# Revising an Assessment Score Using the VI-SPDAT Score Revision Tool

**Eligibility for Score Revision**

While self-report by the client remains the primary way information is captured on the VI-SPDAT, providers can now include known information about the client from case notes, observations, documentation, and what has been communicated with consent by professionals to complete the VI-SPDAT. Therefore, clients will only be eligible for score revision in extremely narrow circumstances.

Score revision should only be used when:

* A provider discovers evidence of a client vulnerability related to a scored VI-SPDAT factor that was not accessible or able to be incorporated into the VI-SPDAT questionnaire at the time of the original assessment; and
* Incorporating this evidence of vulnerability into the VI-SPDAT questionnaire would significantly impact the client’s VI-SPDAT score and therefore prioritization for housing through coordinated entry.

If a provider has documentation or information that conflicts with a client’s self-report while the provider is completing the VI-SPDAT, then the provider can change the score in real time if the client does not object.

Providers must carefully consider whether the score revision process would result in an impactful prioritization change for their client. For example, changing 1 point on the VI-SPDAT so a client’s score goes from 3 to 4 will not have a significant impact on their chances of getting housing through coordinated entry. A score change from a 7 to a 13 may have a significant impact on their chances of getting referred for housing and the type of housing intervention they are eligible for. Providers should use the following chart, summarizing Napa’s standards for referral through coordinated entry, to help guide their decision-making.

|  |  |
| --- | --- |
| Housing Intervention Referred To | VI-SPDAT Score |
| Diversion | 0-4 |
| Rapid Re-housing (RRH) | 5-9 & 10-13 (as bridge housing to PSH if appropriate) |
| Permanent Supportive Housing (PSH) | 10 +  |

**Process for Score Revision**

If a client is eligible, as described above, the score revision tool can be completed. The score revision tool must include an attachment containing third-party documentation. Staff must comply with all applicable privacy regulations in obtaining third-party documentation[[1]](#footnote-1).

Providers must email the tool plus supporting documentation to Brandee Freitas at brandee.freitas@countyofnapa.org in an encrypted (password protected) file. Napa County staff will then call for a meeting of the Score Revision Committee. Committee meetings will be open to providers to present the score revision information.

At the Score Revision Committee meeting, the staff member or supervisor requesting the score revision will present relevant information and documentation. Score Revision Committee members will then review this information and decide whether a score change is appropriate by majority vote of those present.

**Criteria for VI-SPDAT Re-assessment**

Providers shall reassess clients using the community-approved assessment tool when the client's prior assessment is:

* Out of date (older than one year)
* When the client provides new previously undocumented information that impacts their level of vulnerability; or
* Whenever participants experience major changes in health or life circumstances.

Examples of major life changes include:

* Change in family composition
* Significant change in income
* New or newly disclosed disability
* Incarceration or hospitalization
* Incident or experience of trauma
* Increased risk of harm
* Participation in treatment or community programs
1. Examples of third-party documentation:

HMIS record

Letter from another outreach or case worker, other than the staff member requesting the score change

Should include statement that verifies that based on their direct work with client, staff has information, observations, and/or facts that indicate acuity is not accurately depicted on the first assessment and that the current VI-SPDAT score is:

Drastically different than what documented history reflects and

Self-report appears to be seriously impacting appropriate housing intervention level

Documentation from an institution (ex. rehab, hospital) [↑](#footnote-ref-1)