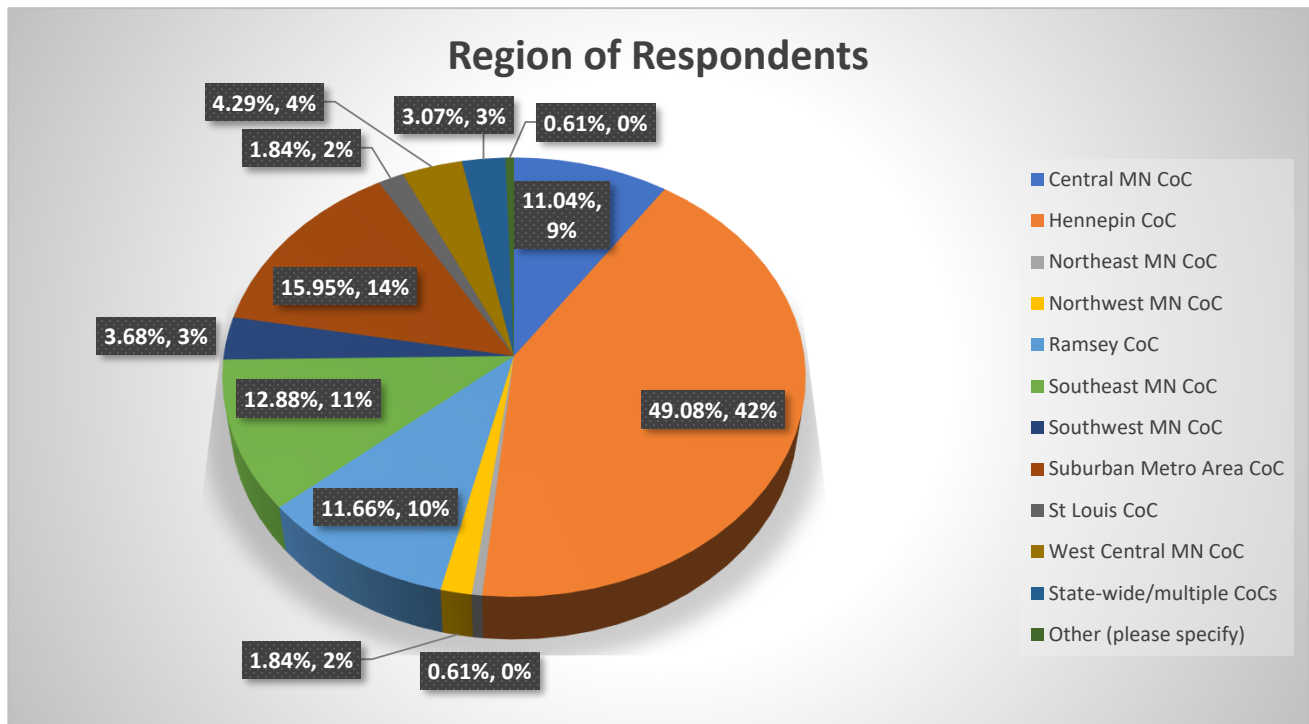


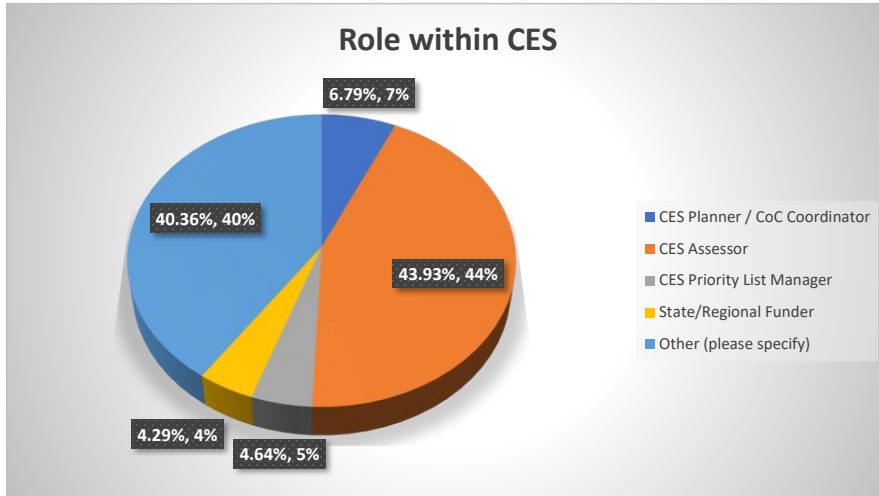
Please indicate in which Continuum of Care region you participate?

Answer Choices	Responses	
Central MN CoC	11.04%	18
Hennepin CoC	49.08%	80
Northeast MN CoC	0.61%	1
Northwest MN CoC	1.84%	3
Ramsey CoC	11.66%	19
Southeast MN CoC	12.88%	21
Southwest MN CoC	3.68%	6
Suburban Metro Area CoC	15.95%	26
St Louis CoC	1.84%	3
West Central MN CoC	4.29%	7
State-wide/multiple CoCs	3.07%	5
Other (please specify)	0.61%	1
Answered	163	
Skipped	123	



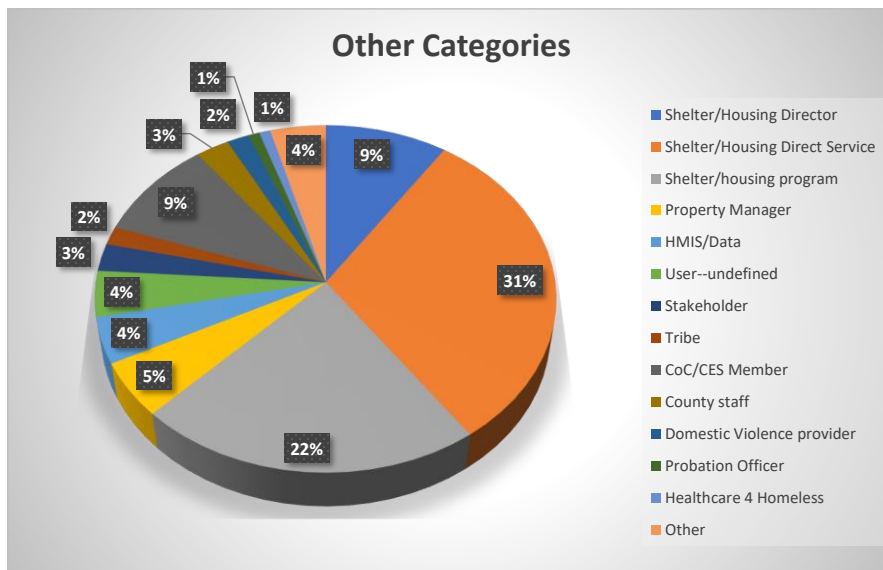
Please indicate your role with CES planning and implementation

Answer Choices	Responses	
CES Planner / CoC Coordinator	6.79%	19
CES Assessor	43.93%	123
CES Priority List Manager	4.64%	13
State/Regional Funder	4.29%	12
Other (please specify)	40.36%	113
	Answered	280
	Skipped	6



OTHER categories

Answer Choices	Responses	
Shelter/Housing Director	9%	11
Shelter/Housing Direct Service	31%	36
Shelter/housing program	22%	26
Property Manager	5%	6
HMIS/Data	4%	5
User--undefined	4%	5
Stakeholder	3%	3
Tribe	2%	2
CoC/CES Member	9%	11
County staff	3%	3
Domestic Violence provider	2%	2
Probation Officer	1%	1
Healthcare 4 Homeless	1%	1
Other	4%	5
		117



The CES Workgroup has identified the following list as CORE QUALITIES that must be included in a CES Assessment tool.

1. Person-centered
2. Trauma-Informed
3. Comprehensive
4. Transparent in the relationship between the questions being asked and potential for housing
5. User-friendly for both the assessor and person being assessed
6. Housing First oriented
7. Culturally sensitive
8. Strengths-based
9. Validated
10. Reliable
11. Sensitive to lived experiences
12. Readily available in HMIS
13. Able to score or guide individuals to appropriate housing type/model
14. Low/Reasonable cost

Please share your thoughts regarding any additional CORE QUALITIES that you believe need to be included in a common CES Assessment Tool. Please also feel free to comment on any of the qualities listed above.

COMMENTS ON CERTAIN PRINCIPLES		28
Principle #1. Person-Centered		1
Assessment tool and person centered seem incongruent to me; I'm curious how that would look		
Principle #2. Trauma-Informed		4
Please note that trauma-informed assessment includes not asking questions that are not necessary. As CE systems move away from score as a primary prioritization criteria, the questions become less and less necessary.		
Principle #3. Comprehensive		3
Comprehensive - should mean looking all aspects of a persons life		
Balance the need for *comprehensive* with how traumatizing and expensive *long* assessments can be. We made waived services impossible to get by making the MNChoices assessment super "comprehensive"....		
Principle #4. Transparent		5
In Ramsey CoC, I hear again and again from clients that #4 is not clear to families. My staff is continually explaining to the families we serve how very long the wait lists are for RRH, TH & PSH. And that only 40% of our past clients even get placed into local programs. They come out of their meetings with their assigned assessors thinking that they are getting housing within the next month. Something in the message is being lost, or the families are not being given the hard truth.		
#4. Needs to include Criminal Record and Evictions/UDs as those are 2 of the biggest barriers to getting housing		
4. It is hard to be transparent with current tool as if we say those with the most points are getting referred we are encouraging them to answer to get a higher score. would be important to consider this in future tools		
Principle #5. User Friendly		2
"User-friendly for both the assessor and person being assessed" - I believe that the assessment is not user-friendly when in comparison to entering the information into HMIS.		
Principle #7. Culturally Sensitive		2
I think that the assessment does not only need to be culturally sensitive, but have assessors that are culturally competent and represent the culture of people that are being served.		
PLEASE do not use CULTURALLY SENSITIVE as a quality. Maybe use the words culturally responsive. When you say SENSITIVE this implies easily damaged, injured or distressed by slight changes. That is not appropriate language for helping this demographic end homelessness with a strength based approach.		
Principle #9. Validated		1
I'm not sure what validated means? Does that mean that it has been tested and has proven to be effective?		
Principle #10. Reliable		1

Reliability - is it giving an accurate assessment of one's vulnerability? I was in Dorothy Day prior to it coming down and saw three individuals huddled and talking about the VISPDAT. One had already been assessed. He was instructing the other two how to get a higher score. I think there are also individuals who try and present as more stable than they are. For some there are providers who can dispute a low score. My concern is for those who do not have such providers.	
Principle #11. Sensitive to Lived Experiences	3
"Sensitive to lived experiences"- I believe we have to come up with a process not to make a "felony conviction" an automatic disqualifier for housing.	
Attuned to lived experiences or respectfully responsive to lived experiences is a good way to work number 11 as well.	
Principle #13. Able to score or guide to housing/service models	2
This may perhaps be just another version of #13 above, but assuring that the scores received accurately, and tangibly, reflect differences between clients. A person that scores a 9 should generally be more successful than a person that scores a 14, for example.	
Principle #14. Low/Reasonable Cost	1
I would also suggest using the term "affordable" versus low or reasonable as this looks different for different tax brackets, affordable sounds intentional for the demographic you are serving versus what is within reason.	
Merge #3 and #11	2
I think "sensitive to live experiences" and "Trauma-Informed" are essentially the same so are a duplication.	
Other	1
#3, #6, #8, #10 ... we've had so many families score for PSH, that just don't belong in that category. One family had a child with a slight Learning Disability (as in got only minimal assistance with reading per her IEP)... the was one BIG mark "DISABILITY" for the family... they waited 8+ months waiting the the housing they were TOLD was the best for them. This was a mom who worked full-time the entire time she was in shelter. Such missed opportunity to stabilize a family.	
SUGGESTED ADDITIONAL PRINCIPLES	18
Accessible Language	6
~Any question that may have words to be used that are considered above the 5th grade reading level should be replaced for better understanding.	
Language included in the tool should be at a reading level easily understood by all (1st - 3rd grade). This plays off of user friendly.	
Efficient	3
Need something about workflow. Can't add too much staff or client time to the process	
Trauma Informed	3
I would like to emphasize the need for the tool to be as trauma informed as possible, with accompanying training offered so that the assessors understand it's trauma informed aspects as well as their role in making it more trauma informed.	
User Friendly	2
User friendly should include translated versions,	
Not any more complicated than necessary. (I think this gets at 1, 2, 5 and 14.)	
Brief	2
Needs to be a timely tool--as in doesn't take a significant amount of time to complete with people.	
Focus on Vulnerable	2
Focus on *vulnerability* above all - prioritize the most sick and near death (over risk factors to stay homeless or become homeless again).	
What ever tool is used it needs to be consistent in trying to define who it is helping. It would appear that the VISPADT is designed to help the most difficult of homeless clients. Often times we are not seeing these clients so it appears that intake staff are trying to get the client to match the tool instead of simply letting the tool work.	
Flexible	2
The tool should also be flexible and not too strict in its implementation.	
Functional/Reliable	2
In the meantime, I want to emphasize that the tool should be functioning - which means it should tell us the housing needs well so we can match appropriate resources!	
Work For All Populations	2
works for all populations (families, singles, youth)	
as "universal" as possible (not 6 different versions for sub-populations, but one version that is culturally sensitive).	
Adaptable	2
My wish is that this assessment was more fluid. Many clients need a rapport with an assessor prior to sharing difficult and personal information.	
Easily Updated	2

Data Driven	1
Practical	1
evidence based	1
Harm reduction	1
Client Choice	1
Domestic Violence Aware	1
Think about those fleeing Domestic violence	
Informed By Tribal Collaborative	1
I believe we should allow the Tribal Collaborative to have a greater say in what is chosen. The people who are most marginalized by our current systems and processes should be the leading voice in moving us forward.	
Informed By Those With Lived Experience	1
I believe we should allow the people with Lived Experiences to have a greater say in what is chosen. The people who are most marginalized by our current systems and processes should be the leading voice in moving us forward.	
Low Cost	1
Geographically Sensitive	1
geographically sensitive... Homeless in Minnesota is very different than homeless in California or Florida.	
Consistent	1
Should be implemented consistently between agencies.	
CRITICAL COMMENTS ABOUT CURRENT TOOL	21
Not Reliable	25
B/c it is self-report it lends itself to under reporting of issues, which impacts ability to get into housing.	
Tho' the adherence to a script has a rationale, the wording of the tool is not always comprehensible or gets at real information. Thus some reworking of the language is generally required in delivery.	
In general assessment is more about the person's history than the kind of housing available, the tool doesn't do much to point the applicant toward a potential kind of housing --from the assessor relationship point of view	
The tool facilitates thin responses to complex questions, that the housing provider down the road will have to discern/correct and recertify. This treats the future provider as suspect in the process rather than a partner.	
The tool generally, in my experience, has resulted in lower scoring than I would apply to the applicant as a 15 year professional in the homelessness field. This could be for multiple reasons: the gender/ethnicity of the assessor vis a vis the applicant, the pride of person in sharing their "problems," the tendency of all humans to minimize.	
A significant number of individuals under-report their mental and physical health needs and assessors cannot rephrase or redirect the questions to get more accurate reporting. As a result, many individuals are not matched to appropriate housing opportunity.	
Seeing people in active DV situations score higher due to acute circumstances even though they may not need PSH. People try to "guess" how to answer the questions to get the best score (leading to both overstating and understating vulnerabilities).	
From time-to-time I worry that I am not collecting accurate data.	
Hard to get an accurate picture with an assessment that is so short, this would be true of any tool.	
Youth do not always understand the importance of honesty	
Wording Is Insensitive, Not Trauma Informed	15
our current questions are insensitive, rude and embarrassing for both our clients and staff. Wording is cumbersome and vague. I hate it. Hate it.	
I honestly don't know how effective this tool is. Some of the questions evoke strong responses. Asking about AIDS, drinking history, and things of that nature. I have had multiple clients lie about the state of their well being because they felt labeled.	
It is a cataloging of barriers in a way that brings all of these issues to the forefront of a persons current reality. I have seen shame responses often.	
The tool is flawed as it comes from a position of power and privilege. What other members of our society would we ask these questions to in order to achieve very basic shelter? It is highly undignified to give someone an acuity score as a basis for receiving a fundamental human right in the form of shelter.	
The tool is not trauma-informed. Many times I have seen how the tool triggers negative responses in individuals. People appear uncomfortable. They often don't want to answer questions. It feels invasive and inappropriate. If there is a gender difference or other potential imbalance between assessor and individual it often feels like this produces unclear answers and makes both parties uncomfortable, which likely results in inaccurate scoring.	

The tool is uneven in its use of spoken American English, ranging from language with particular technical uses different from colloquial speech ("trauma," "disability") to obsolete idioms ("drunk tank") to absurdly convoluted grammar ("if there was space available in a program that specifically assists people living with HIVor AIDS, would that be of interest to you?"). If the tool was culturally sensitive, the mental health and disability language would have been significantly different due to those populations for which these subjects are taboo, or understood in spiritual or religious ways.	
General	6
In theory, we agree with the concept of coordinated assessment. We simply struggle with the inventory tool.	
And the HMIS referral system is so slow and terrible....not the COC Coordinator, but ICA and the design of your HMIS referral to the COC Coordinator.	
The assessment tool in real-time application, has several key problems that trouble the ostensible qualities of the assessment tool listed above.	
The current assessment tool does not meet these core qualities in a variety of ways.	
I am not an assessor, but one area that has come to light is that it doesn't capture needs of people who are not engaging in crisis services	
Lacks 1 7 8 9 11and at times very much 13	
Assessment Does Not Match Housing Needs	4
The assessment process doesn't fully indicate the best housing model choice for the applicant. Too many denials based on mis-match of what the client needs and what the housing can offer.	
I've noticed some people scoring for PSH, but do not actually meet the LTH definition when we contact them, so then having to explain to them the differences.	
Not Transparent	4
it is difficult to explain how asking these questions leads to housing. There is not transparency between asking about personal issues and a pathway into housing.	
Not User Friendly	3
The tool is cumbersome. It does not flow well when doing the assessment	
Though it claimed to be user friendly and low cost, adequate time to provide assessment is generally an hour plus, with 1-3 month wait for call	
Not Culturally Sensitive	2
It is not culturally sensitive. Many of the questions seem to come from a place of basic assumptions that are dominant middle class. The questions "score" deviations from this paradigm	
Not Strengths Based	2
It is not strength based or person centered. In fact, the questions focus heavily on all of the aspects of an individuals life that are working against them	
Does Not Work For....	1
I think the connection for people living with HIV is not working. These folks are not being directed to Clare Housing.	
Not Validated	1
NOT validated (i.e, youth assessment,,smoking pot under 12 surely the states which have legalized pot have a skewed response to this question)	
Not Sensitive To Lived Experience	1
MORE ABOUT TOOL FUNCTIONS THAN PRINCIPLES	
Needs to Be More than A Score in Decision Making	12
Scores do not equal eligibility for housing programs. Placement should not be based on VI-SPDAT score alone in terms of priority.	
The ability for assessors to take collateral information into account, such as reports from case management. Main reason being, many people may under report/ not remember things that would cause them to be identified as needing a higher level of service (Mental health issues, TBI, physical health concerns, emergency room use etc...)	
It is important to somehow capture that people who have homeless for an extended period of time will often score lower than we would anticipate because they have figured out how to get resources (how to survive). When people are homeless, they sometimes develop coping such that they appear invulnerable, so the VI portion does not capture this	
It is _well-documented_ the relationships=rapport = trust = accurate information when asking about sensitive information. Therefore, assessments should NOT be done by persons in a stand-alone setting, over the phone, or in rush, etc. AND they should be done as FAR into the relationship as possible (recognizing it may delay placement on the list).	
General	10
Available in paper assessments... which include qualifying questions along with the VISPDAT questions.	

Common understanding of what constitutes "vulnerable", ie who is target population attempting to ID and noting validated to that specific outcome. Able to guide/score to appropriate housing - inclusive of all housing and housing with supports types/models.	
Should/can something be added about an appeals related process? If significant side door use is currently occurring, is there a step that could be built in to allow for a shared understanding of how to do so? Not sure if this makes sense...	
Tho' there is transparency about what happens "next," there is no real guideline as to how long the person waits, and nothing for the person to engage while they wait. Homeless individuals have expressed to me that they would rather keep looking, calling, and visiting sites as an active participant in their housing search, rather than sit and wait for a call with no timeline as it feels disempowering.	
screen for service need not type of housing	
In order to centralize/improve data quality entered into HMIS... I believe there should be well-trained data entry specialists for each organization (qualified and/or certified) This would not only improve data quality, it would also prevent the need for everyone to have a license for the HMIS system.	
Intentional Focus on Healing i.e. moving through grief and loss stages; prior to employment services. Time for health improvement activities.	
SHOULD INCLUDE DOUBLED-UP or Other Definitions Experience of Homelessness	4
Should reflect youths actual homelessness experience, i.e. couch hopping ect.	
Include families who are Doubled Up/Precariously Housed	
No penalty for clients in treatment or other temporary lodging	
Updateable	3
The ability to RESCORE upon revelation of further information is also essential.	
it should be readily able to update--an ongoing conversation, let's say between the provider community and the individual to be sure that it is accurate and up to date.	
Other Languages	3
Available translated into Spanish, Somali, Hmong.	
Accessible to non-English speaking clients in their preferred language with an in-person translator.	
Move away from Number / Score	3
You know, I really wish that it didn't assign a person a number. I hear everywhere that "8's have these needs and 4's are able to figure it out on their own" When did people become numbers. I took the VI_SPDAT myself, and I scored an 8. I am a college educated homeowner. So I NEED permanent supportive housing. I just think sometime people get all caught up in the score and forget to LISTEN to the person.	
Assessment score is not necessarily a good predictor of what sort of housing type model is appropriate. For example, in my role as a housing provider across multiple CoCs, the scores attributed to referred households are very different across CoCs but their needs are very similar. We most frequently get referrals based on who is ineligible to receive any other program. Eligibility generally plays a much bigger role in referrals than assessment score. If a predictive score is a priority, consider advocating for fewer eligibility criteria for housing programs.	
Assigning numbers to people can be rather harmful. I would appreciate a tool that doesn't attach a set "value" to a person as this can overshadow other parts of the assessment that can also lead to a housing referral.	
Recognize that Needs May Be Greater than What is Available to Be Provided	2
Ability to recognize when someone's mental, physical, chemical, etc. health makes independent living a poor option for them (i.e. recognize when someone needs too many supports for our Housing First model to accommodate their needs)	
Be More Adaptable	1
~Give assessors the tools and examples to clarify questions for non-english learners or heads of households with learning disabilities.	
Victims of Violence	1
low barrier for victims of violence	
Technical Issue	1
I wish there were a way to track errors in the VI SPIDAT that cause a person to get screened out. I had a lady waiting a very long time and it turns out that one of the answers carried over from her previous assessment. Even when I changed the answer in my assessment, it reverted back to the old answer. It kept her out of housing for 9 extra months. I had not heard or read that updates needed to be done on the assessment tab and not the original entry/exit. I feel terrible that my error caused additional time of homelessness.	
Sensitive to Health Information Privacy	1
More safe and accessible for individuals who are concerned about their protected health information being disclosed to others	
Achieve Consistency with Core Qualities	1

If we are going to include these as core qualities we have to make sure we are following them, representing them, or have the capacity to do the actual work this way and be well trained. The agencies involved are not on the same page with these core qualities and the training opportunities to learn more about these qualities should be verified and supported by the COC completely.	
Structure	1
Placing the most important info in the top half of the assessment would be helpful. Scrolling through the assessment to find Client phone number, income, criminal history, and all other eligilbilty criteria, could be a lot simpler.	
Work with Priority List	1
Ability to interact with our current Priority List/prioritization structure	
GOOD LIST, NOTHING	55
All of these core qualities are important.	
This is a very broad and complete list	
These are all great core qualities. In my experience, the personality and care of the assessor plays the biggest role in furthering these qualities. The way the assessment is initially presented to a client has a huge impact on the outcome.	
These seem like reasonable core qualities; striving to actually meet these qualities with a different kind of assessment would be a good place to start.	
I am extremely appreciative of the qualities already being focused on.	

What you LIKE about the tool	
ABILITY TO SCORE/CAPTURE VULNERABILITIES	68
Addressing domestic violence/vulnerabilities	14
I believe the assessment currently captures the vulnerabilities of families fleeing domestic violence (not in a sensitive way)	
The VISPDAT does include and get at many areas of vulnerability, especially violence and abuse.	
I do like the detail it provides into the actual lived experience that doesn't require someone to outright describe all the trauma they are experiencing, but think it can be asked more trauma informed.	
Appreciate the yes/no answers to help with re-traumatization.	
We find it helpful in indicating the risks of human trafficking and exploitation.	
Giving score for involvement with child protection	
Comprehensive	12
has an appropriate amount of questions to sort through things that simply length of time homeless and disability questions do not currently answer	
It is fairly short and direct. There aren't any redundant questions, and it covers a lot of ground with minimal questions.	
It is helpful to have a document that outlines all of the various pertinent areas that should be reviewed for housing - history, income, criminal history, health, etc.	
I really appreciate the break down of sections; like tri-morbidity. It encompasses all aspects of human behavior.	
Housing History	10
I find the housing history a good thing, so we can refer them to the appropriate agencies	
Quantifies Need/ Creates Score	7
The ability to summarize vulnerability / need by condensing it to a simple number that can be sorted easily.	
Quantitatively reflects need.	
Client's Health	6
Added points for co-morbidity of physical and other health concerns.	
I like that it asks about chronic health conditions outside of the context of having a disability, as people tend to agree they have high blood pressure or diabetes versus seeing themselves as disabled	
Identifying Barriers	6
Quick, gives a good snapshot of barriers/challenges Helpful for ongoing case managers to get a view of client challenges before digging deeper.	
Identifying significant barriers has been a help with the VI-SPDAT.	
Guides client intake/further conversation	4
The parts of the VI-SPADT that seem to work the best are those that address trauma, and the parts that we have modified to put our clients in a more empowered position. Such as the question about risky behavior. We ask "Do you feel that you ever do things that are risky for you?" We get much more honest and insightful answers to this question than the one that lists behaviors that may or may not be applicable to our guests. It reflects what risks our clients feel that they take.	
Although not necessarily indicated with the training, it has prompted me to get more information to corroborate the answers from the individual. For example, the question about receiving govt benefits or employment income is often initially answered no, but if I ask what is your source of income, then most of the time that answer should be yes.	
Guides Housing Intervention	3
Helpful to guide what housing intervention is best fit.	
That is calls out the notion that although all people experiencing homelessness are vulnerable, there are different degrees to that vulnerability and those differences most likely will require different housing interventions.	
Assessing Need	3
assess needs that the client may not be aware of, until asked outright.	
The tool works for those that are literally homeless and in need of high services.	
Criminal History	1
Demographics	1
Relevant	1
The overarching categories seem relevant/appropriate.	
WORKS FOR CLIENTS	56
User Friendly / Simple to Understand	7
being able to explain the questions that are not clear to the person being assessed.	
I think that the script makes it easy to deliver to a consumer because there is no need to paraphrase at all.	
Questions are written in person centered language and easy to understand.	
Manageable / Short Process	16
Doesn't get too in-depth but hits the main issues for triage.	

As a worker who obtains clients from the prioritization process, I feel the VI-SPDAT is the fastest way to get individuals and families assessed and onto case loads to get out of homelessness.	
Clients like that it is a quick assessment.	
Objective Tool	7
Objective scoring based on consumer response.	
It's objective and trauma informed.	
It is based on assessing key vulnerabilities versus making decisions based on emotions and personal biases.	
Guides Client Intake / Further Conversation	5
The VI starts the conversation.	
If conducted right it can lead to a robust discussion about a persons current situation and services they may need.	
Provides a base for developing more in depth conversations with the participant	
Outcomes	4
People are getting housed quicker.	
More American Indians have accessed mainstream housing programs for homeless.	
Youth are getting housed	
Overall I think the tool has helped house those that were denied before because agencies felt the client was too difficult.	
Known Requirement / Process	3
People understanding that it is a requirement for us to complete the assessment, but not always understanding the process after explanation. Have had a fairly good turn out for people that make it to their scheduled appointment for the assessment if staff are not able to do it at the time of first contact.	
It is a known assessment, clients understand that it needs to be completed.	
Clients understand that "score" translates to a category of housing assistance.	
Builds Rapport	3
Spending more time exploring a clients experiences and building repore. Also comparing their answers to our triage form.	
No Negative Feedback from Clients	2
I have heard that some providers think the language is problematic; however I have administered with 100+ people and have never had negative responses to the wording.	
Prioritizes those with highest needs	2
the scoring has really helped in assisting the community members experiencing homeless with high barriers into housing.	
Yes / No Responses	2
most questions are yes or no answers which is efficient and less traumatizing.	
I ALSO like that there is very little opportunity to elaborate on answers (yes/no/refused or a specific number) as that makes people feel more at ease as they understand that they are not being judged.	
Assessing Need	2
It is a tool to work with clients where they are and get a basic idea where they are.	
Consistency in Script	2
I don't read the script word for word, but I personally say it the same way each time, so there is consistency among the clients who are assessed by the same person.	
Consistent language for everyone to use.	
HMIS / Shared Database	1
Having everything on a data base that more then one non profit company can look at with out having the client repeat their story over and over.	
ACCURACY OF SCORE / ACCURATE REFERRALS	34
Guide Housing Intervention	10
When there is someone who is willing to do a VISPIDAT sometimes the questions reveal things very relevant to their care and the direction that their housing might take. I have been impressed with the volume of referrals into housing programs that this has resulted in. Although I'm not sure how we were doing before that.	
All elements have been helpful to help identify what housing intervention is best for the household.	
In theory, it is good to have a tool that can screen for programs. It helps me identify questions to ask if the client wants service referrals after.	
Quantified Need / Creates Score	8
Actually like that there's a number I think that's helpful and prioritizing people . I did like it when they added the tool onto it because that really helped us better connect people to appropriate housing .	
The scoring. The clients being able to get points on high risk factors to get housing.	
I find the score itself is most helpful when making decisions on referral's and using a tie breaker system.	
Assessing Need	8
It captures many of the most important challenges experienced by those going through homelessness.	

The current tool creates a starting point to identify the needs and gaps in our current housing options (i.e. lack of vacancies in middle-range programs)	
In the family system, it does generally do an effective job of categorizing people based on vulnerability. I understand from my staff that for the most part the people are in the right categories	
Objective Tool	3
Objective empirical tool that can compare "apples to apples" when assessing people.	
It is a uniform tool that is based on assessing key vulnerabilities versus making decisions based on emotions and personal biases. I realize some providers are uncomfortable asking some of the questions, but the questions asked apply to realities persons who are homeless and help us understand a persons true vulnerability. I appreciate a tool that can remove the interviewee's need to convince the agency that they are deserving of help. I have seen too many individuals who misrepresented their situation - either exaggerating their need because they were very articulate or assertive or under emphasizing their need because they were proud, embarrassed or unable to express themselves. I have also seen providers dislike the tool because they felt their client should have scored higher or lower based on	
Housing History	1
I also like being able to see how many times directly someone has been homeless on the SPDAT.	
Accurate	2
The data gathering and assessing their housing needs is usually pretty accurate.	
calculation tool helps ensure accurate scoring...	
Amending Score	1
I think it makes sense to have the ability for the assessor to amend or suggest a higher score based on their relationship with the client. A client often knows their situation better than anyone else, but they are not going to be able to make the objective judgments about themselves that an assessor could.	
Reliable	1
EASE OF USE	25
In HMIS	12
Readily available in HMIS	
I like that I can see notes about clients from other assessors	
I like that I am notified when a client is referred to a housing provider	
It's helpful to be able to go into service point and see housing history to better identify if they are eligible.	
Easy to Use	6
There was definitely a convenience in using a tool already established, training available and in HMIS.	
As you use it more the more it becomes easier to use. I have become more comfortable using and applying past experiences to get the most out of a client.	
Accessible	2
Easy Format	2
Low Cost	1
low Cost to client	
Org Code Support	1
There is additional information on the org code website to better understand the tool and its elements.	
Assesses the Current Situation	1
it is so just "where are you now?"	
NON-VISPDAT COMMENTS (POSITIVE)	36
Use of Common Tool	15
Universality - funders can compare need across regions, and compare populations served across providers.	
Using a standardized tool has provided for consistency and equal access.	
It is the same across the state.	
Everyone is getting assessed at the same baseline	
It doesn't matter if its a good tool or not, but the fact is that since we have been asking every person who has been assessed since the inception of CES across many COC's we have at least the commonality of what/how we are assessing people.	
Centralized, Consistent, & Transparent	7
As an assessor that has been involved in the launch of the VI-SPDAT in Hennepin county I have appreciated a streamlined process. has the same format in each coc	
having a system, that is transparent that therefore creates more transparency in programs.	
There is a single, somewhat clear, point of entry into housing.	
CES Supplemental Assessment	6
I think the supplemental questions are really what helps the client's situation be realized.	
The supplemental questionnaire is useful in providing housing providers information about the person's real experiences.	
Usefuly Tool that Helps Make Decisions	2

I like that it removes me as a provider from being the gate-keeper of who gets housed and who doesn't. It is far too difficult to be working a case load and managing housing options and trying to decide who I should refer to a placement and who has to continue waiting. I also don't have to worry that someone was not housed because I didn't have enough time to search for housing options for them.	
Functions in HMIS	3
Being able to locate the client via contact information and or outreach worker.	
having readily available info to explain questions further if needed.	
CES receipt	2
Prioritization	1
Rapid placement of clients that appear to be the most vulnerable and in need of housing.	
EVERYTHING	4
Everything. The tool is easy to follow, and helps us best figure out how to assist our clientele.	
It is essential to our coordinated entry for services, and it has been instrumental in bringing about positive change in the Fargo-Moorhead area.	
it is efficient, it is well researched, it is effective, it is standardized, and it is equitable.	
THE TOOL IS VALIDATED	2
It is validated by research.	
NEGATIVE COMMENTS	27
Inaccuracy	11
Category of Socialization sucks.	
The wording in Wellness needs to be redone.	
Under Family assessment Questions 35,36, 39,40,41are so confusing, they are worthless.	
Other than giving us a number to put on a list, I am not sure much of it was helpful	
It doesn't seem helpful. Clients that should be placed in SH are not due to a lack of SH. What is the point of an assessment if you're not placed in the type of housing that you need.	
Nothing	7
none. this process is hard to work with. It's confusing and frustrating for everyone involved. It's a huge burden and waste of staff time. It's taking much longer to serve our local homeless population than every before.	
Only Works if Relationship Developed	3
VI-SPDAT and supplemental questionnaire can be very useful, but generally only when the assessor and client have been effectively engaged over a period of time before the assessment is completed.	
I basically do them off of observation rather than in person (rule breaker I know) but it doesn't really work well in a one on one meeting.	
Agency Commitment	2
this just adds more time to my process when I am working with a homeless individual.	
Categorizing People	2
Providers like putting complicated humans into discrete boxes.	
Problematic Questions	2
Questions that do not mention a time frame, but which follow questions with time frames are then often confusing for some clients.	
A lot of the questions are extremely vague and there needs to be more explanation of what the client's life experiences are.	
OTHER	3
Using a tool that was already created and marketed as "statistically valid" made it an easy sell to communities.	
Questions referring to the last six months help to give a picture of where a client is now.	
maybe just more informed assessments and screenings	

What you DON'T LIKE about the tool		
INACCURACY OF SCORE / REFERRALS		110
Not able to capture real vulnerability or match well toward future housing success		52
People try to "guess" how to answer the questions to get the best score (leading to both overstating and understating vulnerabilities).		
it gives inaccurate assessments so that often people referred to RRH are not ready for RRH. There is an obvious lack of quality control and accuracy in the use of the tool for single adults		
The score is really not useful at times. For example a household could score for a permanent support housing program without being disabled. However, almost all PSH programs require a disability. There are many people who score for one program who would really do just as well in another. I really don't think the questions get at the level of support (both social and financial) that a household needs.		
A lot of room for scores that are inaccurately low, due to clients not disclosing all barriers at initial meeting		
I am not an assessor, but one area that has come to light is that it doesn't capture needs of people who are not engaging in crisis services		
The assessment process doesn't fully indicate the best housing model choice for the applicant. Too many denials based on mismatch of what the client needs and what the housing can offer.		
In general, it tracks vulnerability but doesn't actually help sort out the best housing intervention		
In my experience i think that numbers that clients have got is not a great indicator of the services they will need to be successful once they move into more long term housing.		
Reliance on self-report as the only way to gather data on a person's vulnerability.		
Assessments done with assessors who don't have a relationship with the person and/or don't engage with the person. Blindly using scores only for eligibility.		
It also fails to identify a LOT of the areas in which an individual may be considered vulnerable. Families score higher than individuals.		
People fixate on their score, as do assessors, despite that not being the determining factor in most cases. Potentially retraumatizes.		
the scoring is skewed to qualify people for available housing types in the area, not the type of service intensity they need to be stable		
No validation or reliability information has been provided,		
I don't believe it is reasonable to rely on a 15 question assessment to determine what type of intervention someone receives. I think the VI-SPDAT has too much influence in the coordinated entry process		
Gaining correct answers without having a rapport with individuals can be challenging to get correct scores. I feel as though questions that are asked are not necessarily relevant to majority of individuals. It does not give the true picture of their situation. Asking questions like how many years, and what years, and how many times they slept outside, or couch hopping individually		
It prioritizes clients who are willing to disclose information, not necessarily those who are most vulnerable		
Many of the questions seemed geared toward high needed urban chronic homeless. Most of the people assessed here in rural MN answer no to most of the questions. In rural MN are usually doubled-up short term situational homeless.		
The VI-SPDAT tool as a whole I feel is not a good way to assess the level of crisis that a homeless person is in. Putting a number to them does not holistically show their entire story.		
Not accurate - due to dishonesty or lack of trust or embarrassment		29
clients not answering questions because of shame, or embarrassment causing scores to be lower		
Part of the issue now is that people know how to answer things. They know enough people that have been housed and have heard how things need to be answered.		
Many clients have learned that sharing info about drug use, risky behavior, etc, not only doesn't get them help, but it usually works against them (kicked out of shelter for admitting to drug use, children taken away by child protection, etc.)		
Lack of trust. Because the tool was never validated locally and with our sub-populations, it was never trusted. Our local communities never agreed to the qualities the SPDAT deemed most vulnerable.		
In reviewing files around the state which included VI-SPDATs, its clear that many, many people are not transparent in their medical or mental health disabilities and vulnerability even when there is clear evidence in the file of such barriers. Its difficult to say exactly why that is, but in rural areas a lack of comfort with being "assessed" in order to get help, identify themselves as "vulnerable" and reluctance to share or admit problems of a personal nature.		
The questions are subjective and you get a score based off of how you answer those questions. Some people may not tell the entire truth about their situation as they may be embarrassed. So again they are going to score lower when in reality their crisis they are in is very significant. How can we as providers only look at a number that is placed to a person and determine if they are worthy of our assistance. I feel this tool is a waste of everyone's time. I also do not like that some who does not work within the organization that I work in is telling me who I can and cannot house.		
There have been times where I feel that the client is too embarrassed to answer truthfully.		
When asking about mental health, it asks if the client has been evicted because of their mental health. I feel that this is misleading and hard for some to determine. It would be more effective if they are asked if they have a mental disability		

Not accurate - due to confusion or misunderstanding	6
Questions aren't always clear, no elaboration is allowed per the training, people being assessed don't tell the truth because they don't understand why they are being asked, it's a difficult assessment to complete for some folks especially without a promise of anything happening post-assessment	
The tool is based on self-report without any coaching or clarification by assessors. Assessee answer questions based on their (possibly incorrect) understanding of the question, inability to remember past or current events, and/or have a different understanding of reality than the assessor (e.g. assessee doesn't believe they have symptoms of a mental illness).	
Determining episodes of homelessness is confusing, need a clearer written definition. I have been advised to define them in different formats.	
Inaccuracy with particular questions	10
The "risks" section should include risks that have happened in the past year instead of the past 6 months because many clients have been homeless for longer than 6 months	
Some populations use emergency room as primary Dr. so use does not necessarily indicate higher need	
Unclear if clinical complexity/medical illness is adequately captured - persons with high risk of permanent disability or death do not always score high	
Similar to jail time- people ask if they should enter 16 different times in jail in the year vs 1 crime that created a single sentence for 1 year. It would seem a higher vulnerability if in jail 16 times over the year.	
Youth families using family version get points for Child Protection involvement but not for being under 18 years old. Using Youth version they can get the opposite. Not possible to get both vulnerabilities using one tool.	
Police contact should not include speeding ticket/driving violation tickets.	
Homeless length and style- no differentiation between one solid year homeless/outside vs. 3-4 episodes of couch hopping or homelessness that could be shorter.	
HIV status question is misleading.	
Inaccuracy of Score	5
One VI-SPDAT score indicated household needed supportive housing/services when household did not present to need support once moved in. Household scored high due to the death of a child which is traumatic but does not necessarily mean they need support services.	
The scoring can be very misleading. We have people living on the streets who do not have a high score. We are not able to help them because they do not have the right number. They are very much in crisis. We are not allowed to have a waiting list.....so how are they served?	
When a person scores lower in each section... for instance they score a 9, they sit on the list for a very long time with no-one pulling... I believe our community needs some resources (more case managers) that will help folks who score in lower psh, making them in-eligible for mainstream programs without case management, able to find help.	
Not accurate - due to inconsistency or mistake	8
The main thing for me is that there are too many ways for an assessor to make a small mistake and have it result in the client being lost off the priority list. This is multiplied by the difficulty for your average assessor to actually see if their client is on the list or not. I suppose this mainly has to do with the process of the CES referral and supplemental info etc than the assessment itself. When it comes to the assessment itself, I don't think it necessarily captures a person's vulnerability consistently. Or rather I think it captures a certain set of vulnerabilities. Other times I have feared that clients have "seen through it" to over-report their problems in a odd sort of competition for points to get a referral faster. (I should say that in general most people have tended towards being pretty honest).	
We often heard that after staff got to know someone, there was information they learned that was not reflected on the assessment tool.	
I have found that if I rescore someone once I have an established rapport with them, the answers, and thus the scoring changes.	
WORDING OF QUESTIONS	68
Sensitivity of Questions (lack thereof)	28
The whole thing is pretty traumatizing for both the assessor and the family walking through it.	
The tool is extremely invasive without always being clear as to why the data is needed. The questions themselves are often traumatic and expecting someone to disclose such personal information to a complete stranger is something we wouldn't want to do ourselves, so why are we asking others to do that? The questions are also deficit-based and not strength-based.	
Some of the language can be interpreted as harsh and not culturally sensitive.	
The way some questions are worded has triggered youth. Specially around "stripping, prostitution".	
Some of the wording doesn't fit our geographical area like Drunk Tank.	
The questions have always struck me as "shaming" and not trauma informed.	
Some of the language the clients are taken back by. How things are worded and how the client doesn't believe people do some of the things on the VI.	
The reason is not work for us is because it doesn't work for our tribal partner. We need to be culturally sensitive so our tribal partner continues to be involved in the CE	
Not Strength Based	11

Too skewed towards PSH... NOT very strengths-based at all.	
Please see answers to question 3. Key is that it is not person-centered, strength-based, nor trauma informed. In fact, it is the opposite. It digs into highly personal information that can be gathered in other manners. It comes from a place of dominant culture	
The tool is not strengths based. People naturally want to put themselves in the best light possible, and the tool is measuring their vulnerabilities. People don't understand this, and end up scoring very low in order to try to make themselves look good for housing (like for a job interview)	
Confusing Language	17
Questions are vague and don't provide the needed information to secure appropriate housing	
Questions don't make sense and often need to be explained	
We need to come out and just ask about HIV- I have had to explain that numerous times to people.	
The questions are confusing to youth, i.e, HIV and preference questions.	
Questions tend to be more round-about or confusing for individuals, would help if questions were more specific.	
General comments about wording of questions	12
Terminology	
some quirky questions, like the Q about living in housing for HIV/AIDS. Can this be worded differently? Also it's frustrating not to be able to explain things better, when we are supposed to just stick to the questions. This mostly comes up when I know more history about the client - sometimes I am their case manager and am doing their VISPDAT, and I know that the client is struggling with certain issues but they answer no to a question that I really think should be a yes, based on what I know about their history. I struggle with how much it's okay for me to guide them to a different answer, or how much to explore it further with them, versus just letting it go b/c they have the right to answer how they want. It's just a little clumsy sometimes...	
Questions are indirect. for example, just ask if someone is HIV+ or has AIDS instead of if you would be interested in that kind of housing. Especially since people aren't eligible for that kind of housing without being HIV+ or with a dx of AIDS.	
Questions about if they are able to take care of bathing/basic needs, question about using marijuana age 12 or under.	
SCORING FUNCTION	19
Question Flow/Implementation	8
It takes too long to complete (for the value).	
CE systems have had to develop additional processes to ensure that high-need, high-barrier individuals who receive low scores can have their scores amended and/or be referred without completing the assessment.	
Risk area needs four checked to score one	
Colloquial language is off-putting and distracting. Intensely personal detailed questions seem over-the-top. For example, if you have already responded in a way that would give you a point for that section, it really isn't even necessary to ask the remaining the questions - additional yeses aren't going to give you more points, just make you disclose more.	
Scores not telling eligibility	4
I've noticed some people scoring for PSH, but do not actually meet the LTH definition when we contact them, so then having to explain to them the differences.	
We have multiple funders and thus have additional qualifications that people need to me for program eligibility.	
People who are scored into Rapid Re Housing but don't actually qualify for RRH (due to income)	
Format -Unable to update/change	4
with the rules that govern how to use it, assessors do not have the ability to change it to adapt it to the client, making it inaccurate.	
It is inflexible and has different versions by population (TAY, Singles, families)	
Fail to consider geographic unfitness--Urban centric	3
It doesn't always consider situations that are unique to rural areas.	
it is geared toward bigger cities and we are a small town	
LENGTH OF QUESTIONS & TOOL	13
Some of the questions are either too long, too wordy, or include too many questions under the same initial question (ex: In the past 6 months, how many times have you...) and it can become confusing for those we administer the test to.	
The question regarding HIV is too vague and people say yes because they are willing to live anywhere because that is how it is stated.	
The final question is way too long and weird.	
Some of the questions are so long that clients are not able to answer or understand. I am repeating and interpreting a lot of questions.	
OPPOSED TO CONCEPT OF SCORING	6
Enrolling in programs based solely on score. Enrolling households into PSH program with highest scores is very difficult to fill all spots.	

Too much focus on a client's "score" throughout CES. People are not their score. The questions are loaded, some people struggle with comprehending the questions or determining if it's applicable to their life. The VI-SPDAT is intimidating - usually the client is meeting you for the first time and the pressure to disclose such personal/traumatic information is hard for many which is reflected in their answers and subsequently impacts their housing recommendation. The score could be a reflection of a household's current crisis and not necessarily an on-going need. Also, people's perception of their own reality guides how they answer these questions - some of the most vulnerable have ranked at main. Lastly, I question it's relevance to certain populations and how it ranks their vulnerability... those exiting institutional settings (IRTS, incarceration), seniors, and respect & awareness to cultural realities.	
I don't think a scoring tool is the way to go. Makes us all feel better since it gives us a clear answer, but no evidence that the answers it is giving us are reliable in any way.	
the fact that we are "scoring" a human being in the first place - it is not a good way to treat people, to reduce their vulnerabilities down to a number and to normalize their trauma in such a sterile way.	
NON-VISPDAT COMMENTS (NEGATIVE)	38
Training	4
Getting employees trained in a timely manner.	
As previously mentioned, I believe what hasn't worked is unified training of assessors and common administration of the tool.	
On a deeper level in terms of how CES and the assessment work I believe there needs to be more oversight on assessors and training.	
Data Entry	5
Now since the VI-SPDAT is in HMIS it is time consuming. Even if clients can answer the VI-SPDAT quickly, it still takes 45 minutes but for clients that have a harder time with staying on tasks, remembering key details the assessment could take an hour or multiple sessions. The biggest problem for me is the tool does not capture the severity of mental health as an impairment.	
forgetting you asses code/ number	
There are quiet a few programs that identify LTH or chronic homelessness, that may not take in consideration a VI score. While I think it matches the needs of the program, a tool that funnels this info would be helpful	
The referral entry process has too many steps to it and can easily miss one small step so then the entry isn't completed properly.	
It is an arduous process and people are already in crisis. We struggle less with the tool when it is simply an individual but it is difficult to complete the process for an entire family. (I need to attach the kids to the head of the household and that can be tricky. When you have to push another button for the head of the household etc. I find that confusing.) A person may be entered twice and it seems like there is no way to erase it, etc.	
Incomplete Information	6
Some assessments are 1 year or more older, some information is not entered accurately and/or missing.	
Keeping the assessments current and up to date. Frequently contact numbers are no longer current for clients	
General Comments about VISPDAT	5
The VI-SPDAT does not account for terminal illnesses.	
It is subjective and you have a "good" assessor it makes a different in your score	
I think it does not explain about the responsibilities of a mandated reporter so it may set up for some controversy.	
I do not have knowledge of tool since I only case manage after this is done. It would be more beneficial if client stays with one person and not split up intake and case management so I have knowledge of the core qualities for the client(s) I serve.	
It is not used appropriately for prioritization. It is frustrating that people are grumbling about how it doesn't work when we are not using it as intended. It is not supposed to be the primary or even secondary factor in establishing prioritization, yet that's how it is used. Many people complain that the tool is traumatic for clients. However, it is not the VI-SPDAT that is traumatic, it is the process of collecting the housing history.	
Referral Process	8
When receiving a list from the prioritization list- it can be timely to go through and contact (or try contact) clients to get housing updates and see if they are eligible for the housing program there is a spot in or you find out they are not eligible	
Providers don't seem to have good luck getting names off the list in my experience, specifically Clare Housing - HIV specific	
the entire process is not designed to help any clients	
Bad placements	
I think the gap in our community is a majority of Housholds are PSH scores and not any PSH available to meet the needs. These folks stay homeless. We never had problems filling open beds and I am not sure why we have open beds. I cannot finger point why this has changed in this process.	
POSITIVE COMMENTS	4
I have not had any problems when I have used it.	
i havent run into a lot of negatives	

None. I have literally done hundreds of VI-SPDAT assessments and never had an issue with the assessment. I understand the tool and motivational interviewing. I also received the full SPDAT training at the same time as the VI-SPDAT training. I believe that help me with understanding the key points of the tool. I have seen issues with assessors not understanding the concepts of homelessness who have struggle with the tool. Also there is lack of understanding that this is a tool to help assist with making decisions not a tool that diagnosis someone or sets who they are in stone.

I think it does a decent job at identifying vulnerability,

Ideal Tool	
MORE/NEW QUESTIONS	
Client History	159
	25
What is/(has) preventing you from going to shelter?	
Has the person had to involuntarily leave housing before? What were the circumstances?	
What supports, if in place, would have helped you keep an apartment that you had in the past.	
Length of time homeless	
what other housing programs have you been involved in and the reason they didn't work out	
It would include questions about a person's home life growing up (informed by a tool like the Adverse Childhood Experience/ACES study) and his or her or zir's employment history (especially related to physical or mental health).	
Better explanations/way of asking their history of housing/homelessness	
Ask - "what kinds of experiences do you think have contributed to your housing instability" (with a list to indicate yes/no to each).	
Rental/Living History-previous address- were you evicted-how much was the rent? When did you live there? (for each past residence)	
Mental Health--Disability	21
I like the Core Qualities section, but I would want more specific details in regards to Mental Health and Readiness to live in an independent living setting.	
Also better wording on the mental health questions. A lot of clients may not correlate getting kicked out of a program with their mental health issues.	
Do you struggle to make it through the day and complete daily life activities due to your mental health?	
More precise questions about Mental Health background and Chemical usage history.	
Dig down deeper on things like disabilities... all disabilities are not created equal. Ask the person how much that disability effects their life - don't make blanket judgments from the term (patronizing). Score accordingly.	
Client Choice	14
Asking open-ended questions about what type of PSH or other style of housing would best fit them.	
I would ask people what they need and how they would be able or not able to participate in getting those needs met.	
Do you want to get housing with a friend/partner? If so, are you willing to be housed through the singles only list? Some youth have refused housing or are not qualifying for housing due to wanting to live with their friends/partners	
Perhaps something about what the clients ideal (blank) is? Like "what is an ideal housing situation for you?" "What is the ideal income situation for you?" "What's the ideal family situation for you?" etc.	
I think it would be helpful to ask what the individual being assessed wants, and what type of support/environment they feel is needed to be "successful".	
Client Driven	14
Do you have the capacity to find housing on your own?	
What has worked in the past, what is your goal for housing, what is your role to find and keep safe secure housing	
What do you need help with?	
What do you fear will happen if you don't receive help for this need?	
Do you have any people you trust who could help you with what you need? If so, who could that be?	
Do you have any money or ideas you can contribute to help your situation? If so, what are they?	
What are the individuals barriers of not having a home, telling me their personal goals to get on their feet.	
What supports (case management, emergency shelter, rental assistance) have worked for you in the past?	
What do you see as being the best way we could help you stay in housing?	
What do you see as being the biggest challenges to you finding housing? What do you see as the biggest challenges to staying housed?	
Not "yes or no," "# times x has happened," and organized according to clinical categories (law enforcement involvement, mental health, physical disability, etc.) but asks clients to narrate events [your worst arrest, hardest day homeless, last trip to the hospital, etc]	
Chemical Health	6
many of our clients have chemical use and abuse issues that they are ashamed or embarrassed to admit to, yet it is a significant barrier to their retaining housing. Better questions need to be included to assess chemical usage and mental health status.	
detox utilization	
Other Health	4
Additional health conditions	
core set of chronic medical conditions	
I would include what are your medical needs. Do you have medical needs that have not been address or that you have not been seen for or not following the Dr. orders for that medical need.	
health system (ED, hospitalization specifically) utilization	
Doubled Up	5
Are you sharing housing with relatives or friends?	

How long have you been in a home that is your and not someone elses staying on a couch?	
A question considering the quality of where youth are staying if they are couch hopping. families that are doubled up	
Employment/Income	18
Is your employment limited? due to what factors?	
What, if any, help have you received in the past for this kind of need? Was it helpful, and if not what made it less helpful?	
It would also include job ability/potential and possibly level of education.	
More questions about ability to work and nature of disability.	
Income-zero/earned/GA-and amount	
Income questions would be in the SPDAT, such as clarifying source of income (SSI, employment). Income question is lumped into one category as a yes/no currently.	
If HUD wants to have results in a certain area, the questions need to get at that. So for employment, we need to ask about work, like have you and could you work in the last 6 months. Not if they have income from (the list in the Spdat) because getting \$471 in MFIP isn't getting them to successful housing.	
Legal/Criminal	12
Additional questions on legal-give more points to this area	
Have you "ever" been Arrested-Are you on probation	
total number of felonies	
total number of misdemeanors	
Any current court cases	
Questions regarding willingness to mediate	
Social Relationships	5
Collateral contacts (other professionals working with the client)	
existing support systems available to youth that will support them through process and the youth's ability to use the support	
More questions/points for social relationships	
Our drop in center focuses on relationships and building support systems	
I would include something about natural supports because that can truly impact how likely you are to be homeless or stay homeless.	
Housing Barriers	5
barriers to housing: past due rent, poor credit, etc.	
Family Information	5
Demographics (age, household composition)	
More information on entire family needs too	
I would include a question for couples that are homeless and seeking housing together.	
Do you have full custody of your children? Do you have a current CPS case open ? Are you currently pregnant? Do you have any other children who aren't currently living with you or over the age of 18? How much do you pay in child support and how many children are you currently paying child support?	
Abuse/Safety	4
Length of time in a unsafe relationship? How long have you been trying to leave?	
Additional questions could be added to help determine whether the family is living in an abusive situation. Some clients are so accustomed to emotional abuse that they don't recognize it as something that is affecting them.	
I would add more specific questions to identify human trafficking in connection with homelessness. This tool would be a perfect place to ask the questions in a relevant way.	
Current Status	4
current housing situation	
Questions that led to identifying immediate needs and steps to address those.	
Instead of asking if they can take care of basic needs, ask where they are taking care of that basic need. For example, are they going to a campground or public restroom to take care of these things or they doing it in the comfort of a family member's home?	
Key Risk Areas	4
I would put more bearing on interactions with LE, Ambulance Rides, trips to detox/ER's as this is incredibly costly on our community	
Focus on risk factors such as early childhood trauma, trafficking, exploitation.	
Cognitive deficits, mobility/functional limitations	
And some way of identifying problems that could lead to death sooner if they remain homeless (ie exposure to violence, exposure to exploitation, medical condition complications, etc).	
Evictions	3
housing success depends on history of eviction, if evicted for what reasons	
Specific Tools to look for Questions	2

I would look at the 10th decile tool from California and add some of those categories and historical information they ask.	
It would include the questions in the the VI-SPDAT supplement used in greater MN.	
Other Comments Related to Assessment QUESTIONS	8
More questions related to elderly issues/physical issues. If it's measuring vulnerability, it doesn't line up with elderly issues.	
Questions related to food stability	
other county services you are involved with or accessing	
Do you owe money to a landlord?	
How do we reach you?	
FEWER QUESTIONS	10
1. Are you homeless	
2. How long have you been homeless	
3. what kind of housing, if you can choose, would you prefer	
Done	
Only ask the minimal number of questions needed to identify which programs they may be eligible for.	
the assessment is quite thorough as is - not sure if there needs to be more questions - maybe fewer?	
Limit questions to those required for eligibility and utilize case consultation for appropriate matching.	
Brief general questions about client history that do not delve too deeply in to the issues they've experienced.	
Less questions on risks (hospital, ER. crime, threatened, etc)	
Shouldn't include: overly invasive questions about childhood, disability, or other sensitive questions - especially, if the assessor isn't going to be someone who will work with the household long term.	
I would retain what is positive about the assessment/CE process in a brief assessment that acknowledges the need for basic info	
WORDING OF QUESTIONS	27
Plain Language	8
It would include the same questions for each individual but not include potentially offensive terms such as "drunk tank."	
I think the current assessment hits on the key points to identify barriers our clients are facing, but it needs to be worded differently and made more user friendly.	
Questions that are not as confusing to the client, especially referring to the one about income. This question is most frequently misunderstood and answered incorrectly.	
Trauma-informed / less invasive	7
rewording questions - getting client input on how to ask questions specifically around trauma	
Less intrusive questions and a way to connect with service referrals after	
I would include all the necessary history and medical question, but ask them in a non-threatening and trauma informed way.	
We ask many very personal questions and some assessors may leave the client without resources at the end. This may be the only time the client has been asked or shared this personal info with anyone.	
Should include: - basically eligibility for programs and anything that might cause significant barriers to entry, without being too invasive for no reason.	
Strengths-Based	6
Ensure all questions are strength-based.	
Questions that are worded in a way that doesn't require clients to admit "faults/shortcomings"	
I would try to ask more questions about supports and some that bring out the individual's strengths that could be built upon.	
how do you feel about your life presently	
Culturally Appropriate	5
I would include more culturally specific terms for relationships or worded in culturally responsive language that is sensitive to trauma or lived experiences.	
No tool will be perfect but culturally sensitive questions would be appreciated.	
Informs Disparities	1
It would cover whether discrimination has made certain areas of their live harder.	

FUNCTIONS/PROCESS	100
More Clarification About The Impact of The Questions	7
Explanation on what this information is used for and how this will help them find the correct housing for their situation	
More clarification around some of the questions-"are you interested in sober housing" may disqualify clients from some types of housing and they may change their answer.	
I'd allow for question explanations when comprehension is a problem	
I think people should be informed on the entire process before being assessed and assured that the coordinated entry system is not a perfect system but it is hopeful in addressing the needs of families looking for housing in a considerate and strengthening way.	
Similar Questions But Language Changed	3
Multiple ways to ask the same question depending on the person's identification or situation.	
Similar questions just possibly explained a little more or given examples.	
popups providing definitions for homeless jargon	
Created By Clients, Front Line Staff, and Those With Significant Experience With Research And Assessment Tool Creation	3
The tool would be created with input from both clients and front line staff, but by those with significant experience in research and assessment tool creation.	
Give opportunity for current shelter guests to provide input on any tool before implementing.	
Improve The Communication About The Tool	2
I don't think there is a "perfect tool" it's in the communicating the message that's consistent and transparent that makes it useful.	
I also would create a training video that helps describe helpful ways to communicate these questions based on the communication style of the client during assessment or where the client is at in their mood, or mental state.	
Connected To Housing Navigation/Outreach	3
I also think that the Vi-Spdat and accompanying process loses the social worker/case manager support, advocacy, and shepherding into housing sites. Housing Navigation should be recognized as a viable, professional field. The CE system should not replace that navigation process, but rather supplement and support that process.	
Having an outreach worker follow along with the individual once they have completed the assessment.	
Housing Link 2.0, but perhaps tethered to HMIS shared data with real-time vacancies listed for participating providers, and modeled more on a consumer housing search paradigm; that allows for the support of a referring helper and a receiving helper (provider).	
Updateable	3
Ability to update the assessment as the families dynamics change.	
Once you find the individual and they are ready for housing, you treat them as if they are in the same spot as time of assessment unless their circumstances have dramatically changed for the better.	
Assessment More Connected To Programming and Housing Available	15
I think assessors also need to know the types of housing programs available. For example, Hope Street's THP is different from Archdale/Barnabas.	
I think the main snag in this process is getting people approved for their home and there are so many varying qualifications depending on the building. I'm not sure what the perfect assessment tool would look like because it would require so much specific information.	
I'm not sure that I would engage an assessment tool with homeless individuals as a first and stand-alone step. I would start with teaching/outreaching homeless individuals about housing options in the community at least in parallel with an assessment tool. The Vi-spdat, while well-intentioned, presumes that homeless individuals can't reason through the choices available to them and that our assessment process and priority list has to do it for them. If we are going to deliver an assessment tool, I think it should include a reference to the array of housing available and a realistic overview of their qualities.	
More of an assessment for type of housing rather than a vulnerability index. The assessment should include what services are in place already or in process.	
A tool that connects/documents people with the best-fit intervention.	
More info/questions on the type of housing options that are available to reduce referrals that don't make sense.	
I also wonder if the assessment could incl information about the types of housing available and allow the assessed person pick between types of housing	
A tool that assesses a person's service need in housing - "in housing" being the key - is what we need.	
Diversity Aware and Informed; Culturally Sensitive	3
I would be interested in the outcomes specific to certain racial/ethnic minorities. I would say women, Native Americans, African Americans, Latin-x and other people of color should probably have some way of being prioritized	
As an assessor the tool needs to be more culturally relevant. When I asked certain questions to certain demographics they do not understand the question and some of the questions are too long.	
More Interactive, Dynamic	11
Something that provides for a little more conversation - the ability for the client to discuss and identify their need.	
More room for opinions/ observations from case managers to get a better picture of one's barriers/ vulnerabilities	

Allow assessors to use motivational interviewing with individuals to get more accurate answers.	
think it could be empowering (if worded and asked appropriately) for clients to participate in assessing what types of housing might be the best fit and to identify past barriers, however, it is also important for the assessor to know the client well and be able to adjust the score based on medical records, case files, etc. Some clients may categorically deny mental illness and it is the very thing that has kept them from maintaining stable housing.	
I am a believer in a human element. If there are providers involved they need to be consulted, provided an ROI is signed. If there are no providers, offer the individual a chance to have a friend or family member be a part of the assessment process. With the assessment tool(s) you can get an objective, reliable assessment. Consultation can provide a larger picture of the individual's level of functioning.	
An assessment that has phases would be nice. Currently we ask a lot of clients from a one-time meeting. We also don't have space for narrative to be involved in the process. A case conferencing model should be part of the assessment process as well.	
Correlate to Housing History	2
Correlate history of housing stability or instability with service need, as that is the service focus across housing providers - to keep people in housing.	
Ability to accurately assess history of stability and what supports are needed for ongoing stability	
Improved Flow	2
I would like to see it flow better. Right now in the assessment you ask them about legal stuff in the scoring section, but then it comes back up again with the other questions. I would like to see a pop up where if you check yes to legal stuff a box comes up and you can fill out legal history.	
Sensitive To Clients Experiences	8
We ask many very personal questions and some assessors may leave the client without resources at the end. This may be the only time the client has been asked or shared this personal info with anyone.	
The best way to use the Vi-spdat is to create an assessment that informs the case manager so the client is not retraumatized by having to tell their story again. The Assessment is also really long. After a client has gone through the assessor's intake, once referred they have to complete an intake with the case manager. This is redundant and can cause frustrations on the client's part.	
A tool that doesn't re-harm people	
Brief	8
An assessment tool should be used to appropriately engage with the clientele and should be fast and to the point.	
It would be brief. It would very quickly identify: if someone could likely solve their current situation without assistance, if someone clearly needed PSH, and for the people in between, they would be provided RRH and assessed for further assistance as needed.	
Something That Can Be Validated	3
Allow for increased third-party validation.	
A clear path to validation	
I don't think the questions are the main problem. It's the fact that it's self-report.	
Integrated With Other Data Systems or Existing Data	4
Data matching / analysis from Epic (or other local electronic medical records) to show medical need / risk of death or further medical complication if not housed.	
An automatic referral to the Homeless Veteran Registry for individuals who identify as a veteran. Either the Registry form connected to the assessment, or training so that all who identify as veterans are offered the Homeless Veteran Registry.	
Assessment Process Connected To Additional or Future Services	2
A tool that creates a case plan from the barriers and is generated from a computer software or an app. Not sure assessment tools are the answer but it's a start.	
Once the application is submitted with an email contact the applicant would get notifications about other organizations that could help them. This way they have the information in their phone instead of trying to keep track of paper work.	
User Friendly	6
User friendly	
Easily understandable by all (easy to read language)	
A tool that is accessible	
Electronic Version Completed By Clients	2
An electronic version that the client could fill in on their own.	
If clients were to answer these questions on a computer in privacy, they may be more truthful.	
Singular Responses	13
ask a generic question and provide answers on what are the expectations of the participant.	
It would require assessors to enter certain responses in HMIS or else they could not hit save/submit (e.g. name of assessor, client county of choice).	
make electronic assessing a possibility	
We need to decide what exactly we are assessing. Are we assessing vulnerability, or are we assessing likelihood of future unsheltered homelessness?	
The most vulnerable are more likely to offer less than accurate information	

A separate tool for youth that has more sensitive language.	
More consideration to couch hoppers to be assessed.	
I believe we need an assessment that combines youth and family... there are questions on the youth assessment that are not included on the family one. What about a youth who is also a family?	
In a perfect world, we would be able to more deeply assess for need before prioritizing for housing. At the moment our community does not have the resources to do this.	
I would include a way to determine if the traumatic experience was a single incident causing the score to increase so that high scores are not generated and households are not put in supportive housing when it is not necessary.	
There should also be something that addresses somebodies needs when they have a significant other. I have had clients that cannot take care of themselves at all, but they will score very low because they have somebody looking out for them.	
An assessment by someone client has been working with	
more training	
CRITERIA / SCORING	20
Alignment In Program and Client Needs, Not Just A Score	7
making sure the clients are being placed into the correct program based off of their needs	
I think there needs to be some flexibility to make it truly client-centered. Not sure how to do it and make it consistent, but the score often does not accurately reflect the client's situation	
Also, try to really glean what a person needs. Not just what they scored, but what they need. I scored an 8, I do not need permanent supportive housing.	
It's not helpful to have the score cutoff where if it's a 7 or below, it is a RRH referral and anything else is PSH which is often GRH funded. This excludes a number of clients who receive SSI funds and CADI services who do not want GRH funded units	
More of a matching process (to eligibility, CoC priorities, client choice, etc) than scoring.	
Its also difficult to just judge a person based on a single score. There should be clear recommendations moving forward. There should be some link between the assessment and supplemental questions in HMIS to make the referral process smoother.	
Weighted for Client Choice	4
More weight and emphasis on client choice	
Be able to request specific sites for placement	
-assessment can be more "fluid" for housing referrals so that clients have more choice. What do they think would work best for them and why? How do they think they could be the most successful? What are their strengths and how could that be applied to their housing situation?	
More Weight Given To Specific Barriers or Characteristics	5
More points for other barriers such as age, criminal history, evictions, lack of options in other systems	
I would have higher point impact on people who have a severe mental illness, as well as severe criminal history.	
Additional questions on legal-give more points to this area	
In my perfect world, individuals would get a point if they are a part of a marginalized community (besides being homeless) to account for systemic inequities.	
increasing points based on length of time in shelter	
Consider Eligibility	2
in regards to what sort of housing intervention would be best for people, we should be taking eligibility into consideration first and foremost. If someone isn't eligible for RRH because they are over the income limits, then let's not slot them in for a RRH referral (they will wait on the list just to be denied by a housing provider once they finally get a referral).	
It would be nice to have a check box of some sort to put what program they would be eligible for- for example- If someone says they are LTH, but when you dig further it is discovered they are not or if they score high, in the PSH category, but this is their first or second time homeless. I feel the people who score in PSH, but are truly not LTH are going to get missed for program opportunities due to only needing THP/RRH programs.	
Provider Input On Referrals	3
provider problem solving/suggestions for placement in order to prevent further barriers such as eviction.	
more professional judgment in scoring.	
Include more consideration to a more holistic approach to referrals that could be based off answers to the mental health questions.	
Singular Responses	6
same scoring across all (single, family, youth)	
adds a standard score but does not pretend to be the only part of the assessment process that matters.	
Simplified scale (1-4, high/medium/low, etc).	
Ability for regions of scale to overlap - so a specific range doesn't equal a specific intervention necessarily (This may be more how the score is actually used, more so than the scoring itself).	
Note that HUD articulates clearly what kinds of things communities CANNOT prioritize on (ie age, gender, specific disability, etc). So if there is a statewide need to emphasize such a quality, it should be built into the assessment. For example, you can give additional points for being above a certain age within the assessment tool, but you can't have age be a prioritization element per se outside of that. Just something to consider in advance.	

I would allow couch-hopping to be considered legitimate homelessness.	
CURRENT TOOL IS IDEAL	12
i feel like the current tool is a good representation of what i would include	
I can't top that VI-Spdatt!	
Leave things as is and continue with tool already using.	
Nothing is perfect. I don't absolutely love this tool, but don't have great ideas for how to modify it. I also don't use it that often, so I'm not as familiar as some other folks who use it.	
I think the variety of questions the VI-SPDAT has is good. Focusing on Mental health, physical health, housing, chemical dependency, police intervention, family dynamics, traumatic experiences.	
VI-SPDAT/SPDAT does a great job of covering strengths and challenges of the client or family. This presents ample information to the case manager to assist the client or family in creating a case plan and crisis plan.	
I feel the VI-SPDAT has flaws, but I do not feel there is or can be a perfect tool for everyone in our state. Compromises need to be made to accommodate the varying interests and meet the desired outcomes and requirements of a tool. I question whether some of the dislike of the tool is based on dislike of Coordinated Entry and a lack of training on how to properly utilize the tool.	
I really like the VI-SPDAT and feel its the best option for our community at the moment.	
GO BACK TO PRE-CES ASSESSMENTS/PROCESS	2
I think that the questions that were used in the past were sufficient to assess the situation and to get clients housed in a much more expedited way	
TWEAK VISPDAT	10
Be more specific. Instead of asking "How long has it been since you've been in permanent stable housing?" Ask "How many MONTHS have you have been experiencing homelessness?"	
The question 16 (Household VI) is a bit redundant in comparison to question 39 (Household VI).	
Question 21 (Household VI) is confusing to 4 out of every 5 people I complete the VI with. Re-wording or asking upfront would be more effective.	
Question 18 and question 31 are also very similar.	
The Tri-morbidity area would be more clear.	
There's a youth single VI, but there is no Youth-Family VI. I would create a specific assessment geared towards youth with children. It would be similar to the VISPDAT but the questions would be less complex and more to the point. Maybe include more questions about brain injuries or other types of disabilities. The questions would not be so much how the disability affected their housing but how it affects their everyday life/functioning. Maybe ask more about past housing situations and what worked for them or what didn't.	
The ability to skip physical health questions if they dont have the disability. Also, it has been confusing when it says have you had to leave a shelter etc.. for mental health and learning dis etc.. that could be worded differently because they might have Brain Injury but not kicked out because of it. Too vague and confusing.	
I think the VISPDAT is a useful tool but there needs to be other elements in the assessment. Perhaps a second similar tool that asks similar questions in different ways, to see if the client answers consistent.	
People RARELY say yes to questions like "Have you ever lost housing due to a mental health concern?" even when it's true. People don't usually perceive it that way. Same for losing housing due to Chem Dep.	
NO NEW TOOL, NO TOOL AT ALL	5
I don't think it is possible to create a perfect assessment tool as our clients are too diverse.	

<p>We should not create a new assessment tool.</p> <p>We ask many of the questions that are on the VI-SPDAT when people enter shelter or receive an intake for street outreach programs already and all that data is already stored in HMIS and can be pulled onto the CES priority list. We can use the information we already have on folks from those intake/shelter assessments in HMIS and not re-traumatize people by asking them those questions again for the new assessment tool.</p> <p>The VI-SDPAT was created by researchers and took years of development and was tested and advised by many people with lived experience - and it is still a very flawed and ineffective tool. I do not believe that we are going to be able to pull together an assessment tool that won't be exactly like the VI-SPDAT - it may sound and look different, but if it is self-report and we are attempting to assign a housing intervention and determine level of vulnerability for a multiple question survey - I just don't think it is possible or will work.</p> <p>I strongly believe that we can work with those already in our system to learn how we should be determining vulnerability (asking those who this will affect the most what their opinion is) - I think that age, and length of time homeless, and mental health issues, and physical disabilities, etc. all play into someone's level of vulnerability. We already have that information in HMIS and I think that we can utilize it for this purpose.</p> <p>I sincerely hope that you consider this option. I believe that replacing the VI-SDPAT with yet another assessment would be a strategic error that could have widespread negative effects on our system for a long time (trying to reassess people with the new tool, discovering the same issues exist and having to revisit this in the very near future). Thank you,</p>	
OTHER	31
I am not worthy to answer	6
n/a - I don't do assessments. This would be better answered from an assessor. I do know that to assist people get housing more quickly, we need to know the issues.	
Well this question is currently above my pay-grade and my level of intelligence.	
N/A, Not sure	18
Other	7
Good question!	
Beyond the assessment tool we need to focus our energies on creating more housing, shelter programs, and services specific features for instance for people who are employed. do we have any stats on the results of successfully housed Rapid rehousing folks? I'm far away from the question at hand, but maybe if there was a way for the assessment and supplemental information point more directly toward the appropriate referral vs capturing certain vulnerabilities.. hope that helps	
The above changes.	
Again, it is the collection of the housing history that is traumatic for clients. If the state is going to	
The list you of core qualities is very comprehensive.	
Many agencies forget to do a youth assessment vs. single assessment.	

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