

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

SANTA CLARA COUNTY VI-SPDAT INSTRUCTIONS

BEFORE COMPLETING THE VI-SPDAT

Check in HMIS to see if the individual/family has already completed a VI-SPDAT by looking under the Assessments Tab.

1. **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.

INTRODUCE THE VI-SPDAT: EXPLAIN TO THE CLIENT WHAT YOU ARE DOING USING THE INTRODUCTORY SCRIPT ON THE NEXT PAGE

2. **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.

3. **Enter the VI-SPDAT in HMIS:** You can find the VI-SPDAT under the Assessments tab within a Program enrollment in HMIS.

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.

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

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):	<input type="checkbox"/> Phone	<input type="checkbox"/> Virtual	<input type="checkbox"/> In Person
Assessment Level (Choose One):	<input type="checkbox"/> Crisis Needs Assessment		<input type="checkbox"/> 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?	

DOB		
Social Security Number		<input type="checkbox"/> Don't Have/Don't Know <input type="checkbox"/> Client prefers not to answer
Consent to participate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCORED DOMAINS

A. HISTORY OF HOUSING AND HOMELESSNESS

1. Prior to being incarcerated, where did 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 prefers not to answer

2. Prior to being incarcerated, how long has it been since you lived in permanent stable housing?	<input type="checkbox"/> Client prefers not to answer
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3. Thinking back to the three years prior to your incarceration, how many times have you been homeless?	<input type="checkbox"/> Client prefers not to answer
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4. What do you think is the primary event or condition that led to your homelessness prior to your incarceration

<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"/> Other
<input type="checkbox"/> Illness/medical problem	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Incarceration	<input type="checkbox"/> Client prefers not to answer

B. RISKS

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

a. Received medical care at an infirmary/health clinic?	<input type="checkbox"/> Client prefers not to answer
b. Been hospitalized?	<input type="checkbox"/> Client prefers not to answer
c. Been placed on suicide watch?	<input type="checkbox"/> Client prefers not to answer

5. Thinking back to the six months prior to your incarceration, how many times have you
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a. Received health care at an emergency department/room?	
b. Taken an ambulance to the hospital?	
c. Been hospitalized as an inpatient?	
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and prevention hotlines?	
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?	

6. Have you been attacked or beaten up since becoming incarcerated?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
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7. Were you ever attacked or beaten up while homeless before your incarceration?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
8. Have you threatened to or tried to harm yourself or anyone else since becoming incarcerated?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
9. Did you ever try to harm yourself or anyone else while homeless before you were incarcerated?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
14. When you get out, do you have a guaranteed source of income like a job waiting for you, a pension, or an inheritance?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
15. Prior to your incarceration, did you have any planned activities each day other than just surviving that brought you feel happiness and fulfillment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
16. Thinking about your release, at this point do you have activities planned that will bring you happiness and fulfillment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer
18. Do you have any concerns about taking care of those basic needs upon your release?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer

<p>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?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>20. Do you feel that you will have a positive network of family or friends that can provide you all the support your need with housing, income, and emotional support once you are released?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>D. WELLNESS</p>	
<p>21. Do you have any physical health issues, that you would require assistance to access or keep housing?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>22. When you are sick or not feeling well, do you avoid getting (medical) help?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>23. Are you currently pregnant?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>24. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>25. Will drinking or drug use make it difficult for you to stay housed or afford your housing?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>26. Do you have any mental health issues or cognitive issues, including brain injury, that you would require assistance to access or keep housing?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>27. Are there any medications you are supposed to be taking that you have not been able to access while incarcerated?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>28. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>29. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>
<p>30. 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?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client prefers not to answer</p>

CONTACT INFORMATION

COMPLETE AND UP TO DATE CONTACT INFORMATION IS CRITICAL TO MAKE SURE PEOPLE CAN BE FOUND WHEN A HOUSING REFERRAL IS AVAILABLE!

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.

6. If you were employed prior to incarceration, in which city is your workplace?	
7. If you went to school prior to incarceration (or your children are in school), in which city is your school?	
8. In which city do you spend most of your time?	
9. Have you ever been in foster care?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't know <input type="checkbox"/> Client prefers not to answer
10. Have you ever been in jail?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't know <input type="checkbox"/> Client prefers not to answer
11. Have you ever been in prison?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't know <input type="checkbox"/> Client prefers not to answer
12. PFN/CDCR Number (if applicable)	
13. Do you have a permanent physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs?)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't know <input type="checkbox"/> Client prefers not to answer
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"/> Client prefers not to answer
15. What type of health insurance do you have, if any?	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> No Health Insurance <input type="checkbox"/> VA Medical <input type="checkbox"/> Other	
ASSESSOR COMPANION QUESTION: [OBSERVE, DON'T ASK]	
<p>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.</p> <p>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.</p>	
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)	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. If the assessor observed any abscesses or track marks from injection substance use, please describe how this meets criteria.	