VI-SPDAT MN SCRIPT TRAINING

BEFORE WE BEGIN

- Everyone will be muted during the webinar.
- Please write questions in the chat box.
- We will respond to questions at the end of the presentation.
- You may also email questions to MNCoordinatedSystem@gmail.com following the presentation.
- Answers will be posted on the MN Housing CES website under FAQs.

WHY IS MN HOSTING THIS TRAINING?

1. To kick-off the use of the clarifying script statewide
   - All 10 MN CoCs and the Tribal Collaborative approved the scripted language.
   - The scripting is intended to clarify questions that were seen as offensive or unclear.
2. To improve upon the overall assessment process.
3. Reinforce core concepts of an effective CE System and specifically assessment process.
LEARNING OBJECTIVES

1. Understand why MN choose to add clarifying script to the VI-SPDAT.
2. Understand the role of the VI-SPDAT in Coordinated Entry
3. Understand how a clear and consistent assessment process is essential to identifying vulnerability
4. Learn techniques to address common problems/issues that assessors run into.

VI-SPDAT-MN SCRIPT

WHY DID MN EMBED CLARIFYING LANGUAGE IN THE VI-SPDAT?

- Stakeholders expressed concern about questions not being culturally appropriate.
- A workgroup met to respond to recommendations from the MN Tribal Collaborative.
- A statewide survey was conducted with over 400 respondents.
- The VI-SPDAT-MN Script was approved by the CoCs, Tribal Collaborative and State Funders.
- A VI-SPDAT workgroup of representative stakeholders was formed.
- MN Housing is issuing an RFP for a technical advisor to support the workgroup.
INTRODUCTION OF PRESENTERS


We’ve done hundreds of VI-SPDATs

THE VI-SPDAT’S ROLE IN COORDINATED ENTRY

THE TRUTH ABOUT HOMELESSNESS: THE 3 TYPES OF HOMELESSNESS

About 80% are "transitionally homeless":
These individuals are homeless once in their lives, usually for about a week. They are able to quickly find new housing, and they are never homeless again. This is the population that emergency shelters were originally designed for.

About 10% are “sporadically homeless”:
These individuals tend to cycle in and out of homelessness.

About 10% are “chronically homeless”:
These individuals are homeless for over a year, some for much longer.
For the 20% who are chronically and episodically homeless, the common response to homelessness is clearly not working.

We've been seeing an increase, not a decrease, in homelessness.

These people are all homeless, but they are not a homogeneous group. They all have different strengths, resources, and needs. They all need to be assessed using a common tool, which will determine their acuity and the best intervention to end their homelessness.

These folks have lower acuity; they should receive the lightest touch possible.

These folks have moderate acuity. They should receive time-limited financial and/or case management supports.

These folks have higher acuity. They usually need a Permanent Supportive Housing intervention.

#GOALS

1. Equality: giving people the same thing/s.
2. Equity: fairness in every situation.
COORDINATED ENTRY IS MORE THAN THE VI-SPDAT

1. CES is our homeless response system not a program
2. Coordinated Entry has various stages, all need to work together for a functional system.
3. The VI-SPDAT is only one stage/step in the greater process.
4. The VI-SPAT is one part of the assessment step/stage. The Supplemental Assessment and Client Choice Questions are equally as important.

TO IDENTIFY/PRIORITY VULNERABLE HOUSEHOLDS, WE NEED:

1. A system-wide tool to help guide the right household to the right support intervention at the right time to end their homelessness
2. An objective approach to assessing needs for housing and life stability based on evidence
3. To move away from luck or “first come, first served” approach to service delivery

WHAT IS THE VISPDAT?

The VI-SPDAT is a triage tool designed to assist with prioritization based upon vulnerability and risks to housing instability.
WHERE DID THE VULNERABILITY INDEX COME FROM?

**Vulnerability Index**

Medical vulnerability (risk of morbidity) amongst chronically homeless people = primary concern

Administered primarily as a survey, often through street-based registry weeks

Doesn't prioritize for housing interventions, especially for those who need a moderate intervention

 Doesn't have a specific version for families

WHERE DID THE SPDAT COME FROM?

Over a decade of research, including review of 450+ journal articles as well as methodologically sound government studies and data.

Content and questions were initially suggested/reviewed by people who were homeless, then service providers, then team leaders, then professionals, then academics, then published literature.

WHAT IS THE SPDAT

Service Prioritization Decision Assistance Tool

Medical vulnerability is an element, but is considered along with other proven risk factors

Administered primarily as an assessment for intake to a support and housing program

Designed to prioritize for all types of housing interventions, including when no intervention is recommended

Has a version specifically for families, transition-age youth, people getting discharged from jail, plus prevention/diversion
What the SPDAT Assesses

<table>
<thead>
<tr>
<th>Wellness</th>
<th>Risks</th>
<th>Socialization &amp; Daily Functions</th>
<th>History of Housing</th>
<th>Family Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health &amp; cognitive functioning</td>
<td>Home to self or others</td>
<td>Social relations &amp; networks</td>
<td>History of housing &amp; homelessness</td>
<td>Parental engagement</td>
</tr>
<tr>
<td>Medication</td>
<td>Legal issues</td>
<td>Personal administration &amp; money management</td>
<td></td>
<td>Stability / resilience of family unit</td>
</tr>
<tr>
<td>Physical health</td>
<td>Involvement in high risk / exploitive situations</td>
<td>Meaningful daily activities</td>
<td></td>
<td>Size of family</td>
</tr>
<tr>
<td>Experience of abuse/trauma</td>
<td>Interactions with emergency services</td>
<td>Self care &amp; daily living skills</td>
<td></td>
<td>Involvement with children's services / family court</td>
</tr>
<tr>
<td>Substance use</td>
<td>Managing tenancy</td>
<td></td>
<td></td>
<td>Needs of children</td>
</tr>
</tbody>
</table>

VI-SPDAT & SPDAT: DIFFERENCES

<table>
<thead>
<tr>
<th>VI-SPDAT</th>
<th>SPDAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage (is an issue present?)</td>
<td>Assessment (how much is that issue impacting the person's life?)</td>
</tr>
<tr>
<td>Self-report</td>
<td>Documentation, observation, input from other professionals, self-report</td>
</tr>
<tr>
<td>7-10 minutes to complete</td>
<td>40-60 minutes to complete</td>
</tr>
<tr>
<td>Completed in 1 exchange</td>
<td>Can be completed over multiple exchanges</td>
</tr>
<tr>
<td>Not designed to assist with case management</td>
<td>Designed to assist with case management</td>
</tr>
<tr>
<td>Completed once in a person's lifetime (in most instances)</td>
<td>Updated at set intervals for whole time person is housing program</td>
</tr>
<tr>
<td>Requires no formal training (20-minute video)</td>
<td>Requires formal training (8-hour in-person training)</td>
</tr>
</tbody>
</table>
THE PROCESS OF ENDING HOMELESSNESS

1. The VI-SPDAT is a piece of the process
2. Helps us to see what type of housing intervention might best fit the person's needs
3. The VI-SPDAT doesn't build rapport...a trauma-informed process builds rapport

THE 5 PRINCIPLES OF TRAUMA INFORMED CARE

- Safety
- Choice
- Collaboration
- Empowerment
- Trustworthiness

What is Trauma Informed Care?
SAMHSA defines trauma informed care as "a strengths based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors to rebuild a sense of control and empowerment."
**A TRAUMA-INFORMED PROCESS BUILDS RAPPORT**

*rapport* noun

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"a relationship characterized by agreement, mutual understanding, or empathy that makes communication possible"
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(Merriam-webster.com, 2018)

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**THE FOUNDATION OF ASSESSMENT**

What is the purpose?
- To help people get housed.

Who are you/What is your role?
- To get an informed consent (what info collecting, where it goes, who has access, right to refuse)
- To keep their information private and confidential
- To be nonjudgmental
- To ask them about what they want and need
- To assist them in figuring out what resources are available.

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**THE FOUNDATION**

Where are you completing the intake?
- To help people get housed.

How are you completing the intake?
- Importance of following opening script

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VI-SPDATS: WHOM SHOULD YOU ASSESS

1. Have screening process first. Don’t assess everyone who walks through your door. VI-SPDATs should be administered for individuals and families who are literally homeless. And for persons that could meet eligibility criteria for a program within your CoC (i.e. match to available resources, priorities, and programs).

VI-SPDATS: WHERE CAN PEOPLE BE ASSESSED

Shelter
Outreach
Community Action
Drop-in Center
Other

VI-SPDATS: WHEN

Regardless of your CoC assessment location. All should be following CoC policies to guide when with whom you assess.

1. Screen for Safety
2. Progressive Engagement
VI-SPDAT: WHAT

What VI-SPDAT Do I Do?

- Single adult age 25+
- Single youth age 24 and under
- Household WITH children (at least 1 adult and 1 child)
- Household WITHOUT children (at least 2 adults)
- Pregnant Adult planning to keep baby
- Pregnant Adult not planning to keep baby

VI-SPDAT: HOW OFTEN?

1. Initial Pre-Screen
2. If there are changes in the person's life, update the VI-SPDAT since prioritization may have changed
3. If a person gets housed and loses their housing, complete a new VI-SPDAT.

VI-SPDAT: HOW OFTEN?

REMEMBER!

1. The VI-SPDAT is a piece of eligibility, not the whole process
2. Eligibility should be updated in HMIS whenever there are changes
   1. If someone was doubled up when they completed assessment, but now are in shelter, this needs to be updated in HMIS asap
COMMON ISSUES ASSESSORS FACE

ADDRESSING COMMON PROBLEMS/ISSUES ASSESSORS FACE

- Household is not answering questions
  - Make sure you read the beginning script
  - Safe and comfortable space
  - Non-judgmental
  - Refer back to the beginning script

- Answers contradict your knowledge or observations
  - Go back to the question
  - You can clarify question!
  - Do not answer questions how you think they should be answered.

- Questions are traumatic
  - Do not ask additional questions

- The questions are intrusive and I live in a small community
  - Set up and beginning script
ADDRESSING COMMON PROBLEMS/ISSUES ASSESSORS FACE

- Client wants to tell their long story
  - Acknowledge
  - Refer to beginning script

- Long tool with no resources
  - Use it as opportunity. Document of needs is essential for long-range planning
  - VI-SPDAT should only take 7-10 minutes

- Don’t get enough information
  - Triage – presence vs. depth of issue

QUESTIONS

1. Review of questions from the chat box
2. Send additional questions to: MNCoordinatedSystem@gmail.com
3. Look for FAQs and other CES updates at MN Housing websites Coordinated Entry page
THANK YOU!

Next Steps:
1. Begin using the VI-SPDAT MN Script
2. Seek additional training on the VI-SPDAT, cultural sensitivity, trauma informed care, motivational interviewing.
3. Provide feedback on the VI-SPDAT to OrgCode
   (http://www.orgcode.com/2018spdatupdate)