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# Vulnerability Index (VI) & Service Prioritization Decision Assistance Tool (SPDAT)

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PRESCREEN ASSESSMENT FOR SINGLE ADULTS

**100,000  
HOMES**

For 100,000 homeless  
individuals and families

POWERED BY COMMUNITY SOLUTIONS



## A Proven, Evidence-Based Tool for Pre-screening and Case Management

The *HEARTH Act* and federal regulations require communities to develop a mechanism for common assessment and coordinated access. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

### About the VI-SPDAT

The VI-SPDAT is a “supertool,” that combines the strengths of two widely used existing assessments:

The Vulnerability Index, developed by Community Solutions, is a street outreach tool currently in use in more than 100 communities. Rooted in leading medical research, the VI helps determine the chronicity and medical vulnerability of homeless individuals.

The Service Prioritization Decision Assistance Tool, developed by OrgCode Consulting, is an intake and case management tool in use in more than 70 communities. Based on a wide body of social science research, the tool helps service providers allocate resources in a logical, targeted way.

### Why We Need a “Supertool”

The average community currently allocates housing resources on a first come-first served basis. Individuals and families take their place at the bottom of endless waiting lists, regardless of their chronicity, medical vulnerability, acuity, or ability to address their own housing instability. The result is often akin to an emergency room devoting its costliest resources to a common cold patient while leaving a late-arriving heart attack victim to fend for him or herself.

By contrast, the VI-SPDAT allows communities to assess clients’ various health and social needs quickly and then match them to the most appropriate— rather than the most intensive— housing interventions available. In some cases, the VI-SPDAT may help make the case for Permanent Supportive Housing. In other cases, it may encourage practitioners to choose Rapid Rehousing or even to do nothing when clients are statistically likely to escape homelessness on their own. Because the tool is rooted in exhaustive research, service providers can be sure that the recommended intervention (or non-intervention) is the most appropriate path for the client in front of them.

The VI-SPDAT takes the pressure off of service providers making difficult, emotionally fraught decisions and reframes the moment of assistance as an opportunity to match each client with the best housing and service options for his or her individual needs. In an environment of increasingly limited resources, it also helps communities avoid “subsidy overkill” by targeting their most intensive supports toward those who research shows will not make effective use of a lesser subsidy.

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## Using the Vulnerability Index and Service Prioritization Decision Assistance Tool to Improve Access and Service Alignment in Your Community

	<p><b>STEP 1</b> Homeless Individual or Family - Approached during a Registry Week or by Street Outreach - or encountered by Coordinated Intake and Common Assessment staff.</p>
	<p><b>STEP 2</b> A Combined Vulnerability Index and Service Prioritization Decision Assistant Tool (SPDAT) Prescreen Survey completed (with consent) to understand initial presenting issues and whether a full assessment is warranted.</p>
	<p><b>STEP 3</b> Based upon prescreen result, assessors complete full SPDAT assessment. Individuals/families are prioritized for Rapid Re-Housing or Housing First/PSH supports and housing based upon assessment result, and are notified accordingly.</p>
	<p><b>STEP 4</b> Individuals/families that are prioritized for service are provided assistance accessing housing and receiving supports to help them stay housed. Supports are directly related to areas of higher need as identified by the SPDAT.</p>
	<p><b>STEP 5</b> Individuals/families receive specially catered supports to improve housing and life stability. Assessments are followed up at regular, predetermined intervals to track life improvements and improved acuity.</p>

**CONSENT**

Interviewer's Name		Team # <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer	
Date	Time	Location	
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Date of Birth	
Social Security Number		Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	

[Scoring Instructions in Red]

**A. HISTORY OF HOUSING & HOMELESSNESS**

Questions			Prescreen Score
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.		RESPONSE	REFUSED
1.	What is the total length of time you have lived on the streets or shelters?		<input type="checkbox"/>
2.	In the past three years, how many times have you been homeless and then housed again?		<input type="checkbox"/>
<b>PRE-SCREEN SUBTOTAL</b>			

**B. RISKS**

I am going to ask you some questions about your interaction with emergency and health services. Some questions have a different time frame and if you need me to help you figure out when in the past it started, let me know.

Questions				Prescreen Score
If the total number of interactions equals 4 or more across categories, then score 1.		RESPONSE	REFUSED	
3.	In the past three months, how many times have you been to the emergency department/room?		<input type="checkbox"/>	
4.	In the past six months, how many times have you interacted with police?		<input type="checkbox"/>	
5.	In the past six months, how many times have you taken an ambulance to the hospital?		<input type="checkbox"/>	
6.	In the past six months, how many times have you used a crisis service, including distress centers and suicide prevention hotlines?		<input type="checkbox"/>	
7.	In the past year, how many times have you been hospitalized as an inpatient?		<input type="checkbox"/>	
<b>Have you:...</b> If "YES" to either question 8 or 9, then score 1.		YES	NO	REFUSED
8.	Been attacked or beaten up since you've become homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines? If "YES", then score 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If "YES" to either question 11 or 12, or anyplace other than "shelters" in question 13, score 1				
11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Streets <input type="checkbox"/> Car/Van/RV <input type="checkbox"/> Subway/Bus <input type="checkbox"/> Beach/Riverbed <input type="checkbox"/> Other (specify) _____			
<b>PRE-SCREEN SUBTOTAL</b>				

**C. SOCIALIZATION & DAILY FUNCTIONING**

Questions [Scoring Instructions in Red]				Prescreen Score
If "YES" to question 14, or "NO" to either 15 or 16, score 1.				
	YES	NO	REFUSED	
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to cover all of your expenses each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment? If "NO" then score 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If "YES" to either question 18 or 19, then score 1.				
18. Do you have any friends, family or other people in your life out of convenience or necessity, but that you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any of the friends, family or other people in your life ever take your money, constantly borrow cigarettes, use your drugs, drink your alcohol, or get you to do things that you don't really want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY -DO NOT ASK:</b>				
20. Surveyor, do you detect signs of poor hygiene or daily living skills? If "YES" then score 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN SUBTOTAL</b>				

**D. WELLNESS**

Questions [Scoring Instructions in Red]			Prescreen Score
Does not go for care" score 1, and also score 1 for each "YES" response in questions 22 to 34		RESPONSE	REFUSED
21. Where do you usually go for healthcare or when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Does not go for care		
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:	YES	NO	REFUSED
22. Kidney disease/ End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OBSERVATION ONLY -DO NOT ASK:</b>			
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you...</b> If "YES" to any, then score 1.	YES	NO	REFUSED
35. Ever have problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OBSERVATION ONLY -DO NOT ASK:</b>			
41. Surveyor, do you observe signs or symptoms of problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Have you...</b> If "YES" to any, then score 1.			
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OBSERVATION ONLY -DO NOT ASK:</b>			
47. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>	

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48. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions was never filled? <i>If "YES" then score 1.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness? <i>If "YES" then score 1.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN SUBTOTAL</b>				

SCORING SUMMARY

DOMAIN	SUBTOTAL
A. HISTORY OF HOUSING & HOMELESSNESS	
B. RISKS	
C. SOCIALIZATION & DAILY FUNCTIONS	
D. WELLNESS	
<b>TOTAL</b>	
Recommend Permanent Supportive Housing/Housing First Assessment	>10
Recommend Rapid Re-Housing Assessment	5 - 9
DO NOT Recommend Housing & Support Assessment at this time	0 - 4

I'd like to ask you a handful of questions now that help us better understand homelessness and improve housing and support services:

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Decline to State
Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, which war/war era did you serve in?</i>	<input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Refused
<i>If yes, what was the character of your discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused
What is your citizenship status?	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented <input type="checkbox"/> Refused
Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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"/> Refused
What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	
Ok, now I'd like to take your picture. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused