

Santa Clara County VI-SPDAT for Justice Dischargees

This packet includes:

- Local Instructions & Script for using the VI-SPDAT
- JD-VI-SPDAT for Justice Dischargees
- Additional Questions for assessing Program Eligibility

Justice Discharge - Vulnerability Index - Service Prioritization Decision Assistance Tool (JD-VI-SPDAT)

Prescreen Triage Tool for Justice Dischargees

AMERICAN VERSION 1.0.1

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**COMMUNITY
SOLUTIONS**



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.
 - d. JD-VI-SPDAT** - Use this version for households coming out of jail through Custody Health and Rehabilitation Officers.
- 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.
- 4. Enter the VI-SPDAT in HMIS:** You can find the VI-SPDAT under the Assessments tab in the menu bar at the top of the screen in HMIS. This is a universal assessment that is not connected to any specific program.
 - a. If the Assessment Score is 4 or Higher:** 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.

**Justice Discharge -
Vulnerability Index - Service Prioritization Decision Assistance Tool (JD-VI-SPDAT)
Prescreen Triage Tool for Justice Dischargees
AMERICAN VERSION 1.0.1**

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.

Date: _____

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. Prior to being incarcerated, where did you sleep most frequently? (Check One)

- Shelters Safe Haven Other (specify): _____
- Transitional Housing Outdoors Refused

2. Prior to being incarcerated, how long has it been since you lived in _____ Refused
permanent stable housing?

3. Thinking back to the three years prior to your incarceration, how _____ Refused
many times have you been homeless?

B. RISKS

4. During your incarceration, how many times have you... _____ Refused

- a. Received medical care at an infirmary/health clinic? _____ Refused
- b. Been hospitalized? _____ Refused
- c. Been placed on suicide watch? _____ Refused

5. Thinking back to the six months prior to your incarceration, how many times have you... _____ Refused

- 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

6. Have you been attacked or beaten up since becoming incarcerated? YES NO Refused

7. Were you ever attacked or beaten up while homeless before your incarceration? YES NO Refused

8. Have you threatened to or tried to harm yourself or anyone else since becoming incarcerated? YES NO Refused

9. Did you ever try to harm yourself or anyone else while homeless before you were incarcerated? YES NO Refused

10. Do you anticipate any conditions being placed upon you upon your release such as where you are allowed to live, the people you are allowed to hang out with or speak to, registering your address with police, or checking in with a parole officer? YES NO Refused

11. Considering both your time incarcerated and your time homeless prior to your incarceration, has anybody forced or tricked you into doing things that you did not want to do? YES NO Refused

12. Considering both your time incarcerated and your time homeless prior to your incarceration, have you done things considered to be risky like exchange sex for money, food, drugs, or a place to stay, 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

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

14. When you get out, do you have a guaranteed source of income like a job waiting for you, a pension, or an inheritance? YES NO Refused

15. Prior to your incarceration, did you have any planned activities each day other than just surviving that brought you feel happiness and fulfillment? YES NO Refused

16. Thinking about your release, at this point do you have activities planned that will bring you happiness and fulfillment? YES NO Refused

17. Prior to your incarceration were 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? YES NO Refused

18. Do you have any concerns about taking care of those basic needs upon your release? YES NO Refused

19. Prior to your incarceration, was your 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

20. Do you feel that you will have a positive network of family or friends that can provide you all the support you need with housing, income, and emotional support once you are released? YES NO Refused

D. WELLNESS

21. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? YES NO Refused

22. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? YES NO Refused

23. 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

24. 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

25. When you are sick or not feeling well, do you avoid getting (medical) help? YES NO Refused

26. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? YES NO Refused

27. 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
28. Will drinking or drug use make it difficult for you to stay housed or afford your housing? YES NO Refused
29. 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
30. 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
31. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? YES NO Refused
32. Are there any medications you are supposed to be taking that you have not been able to access while incarcerated? YES NO Refused
33. 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
34. **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. **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 1968 – 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
- Bad Conduct
- Dishonorable
- Don't Know
- General under Honorable Conditions
- Under other than Honorable Conditions (OTH)
- Uncharacterized
- Refused

2. **How many total years have you been homeless?** _____

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

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

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

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

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

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

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

10. **PFN/CDCR Number (if applicable)** _____

11. **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

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

- Medicaid
- Medicare
- VA Medical
- Private Insurance
- No Health Insurance
- Other