COORDINATED ENTRY & THE VI-SPDAT
AGENDA

✓ What is Coordinated Entry?
✓ The VI-SPDAT
What is Coordinated Entry?

Coordinated Entry 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 MASTERLIST?

The Masterlist is a prioritized list of people who have completed the VI-SPDAT and been identified as in need of a housing intervention. The list is managed by the Department of Social Services (DSS).

➢ The Masterlist *IS NOT* a waiting list.

➢ The Masterlist IS a pool, with prioritization continually in flux as new assessments are completed.

➢ Referrals are made from the Masterlist to PSH, RRH, and TH programs.
HOUSING PROGRAMS CURRENTLY USING THE CES

(1) Housing Now (formerly 30/70Now)
Housing Now provides the highest level of service intensity. Case management is provided by an Assertive Community Treatment (ACT) team that includes a mental health therapist and a nurse. Many services are provided in home and visits to the home are a minimum of weekly for the first six months and at least bi-weekly thereafter, depending on the client’s needs. Housing Now is intended for clients with the highest severity of needs and uses a low barrier, Housing First approach.

(2) Continuum of Care (CoC)
In general, clients with VI-SPDAT scores of 8-10 are eligible for CoC permanent supportive housing, with priority going to those with the highest prioritization score. Clients scoring higher than 10 on the VI-SPDAT may be offered CoC housing if the client is not eligible for 50 Now, or if otherwise appropriate to the client’s needs and preferences. CoC PSH provides case management and connects clients to additional community resources as appropriate and available. Clients must meet the U.S. Department of Housing and Urban Development (HUD) definition of chronically homeless (24 C.F.R. Parts 91 and 578). Clients do NOT have to be county residents to qualify for CoC-funded permanent supportive housing. CoC housing uses a low barrier, Housing First approach.

(3) Housing and Disability Advocacy Program (HDAP)
VI-SPDAT score of 8-10, with priority going to those with the highest prioritization score. Clients must also have a disability and must not yet have SSI benefits. Clients scoring higher than 10 on the VI-SPDAT may be offered HDAP housing if appropriate to the client’s needs and preferences and if the client would be interested in a housing subsidy that is not permanent. HDAP provides case management and connects clients to additional community resources as appropriate and available. Unlike CoC and Housing Now, case management is transitional, not permanent. In addition to receiving housing focused case management, HDAP participants are eligible to receive application assistance from case managers on their SSI or SSDI application or reconsideration. CoC housing uses a low barrier, Housing First approach.
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.
<table>
<thead>
<tr>
<th>Domain Area</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History of Housing</strong></td>
<td>• History of Housing and Homelessness</td>
</tr>
<tr>
<td><strong>Risks</strong></td>
<td>• Risk of Harm to Self or Others</td>
</tr>
<tr>
<td></td>
<td>• Involvement in High-Risk and/or Exploitive Situations</td>
</tr>
<tr>
<td></td>
<td>• Interactions with Emergency Services</td>
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<tr>
<td></td>
<td>• Legal Issues</td>
</tr>
<tr>
<td></td>
<td>• Managing Tenancy</td>
</tr>
<tr>
<td><strong>Socialization and Daily Functions</strong></td>
<td>• Self-Care and Daily Living Skills</td>
</tr>
<tr>
<td></td>
<td>• Personal Administration and Money Management</td>
</tr>
<tr>
<td></td>
<td>• Meaningful Daily Activities</td>
</tr>
<tr>
<td></td>
<td>• Social Relations and Networks</td>
</tr>
<tr>
<td><strong>Wellness</strong></td>
<td>• Mental Health and Wellness and Cognitive Functioning</td>
</tr>
<tr>
<td></td>
<td>• Physical Health and Wellness</td>
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<tr>
<td></td>
<td>• Medication</td>
</tr>
<tr>
<td></td>
<td>• Substance Use</td>
</tr>
<tr>
<td></td>
<td>• Experience of Abuse and/or Trauma</td>
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</tbody>
</table>
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, however, you can enter a new assessment into HMIS. The system recognizes the most recent survey and that is the score used on the masterlist.

- 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 in 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.
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.
VI-SPDAT FOR SINGLE ADULTS

Local Packet:
www.slocounty.ca.gov/CE
VI-SPDAT FOR SINGLE ADULTS

<table>
<thead>
<tr>
<th>Basic Information</th>
</tr>
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<tbody>
<tr>
<td><strong>First Name:</strong> __________________</td>
</tr>
<tr>
<td><strong>Last Name:</strong> ___________________</td>
</tr>
<tr>
<td><strong>In what language do you feel best able to express yourself?</strong> __________________</td>
</tr>
<tr>
<td><strong>Date of Birth:</strong> _______<em><strong>/<strong><strong><strong><strong>/</strong></strong></strong></strong></strong></em></td>
</tr>
<tr>
<td><strong>Social Security Number:</strong> __________ -- __________ -- __________</td>
</tr>
<tr>
<td><strong>Consent to participate?</strong> ☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
### VI-SPDAT FOR SINGLE ADULTS

#### SCORED DOMAINS

**A. HISTORY OF HOUSING AND HOMELESSNESS**

1. Where do you sleep most frequently? (Check One)

<table>
<thead>
<tr>
<th>Shelters</th>
<th>Outdoors</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Housing</td>
<td>Couch Surfing</td>
<td>Client Doesn’t Know</td>
</tr>
<tr>
<td>Safe Haven</td>
<td>Car</td>
<td>Client Refused</td>
</tr>
</tbody>
</table>

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
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
<table>
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<tr>
<th></th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>Refused</th>
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<tbody>
<tr>
<td>5</td>
<td>Have you been attacked or beaten up since you've become homeless?</td>
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<td>6</td>
<td>Have you threatened to or tried to harm yourself or anyone else in</td>
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<tr>
<td></td>
<td>the last year?</td>
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<td>7</td>
<td>Do you have any legal stuff going on right now that may result in you</td>
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<td></td>
<td>being locked up, having to pay fines, or that make it more difficult to</td>
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<td></td>
<td>rent a place to live?</td>
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<tr>
<td>8</td>
<td>Does anybody force or trick you to do things that you do not want to do?</td>
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<tr>
<td>9</td>
<td>Do you ever do things that may be considered to be risky like exchange</td>
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<tr>
<td></td>
<td>sex for money, run drugs for someone, have unprotected sex with someone</td>
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<tr>
<td></td>
<td>you don’t know, share a needle, or anything like that?</td>
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</tr>
</tbody>
</table>
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
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
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:

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

Be as specific and detailed as possible!
VI-SPDAT FOR SINGLE ADULTS
ADDITIONAL LOCAL ITEMS

• VETERAN STATUS
• CITY AFFILIATION – HOME/WORK/SCHOOL
• FOSTER CARE
• JAIL/PRISON
• PHYSICAL DISABILITY
• HEALTH INSURANCE
**Single Adult Version - Scoring Summary**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Maximum Score</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Survey</td>
<td>1</td>
<td>0 - 3: No housing intervention</td>
</tr>
<tr>
<td>A. History of Housing &amp; Homelessness</td>
<td>2</td>
<td>4 – 7: Eligible for Rapid Re-Housing or Transitional Housing</td>
</tr>
<tr>
<td>B. Risks</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>C. Socialization &amp; Daily Functions</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>D. Wellness</td>
<td>6</td>
<td>8+: Eligible for Permanent Supportive Housing</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>17</strong></td>
<td></td>
</tr>
</tbody>
</table>
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-SPDAT 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: _______ -- -- --_ Go Don’t Have/Don’t Know Go Refused
Consent to participate? Go Yes Go 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: ___

__________________________________________________________

__________________________________________________________
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
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year?</td>
<td>□ YES □ NO □ Refused</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>□ YES □ NO □ Refused</td>
<td></td>
</tr>
<tr>
<td>12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?</td>
<td>□ YES □ NO □ Refused</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>□ YES □ NO □ Refused</td>
<td></td>
</tr>
</tbody>
</table>
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 owes 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
### FAMILY UNIT

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

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?  

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

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

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Maximum Score</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Survey</td>
<td>2</td>
<td>0 - 3: No housing intervention</td>
</tr>
<tr>
<td>A. History of Housing &amp; Homelessness</td>
<td>2</td>
<td>4 - 8: Eligible for Rapid Re-Housing or Transitional Housing</td>
</tr>
<tr>
<td>B. Risks</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>C. Socialization &amp; Daily Functions</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>D. Wellness</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>E. Family Unit</td>
<td>4</td>
<td>8+: Eligible for Permanent Supportive Housing</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>22</strong></td>
<td></td>
</tr>
</tbody>
</table>
WHEN DO I ADMINISTER A NEW VI-SPDAT?

Complete a new VI-SPDAT assessment when:

(1) Six months have 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.\(^1\)
   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!

Use the decision tree on the next slide!

\(^1\) 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!
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:
✗ Edit an existing VI-SPDAT!
✗ Hand client the survey to complete on their own
✗ Complete the assessment in the client’s absence
✗ Complete the assessment through observation or prior knowledge
✗ Try to case manage while doing the survey
✗ Promise anything as a result of the survey
✗ Lead people to believe there is a waiting list
✗ Share the client’s score!
In order to be able to discuss referrals openly at our CE monthly case managers meeting it is important that the client approve as many of the agencies as possible listed on the release screens. The date information is collected should be the same date the person was surveyed.

The following intake screens must be filled out: project information, client enters project, special needs, income/Insurance. If the client is in the project for a year please do not forget to update the annual assessment.

Please don’t forget to fill out the survey as well as the additional questions screen. The additional questions are also known as the HMIS Questions in the paper copy of the survey.
If you would like to see your clients score after the survey has been entered scroll down to the bottom of the survey screen. (See highlighted section). If you notice their score is higher than the traditional out of 17 score, that is because our CoC has implemented a years multiplier that gives those who have been homeless longer priority which leads to additional points. For more information about the programs and the years multiplier please go to: www.slocounty.ca.gov/cerules

If you would like to see where your client is on our Community Masterlist please go to the Reports section. Then click on Coordinated entry. Under Coordinated entry the masterlist link should pop up. Click this link and choose how you would like to view the report: html, excel. If you do not have access to your agencies masterlist, and you should have access, contact ss_hmissetup@co.slo.ca.us
COMMUNITY MASTERLIST MANAGEMENT

• Case Managers refer clients from the Masterlist to PSH, RRH, and TH programs

• Prioritization
  • PSH – Acuity, Length of Time Homeless, Service Use
  • RRH and TH – Acuity, Risk, Length of Time on the Masterlist

• Case Managers have discretion to:
  • Refer to service most likely to meet client need
  • Address issues, inconsistencies, and concerns
San Luis Obispo County – Coordinated Entry System
February 2020 – January 2021:

- 552 Total VI-SPDATs
  - 24% have been surveyed

- 2,279 Unduplicated Assessments
  - 99% TAY (18-24 years)
  - 9% Single Adult
  - 20% Families with Children

- 2,269 Individual Adults
- 224 Transition Age Youth (TAY)
- 462 Families with Children

TAY (18-24 years) are also assessed with Single Adult or Family VI-SPDATs. Because of this, TAY make up about 9% of all assessments.

A total of 2279 CES Assessments have been completed including duplicates between February 2020 and January 3, 2021. 6 are missing DOB.
Housing Program Referrals
(February 1, 2020 – January 3, 2022)

Assessment Score:

- 11+ Single Adult
  - 70 NOW
  - 7%
- 11+ Families
- 8-10 Single Adult
  - CoC & HDAP
  - 9%
- 8-10 Families
- 552 Total Unduplicated Assessments by Level of Housing Intervention:

- 70 NOW
  - 40 referrals to program that led to placement.
- CoC & HDAP
  - 28 & 22 referrals to programs totaling 50 referrals that led to placement
  - 8 Referrals to ATP making up 1% of assessments

Note: Data includes multiple referrals and Rapid Rehousing referrals include direct enrollments in Rapid Rehousing without a Coordinated Entry referral in HMIS
Contacts:
HMIS Support- ss_hmissupport@co.slo.ca.us
Jessica Lorance - jlorance@co.slo.ca.us
County of San Luis Obispo Department of Social Services (DSS) Homeless Services Unit
- If you need HMIS access to enter VI-SPDATS, please email our HMIS Support email.