

Santa Clara County VI-SPDAT for Families with Children

This packet includes:

- Local Instructions & Script for using the VI-SPDAT
- VI-SPDAT for Families with Children
- Additional Questions for assessing Program Eligibility

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

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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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.
- 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:** 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) Families with Children – American Version 2.0

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

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

PARENT 2:

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

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. **IF HOUSEHOLD INCLUDES A FEMALE:**
Is any member of the family currently pregnant? YES NO Refused

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

First Name:	Last Name:	Age:	Date of Birth:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCORED DOMAINS

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

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

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

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

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

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
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

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
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

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)
- 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 (or your children) go to school, in which city is the 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. **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

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

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