



VI-SPDAT HELP FOR THOSE WHO WORK WITH CLIENTS AT AN ACCESS POINT

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

The VI-SPDAT helps identify who should be recommended for each housing and support intervention, moving the discussion from simply who is eligible for a service intervention to who is eligible and in greatest need of that intervention. While the SPDAT is a triage tool, the VI-SPDAT is a survey that anyone could complete, to help prioritize clients.

In our CoC we are using the Vi-SPDAT as only one part of our prioritization process.

VI-SPDAT (Also Family VI-SPDAT)

0-3 Moderate Need – We offer Diversion if they have not yet been in a shelter, or early intervention if they are already sheltered but have a short history of homelessness. KEY WORDS - Housing Encouragement – Self-Resolve

4-9 High Need – We offer Rapid Re-Housing with wrap around services and they are placed in housing as soon as possible. KEY WORDS – Rapid Re-Housing, Wrap Around Services

10+ Permanent Supportive Housing – When and where available Permanent Supportive Housing offering Long Term Support is offered. KEY WORDS – Permanent Supportive Housing, Long Term Support.

PRIORITIZATION: Within each group those with the longest history of homelessness and those who have been waiting the longest are ordered for highest priority on our by-name list.

What Should I Know About the VI-SPDAT

Service providers, outreach workers, and volunteers can use it.

The scores can then be compared and used to identify and prioritize candidates for different housing interventions based upon their acuity. Prioritizes households in a consistent and transparent manner.

The VI-SPDAT allows ACCESS POINTS to further explore through observation, documentation and, with consent (ROI), what other professionals know about certain parts of the household's history. However, you should not complete the VI-SPDAT *solely* through observation or using known information within your organization. **It is not a self-attestation assessment**, but rather a triage tool.

As with an emergency room triage tool might ask a patient “where does it hurt?”, if the patient indicates a headache, but there is huge cut in their abdomen, you don’t ignore what you observe, even as you report what is said by the client.

The person who is being surveyed using the VI-SPDAT should be able to complete it with anyone, not just the people who know her/his case history or have other information from other circumstances or sources.

- ▶ **Remember:** There is absolutely nothing arbitrary about why the VI-SPDAT asks the questions that it does in the manner that it does.

Because the VI-SPDAT is intended for the initial intake, the interviewee has ample opportunity to discuss each question with the Access Point intake/case worker. It is a flexible triage tool in the sense that **it is intended to be conducted in a conversational format**, thus eliminating any formalities that can lead to questions or suspicion on the part of the interviewee. Since it is part of the initial intake, the Access Point intake/case worker has information at their disposal about past experience and data which can form and inform this survey and give it greater validity. Although it is self-reporting, it is not intended to be a self-attestation document.

However, be consistent. The sequence of the questions is important. Ask the questions in order, even if you are using a conversation style. The questions have been carefully worded, so use the exact words of the question in the interview.

The entire VI-SPDAT should take less than 10 minutes. The VI-SPDAT is not a replacement for case management and an ACCESS POINT intake interview is not intended as a counseling or case management session.