

VI-SPDAT v2.0 Training

This is the quiz text from the ClassMarker VI-SPDAT Online Training Quiz

This course outlines how to complete the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), as created and owned by Community Solutions and OrgCode Consulting, Inc.

The VI-SPDAT is the result of a combination of two tools – the Vulnerability Index (VI) survey created by Community Solutions for use in street outreach, which helps to determine the chronicity and medical vulnerability of homeless persons, and the Service Prioritization Decision Assistance Tool (SPDAT) created by OrgCode as an intake and case management tool.

Upon completing this course, practitioners will have a detailed understanding of how the VI-SPDAT can be used as part of a coordinated entry system, how it should not be used, and how to implement the tool with clients.

1. About the VI-SPDAT

What is the VI-SPDAT?

The VI-SPDAT is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available.

Compare homelessness in your community to a mass casualty event that sends many people to the hospital emergency department: there will be some serious injuries that require immediate intervention, while others may be able to wait to be treated, and some injuries may not need medical attention at all. The emergency department staff will need to identify whom to treat first and why, based upon the best available evidence.

A triage tool like the VI-SPDAT allows homeless service providers to similarly assess and prioritize the universe of people who are homeless in their community and identify whom to treat first based on the acuity of their needs. It is a brief survey that service providers, outreach workers, and even volunteers can use to determine an acuity score for each homeless person who participates. The scores can then be compared and used to identify and prioritize candidates for different housing interventions based upon their acuity. Using the VI-SPDAT, providers can move beyond only assisting those who present at their particular agency and begin to work together to prioritize all homeless people in the community, regardless of where they are assessed, in a consistent and transparent manner.

Sometimes the VI-SPDAT is confused with or used interchangeably with the SPDAT. Whereas the VI-SPDAT is a triage tool (also referred to as a pre-screen tool), the SPDAT is an assessment tool. The SPDAT digs deeper into the context, history, environment and severity of an issue in a more nuanced manner

than the VI-SPDAT. To return to the metaphor of a hospital emergency department, the VI-SPDAT is the triage station asking a series of questions to confirm what is occurring and to understand a particular patient's needs in comparison to all other patients; the SPDAT is what happens when the doctor sees the patient, rounds out the understanding of the issue, and advises the appropriate treatment protocol for that individual. The VI-SPDAT is designed to determine the presence and acuity of an issue and identify clients to refer for assessment for specific housing interventions, but it is not intended to provide a comprehensive assessment of each person's needs.

It is recommended that the VI-SPDAT be used together in a community with the SPDAT, as they are complementary tools. However, communities may start with using only the VI-SPDAT and referring clients directly to different housing interventions based on their VI-SPDAT scores, although this approach is less precise than using a more comprehensive assessment.

Where there is flexibility in the wording/content, and where there is not

Each question in the VI-SPDAT ties into one or more of the components of the SPDAT. The inclusion of each question is supported by an extensive body of evidence from peer-reviewed studies and government documents, and/or extensive data from program operations.

Each word and phrase within the tool has been carefully and rigorously tested. Some questions permit adjustments to the wording to allow for differences in the local context: for example, in Question 3, "emergency room" may be changed to "emergency department" in communities where the latter is more commonly used. As you go through this course, you will see where you have some flexibility to alter a word or phrase without it having a bearing on the intent of the tool, and where you cannot change the wording.

Making changes to the wording of a question, other than those that are identified, may mean that the question will no longer be grounded in evidence and may not elicit the information for which it was designed. Permission is required from Community Solutions and OrgCode Consulting, Inc. to make amendments because they own the intellectual property of the tool.

Unlike the SPDAT assessment, which uses multiple methods for information capture, the VI-SPDAT is designed and structured to only use self-report. A person who is being surveyed using the VI-SPDAT should be able to complete it with anyone, not just the people who know her/his case history or have other information from other circumstances or sources.

The order of the VI-SPDAT cannot change. As a self-reported tool, the sequence is vitally important and links it back to the SPDAT for those communities that are using both tools.

Your community may choose to add more questions to the VI-SPDAT, as long as they are not used for scoring in any way. For example, it is common for communities to add screening questions that capture information that may be important for understanding local needs or to meet funding requirements, such as experience of domestic/intimate partner violence, military service and nature of discharge, and

whether the individual meets the federal definition of chronic homelessness. Additionally, some demographic information can be gathered that may be required for HMIS entry.

Consent

An individual must provide informed consent prior to the VI-SPDAT being completed. You cannot complete a VI-SPDAT with a client without that person's knowledge and explicit agreement. You also cannot complete the VI-SPDAT solely through observation or using known information within your organization.

About the VI-SPDAT Quiz

2. The Structure of the VI-SPDAT

Domains & Components

The VI-SPDAT is organized across four domains. Each domain is directly aligned with the domains of inquiry used in the SPDAT.

- A. History of Housing
- B. Risks
- C. Socialization and Daily Functions
- D. Wellness
- E. Family Unit

Each question within the VI-SPDAT is directly related to one or more components within the SPDAT. The "components" are the subsections of each domain area.

- History of Housing
- History of Housing and Homelessness
- Risks
- Risk of Harm to Self or Others
- Involvement in High-Risk and/or Exploitive Situations
- Interactions with Emergency Services
- Legal Issues
- Managing Tenancy

- Socialization and Daily Functions
- Self-Care and Daily Living Skills
- Personal Administration and Money Management
- Meaningful Daily Activities
- Social Relations and Networks
- Wellness
- Mental Health and Wellness and Cognitive Functioning
- Physical Health and Wellness
- Medication
- Substance Use
- Experience of Abuse and/or Trauma
- Family Unit
- Size of Family
- Interaction with Child Protective Services and/or Family Court
- Needs of Children
- Stability and Resiliency of the Family Unit
- Parental Engagement

Remember: There is absolutely nothing arbitrary about why the VI-SPDAT asks the questions that it does in the manner that it does.

The Types of Questions in the VI-SPDAT

Each question in the VI-SPDAT links into one or more components of the SPDAT. As a pre-screen tool that is used to triage clients across the entire homeless population, the questions look for the presence of a more acute issue in each component area. The SPDAT looks deeper into the nuances of these issues.

All VI-SPDAT questions result in “Yes”, “No”, “Refused”, or one-word answers. There is no elaboration or narrative required or recommended in the VI-SPDAT, unlike the SPDAT and similar tools where doing so is part of the assessment.

How the questions are structured is important in the VI-SPDAT, as is the ordering of the questions. Some questions are what are known as Linked Questions. Linked Questions are sets of two or more questions that together help determine a single scoring point. A Stand-Alone Question is when just one question is asked to determine a scoring point.

Every question must be asked, and a response must be recorded for every question – even if that response is “Refused.” This rule applies even if you know that a person meets all of the criteria to get a point for the question set once they have answered the first question.

If a person refuses to answer one of the questions in a Linked Question set, mark “Refused” and keep asking the other questions in the set. Depending on which questions are “Refused”, it may still be possible to assign a score to the Linked Question set. A Linked Question set is unusable if all of the questions that are linked together are “Refused”.

All of the questions in the VI-SPDAT, and the scoring system used for each Stand-Alone Question and Linked Question set, are described in detail in this course.

The Structure of the VI-SPDAT Quiz

3. Setting Up the VI-SPDAT

Basic Information

The survey actually begins with the collection of some basic information, such as the client’s name, age, and identifying information.

Sample script

My name is [interviewer name] and I work for a group called [organization name]. I have a short survey that I would like to complete with you. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No. Some questions require a one-word answer. I’ll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to [data privacy requirements].

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don’t understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I’ve been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It’s up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

Introductory Script

It is recommended that everyone in your community use the same introductory script. Create one that explains how your community is using the VI-SPDAT, how the information is stored, and what happens with the information collected from the VI-SPDAT. In your script, you should relay the following:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only Yes, No or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Administrative Information

The first section of the VI-SPDAT requires the interviewer to complete some administrative fields, including the interviewer's name, the agency conducting the interview, the interviewer's role, and the survey date, time, and location. This information is all administrative, and can be completed before or after the survey itself.

If you are completing this survey through your community's Homeless Management Information System (HMIS) this section may be automatically completed for you through your login information and your computer's timestamp. However, hard (paper) copies of the VI-SPDAT require this section to be completed.

Family

Age is important because the first part of the VI-SPDAT that is scored is whether the individual is 60 years of age or older. If they are, the person surveyed receives a point. This reflects the increased vulnerability of homeless seniors. Note that there is also a youth version of the VI-SPDAT. If the respondent is aged 24 or under, make sure you are filling out the correct version of the survey.

Sometimes people want to know why a person is asked both "How old are you?" and "What's your date of birth?" The reason is that it is faster for people to state their age than for the surveyor to calculate their age from the date of birth, but asking both questions ensures accuracy.

If you are completing the VI-SPDAT within your community's Homeless Management Information System (HMIS), it is part of the integrated client record in almost all instances. What this means is that

you already have some basic information, and this portion may be already completed for you. Different programs may record this information differently, and you may be asked for a client's ID number instead.

However, if you are doing the VI-SPDAT on paper or in an Excel or Access database, this section will need to be completed.

Children

While obtaining basic information about members of the family, it is important to record information about the children in the household as well. Children directly impact housing because they increase the number of bedrooms required and also impact housing affordability and finances in other ways.

First record the number of children that currently live with the family, followed by the number of children expected to move in with the family after housing. Although these children may not, in fact, move in, this question is assessing whether the household is actively looking for housing that would support those children as well.

If there is a female in the household, also ask if anyone in the family is currently pregnant. This question should be asked if there is a female present (or anyone who identifies as female), regardless of the age of the female. It helps to reduce surveyor bias if every household that includes a female is asked this question, even if it is unlikely that they are not of an age where pregnancy is likely.

Recording the names, ages, and dates of birth of the children is required for record-keeping, but there is an added purpose to this. The number of children, ages of children, and current pregnancy are used to assign a point for family size.

Scoring Questions 1-4

Questions 1-4 on the Family VI-SPDAT are Linked questions. The scoring for this section is somewhat complex.

-If the family has two parents, score 1 if there are 3 or more children either currently with the household or expecting to live with them once housed, and/or if any children are aged 6 or younger, or,

-If the family has one parent, score 1 if there are 2 or more children either currently with the household or expecting to live with them once housed, and/or if any children are aged 11 or younger, or,

-Score 1 if anyone in the family is currently pregnant

-Score 0 for any other response, including "Refused"

Individuals

Age is important because the first part of the VI-SPDAT that is scored is whether the individual is 60 years of age or older. If they are, the person surveyed receives a point. This reflects the increased vulnerability of homeless seniors. Note that there is also a youth version of the VI-SPDAT. If the respondent is aged 24 or under, make sure you are filling out the correct version of the survey.

Sometimes people want to know why a person is asked both “How old are you?” and “What’s your date of birth?” The reason is that it is faster for people to state their age than for the surveyor to calculate their age from the date of birth, but asking both questions ensures accuracy.

If you are completing the VI-SPDAT within your community’s Homeless Management Information System (HMIS), it is part of the integrated client record in almost all instances. What this means is that you already have some basic information, and this portion may be already completed for you. Different programs may record this information differently, and you may be asked for a client’s ID number instead.

However, if you are doing the VI-SPDAT on paper or in an Excel or Access database, this section will need to be completed.

Setting Up the VI-SPDAT

4. Domain A: History of Housing and Homelessness

Current Sleeping Arrangement

Family

Note: from here on, the numbering will be different for the family version versus the individual version. However, the questions are largely the same, with the exception of changing wording from “you” to “your family” in most questions. When there are more significant differences between the individual and family versions, they will be noted.

Canadian

Question 1: Where do you sleep most frequently? (check one)

This question actually assesses Risk (see Domain B), but is useful to establish a baseline, and is directly related to a person’s history of housing and homelessness.

For this question, if a person is staying anywhere other than a homeless-serving program, this is considered to be higher risk. Therefore, a score of 1 is provided if there is anything other than “Shelter” selected.

Frequently the question comes up with why staying with friends or family is considered higher risk. As the nature of the doubled-up or couch surfing situation is unknown, and may be harmful, it is considered higher risk in this circumstance.

For "Other" it is important to specify.

Scoring Question 1

Question 1 is a Stand-Alone question.

-Score 0 if the respondent is staying in a Shelter

-Score 1 for any other response, including "Refused"

American

Question 1: Where do you sleep most frequently? (check one)

This question actually assesses Risk (see Domain B), but is useful to establish a baseline, and is directly related to a person's history of housing and homelessness.

For this question, if a person is staying anywhere other than a homeless-serving program, this is considered to be higher risk. Therefore, a score of 1 is provided if there is anything other than "Shelter," "Transitional Housing," or "Safe Haven" selected.

Note that Safe Haven refers to Safe Havens for homeless individuals with serious mental illness, although the term may be used differently in different communities.

Frequently the question comes up with why staying with friends or family is considered higher risk. As the nature of the doubled-up or couch surfing situation is unknown, and may be harmful, it is considered higher risk in this circumstance.

For "Other" it is important to specify.

Scoring Question 1

Question 1 is a Stand-Alone question.

Score 0 if the respondent is staying in a Shelter, Transitional Housing, or Safe Haven

Score 1 for any other response, including "Refused"

Chronic Homelessness

Canadian

The following two questions are asked to determine acuity, but also help communities measure chronic and episodic homelessness under the Homeless Partnering Strategy. The HPS defines chronic homelessness as experiencing 6 or more months of homelessness in the past year, and episodic homelessness is defined as 3 or more episodes of homelessness in the past year. Questions 2 and 3 assist in measuring this.

Question 2: How long has it been since you lived in permanent stable housing?

This question is interested in the duration of the current episode of homelessness. Since persons experiencing homelessness may sleep in multiple places while homeless, we find it is easier to simply ask how long it has been since they were housed.

“Permanent, stable housing” has two components.

Permanent housing is housing that is not temporary (i.e. halfway house, Transitional Housing) in that there was no time limit imposed on the person living there. A person who moved in with their friend “until they could find another place” is considered temporary, but if they lived with a friend who had a spare room and they shared the rent and the friend was okay with them living there indefinitely, that is considered permanent. If the person is unsure, ask if they felt it was a permanent arrangement.

Stable housing is housing that is reliable and that the person can return to every day without fear of being locked out, or having to move frequently. It is housing that the person feels comfortable enough saying it is their home. If the person is unsure, ask if they felt it was a stable arrangement.

Question 3: In the last year, how many times have you been homeless?

This includes any and all types of homelessness. This may include living in a car, transitional housing stays, doubled up, couch surfing, living outdoors, staying in shelters, etc. This also includes homelessness during periods of incarceration or during hospital stays. This does NOT include adult children living with parents.

Sometimes, for people who are chronically or episodically homeless, it can be easier to count the number of times they have been housed and became homeless again. Moving from an encampment to a hospital to a shelter might seem like more than one episode of homelessness, but since they were not housed at any point during this time, it is still one episode.

Question 3 can be modified. Instead of saying “In the past year” you may replace it with “Since last [insert month or season equal to one year ago] how many times have you been homeless?”

Scoring Questions 2-3

Questions 2 and 3 are Linked Questions, meaning that the responses to both questions impact the respondent's VI-SPDAT score in this domain.

Score 1 if the respondent has been homeless for 6 or more months, or the respondent has been homeless 3 or more times, or both.

Score 0 for any other response, including "Refused"

American

The following two questions are asked to determine acuity, but also help communities measure chronic homelessness under the Department of Housing and Urban Development (HUD). HUD has defined chronic homelessness as an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. Questions 2 and 3 assist in measuring this.

Question 2: How long has it been since you lived in permanent stable housing?

This question is interested in the duration of the current episode of homelessness. Since persons experiencing homelessness may sleep in multiple places while homeless, we find it is easier to simply ask how long it has been since they were housed.

"Permanent, stable housing" has two components.

Permanent housing is housing that is not temporary (i.e. halfway house, Transitional Housing) in that there was no time limit imposed on the person living there. A person who moved in with their friend "until they could find another place" is considered temporary, but if they lived with a friend who had a spare room and they shared the rent and the friend was okay with them living there indefinitely, that is considered permanent. If the person is unsure, ask if they felt it was a permanent arrangement.

Stable housing is housing that is reliable and that the person can return to every day without fear of being locked out, or having to move frequently. It is housing that the person feels comfortable enough saying it is their home. If the person is unsure, ask if they felt it was a stable arrangement.

Question 3: In the last three years, how many times have you been homeless?

This includes any and all types of homelessness. This may include living in a car, transitional housing stays, doubled up, couch surfing, living outdoors, staying in shelters, etc. This also includes

homelessness during periods of incarceration or during hospital stays. This does NOT include adult children living with parents.

Sometimes, for people who are chronically or episodically homeless, it can be easier to count the number of times they have been housed and became homeless again. Moving from an encampment to a hospital to a shelter might seem like more than one episode of homelessness, but since they were not housed at any point during this time, it is still one episode.

Question 3 can be modified. Instead of saying “In the past three years” you may replace it with “Since [insert date and year equal to three years ago] how many times have you been homeless?”

Scoring Questions 2-3

Questions 2 and 3 are Linked Questions, meaning that the responses to both questions impact the respondent’s VI-SPDAT score in this domain.

Score 1 if the respondent has been homeless for 1 or more years, or the respondent has been homeless 4 or more times, or both.

Score 0 for any other response, including “Refused”

Domain A: History of Housing and Homelessness Quiz

{Questions removed...}

5. Domain B: Risks

Emergency Service Use

Question 4 examines the frequency of the respondent’s interaction with various emergency services.

4. In the past six months, how many times have you...

The literature confirms that to increase accuracy, you should assist the client’s recall by putting the past 6 months in context. The best way to do this is to count back, out loud, with the individual. For example, let’s say today’s date is July 14. You would say, “The next questions are about things that have happened in the last six months. Let’s count back: July to June is one, June to May is two, May to April is three, April to March is four, March to February is five, February to January is six. So, since the middle of January how many times have you...” It is also helpful to include a landmark date when appropriate; for example, at the beginning of July, you might ask “Since New Year’s, how many times have you...”

a) Received health care at an emergency department/room?

In your community, use whichever is used most common – emergency department or emergency room. This question is examining the number of times the individual has engaged with emergency resources for the purposes of health care. Times when an individual goes to the emergency department for purposes other than health care (for example, to warm up on a cold night but does not engage with health care; to use the restroom but does not engage with health care) are not counted.

b) Taken an ambulance to the hospital?

Ultimately this is about any incident where a cost is incurred through an ambulance/EMS interaction. The interaction with the ambulance is also about the purposes of health care. Let us say John gets hurt and his friend Bob rides along with John to the hospital. That is John's interaction with the ambulance, not Bob's.

c) Been hospitalized as an inpatient?

Hospitalizations should not be confused with length of hospital stay. For example, someone that has a heart attack may be in hospital for seven days. That is one hospitalization.

d) Used a crisis service, including rape crisis, mental health crisis, domestic violence, distress centers and suicide prevention hotlines?

This includes any interaction with a crisis service on the person's own behalf, whether that is in person or through other means like over the phone. Depending on your community – or the location where you are completing the survey – you may add something like "...or youth runaway hotline, or bad date crisis line?"

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?

An interaction with police has to be for the purpose of law enforcement: this includes circumstances where the person was the victim of a crime, the witness to a crime, or the alleged perpetrator of an offence. A police officer saying hello to someone would not be considered an interaction; a police officer threatening someone with a ticket if they do not move along would count.

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?

As with hospitalizations, the length of stay should not be confused with number of interactions. If a person was suspected of involvement in a crime and held in police custody for two nights before being released, that is one interaction. Again, we are ultimately looking for any incident where there is a cost incurred, directly related to providing lodging for someone involved with law enforcement.

Scoring Question 4

The scoring for Question 4 is slightly different than other questions.

Score 1 if the total number of interactions with emergency and health services identified in question 4 is 4 or more.

Score 0 if the total number of interactions identified in question 4 is less than 4.

Risk of Harm

Question 5: Have you been attacked or beaten up since you've become homeless?

This question examines whether the individual has been in an altercation and/or harmed at the hands of another. This covers the entire time they have been homeless, including every instance of homelessness in their lifetime (not just the most recent consecutive period of homelessness).

Question 6: Have you threatened to or tried to harm yourself or anyone else in the last year?

This question examines whether the individual has suggested, through words or actions, that they were going to harm him- or herself or another person, as well as if they have actually attempted to harm themselves or any other person in the last 12 months. The person does not need to have been homeless at the time of these threats or attempts.

Scoring Questions 5-6

Questions 5 and 6 are Linked Questions.

Score 1 if the responses to Questions 5 or 6 is “Yes”

Score 0 if the responses to Questions 5 and 6 are some combination of “No” or “Refused”

Legal Issues

Question 7: Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place?

The phrase “legal stuff” includes any type of legal matter such as being on a registered offender list, outstanding warrants, moving violations, pending charges, etc. The term “legal stuff” is used here because testing of the SPDAT and VI-SPDAT indicates that this phrasing was best understood by respondents to include a broad range of justice system interactions. For the “legal stuff” to count in this question, it must be an issue that can result in either being incarcerated or having to pay a fine for an offence.

Ultimately, this question is looking for the impact of legal issues on housing stability. If a person is likely to be incarcerated, they likely won't be able to pay their rent. If a person is likely to have to pay fines that impact their ability to pay rent, again, their housing stability is at risk. Other legal issues may also impact housing stability on a similar level.

Scoring Question 7

Question 7 is a Stand-Alone Question.

Score 1 if the respondent answers “Yes”

Score 0 if the respondent answers “No” or “Refused”

Exploitation

Question 8: Does anybody force or trick you to do things that you do not want to do?

This question is examining the issues of exploitation and victimization. The use of force may be through physical or emotional means. The use of “trick” is often only understood through hindsight. The individual did not know they were being tricked at the time of the activity, but realizes or discovers they were after the fact.

Question 9: Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?

It should be noted at the start of this question that it states "considered to be risky" so as to convey that the question is without judgment.

This question is often the first time in the survey that someone will attempt to provide more information than what you are asking for – and should that occur, politely interrupt and let them know that you are seeking to know if they do any of these types of things, not which specific thing or the context in which that occurred. Surveyors have also found it helpful to put the emphasis on the last part of the sentence..."or anything like that" so as to verbally convey that you are not seeking specifics.

Scoring Questions 8-9

Question 8 and 9 are Linked Questions.

Score 1 if the responses to Questions 8 or 9 is "Yes"

Score 0 if the responses to Questions 8 and 9 are some combination of "No" or "Refused"

Domain B: Risks Quiz

6. Domain C: Socialization & Daily Functions

Money Management

Question 10: Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?

Note: The Canadian version replaces the reference to "IRS" with "CRA"

This question should not be confused with asking whether the person owes anybody money. This question gets at the risks of indebtedness or a perception of indebtedness, in addition to the possibility of debt.

Question 11: Do you get any money from the government, a pension, an inheritance, working under the table, or a regular job, or anything like that?

This question examines whether people have a source of money. Put the emphasis on how you ask "or anything like that?" so as to be clear that you are not looking for specifics of how they get money.

Scoring Questions 10-11

Question 10 and 11 are Linked Questions.

Score 1 if the response to Question 10 is “Yes” and/or the response to Question 11 is “No”

Score 0 if the response to Question 10 is “No” or “Refused” and the response to Question 11 is “Yes” or “Refused”

Meaningful Daily Activity

Question 12: Do you have planned activities other than just surviving that make you feel happy and fulfilled?

This question considers whether the respondent regularly engages in activities that they choose and that provide personal satisfaction and a sense of intellectual, emotional, social, physical or spiritual fulfillment.

Scoring Question 12

Question 12 is a Stand-Alone question.

Score 1 if the respondent answers “No”

Score 0 if the respondent answers “Yes” or “Refused”

Self-Care

Question 13: Are you able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

This question is assessing whether the respondent self-reports both having access to and the ability to take care of basic needs, including personal hygiene.

Scoring Question 13

Question 13 is a Stand-Alone question.

Score 1 if the respondent answers “No”

Score 0 if the respondent answers “Yes” or “Refused”

Social Relationships

Question 14: Is your current homelessness in any way because of a relationship that broke down, an unhealthy or abusive relationship, or because friends or family caused you to become evicted?

This question is designed to explore whether the respondent has relationships that may have some negative consequences for his or her housing stability. As with Question 9, the respondent may feel the

need to elaborate on their response. If this occurs, gently remind them that you are only looking for a “yes” or “no” answer.

Scoring Question 14

Question 14 is a Stand-Alone question.

Score 1 if the respondent answers “Yes”

Score 0 if the respondent answers “No” or “Refused”

Domain C: Socialization & Daily Functions Quiz

7. Domain D: Wellness

Physical Health

Question 15: Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

This question is assessing whether the respondent’s physical health is impacting their housing stability. It does not matter whether the reason was official or unofficial; the important part is whether the respondent feels that physical health was the reason.

Question 16: Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?

This question is derived from the Vulnerability Index and is assessing, in part, risk of heightened mortality while homeless due to serious physical health issues. Again, we are not interested in the details of the chronic health issue, simply a yes or no response.

Question 17: If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

This question is not assessing whether the person has HIV/AIDS. Instead, it is assessing whether, if they live with HIV/AIDS, they are interested in receiving programs or services for that health issue.

Note: the Canadian version does not ask this question.

Question 18: Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help?

This question is not asking whether the person has a physical disability, but like many other questions is inquiring whether the disability would impact housing stability or their ability to find and maintain housing.

Question 19: When you are sick or not feeling feel, do you avoid getting help?

This question is asking specifically about medical attention. The question assesses whether, when a health issue arises, it is typically addressed or ignored for any reason. It is important to note that some individuals may prefer to seek medical attention but may be unable to do so for various reasons including financials – this is considered avoiding getting help, since they are choosing not to receive assistance at that time.

Question 20: For female respondents only: Are you currently pregnant?

This question should be asked if the respondent is female (or identifies as female), regardless of the age of the female. It helps to reduce surveyor bias if every household that includes a female is asked this question, even if it is unlikely that they are not of an age where pregnancy is likely.

Note: the Family version does not ask this question, because it has already been asked earlier.

Scoring Questions 15-20

Question 15 through 20 are Linked Questions.

Score 1 if the responses to any of Questions 15-20 is “Yes”

Score 0 if the responses to all of Questions 15-20 are some combination of “No” or “Refused”

Substance Use

Question 21: Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

This question is inquiring whether this has happened at any point in her/his lifetime. It is not inquiring whether a person drinks alcohol or uses drugs; instead it focuses on the impact of that on housing stability. Perhaps drinking or drug use meant there was no money left for rent, or perhaps partying led to landlord or neighbor disputes that resulted in eviction. If the respondent was staying with their parents or a friend and were kicked out due to drug or alcohol use, that is counted as a “yes.” The important part is whether the respondent feels that they lost their housing because of their drinking or drug use.

Question 22: Will drinking or drug use make it difficult for you to stay housed or afford your housing?

While Question 21 asks about the past, Question 22 is inquiring about the future. Like Question 21, however, the response to this question depends on the person's perception of themselves. The important part is whether the respondent feels their future housing stability will be negatively impacted by their drinking or drug use.

Scoring Questions 21-22

Questions 21 and 22 are Linked Questions.

Score 1 if the respondent answers "Yes" to either Question 21 or 22

Score 0 if the respondent answers "No" or "Refused" to both Question 21 and 22

Mental Health

Question 23: Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

This question is inquiring whether this has happened at any point in her/his lifetime. It is not inquiring whether a person has an issue related to mental health; instead it focuses on the impact of that on housing stability. The reason does not need to be explicit; the important part is whether the respondent feels that they lost their housing because of their mental health concern.

a) A mental health issue or concern?

This does not need to be a diagnosed or even diagnosable mental health issue. It is only concerned with whether the respondent considers their mental health a reason for losing their housing at some point.

b) A past head injury?

This question is inquiring about harm to the brain, which includes both acquired and organic brain injuries regardless of how the harm occurred.

c) A learning disability, developmental disability, or other impairment?

This question determines whether the person may have these types of disabilities. Again, the circumstances do not matter, simply whether the respondent feels that their disability or impairment has in some way resulted in a loss of housing.

Question 24: Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help.

While Question 23 asks about the past, Question 24 is inquiring about the future. Like Question 23, however, the response to this question depends on the person's perception of themselves. The

important part is whether the respondent feels their future housing stability will be negatively impacted by their mental well-being.

Scoring Questions 23-24

Questions 23 and 24 are Linked Questions.

Score 1 if the respondent answers “Yes” to either Question 23 (any part) or 24

Score 0 if the respondent answers “No” or “Refused” to both Question 23 (every part) and 24

Tri-Morbidity

Tri-Morbidity occurs when the person has a physical health issue, mental health issue and substance use issue at the same time. The presence of Tri-Morbidity is determined by examining the respondent’s scores in the sections of the Wellness domain that address Physical Health, Mental Health and Substance Use.

If your VI-SPDAT is being entered into your HMIS, this is most likely auto-calculated for you. If you are doing the VI-SPDAT on paper, you will need to search for a “1” Score for Physical Health, a “1” Score in Mental Health, and a “1” Score in Substance Use.” If these conditions are met, the person receives a score of 1 for Tri-Morbidity.

Scoring Tri-Morbidity

Score 1 if the respondent has a score of 1 in all of Physical Health, Mental Health, and Substance Use

Score 0 if the respondent has a score of 0 in any of Physical Health, Mental Health, or Substance Use

Medications

Question 25: Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

This is trying to determine if the person is not taking a medication that a health care professional believes she/he should be taking. If you live in a location where nurse practitioners can prescribe medications, that would be included equally to “doctor.” Also note that “doctor” includes mental health professionals such as psychiatrists that can prescribe medications.

Question 26: Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?

This question is a follow-up to Question 25, and is trying to get at whether those who take their medications do so in a way that is not speeding recovery. Again, “doctor” can include any health or mental health professionals that can prescribe medications.

Scoring Questions 25-26

Questions 25 and 26 are Linked Questions.

Score 1 if the respondent answers “Yes” to either Question 25 or 26

Score 0 if the respondent answers “No” or “Refused” to both Question 25 and 26

Experience of Abuse or Trauma

Question 27: Yes or No – Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?

While most questions up to this point have been Yes or No questions, this question starts in that way so as to remind the respondent indirectly that no particular details are being sought. This question is inquiring about two different things – if they have experienced abuse/trauma and not sought help for it, and/or if they have experienced abuse/trauma and believe that abuse/trauma caused their homelessness.

Note that this is the only question in the VI-SPDAT that was not written by the primary authors of the tool (OrgCode Consulting and Community Solutions). This question was written by experts in trauma and abuse and is specifically worded to decrease the likelihood of re-traumatizing someone through the asking of the question.

Scoring Question 27

Question 27 is a Stand-Alone Question.

Score 1 if the respondent answers “Yes”

Score 0 if the respondent answers “No” or “Refused”

7. Domain D: Wellness Quiz

8. Calculating the VI-SPDAT Score

Once you have completed the VI-SPDAT survey, the scores for each question will be added to calculate sub-totals for each domain and a total VI-SPDAT score.

If you use the VI-SPDAT along with the SPDAT or another assessment tool, the scoring of the VI-SPDAT informs who should be assessed for which type of housing intervention (e.g., Rapid Re-Housing or Permanent Supportive Housing/Housing First).

If you are solely using the VI-SPDAT at this point in your community, instead of the VI-SPDAT suggesting a particular type of assessment, it may be used to identify which clients will be referred to specific housing interventions. However, this is less precise than using the VI-SPDAT in conjunction with an assessment tool. For example, a full assessment for individuals whose VI-SPDAT scores place them at the cut-off point from one intervention to another (i.e. 3/4, or 7/8) results in greater clarity as to where and how the household will be best supported and housed.

Calculating the VI-SPDAT Score Quiz