

Santa Clara County VI-SPDAT for Single Adults

This packet includes:

- Local Instructions & Script for using the VI-SPDAT
- VI-SPDAT for Single Adults
- Additional Questions for assessing Program Eligibility

Santa Clara County VI-SPDAT Instructions

Before Completing the VI-SPDAT:

- 1. Check in HMIS to see if the individual/family has already completed a VI-SPDAT** by looking under the Assessments Tab.
- 2. Upload a Signed Client Consent Form into HMIS:** No information, including the VI-SPDAT, may be entered into HMIS until a signed client consent form (aka Release of Information or ROI) is uploaded into HMIS.

Completing the VI-SPDAT:

- 1. Select the appropriate version of the VI-SPDAT:**
 - a. VI-SPDAT for Single Adults** – Use this version for adults age 25 or older with no children in the household.
 - b. VI-SPDAT for Families** – Use this version for households with at least one child under the age of 18.
 - c. TAY VI-SPDAT** – Use this version for transition age youth (age 18-24) and unaccompanied minors.
- 2. Introduce the VI-SPDAT:** Explain to the client what you are doing using the introductory script on the next page.
- 3. Complete All Questions:** Complete the VI-SPDAT and follow-up questions, including the additional questions on the last page of this packet.
 - a. While self-report is still the primary way that information is captured in the VI-SPDAT,** assessors can also incorporate other limited sources of information to complete the assessment. The assessor can remind clients of past responses, and can use other information that the client consented to share in HMIS or other sources.
 - When using external information, be transparent and tell the respondent about the information you are planning to use in the assessment. Assessors must give the client a chance to correct this information.
 - If there is a discrepancy between the answer the client gives during the assessment and the external information, assessors must use the answer provided by the client.
 - If external information is used during the assessment process, the source of that information must be recorded in the Notes tab in HMIS.
- 4. Enter the VI-SPDAT in HMIS:** You can find the VI-SPDAT under the Assessments tab within a Program enrollment in HMIS.
 - a. If the Assessment Score is 4 or Higher, or a Veteran of any score:** Refer the assessment to the community queue in HMIS.

After Completing the VI-SPDAT:

- 1. Collect Contact Information:** Collect as much contact information as possible (phone, email, service provider or case manager that the individual/family works with, locations that they frequent, etc.). It is critical that we have as much contact information as possible in case any referrals become available for the individual/family. Ask them to come back and update their contact information if it changes.

- 2. Share information with the individual/family:** Do NOT share the numerical score from the VI-SPDAT. If the person is interested, you can provide an explanation of the type of housing program that looks like the best fit for the individual/family.

- 3. If the score falls into the “no housing intervention” category (0-3):** Explain that the assessment shows that they have the skills and ability to get back into housing with limited assistance. Refer the individual/family to resources in the community that will help them address barriers, such as: public benefits, employment programs, security deposit assistance, etc.

Santa Clara County Introductory Script:

I am going to go through a short survey with you that will provide us with more information about your situation. The answers will help us determine how we can best support you. Some of the survey questions are personal in nature, but they only require a Yes/No or one word answer. I really only need that one word answer. You don't need to feel any pressure to provide more detail. You can also skip or refuse to answer any question. Skipping multiple questions may make it harder for us to identify services for you, but it is your right to refuse to answer questions you don't feel comfortable with.

Please do your best to answer all of the questions as honestly and accurately as possible. Honest, accurate answers are important to help us identify the right services for you. In addition, if we are able to refer you to any services based on the information in this survey, that program will still need to verify all eligibility information. So, if your answers aren't honest, it could prevent you from being accepted into a program.

The information that I collect with this survey will be stored in HMIS along with the rest of the intake information you provided. Sometimes we are able to identify services that might be a good match for you based on the information you provide. If that happens we will try to contact you, so it's really important that you provide current contact information. This could include phone numbers, locations you frequent, case managers or organizations that you work with, or any other information that might help us find you.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

Single Adults – SCC Version 2.5

The VI-SPDAT is created and copyrighted by OrgCode Consulting, Inc. and Community Solutions (Copyright 2015). The VI-SPDAT is used in Santa Clara County by permission of OrgCode Consulting, Inc. Please do not alter any of the questions, including the order in which they are asked. For more information about the VI-SPDAT or OrgCode visit www.orgcode.com. Please complete all questions. The VI-SPDAT will be scored automatically when it is entered into HMIS.

Assessment Date: _____ Assessment Location: _____
Assessment Type (Choose One): Phone/Virtual/In person: _____
Assessment Level (Choose One): Crisis Needs Assessment or Housing Needs Assessment
Primary Language: _____
Name & Phone # of Staff Person Completing the VI-SPDAT: _____

BASIC INFORMATION

First Name: _____ Nickname: _____

Last Name: _____

In what language do you feel best able to express yourself? _____

Date of Birth: ____/____/____ Age: _____

Social Security Number: ____ -- ____ Don't Have/Don't Know Refused

Consent to participate? Yes No

SCORED DOMAINS

A. HISTORY OF HOUSING AND HOMELESSNESS

1. Where do you sleep most frequently? (Check One)

<input type="checkbox"/>	Shelters	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Other
<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	Couch Surfing	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Car	<input type="checkbox"/>	Client Refused

2. How long has it been since you lived in permanent stable housing? _____ Refused

3. In the last three years, how many times have you been homeless? _____ Refused

B. RISKS

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

a. Received health care at an emergency department/room? _____ Refused

b. Taken an ambulance to the hospital? _____ Refused

c. Been hospitalized as an inpatient? _____ Refused

d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
 - _____ Refused

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? _____ Refused

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 offense, or anything in between?
 - _____ Refused

5. Have you been attacked or beaten up since you've become homeless? YES NO Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? YES NO Refused

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 to live?
 - YES NO Refused

8. Does anybody force or trick you to do things that you do not want to do? YES NO Refused

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 know, share a needle, or anything like that? YES NO Refused

C. SOCIALIZATION & DAILY FUNCTIONING

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? YES NO Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? YES NO Refused

12. Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled? YES NO Refused

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? YES NO Refused

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? YES NO Refused

D. WELLNESS

15. Do you have any physical health issues, that you would require assistance to access or keep housing? YES NO Refused

16. When you are sick or not feeling well, do you avoid getting help? YES NO Refused

17. Are you currently pregnant? YES NO Refused

18. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? YES NO Refused

19. Will drinking or drug use make it difficult for you to stay housed or afford your housing? YES NO Refused
20. Do you have any mental health issues or cognitive issues, including a brain injury, that you would require assistance to access or keep housing? YES NO Refused
21. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? YES NO Refused
22. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? YES NO Refused
23. **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? YES NO Refused

CONTACT INFORMATION:

Please enter all contact information at the end of the VI-SPDAT in HMIS. In addition, please update contact information in the Location Tab in HMIS. COMPLETE AND UP TO DATE CONTACT INFORMATION IS CRITICAL TO MAKE SURE PEOPLE CAN BE FOUND WHEN A HOUSING REFERRAL IS AVAILABLE!

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

Where:

When:

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

Phone:

Email:

Is there someone that you trust and communicate with regularly that we can contact when we look for you? (Please include name and phone number if possible)

OK, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? YES NO Refused

Santa Clara County – Additional Questions:

Please complete the following additional questions. These questions are **not** part of the VI-SPDAT assessment; however, they may be used to identify programs for which the individual or household might be eligible. *Please note that documentation will be required to verify eligibility if an individual or household is referred to a program based on responses to these questions.*

1. Domestic Violence Victim/Survivor

Yes No Don't Know Refused

2. Last Occurrence of Domestic Violence

Within the last 3 months 3-6 months 6-12 months
 1 year or more Don't Know Refused

3. Are you currently fleeing?

Yes No Don't Know Refused

4. Are you a veteran? Yes No Don't Know Refused

a. If yes, which military service era did you serve in?

- Post September 11th (September 11, 2001 – Present)
- Persian Gulf Era (August 1991 – September 10, 2001)
- Post-Vietnam Era (May 1975 – July 1991)
- Vietnam Era (August 1964 – April 1975)
- Between Korean and Vietnam Wars (February 1955 – July 1964)
- Korean War (June 1950 – January 1955)
- Between WWII and Korean War (August 1947 – May 1950)
- WWII Era (September 1940 – July 1947)
- Don't Know
- Refused

b. If yes, what is your discharge status?

- Honorable General under Honorable Conditions
- Bad Conduct Under other than Honorable Conditions (OTH)
- Dishonorable Uncharacterized
- Don't Know Refused

5. How many total years have you been homeless? _____

6. Which city did you live in prior to becoming homeless? _____

7. If you are employed, in which city is your work place? _____

8. If you go to school, in which city is your school? _____

9. In which city do you spend most of your time? _____

10. Have you ever been in foster care? Yes No Don't Know Refused

11. **Have you ever been in jail?** Yes No Don't Know Refused

12. **Have you ever been in prison?** Yes No Don't Know Refused

13. **Do you have a permanent physical disability that limits your mobility?** (i.e. wheelchair, amputation, unable to climb stairs?) Yes No Don't Know Refused

14. **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?** YES NO Refused

15. **What type of health insurance do you have, if any?**

Medicaid

Private Insurance

Medicare

No Health Insurance

VA Medical

Other

Assessor Companion Question: [Observe, don't ask]

To capture mental health, cognitive impairments, and substance use issues more effectively when individuals are unable to answer these questions, the VI-SPDAT process includes an observation feature in its scoring for these questions.

If a client answer Yes to certain questions related to mental health, cognitive impairments, or substance use issues, the standard scoring will apply and the added assessor companion questions at the end of the assessment are skipped. If a client answers no to the related questions, but the assessor observes behavior to indicate the answer should be yes, then assessors must answer the observation questions at the end and include a note explaining what led the assessor to believe that the client's response did not reflect the true situation.

1. **Has the assessor observed any behavior to indicate a mental health or cognitive issue?** (Examples: speaking gibberish, having visual or auditory hallucinations, exhibiting paranoia, severe trouble with memory or comprehension)

Yes No

2. **If assessor observed any behavior to indicate a mental health or cognitive issue, please describe how this meets criteria.**

3. **Has the assessor observed any abscesses or track marks from injection substance use?**

Yes No

4. **If the assessor observed any abscesses or track marks from injection substance use, please describe how this meets criteria.**