

# COORDINATED ENTRY & THE VI-SPDAT



Santa Clara County  
Continuum of Care



# AGENDA

- ✓ **Housekeeping**
- ✓ **What is Coordinated Entry?**
- ✓ **The VI-SPDAT**
- ✓ **Quiz**
- ✓ **Victim Services Screening Tool**



# COORDINATED ENTRY IN SANTA CLARA COUNTY

## What is Coordinated Entry?

Coordinated Entry (also known as Coordinated Assessment or CAS) is a system designed to support people experiencing homelessness in accessing housing resources in a streamlined way. HUD funding recipients are required to have a **CES** in place.

## Core Elements of a CES

- Access
- Assessment
- Prioritization
- Referral



# WHAT IS THE COMMUNITY QUEUE?

The Community Queue is a prioritized list of people who have completed the VI-SPDAT and been identified as in need of a housing intervention. The queue is managed by the Office of Supportive Housing (OSH).

- **The Community Queue *IS NOT* a waiting list.**
- The Community Queue IS a pool, with prioritization continually in flux as new assessments are completed.
- Referrals are made from the queue to PH, RRH, and TH programs.

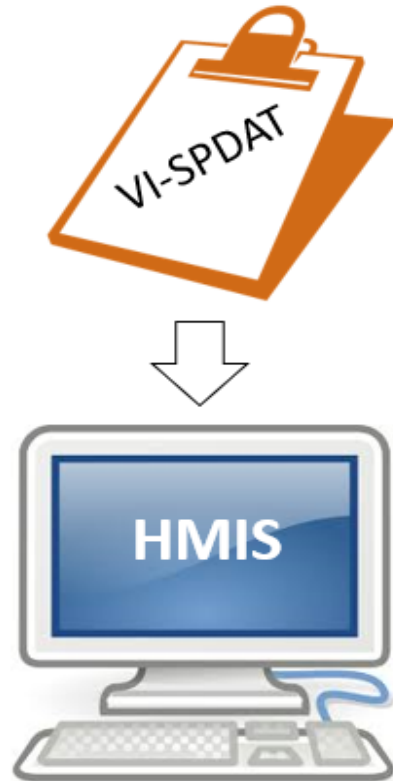


# HOW THE CES WORKS

Possible Access Points



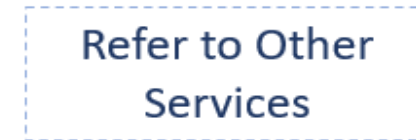
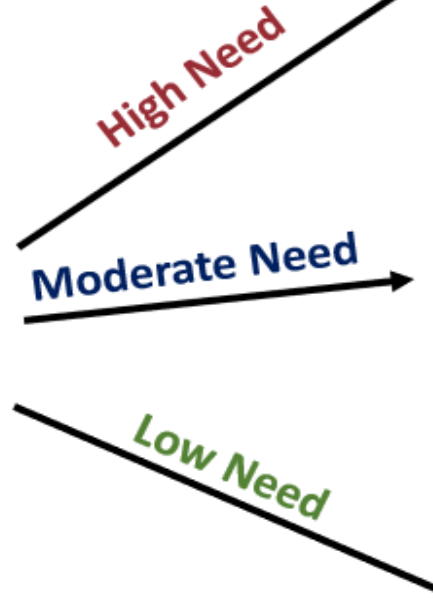
Standard Assessment



Community Queue



Housing Referrals



Financial Assistance

Affordable Housing

Public Benefits

# HOUSING PROGRAMS CURRENTLY USING THE CES

## **(1) Permanent Supportive Housing (PSH)**

Individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed

## **(2) Rapid Re-Housing (RRH)**

Individuals or families with moderate health, mental health and/or behavioral health issues, but who are likely to achieve housing stability over a short period through a medium or short-term rent subsidy and access to support services

## **(3) Transitional Housing (TH)**

Designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing



# NOW, THE VI-SPDAT...



# WHAT IS THE VI-SPDAT?

- **Vulnerability Index – Service Prioritization Decision Assistance Tool**
- Created by OrgCode Consulting & Community Solutions: [www.orgcode.com](http://www.orgcode.com)
- Pre-screening or triage tool - assesses the health and social needs of homeless persons
- Designed to be used by all providers within a community
- Prioritizes households in a consistent manner
- Rigorously tested, evidence-informed
- Created collaboratively with the voice of people with lived experience
- Self-Reported: Yes, No, Refused, or one-word answers





# WHO'S ELIGIBLE?

- The VI-SPDAT is used for homeless households.
- If the household expects to become homeless due to impending circumstances, they should be diverted to prevention or emergency assistance resources and should **not** complete a VI-SPDAT.
- The VI-SPDAT *can* be used for households who do not meet the definition of “literally homeless.” But...
- Almost all programs receiving referrals through coordinated assessment require that households meet HUD’s definition of homelessness **at the time of the eligibility screening.**



# VI-SPDAT VERSIONS

**VI-SPDAT for Single Adults** – Use this version for adults aged 25 or older with no children in the household. *Please don't use this version for single adults under 25-- Use the TAY version below.*

**VI-SPDAT for Families (VI-F-SPDAT)** – Use this version for households with at least one child under the age of 18.

**TAY VI-SPDAT (VI-Y-SPDAT)** – Use this version for transition age youth (age 18-24) and unaccompanied minors.

**JD-VI-SPDAT** – Use this version for clients exiting jail or prison



# VI-SPDAT DOMAINS & COMPONENTS

Domain Area	Components
<b>History of Housing</b>	<ul style="list-style-type: none"><li>• History of Housing and Homelessness</li></ul>
<b>Risks</b>	<ul style="list-style-type: none"><li>• Risk of Harm to Self or Others</li><li>• Involvement in High-Risk and/or Exploitive Situations</li><li>• Interactions with Emergency Services</li><li>• Legal Issues</li><li>• Managing Tenancy</li></ul>
<b>Socialization and Daily Functions</b>	<ul style="list-style-type: none"><li>• Self-Care and Daily Living Skills</li><li>• Personal Administration and Money Management</li><li>• Meaningful Daily Activities</li><li>• Social Relations and Networks</li></ul>
<b>Wellness</b>	<ul style="list-style-type: none"><li>• Mental Health and Wellness and Cognitive Functioning</li><li>• Physical Health and Wellness</li><li>• Medication</li><li>• Substance Use</li><li>• Experience of Abuse and/or Trauma</li></ul>

# CLIENT PRIVACY AND RAPPORT

- Some questions on the VI-SPDAT are personal and sensitive in nature. Building rapport with a client prior to administering the assessment will help ensure honesty. *You cannot edit the VI-SPDAT once you've entered it in HMIS!*
- Conduct the VI-SPDAT in a safe environment. Consider whether the location is private enough to ensure others cannot overhear. Your agency should have a process in place that allows for privacy when conducting the VI-SPDAT.
- If the client appears to become triggered or upset at any point during the assessment, stop the survey and conduct it at later time.
- As always, ensure that an ROI for the client has been completed and uploaded into HMIS before entering the VI-SPDAT into the system!



# INTRODUCING THE VI-SPDAT

- Explain WHY you are conducting the survey
- Some questions are very personal
- Only Yes/No or one-word answers are required
- You can skip or refuse to answer any question
- Answer all questions as honestly and accurately as possible
- Information you share will not be used to disqualify you from any other services at this agency.
- The information will be stored in HMIS (not applicable for clients being served confidentially)
- **Individual or Youth Versions:** Please answer the questions on behalf of yourself.
- **Family Version:** Please answer the questions on behalf of yourself and all members of your immediate family.

# 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.*

## **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

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

**Prescreen Triage Tool for Single Adults**

AMERICAN VERSION 2.0

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**COMMUNITY  
SOLUTIONS**



# VI-SPDAT FOR SINGLE ADULTS

Local Packet:

[scc.hmis.cc/client-forms/](http://scc.hmis.cc/client-forms/)

# VI-SPDAT FOR SINGLE ADULTS

Assessment Date: \_\_\_\_\_ Assessment Location: \_\_\_\_\_  
Assessment Type *(Choose One)*: Phone/Virtual/In person  
~~Assessment Level (read only) *(Choose One)*: Crisis Needs Assessment or Housing Needs Assessment~~  
Primary Language: \_\_\_\_\_  
Staff Completing VI-SPDAT: Full Name \_\_\_\_\_  
Staff Completing VI-SPDAT Phone Number: \_\_\_\_\_  
Staff Completing VI-SPDAT Email Address: \_\_\_\_\_

## 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



# VI-SPDAT FOR SINGLE ADULTS

## 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

# VI-SPDAT FOR SINGLE ADULTS

## 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

# VI-SPDAT FOR SINGLE ADULTS

5. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Refused
8. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Refused

# VI-SPDAT FOR SINGLE ADULTS

## 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

# VI-SPDAT FOR SINGLE ADULTS

## D. WELLNESS

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ YES ☐ NO ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ YES ☐ NO ☐ Refused
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? ☐ YES ☐ NO ☐ Refused
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? ☐ YES ☐ NO ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ YES ☐ NO ☐ Refused
20. Are you currently pregnant? ☐ YES ☐ NO ☐ Refused
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? ☐ YES ☐ NO ☐ Refused

# VI-SPDAT FOR SINGLE ADULTS

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ YES ☐ NO ☐ Refused
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:
- a. A mental health issue or concern? ☐ YES ☐ NO ☐ Refused
  - b. A past head injury? ☐ YES ☐ NO ☐ Refused
  - c. A learning disability, developmental disability, or other impairment? ☐ YES ☐ NO ☐ Refused
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? ☐ YES ☐ NO ☐ Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ YES ☐ NO ☐ Refused
26. 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
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? ☐ YES ☐ NO ☐ Refused

# VI-SPDAT FOR SINGLE ADULTS


## 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:*



Be as specific and detailed as possible!

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

# VI-SPDAT FOR SINGLE ADULTS

## ADDITIONAL LOCAL ITEMS

- VETERAN STATUS
- CITY AFFILIATION – HOME/WORK/SCHOOL
- FOSTER CARE
- JAIL/PRISON
- PHYSICAL DISABILITY
- HEALTH INSURANCE



# VI-SPDAT FOR SINGLE ADULTS

## Single Adult Version - Scoring Summary

Domain	Maximum Score	Results
Pre-Survey	1	0 - 3: No housing intervention  4 - 7: Eligible for Rapid Re-Housing or Transitional Housing  8+: Eligible for Permanent Supportive Housing
A. History of Housing & Homelessness	2	
B. Risks	4	
C. Socialization & Daily Functions	4	
D. Wellness	6	
Grand Total	17	

# FAMILY VI-SPDAT

- Complete for any household with children 0-17 years of age
- For couples – DON'T USE THIS VERSION! Complete a single adult VI-SPDAT for each adult
- Includes Additional questions about Household and children
- Be sure to adjust your introduction of the VI-SPDAT to language that is geared to the family
- There are some questions that may not apply, but still require a response. In these cases, select “No.”

# FAMILY VI-SPDAT

Assessment Date: \_\_\_\_\_ Assessment Location: \_\_\_\_\_

Assessment Type *(Choose One)*: Phone/Virtual/In person

Assessment Level ~~(read only)~~ *(Choose One)*: Crisis Needs Assessment or Housing Needs Assessment \_\_\_\_\_

Primary Language: \_\_\_\_\_

Staff Completing VI-SPDAT: Full Name \_\_\_\_\_

Staff Completing VI-SPDAT Phone Number: \_\_\_\_\_

Staff Completing VI-SDPAT Email Address: \_\_\_\_\_

## BASIC INFORMATION

### PARENT 1:

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

# FAMILY VI-SPDAT

## CHILDREN

1. How many children under the age of 18 are currently with you? \_\_\_\_\_ ☐ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_ ☐ Refused

3. Is any member of the family pregnant (If applicable)? ☐ YES ☐ NO ☐ Refused

4. Please provide a list of children's names and ages:

First Name:

Last Name:

Age:

Date of Birth:

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# FAMILY VI-SPDAT

## A. HISTORY OF HOUSING AND HOMELESSNESS

5. Where do you and your family sleep most frequently? (Check One)

- ☐ Shelters                      ☐ Safe Haven                      ☐ Other (specify): \_\_\_\_\_
- ☐ Transitional Housing      ☐ Outdoors                      ☐ Refused

6. How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_ ☐ Refused

7. In the last three years, how many times have you and your family been homeless? \_\_\_\_\_ ☐ Refused

# FAMILY VI-SPDAT

## B. RISKS

8. In the past six months, how many times have you or anyone in your family...

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

9. Have you or anyone in your family been attacked or beaten up since they've become homeless?

☐ YES ☐ NO ☐ Refused

# FAMILY VI-SPDAT

10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?

☐ YES ☐ NO ☐ Refused

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?

☐ YES ☐ NO ☐ Refused

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?

☐ YES ☐ NO ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?

☐ YES ☐ NO ☐ Refused

# FAMILY VI-SPDAT

## C. SOCIALIZATION & DAILY FUNCTIONING

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ YES ☐ NO ☐ Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ YES ☐ NO ☐ Refused
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ YES ☐ NO ☐ Refused
17. Is everyone in your family 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
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ YES ☐ NO ☐ Refused



# FAMILY VI-SPDAT

## D. WELLNESS

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ YES ☐ NO ☐ Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ YES ☐ NO ☐ Refused
21. 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 or anyone in your family? ☐ YES ☐ NO ☐ Refused
22. Does anyone in your family 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? ☐ YES ☐ NO ☐ Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ YES ☐ NO ☐ Refused

# FAMILY VI-SPDAT

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ YES ☐ NO ☐ Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ YES ☐ NO ☐ Refused
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- g. A mental health issue or concern? ☐ YES ☐ NO ☐ Refused
  - h. A past head injury? ☐ YES ☐ NO ☐ Refused
  - i. A learning disability, developmental disability, or other impairment? ☐ YES ☐ NO ☐ Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ YES ☐ NO ☐ Refused

# FAMILY VI-SPDAT

28. Does any single member of your household have a medical condition, mental health concerns, AND experience with substance use? ☐ YES ☐ NO ☐ Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ YES ☐ NO ☐ Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ YES ☐ NO ☐ Refused
31. *YES OR NO:* Has your family's 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 or anyone in your family have experienced? ☐ YES ☐ NO ☐ Refused

# FAMILY VI-SPDAT

## E. FAMILY UNIT

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?

☐ YES ☐ NO ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?

☐ YES ☐ NO ☐ Refused

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?

☐ YES ☐ NO ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days?

☐ YES ☐ NO ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?

☐ YES ☐ NO ☐ N/A or Refused

# FAMILY VI-SPDAT

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ YES ☐ NO ☐ Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ YES ☐ NO ☐ Refused
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ YES ☐ NO ☐ Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...
- a. 3 or more hours per day for children aged 13 or older? ☐ YES ☐ NO ☐ Refused
  - b. 2 or more hours per day for children aged 12 or younger? ☐ YES ☐ NO ☐ Refused
41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ YES ☐ NO ☐ Refused

# FAMILY VI-SPDAT

## FOLLOW-UP QUESTIONS:

### CONTACT INFORMATION:

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:*

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

# FAMILY VI-SPDAT

## ADDITIONAL LOCAL ITEMS

- VETERAN STATUS
- CITY AFFILIATION – HOME/WORK/SCHOOL
- FOSTER CARE
- JAIL/PRISON
- DISABILITY
- HEALTH INSURANCE

# FAMILY VI-SPDAT

## Family Version - Scoring Summary

Domain	Maximum Score	Results
Pre-Survey	2	0 - 3: No housing intervention  4 - 8 Eligible for Rapid Re-Housing or Transitional Housing  8+: Eligible for Permanent Supportive Housing
A. History of Housing & Homelessness	2	
B. Risks	4	
C. Socialization & Daily Functions	4	
D. Wellness	6	
E. Family Unit	4	8+: Eligible for Permanent Supportive Housing
Grand Total	22	

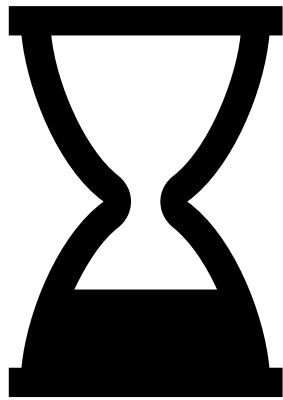


# TAKE 15!

3

We'll resume in **exactly** 15 minutes.

PLEASE BE SURE TO RETURN ON TIME!



# WHEN DO I ADMINISTER A NEW VI-SPDAT ?

Complete a new VI-SPDAT assessment when:

- (1) One year has passed since the last assessment, or
- (2) there has been a life event/change in the client's circumstances.

Each time you meet with a client who already has a valid VI-SPDAT in HMIS:

- a. Review the client's circumstances briefly with them to check for any significant changes.<sup>1</sup>  
CONDUCT A NEW VI-SPDAT if there are such changes. **NEVER EDIT AN EXISTING VI-SPDAT!**
- b. Ensure their contact information is current, thorough, and accurate. If there are changes, be sure to update the Contact and/or Location tabs!

**Use the decision tree on the next slide!**

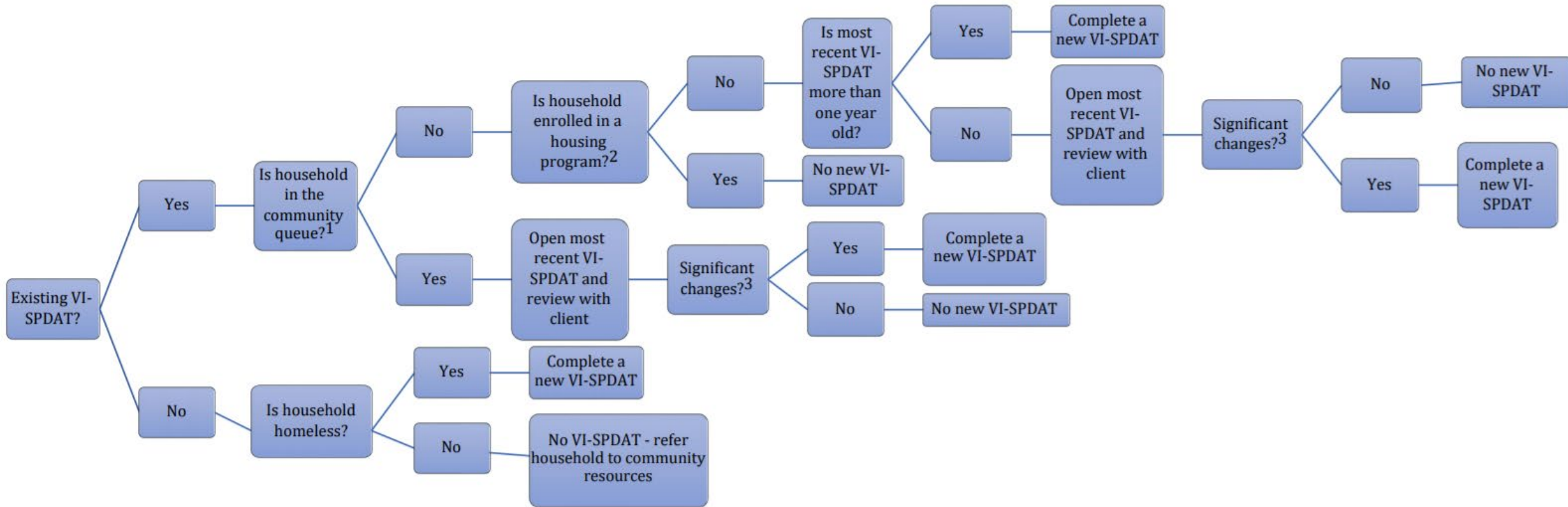
<sup>1</sup> Significant change has occurred when the client experiences a life event or change in circumstances that substantially impacts the household's vulnerability. This may include, but is not limited to, a significant change in:

- Health or disabling condition,
- Ability to care for oneself or dependents,
- Family composition, and/or
- Exposure to imminent danger or risk of severe physical harm



# WHEN DO I ADMINISTER A NEW VI-SPDAT ?

Refer to the “When should I do a VI-SPDAT?” flow chart!



This document can be found here:

<https://www.sccgov.org/sites/osh/ContinuumofCare/coordinated-assessment/Documents/Coordinated%20Assessment%20Documents/When%20should%20I%20do%20a%20VI-SPDAT.pdf>



# DOS AND DON'TS

## ALWAYS:

- ✓ Check HMIS first!
- ✓ Explain the purpose of the survey
- ✓ Emphasize yes/no or one-word replies
- ✓ Encourage honesty
- ✓ Read questions as they are written
- ✓ Provide clarification if/when requested
- ✓ Use FAQ handouts to help answer questions

## NEVER:

- x Edit an existing VI-SPDAT!
- x Hand client the survey to complete on their own
- x Complete the assessment in the client's absence
- x Complete the assessment through observation or prior knowledge
- x Try to case manage while doing the survey
- x Promise anything as a result of the survey
- x Lead people to believe there is a waiting list
- x Share the client's score!



# ENTERING THE VI-SPDAT INTO HMIS

Wonder Woman

PROFILEHISTORYPROGRAMSSERVICESNOTESASSESSMENTSFILESLOCATIONCONTACTREFERRALS

PROGRAM: [CE] COUNTY: OSH

EnrollmentHistoryProvide ServicesAssessmentsNotesFiles

Assessments

LINK FROM ASSESSMENTS

Current Living Situation

START

JD-VI-SPDAT Justice Discharge Prescreen for Single Adults with SCC local questions

START

VI-F-SPDAT Prescreen for Families [V2] with SCC local questions

START

VI-SPDAT Prescreen for Single Adults [V2] with SCC local questions

START

VI-Y-SPDAT Prescreen for Transition Age Youth with SCC local questions

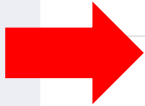
START

ASSESSMENT HISTORY

Advanced Search OptionsView

Assessment Name	Completed	Details
VI-SPDAT Prescreen for Single Adults [V2] with SCC local questions County: OSH	08/11/2020	VI-SPDAT-V2: 8 ELIGIBILITY

Check here to see if there is an existing VI-SPDAT completed!



# ENTERING THE VI-SPDAT INTO HMIS

PROGRAM: [CE] COUNTY: OSH

Enrollment

History

Provide Services

Assessments

Notes

Files

× Exit

## PROGRAM ELIGIBILITY DETERMINATION

### VI-SPDAT-V2 Score Summary

GENERAL

HISTORY OF HOUSING & HOMELESSNESS

SOCIALIZATION & DAILY FUNCTION

1. If the total score is 4 or higher  
OR if the veteran status=yes,  
follow the steps in the boxes  
below. Otherwise, no action is  
needed.

0

1

0

RISKS

WELLNESS

3

3

2. Click on this button to  
toggle it on. (Blue=On)

VI-SPDAT-V2 PRE-SCREEN TOTAL 7



Community Housing Queue

3. Click on this button to send the  
client to the Community Queue.

REFER DIRECTLY TO COMMUNITY QUEUE(S)

# COMMUNITY QUEUE MANAGEMENT

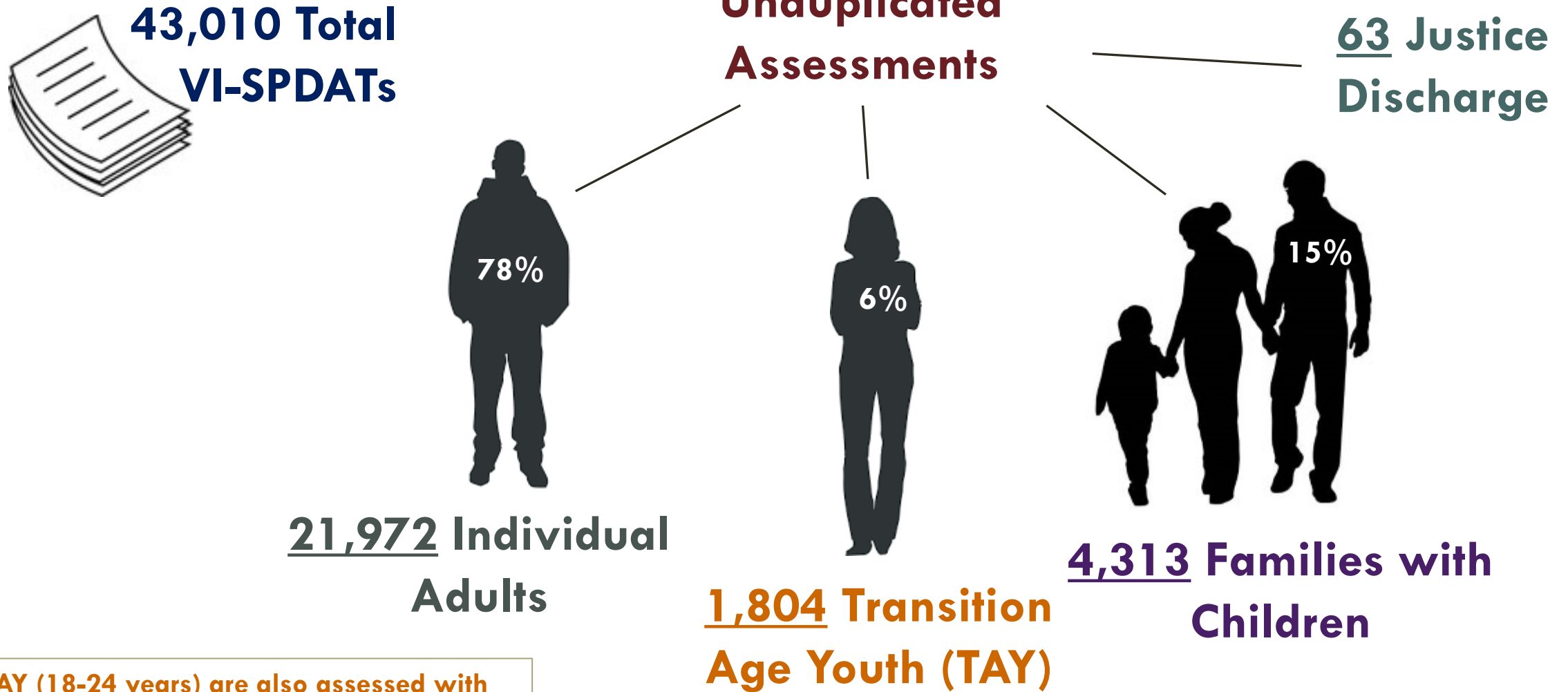
- Matchmakers refer clients from the queue to PSH, RRH, and TH programs
- Prioritization
  - PSH – Acuity, Length of Time Homeless, Service Use
  - RRH and TH – Acuity, Risk, Length of Time on Queue
- Matchmakers have discretion to:
  - Refer to service most likely to meet client need
  - Address issues, inconsistencies, and concerns





# Santa Clara County – Coordinated Assessment System

Nov 1, 2015 – June 30, 2021:



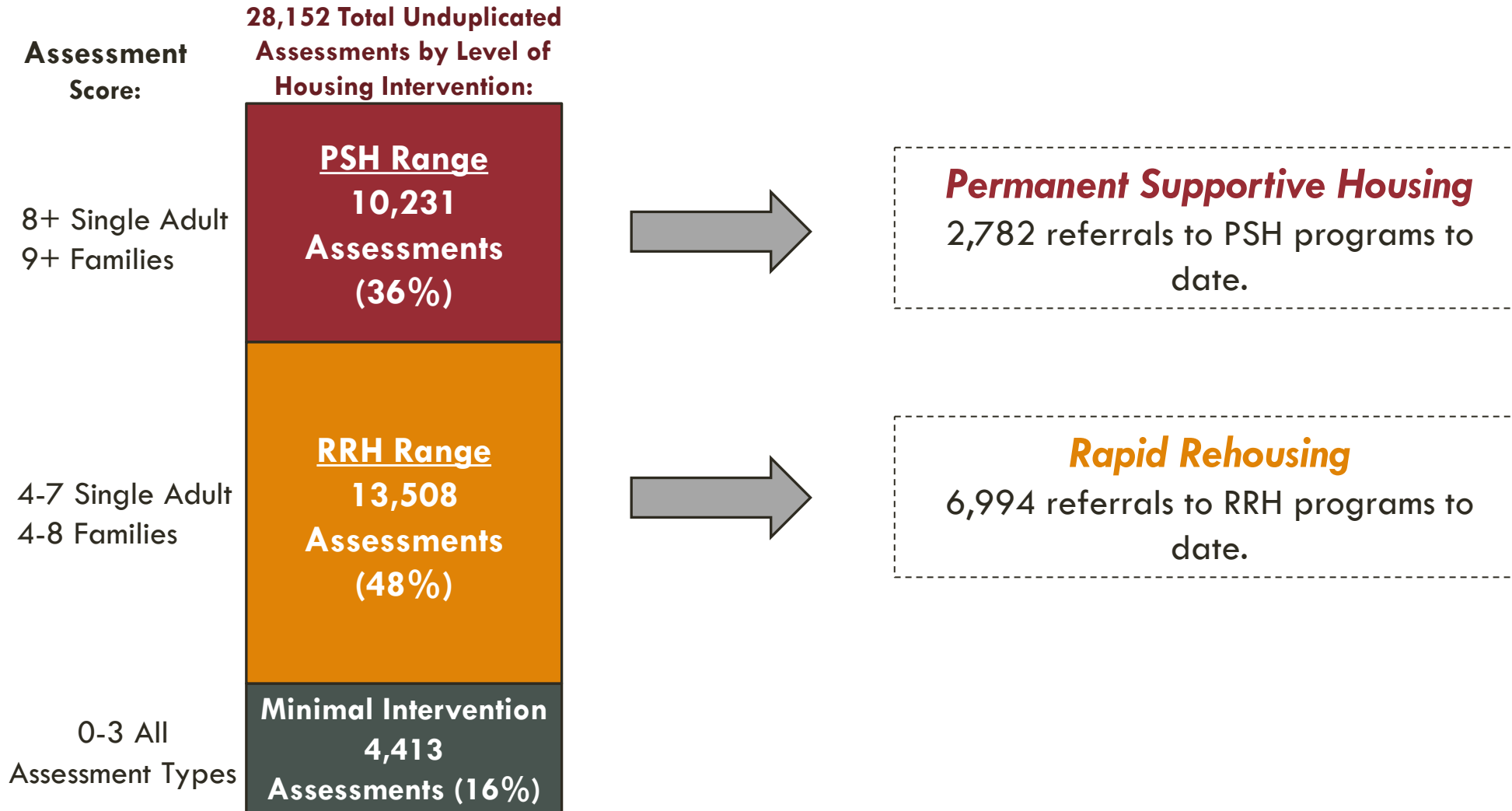
TAY (18-24 years) are also assessed with Single Adult or Family VI-SPDATs. Because of this, TAY make up about 13% of all assessments.

928 VI-SPDATs are included from the Confidential Queue



# Permanent Housing Program Referrals

(Referred to queue Nov 1, 2015 – June 30, 2021)



# QUIZ TIME!





# VICTIM SERVICES OVERVIEW & SCREENING TOOL





## Contacts:

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Elisha Heruty - [Elisha.Heruty@hhs.sccgov.org](mailto:Elisha.Heruty@hhs.sccgov.org)

County Office of Supportive Housing (OSH)

