

Denver Basic Income Project Inclusion Criteria Overview

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Center for Housing and Homelessness Research

Graduate School of Social Work

University of Denver



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The Denver Basic Income Project (DBIP) prioritizes an inclusive recruitment approach. DBIP stakeholders would like to have as many people experiencing homelessness be eligible for the program as possible. However, there are inclusion criteria for participation in DBIP. In order to qualify, individuals must meet the following criteria: 18 years or older, residing in Denver, connected to a Denver-based organization partnering with DBIP, and unhoused per the definition of homelessness used by DBIP.

Additionally, individuals must demonstrate that substance use and psychosis will not interfere with their participation in DBIP. To develop this particular aspect of the DBIP screening process, a range of experts in the field were consulted.

The domains of substance abuse and psychosis are measured using items from the Basis-24, a validated screening instrument that provides a global mental health score between 0 (no difficulty/symptoms never present) to 4 (extreme difficulty/symptoms always present). The idea to use the Basis-24 was recommended by professional experts in the field of substance use and mental health. The experts suggested that a score of 3.0 on the Basis-24 could serve as a cutoff requiring further assessment for participation.

The Basis-24 is comprised of six subscales. Three of them, substance abuse, psychosis, and self-harm, were initially identified as most relevant to the DBIP screening process, specifically with the goal of determining participant harm and functioning. The research team also prioritized a trauma-informed, least invasive approach in terms of the length of the screening application and the intrusive nature of the required questions.

The research team then consulted a diverse group of experts to evaluate the screening application. This expert group included clinicians, faculty members, and doctors with expertise in substance use, mental health, and engagement with the unhoused community. Experts were asked to broadly review the screening application with specific attention to the following details:

- The use of the Basis-24 as the primary screening instrument,
- The use of the substance abuse, psychosis, and self-harm subscales from the Basis-24, and
- A Basis-24 scoring threshold for exclusion from DBIP participation.

Experts were consulted at different points of the screening application development process, simply given scheduling challenges. Thus, an iterative consultation process resulted in the following decisions about the screening process for applicants of DBIP:

- The Basis-24 was accepted as a sound screening instrument, given the measured domains and included items.

- Substance abuse and psychosis were agreed upon as reasonable domains for assessing harm and functioning in prospective participants. However, experts challenged the relevance of including the self-harm subscale as criteria for DBIP participation, and the self-harm items were later removed based on agreement between experts.
- The original suggestion of a 3.0 threshold was determined to be unreasonably exclusionary, given the nature of the items and the traumatic realities of being unhoused. Thus, a cutoff of 4.0 was proposed, with the intention of making the cutoff as inclusive as possible and suggesting that only applicants presenting the most severe set of responses be precluded from DBIP participation. Feedback from one of the experts challenged the 4.0 threshold, suggesting that few if any participants would achieve a score of 4.0 on any of the subscales, given that this would require a consistent response of 4.0 on each subscale item. Thus, the following thresholds were proposed and approved by the remaining experts consulted: a score of 3.7 on any of the subscales as a firm cutoff for DBIP participation with a score of 3.5 on any of the subscales requiring self-report of treatment.
- Two clinicians, along with the research team, co-created the language used to define "self-report of treatment": "Are you currently receiving treatment specifically for mental health and/or substance abuse, including but not limited to psychiatric care, counseling/therapy, or medication?"

It is important to note that one clinician challenged the use of any screening criteria and unreasonably denying applicants in need the opportunity to participate in the DBIP. This perspective was viewed as consistent with the research team's goal of setting thresholds for participation as inclusive as possible. However, this same clinician ultimately agreed that "screening for persistent and clinically severe mental health diagnoses and substance use disorders makes sense."