

VI-SPDAT Instructional Guide

Ohio Balance of State Continuum of Care

Background

The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) is an assessment tool that helps providers better understand the severity of need of clients and helps determine which clients to prioritize for available permanent housing (PH) resources. The VI-SPDAT is the common assessment tool that has been adopted for use by the Ohio Balance of State Continuum of Care (BoSCoC).

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 develop basic understanding of the 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.

When the VI-SPDAT is Administered

After an individual or household has entered the emergency shelter/crisis response system, completion of an assessment helps determine the level of need of the persons experiencing homelessness and helps inform referral and prioritization decisions to connect them to the most appropriate housing or service intervention to end homelessness quickly.

The Ohio BoSCoC Coordinated Entry Operational Manual outlines the process for VI-SPDAT administration as follows:

All emergency shelter/crisis response providers complete the VI-SPDAT on all households in shelter as outlined below:

- *The VI-SPDAT should be completed no sooner than 5 days after shelter entry, and no later than 8 days after entry.*

- *Results of the VI-SPDAT should be recorded in HMIS, per the Ohio BoSCoC HMIS Policies and Procedures and Data Quality Standards.*

Emergency shelter/crisis response providers complete the VI-SPDAT immediately, or take other action, in the following cases:

- *Any individual encountered during outreach that is living in an unsheltered location and must remain unsheltered (i.e. individual declines shelter or limited bed/hotel voucher availability) must be assessed immediately.*
- *If a resident seems to need assistance to exit shelter ASAP for their well-being (e.g. exhibiting severe mental health needs/issues), assessment may be done immediately.*
- *Individuals/households with previous episodes of literal homelessness, including those identified as chronically homeless, must have their assessment done immediately at entry into the shelter.*
 - *Information about past episodes of literal homelessness must be collected during the intake process (and entered into HMIS for HMIS participating shelters). This data should be used to identify households needing immediate assessment.*
- *Homeless veterans are immediately referred to the local SSVF provider. No assessment needs to be done by the shelter provider unless the veteran has declined SSVF assistance or is determined to be ineligible for VA assistance.*
 - *In this case, the emergency shelter/crisis response provider will follow the CE procedures to determine prioritization for available PH resources.*
- *Individuals/households should be re-assessed under the following circumstances:*
 - *The nature of homelessness has changed significantly, i.e., someone has become seriously ill, a head of household change, or any situation that renders the individual or household eligible for greater or lesser intensity of services.*

VI-SPDAT Tools

There are three tools in the VI-SPDAT series - the VI-SPDAT for Individuals (VI-SPDAT), the VI-SPDAT for Families (VI-F-SPDAT) and the VI-SPDAT for Transition Age Youth (TAY-VI-SPDAT). Visit <https://cohhio.org/boscoc/coordinated-entry/> to access the tools.

VI-SPDAT V3 for Individuals

Use VI-SPDAT V3 for Individuals when the household is a single person that is 25 years of age and older.

VI-F-SPDAT V3 for Families

Use the VI-SPDAT V3 for Families (VI-F-SPDAT) when the household includes more than one person. The VI-F-SPDAT can be used on a household with or without children. If the household presents with no children, but identifies as wanting to live together, complete a VI-F-SPDAT. If they have flexibility and would consider living separately you can complete two VI-SPDATs for single adults.

TAY-VI-SPDAT V2 for Transition Age Youth

Use the TAY-VI-SPDAT for Transition Age Youth when the household is a single person that is 24 years of age and younger. If the TAY household includes more than one person (with or without children), use the VI-F-SPDAT.

All BoSCoC providers must use the VI-SPDAT for individuals and families. The TAY-VI-SPDAT will be implemented incrementally at the regional level. No region should be using the TAY-VI-SPDAT unless you have gone through the Ohio BoSCoC TAY-VI-SPDAT training process.

Completing the VI-SPDAT with Clients

Common Challenges

As Ohio BoSCoC providers have administered the tool, common challenges have been raised. This section provides further explanation or proposed solutions for how best to address these concerns.

Yes or No Responses

Some providers have expressed concern about questions being overly personal, but requiring a yes or no response. Many VI-SPDAT questions are designed to elicit “yes” or “no” answers. This way if a client is asked about having engaged in a (list of) risky behaviors and the particular behavior they engaged in is not on the list, then the phrase, “anything like that” should elicit a “yes” or “no” response. In addition, assessors do not want to know which behavior was engaged in, just whether or not there was risky behavior.

While we recognize the tool is designed to elicit these responses, we encourage providers to take a person-centered approach when administering the tool, and suggest that assessors provide time after the assessment for clients to discuss any sensitive topics that may have been covered.

Trusting the VI-SPDAT and the Resulting Score

Some providers have expressed concern that the score the VI-SPDAT generates does not accurately reflect their client’s true need for services. It is important to remember that the BoSCoC encourages providers to utilize the VI-SPDAT score to inform housing referrals and prioritization decisions, but it is not the only piece of information used to make that decision. If there are instances where the score does not adequately capture the level of need, staff may advocate for their clients using information at their disposal (i.e. information shared during case management) that is not reflected in the score.

Clarifying Questions for Informational Purposes

Some providers have expressed concern over clients not understanding terms used in VI-SPDAT questions. As referenced above in the opening script, if a participant or assessor does not understand a question, clarification can be provided. It’s okay to rephrase questions or provide examples to clarify intent. Self-reporting remains the primary goal, but known information from documentation or observations can be included. In order to not alter the question in a way that could impact scoring, focus on providing clarity in terms within the question rather than reframing the question.

Flexibility in Wording and Content

The VI-SPDAT is designed and structured to primarily 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; however, as noted previously, known information from case notes and observations may be included. If doing so, however, supplementary information should be shared with the client so that they may make any needed corrections to the information.

The order of the VI-SPDAT questions cannot change.

Consent

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

Components of the VI-SPDAT

The VI-SPDAT is organized into three sections. Each section is directly aligned with assessments in Clarity, the Ohio BoSCoC HMIS product:

1. Presenting Needs
2. Housing History and Chronic Homelessness Determination
3. Vulnerabilities and Housing Support Needs

Note: The VI-F-SPDAT begins with Section One: Children in the Household, followed by Section Two: Presenting Needs, etc.

The Types of Questions in the VI-SPDAT

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.

Every question must be asked, and a response must be recorded for every question – even if that response is "Refused."

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".

Setting Up the VI-SPDAT

Basic Information

In the VI-SPDAT V3, the survey begins with the collection of some basic information, such as the client's name, age, gender, and identifying information.

Introductory Script

How the VI-SPDAT is introduced to clients can have significant implications; therefore, it is important that every assessor utilize an introductory script during assessment so clients understand what the VI-SPDAT is, why it is being used, how the results will be used, and issues surrounding privacy.

The VI-SPDAT includes an opening script. While you do not have to use the VI-SPDAT Opening Script, everyone must utilize some introductory script when assessing clients. Every assessor in your region, regardless of organization completing the VI-SPDAT, should use the same introductory script. If the region decides to utilize a script other than the VI-SPDAT Opening Script, the script must highlight the following information:

- *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, 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*

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.

Some people tell me what they want me to hear rather than telling the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. So, please answer as honestly as you feel comfortable doing.

VI-SPDAT Detail

The following sections include guidance on selected questions from the VI-SPDAT including how to ask the question, what the question is aiming to understand, and other helpful information.

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.

VI-F-SPDAT: 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 move in, this question is assessing whether the household is actively looking for housing that would support the additional children.

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

Scoring Questions 1-4

Questions 1-4 on the VI-F-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.

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.

Score 1 if anyone in the family is currently pregnant.

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

Section One: Presenting Needs

From here on, the numbering will be different for the family version of the VI-SPDAT 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.

Question 1: Most days can you find a safe place to sleep?

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. Please note, there are no Safe Haven projects in the Ohio BoSCoC.

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.

Section Two: Housing History and Chronic Homelessness Determination

The following two questions are asked to determine acuity, but also help communities measure chronic homelessness. 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.

Question 1: How long has it been since you lived in stable, permanent 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. If they lived with a friend who had a spare room, rent was shared, and the friend was okay with them living there indefinitely, the situation 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 2: 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 5: Have you ever lived in a home that you own or an apartment in your name?

This question helps inform housing history. Research has shown that people of color, survivors of intimate partner violence, young people, and transgender-identified households are more likely to have not had ownership or a lease in their name in the past.

Section Three: Vulnerabilities & Housing Support Needs

Emergency Service Use

Question 8: In the last 6 months, how many times have you...

Question 8 examines the frequency of the respondent's interaction with various emergency services. To increase the accuracy of responses, 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 room/department?

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?

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 who has a heart attack may be in hospital for seven days. That is one hospitalization.

d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention?

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. In the last 6 months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that?

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. In the last six months, how many times have you stayed one or more nights in jail, a hold cell or prison?

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.

Question 9: Since you have been homeless...

a. Since you have been homeless, have you been beaten up or assaulted?

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).

b. Since you have been homeless have you threatened to beat up or assault someone else

This question examines whether the individual has suggested, through words or actions, that they were going to harm another person, as well as if they have actually attempted to harm 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.

Question 12-16: Do you have any legal stuff...

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 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.

Question 12: Does anyone trick, manipulate, exploit or force you to do things 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 13: Where do you sleep most frequently?

It is important and necessary to understand where the person is sleeping to help understand their experience of homelessness and, in some instances, better address immediate needs, particularly related to safety and risk.

Question 14: Do you ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, 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.

Question 15: Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that?

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 21: Do you get any money from the government, a job, working under the table, day labor, an inheritance or a pension, 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.

Question 18: Do you have planned activities, other than activities for survival, at least four days per week 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.

Question 19: Do you have a collection of belongings that gets in the way with your ability to access services or housing?

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.

Question 20: Would you say that your current homelessness was caused by a relationship that broke down?

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.

Question 26: Would you say that your current homelessness was caused by an unhealthy or abusive relationship?

This question helps understand social relationships and networks that may have contributed to homelessness, helps screen for Domestic and Intimate Partner Violence, and can be helpful for service planning and guest management moving forward.

Question 21: Do most of your family and friends have stable housing?

People with stably housed friends and family may have accommodation options outside the homelessness service delivery system. This question also gives insight into households' personal relationships and networks that may contribute to community integration and housing stability once housed.

Question 22: Are you 60 years of age or older?

People who are 60 years of age or older are more vulnerable than their younger counterparts.

Question 23: Do you have any physical or mental health issues or cognitive issues including a brain injury, that you would require assistance to access or keep housing?

Within Fair Housing expectations, it is okay to understand if people have physical or mental health issues or disabilities, but it is not legally okay to know about and prioritize based upon specific aspects of these issues.

Question 24: 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.

Questions 25: Do you use alcohol or drugs in a way that it...

Question 25 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.

a. Do you use alcohol or drugs in a way that it impacts your life in a negative way most days?

b. Do you use alcohol or drugs in a way that it makes it hard to access housing?

c. Do you use alcohol or drugs in a way that it would require assistance to maintain housing?

Question 26: Are there any medications that, for whatever reason:

These questions are trying to determine if the person is not taking a medication that a health care professional believes she/he should be taking. The questions examine how medication might affect the housing process. Note that "doctor" includes nurse practitioners as well mental health professionals such as psychiatrists that can prescribe medications.

a. Are there any medications that, for whatever reason a doctor said you should be taking but you are not taking?

b. Are there any medications that for whatever reason you sell instead of taking?

c. Are there any medications that for whatever reason you use in a way other than how it is prescribed?

d. Are there any medications that for whatever reason you find impossible to take, forget to take or choose not to take?

Question 27: Has your homelessness been caused by any recent or past trauma or abuse?

Please note that this question is not asking for any particular details about a possible traumatic experience. This question is inquiring about two different things – if they have experienced abuse/trauma and/or if they have experienced abuse/trauma and believe that abuse/trauma caused their homelessness.

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.

The score will be used to prioritize the client(s) in prioritization meetings in your region (if applicable).