



Colorado Springs/El Paso County Coordinated Assessment for Transitional Aged Youth (18-24)

Every assessor in our community regardless of organization completing the VI-SPDAT should use an introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc)
- the purpose of the VI-SPDAT being completed
- that it should take less than 10 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal.

Example text:

Hi, I'm _____ and I work[volunteer] for _____. I would like 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. Please don't feel any pressure to provide more detail. There is no "right" or "wrong" answer and you don't need to conceal information because we can only help if we know your situation. We appreciate your honesty and understand if you want to skip or refuse a question. If you don't understand one of the questions I ask you, you can ask for clarification at any time. Please know the information collected will go into a data system which homeless community agencies access to coordinate the best services based on your information. If you don't provide us honest answers we might miss connecting you to opportunities that are most appropriate for you (and your family). Does this make sense or do you have any questions before we get started?

Interviewer's Name:

Agency:

Assessment Date:

Assessment Location:

Agency office

Outdoors

Assessment method:

Phone

In person

Virtual/online

Assessment Level: *(this will always be Housing needs assessment, not Crisis needs in our CoC)*

Primary Language: _____

NOTE: text in *BLUE ITALICS* is supplemental information to guide the interviewer and not part of the original VI-SPDAT, and should not be read aloud to the client unless they request clarification on a question.

VULNERABILITY INDEX SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT) for Transitional Aged Youth (18-24)

1. Where do you sleep most frequently? *(Let the client answer in their own words, then check one)*

- Shelters *(including domestic violence shelter or hotel paid by a charitable source)*
- Transitional Housing
- Safe Haven
- Couch Surfing *(note that adults that are couch surfing are typically not considered literally homeless)*
- Outdoors *(including in a tent, abandoned building, etc.)*
- Other (specify):
- Client doesn't know
- Client prefers not to answer

2. How long has it been since you lived in permanent stable housing? *(if client needs clarification, had the right to receive mail at a place they lived for more than 90 days. If the answer is less than one year, indicate the number of months in addition to the categories below)*

- Less than a week
- 1 week to 3 months
- 3-6 months
- 6 months to one year
- 1-2 years
- 2 years or more
- Client doesn't know
- Client prefers not to answer

Details for "How long...?"

- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 1 -2 years
- 2 years or more
- Client doesn't know
- Client prefers not to answer

In the last three years, how many times have you been homeless?

- 0 times
- 1 times
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer

(For the next question, help the client pick a date six months ago, and tell them to answer the following)

4. In the past six months, how many times have you:

Received health care at an emergency room? <i>(including freestanding ER but NOT urgent care centers)</i>	
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Been taken by an ambulance to the hospital? <i>(respondent must be a patient, riding with a friend or family member who is receiving care does not count)</i>	
Been hospitalized as an inpatient? <i>(including "outpatient observation" status, if client needs clarification, we would include any time they stayed overnight in a bed somewhere other than the ER. This would also include hospitalization for mental health.)</i>	
Used a crisis service, including sexual assault crisis, mental health crisis, family or intimate violence, distress centers and suicide prevention hotlines? <i>(including phone, chat, or in person crisis centers)</i>	
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?	
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 offence, or anything in between? <i>(note: this is number of events, not number of days)</i>	

5. Have you been attacked or beaten up since you've become homeless? *(this is any period of homelessness, not just the past six months)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

6. Have you threatened to or tried to harm yourself or anyone else in the last year? *(the last 12 months regardless of if they were homeless or not at the time)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

7. Do you 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? *(this could include civil or criminal legal issues)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

8. Were you ever incarcerated when younger than age 18? *(this could include alternatives to juvenile detention, such as mental health hospital, IF the admission was specifically ordered as an alternative to a criminal detention center)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

9. Does anybody force or trick you to do things that you do not want to do? *(this could be physical force, emotional guilt, or doing something they normally wouldn't in exchange for something they need)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

10. Do you ever do things that may be 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? *(emphasize if necessary that we do not need to know specifics, just if they do this type of thing)*

- No
- Yes

- Client doesn't know
- Client prefers not to answer

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? *(Client does not need to agree that they owe the money)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? *(Clarification if needed: regular recurring income, not a one time gift or occasional support from family)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

14. 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? *(clarification if needed: this refers to both the physical ability to do these things and access to the resources necessary)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

15. Is your current lack of stable housing *(clarification if needed: each question should be answered on its own merit, not dependent on the responses from other parts of the question. One issue in particular could prompt a "yes" response to more than one section of this question)*

a) Because you ran away from your family home, a group home or a foster home?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

c) Because your family or friends caused you to become homeless? *(such as parents getting evicted through no fault of the youth)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

d) Because of conflicts around gender identity or sexual orientation?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

e) Because of violence at home between family members? *(this does not need to include the youth)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

f) Because of an unhealthy or abusive relationship, either at home or elsewhere? *(this is a relationship between the youth and someone else, and does not have to be a romantic relationship)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? *(Clarification if needed: examples could include a mobility issue, mold or other environmental issues exacerbating health conditions, lack of electricity to run necessary medical equipment, etc)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? *(these five body systems only)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

18. 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? *(Clarification if needed: this should only be yes if someone in the household needs support with medical care for HIV)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

19. 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? *(example: wheelchair access)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

20. When you are sick or not feeling well, do you avoid getting medical help? *(clarification if needed: this is for any reason, and we do not need the reason stated. Examples include lack of transportation, cost, distrust of medical system, etc)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? *(this could be for either financial or behavioral reasons)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

24. If you've ever used marijuana, did you ever try it at age 12 or younger?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

25. 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: *(clarification if needed: each question should be answered on its own merit, not dependent on the responses from other parts of the question.)*

a) A mental health issue or concern?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

b) A past head injury?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

c) A learning disability, developmental disability, or other impairment?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? *(this could include but is not limited to reasons like cannot afford the medication, don't like the side effects, or don't agree the medication is necessary)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? *(this could include taking more OR less than prescribed)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Post VI-SPDAT questions:

On a regular day, where is it easiest to find you and what time of day is easiest to do so? [\(Enter this information on the Contact tab in HMIS\)](#)

Is there a phone number and /or email where someone can safely get in touch with you or leave you a message? [\(Enter this information on the Contact tab in HMIS\)](#)

Number/Email: _____

Contact type:

- Direct client contact
- Messages only

This form was adapted from the Service Prioritization Decision Assistance Tool "Next Step Tool for Homeless Youth"

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