled as a result of their drug use and clients concur
- Clients with scores >3 in Domain D should be prioritized for stabilization housing/ICMS provider and/or recuperative care center or ERC (Higher Level of Care) depending on extent and type of disability
- Clients with scores >3 in Domain E should be prioritized for recup care center/ICMS or ERC (Higher Level of Care) depending on extent of disability

RCC care team

- Clients with scores >3 in Domain A should be prioritized for early ICMS assignment and PSH RN follow up and IHSS if high scores persist on discharge from RCC
- Clients with scores >3 in Domain B should be prioritized for early ICMS assignment and /or FSP/RRR support and/or housing FSP program and/or and PSH RN/DMH follow up if high scores persist on discharge from RCC
- Clients with scores >3 in Domain C should be prioritized for drug treatment interventions and/or SAPC bridge recovery housing and/or PSH RN follow up if high scores persist on discharge from RCC
- Clients with scores >3 in Domain D should be prioritized for SNF or Board and Care or project-based housing with IHSS support
- Clients with scores >3 in Domain E should be prioritized for SNF or Board and Care or project-based housing with IHSS support

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PSH care team

- On intake to PSH, ICMS providers will administer the HFH RST and refer clients with scores >3 in any domain to the PSH nurse and/or behavioral health team for assessment and triaging
- Clients with scores >3 in any domain should receive more intensive health promotion services via the ICMS, including quarterly accompaniment and more frequent transitions of care interventions
- Clients with persistent scores >3 in Domain A after 3 months in PSH should be prioritized for ongoing PSH RN support and/or ERC and/or WPC CHW TOC support (as eligible) and/or more intensive ICMS health intervention support
- Clients with persistent scores >3 in Domain B should be prioritized for ongoing PSH RN support and/or ERC and/or FSP/RRR support and or WPC CHW MH support (as eligible) and/or more intensive ICMS health intervention support
- Clients with persistent scores >3 in Domain C should be prioritized for drug treatment interventions and/or HLOC and/or SAPC bridge housing and or WPC CHW SUD (as eligible) support and/or more intensive ICMS health intervention support
- Clients with persistent scores >3 in Domain D who are failing in current living environment should be prioritized for SNF or Board and Care or project-based housing with IHSS support
- Clients with persistent scores >3 in Domain E who are failing in currently living environment should be prioritized for SNF or Board and Care or project-based housing with IHSS support