

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

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)

For Families with Children – 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 Phone/Virtual/In Person (Choose One):	
Primary Language:	
Name & Phone of the 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:			
Social Security Number:			<input type="checkbox"/> Don't Have/Don't Know <input type="checkbox"/> Refused
Consent to participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

BASIC INFORMATION			
PARENT 1			
First Name:	Nickname:		
Last Name:			
In what language do you feel best able to express yourself?			
Date of Birth:			
Social Security Number:			<input type="checkbox"/> Don't Have/Don't Know <input type="checkbox"/> Refused
Consent to participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SCORED DOMAINS				
A. HISTORY OF HOUSING AND HOMELESSNESS				
5. Where do you sleep most frequently? (Check One)				
Shelters		Outdoors		Client Doesn't Know
Transitional Housing		Couch Surfing		Client Refused
Safe Haven		Car		
Other (please select from the following options)				
RV (Recreational Vehicle)		Trailer/Camper/VAN		Hospital or Treatment Facility (less than 90 days)
Hotel or Motel (paid by client for less than 7 days)		Other (not listed)		
6. How long has it been since you lived in permanent stable housing?				<input type="checkbox"/> Refused
7. In the last three years, how many times have you been homeless?				<input type="checkbox"/> Refused
What do you think is the primary event or condition that led to your homelessness?				
<input type="checkbox"/> Aging out of foster care		<input type="checkbox"/> Landlord raised rent or foreclosure		
<input type="checkbox"/> Alcohol or drug use		<input type="checkbox"/> Lost job		
<input type="checkbox"/> Argument with family/friend who asked you to leave		<input type="checkbox"/> Mental health issues		
<input type="checkbox"/> Divorce/separation/break up		<input type="checkbox"/> Spousal/partner violence		
<input type="checkbox"/> Eviction		<input type="checkbox"/> Other (Please specify)		
<input type="checkbox"/> Family violence		<input type="checkbox"/> Client doesn't know		
<input type="checkbox"/> Illness/medical problem		<input type="checkbox"/> Client prefers not to answer		
<input type="checkbox"/> Incarceration		<input type="checkbox"/> Data not collected		

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?				<input type="checkbox"/> Refused
b. Taken an ambulance to the hospital?				<input type="checkbox"/> Refused
c. Been hospitalized as an inpatient?				<input type="checkbox"/> Refused
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?				<input type="checkbox"/> 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?				<input type="checkbox"/> 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?				<input type="checkbox"/> Refused
9. Have you or anyone in your family been attacked or beaten up since you've become homeless?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Do you or anyone in your family 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
12. Does anybody force or trick you or anyone in your family to do things that you			<input type="checkbox"/> YES	<input type="checkbox"/> NO

do not want to do?			
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 you don't know, share a needle, or anything like that?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
16. Does everyone in your family have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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 family or friends caused you to become evicted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
D. WELLNESS			
19. Does anyone in the household have any physical health issues, that you would require assistance to access or keep housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
20. When someone in your family is sick or not feeling well, do you avoid getting medical help?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
21. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
22. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
23. Does anyone in your family have any mental health issues or cognitive issues, including a brain injury, that you would require assistance to access or keep housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
24. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
25. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
26. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused

FAMILY UNIT			
27. Are there any children that have been removed from the family by a child protection service within the last 180 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
28. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
29. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused

30. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
31. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
32. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
33. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
34. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
35. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
b. 2 or more hours per day for children aged 12 or younger?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Refused
36. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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)	Name:		Phone Number:
	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?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
2. Last Occurrence of Domestic Violence			<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
<input type="checkbox"/> Within the last 3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more				
3. Are you currently fleeing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
4. Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused

a. If yes, which military service era did you serve in?				
<input type="checkbox"/> Post September 11 th (September 11, 2001 – Present) <input type="checkbox"/> Persian Gulf Era (August 1991 – September 10, 2001) <input type="checkbox"/> Post-Vietnam Era (May 1975 – July 1991) <input type="checkbox"/> Vietnam Era (August 1964 – April 1975) <input type="checkbox"/> Between Korean and Vietnam Wars (February 1955 – July 1964) <input type="checkbox"/> Korean War (June 1950 – January 1955) <input type="checkbox"/> Between WWII and Korean War (August 1947 – May 1950) <input type="checkbox"/> WWII Era (September 1940 – July 1947) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused				
b. If yes, what is your discharge status?				
<input type="checkbox"/> Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Don't Know				
<input type="checkbox"/> General under Honorable Conditions <input type="checkbox"/> Under other than Honorable Conditions (OTH) <input type="checkbox"/> Uncharacterized <input type="checkbox"/> 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 workplace?				
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
11. Have you ever been in jail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
12. Have you ever been in prison?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
13. Do you have a permanent physical disability that limits your mobility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	
15. Do you or your children currently receive CalWORKs (TANF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
a. If not, have you or your children ever received CalWORKs (TANF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
16. What type of health insurance do you have, if any?				
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical				
<input type="checkbox"/> Private Insurance <input type="checkbox"/> No Health Insurance <input type="checkbox"/> 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 answers 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.

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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If assessor observed any behavior to indicate a mental health or cognitive issue, please describe how this meets criteria.		
Has the assessor observed any abscesses or track marks from injection substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the assessor observed any abscesses or track marks from injection substance use, please describe how this meets criteria.		