SPDAT BRIEF:

Changes in the VI-SPDAT v2.0

OrgCode Consulting, Inc. and **Community Solutions** are pleased to share this document as part of a collection of research and evidence that goes into developing our **Vulnerability Index - Service Prioritiziation Decision Assistance Tool (VI-SPDAT)**. This document is intended to provide further insight as to how the VI-SPDAT was developed.

For more information about this resource, training, or other available resources, please visit us online at:

www.orgcode.com

May 2015

Changes in the VI-SPDAT v2.0

VI-SPDAT Version 2 & Family VI-SPDAT Version 2

OrgCode Consulting, Inc. and Community Solutions are pleased to bring you Version 2 of the VI-SPDAT, as well as Version 2 of the F-VI-SPDAT. After a rigorous feedback cycle, research and testing, we believe this next evolution of the tools provide meaningful improvements to assist single adults and families experiencing homelessness and service providers in your community. If you would like to learn more about how the update happened, please read Appendix A of this document.

• We heard your feedback. More than 60 communities provided insight into how the VI-SPDAT and F-VI-SPDAT might be improved. Each comment was carefully considered and analyzed over more than half a year, and many were incorporated into the latest-version of the tool.

• We worked closely with various funders and policy makers to ensure that the tool aligned with their objectives.

• We put the tool through rigorous research and data analysis tests to increase confidence that the right questions are being asked in the right way.

• Over 400 people with lived experience and more than 100 frontline staff worked with us to help improve wording and test new questions for Version 2.

• Each amendment very clearly ties into the full SPDAT (or Family SPDAT) in a way it did not previously.

• Attention was paid to feedback regarding potential Fair Housing concerns, and the language of some questions was adjusted accordingly.

• Experts in abuse and trauma, as well as experts in domestic and intimate partner violence reviewed the tool and provided improvements.

• The survey is now shorter and takes less than 7 minutes to complete on average for singles, and about 9 minutes for families.

The Biggest Changes

• Various chronic health conditions are lumped together rather than each being worth its own point.

• Version 2 contains fewer questions about substance use and mental illness.

• Version two removes observation questions. The tool is now exactly the same if administered over the phone or in person. Subjectivity of the observer is eliminated.

• "Spin off" versions now exist for particular subpopulations: people leaving incarceration, people exiting longer term hospitalization, and youth have each been created

and will be rolling out in the coming months. These subpopulation versions will all be comparable to each other and the VI-SPDAT for single adults.

- The survey for single adults now has 17 total points instead of 20, and the family survey has 23 total points instead of 26. (How to convert old scores to new scores is discussed later)

What Else is Different

Most of the changes are small, with the exception of the Wellness Domain, which, while it relates very well back to Version 1, is shortened and refined.

As you read through Version 2 you will notice:

- Greater clarification in understanding homelessness history.

- Better explanations of encounters with emergency services.

- Observation questions are gone and replaced with new questions so that the same survey could be applied over the phone or in-person, and to remove subjectivity.

- Various chronic health conditions are lumped together rather than each being worth its own point.

- Fewer questions about substance use and mental illness.

- Greater connectivity to housing access – and barriers to achieving housing – made explicit in several questions of the tool.

What is the Same from Version 1 to Version 2?

At the macro level, the approach to using an evidence-informed tool with strong inter-rater reliability that has been tested, retested and refined quite intensely remains. Also, the structure of using domains to organize the tool (History of Housing, Risks, Socialization and Daily Functions, Wellness – as well as Family Unit with the Family VI-SPDAT) remains intact. These domains mirror the full SPDAT and F-SPDAT assessment tools. In addition, the overall design of the tool is the same: some questions are "linked" questions (multiple questions getting at one possible point) and some questions are "de-linked" questions (a single question getting at one possible point). Lastly, at the macro level, the tool performs the same function that Version 1 performed.

As you dig into the tool you will also see that many of the questions are essentially untouched or only minimally refined from Version 1 to Version 2. We suspect you will have a feeling of familiarity with most of what is in Version 2.

Changes in the VI-SPDAT v2.0

How the Scores Relate from Version 1 to Version 2

If you have used Version 1 extensively, you do NOT need to re-survey people using Version 2. Similarly, once you bring in Version 2, you do NOT have to worry about it being impossible to compare to people that may have had Version 1 completed. We have made every possible effort to ensure that the transition is as seamless as possible.

You can relate the scores because the only major scoring change is in the Wellness Domain.

If you want to compare Version 1 to Version 2 for single adults:

Look at Questions 22, 23, 24 and 25 of Version 1 of the VI-SPDAT. Each of these health conditions was worth one point each. In Version 2, these are all lumped together as being worth 1 point, not each worth one point. So, regardless of how many "Yes" there are for these questions in Version 1, turn it into only 1 point. Subtract excess points from these questions from the aggregate total. Turn the total number of points in Version 1 to being out of 17 instead of 20. Done.

You can also then compare the aggregate total from Version 1 to Version 2 because you now have them both out of 17, and you have removed excess scoring for those health conditions. The new ranges: 8+ for a recommendation to PSH assessment; 4-7 for a recommendation to RRH assessment; 0-3 for a recommendation that no intensive supports be provided to access or maintain housing.

If you want to compare Version 1 to Version 2 for families:

This is almost identical to what is done for single adults. Again, look at Questions 22, 23, 24 and 25 of Version 1 of the Family VI-SPDAT. These four conditions need to be turned into one possible point, not four possible points to make it comparable to Version 2. Like the single adults tool, subtract excess points from these questions from the aggregate total. This means turning the total number of points in Version 1 to being out of 22 instead of out of 25.

You can also then compare the aggregate total from Version 1 to Version 2 because you now have them both out of 22, and you have removed excess scoring for those health conditions. The new ranges: 9+ for a recommendation for PSH assessment; 4-8 for a recommendation for RRH assessment; 0-3 for a recommendation that no intensive support supports be provided to access or maintain housing.

HMIS & Homelink

We will be making all of the new products available to the HMIS vendors that have legal permission to insert the tools, as well as Homelink. For all of these, it is up to the software vendor to decide when they will be programming the new products and newer versions into their products. We are advising that whenever feasible the previous

versions and the new versions are both available – not simply replacing the old with the new. Furthermore, we will be ensuring that vendors know how to compare older scores to new scores in the event that each wants to write a program to compare the older results to new product results.

Conclusion

To help with your transition to the new version of the tool, we have tried to anticipate some of the questions likely to be asked, and have addressed these in Appendix B. We are confident that Version 2 of the VI-SPDAT represents incremental improvements to the triage tool that will be of benefit to you, the people you serve and your community as a whole. Know that in several years we will be in a position to update the tool again and will continue to work with you and people in your community to make sure we keep getting better. We are committed to continuous improvement, and feel this upgrade to the tool represents very promising changes to get even better at coordinated entry and prioritization in your community.

1 (800) 355-0420   info@orgcode.com   www.orgcode.com

Appendix A: How the Update Happened

The feedback cycle used for the VI-SPDAT is very similar to the feedback cycle that has been used with previous versions of the full SPDAT. For communities that have been part of that cycle in the past, this was a very familiar process. For communities that do not use SPDAT or had not previously been part of the SPDAT feedback cycle, this was a new experience.

In August 2014 OrgCode released the VI-SPDAT feedback survey on the OrgCode Facebook page, as well as through emails to all cities where OrgCode had a specific contact regarding the VI-SPDAT. Feedback was received from over 60 communities. At the same time, OrgCode began to mine anonymous VI-SPDAT from communities where we had been provided a VI-SPDAT data set.

Analysis of the feedback was broken into different areas, but at the highest level could be broken down by two areas, understood as areas where:

1. clarification/amendments in the wording of questions was suggested, and, areas where

2. content improvement or deletion was suggested.

Each bit of feedback was analyzed to determine when multiple communities were commenting on the same or similar issues versus when there were stand-alone comments. (This is not to say, however, that more than one community had to make a recommendation for it to be considered.) OrgCode also knew something about how long the community had been using the VI-SPDAT and if the community used the VI-SPDAT exclusively, or the VI-SPDAT as well as the SPDAT.

Most of the content feedback we received related to specific elements of the Wellness Domain of the tool and the three observation questions and the perceived subjectivity that came into play in each of those. Furthermore, there were some relevant comments on things like the exploitation questions and the abuse and trauma questions that required further investigation.

Most of the clarification feedback related to things like the interaction with emergency services in the Risks Domain of the tool, as well as ensuring the History of Homelessness Domain was better aligned to government definitions. There was also some feedback about a around specific wording here or there that groups felt could be improved upon throughout the tool.

Draft amendments to the questions began in October. These amendments were informed by the feedback received on the survey, observations from extensive trainings on the VI-SPDAT extensively, and new knowledge gleaned through the survey and research conducted as part of the concurrent SPDAT upgrade occurring at the same time. The research for the SPDAT comes from peer reviewed published journal articles, government

documents, and large data sources, and is informed in part by the broad range of academic disciplines. Over time OrgCode has, and will continue to, provide overviews on the research and thinking behind each component of the SPDAT in the form of Discussion Papers, one of which is available on the **SPDAT product page**. We have also considered the feedback, validation and critiques of other external experts along the way on the SPDAT, examples of which you can also see on the **SPDAT product page**.

We began getting input from persons with lived experience and case managers and housing navigators in October and November in Michigan, West Virginia, North Carolina, Missouri, Ontario, and Alberta.

To get input from persons with lived experience, multiple methods were used throughout the update process: closed ended surveys, focus group meetings, semi-structured small group discussions, and semi-structured one-on-one interviews. This engagement happened within homeless service environments including shelters, soup kitchens, and day centers, as well line-ups outside of homeless service environments like shelters, on the street, and in encampments included the woods, riverbeds and under freeways. In each instance, we would outline who they were and the purpose of updating the tool. On occasion, feedback was sought on general core concepts or ideas that the tool needed to ask, and then participants would be asked how to frame a question that could best collect the necessary information. Sometimes participants would be read a question and asked to provide feedback on their understanding of what the question was asking, improvements to language, whether they found anything troubling or offensive, and overall clarity.

As the refinements to the tool progressed in the months that followed, drafts of the survey were completed with people with lived experience in Maine, Wisconsin, Rhode Island, Ontario and Saskatchewan. During this time, general comments were received by people experiencing homelessness, as well as the order of the questions, and the time required to complete the survey were reviewed and refined. In some of these instances, a local case manager was asked to complete the draft tool, and OrgCode would observe the body language, understanding, clarity, and time required to complete the tool. When the engagements with people with lived experience defined themselves as having a specific cultural identity, we had a series of sub-questions about their perceptions of cultural sensitivity and the tool. This lead to improvements and refinements that were further tested in Florida, Arizona, and Utah in January and February, resulting in the final round of adjustments by persons with lived experience and case managers.

In the process of updating the tool, there were also touchdown points with the US Department of Housing and Urban Development, the United States Interagency Council on Homelessness, and the National Alliance to End Homelessness. OrgCode also participated in a convening by HUD and the NAEH on assessment tools generally in December, with leading academics in homelessness from across the United States and Australia.

Changes in the VI-SPDAT v2.0

With a sensitivity to decrease the likelihood of the tool being trauma inducing, we again contracted with independent experts in abuse and trauma to review the purpose, ordering and language of the tool in the process. This input resulted in some refinements to language and question structure. We also consulted with experts in domestic and intimate partner violence to have an independent review of the tool. This also resulted in some refinements to language in the process.

In the Canadian context, various aboriginal groups were specifically asked to provide a review and commentary on the tool and the language being used to ensure it would be culturally appropriate with First Nations and Metis people, as well as Inuit persons. In the American context, cultural sensitivity was reviewed through the engagement with persons with lived experience, and through commentary provided in the feedback survey. In both the Canadian and American context, input from organizations that specifically work with newcomers, immigrants and refugees was sought and received. Service providers that work with other populations like persons living with a mental illness and veterans were also consulted in the process. Furthermore, we sought input from youth service providers as part of the creation and testing of the Transition Aged Youth VI-SPDAT.

Appendix B: Frequently Asked Questions

Can we still use Version 1 if we want?

We would encourage this to be a community-wide decision, not an individual provider decision. Any community can decide that they would prefer to continue using Version 1 and not upgrade to using Version 2.

If we want to use Version 2, what is the timeframe we should consider for making the switch?

Again, we would encourage this to be a community-wide decision, not an individual provider decision. Another consideration may be the timeframe within which your HMIS vendor or Homelink has the new versions inputted. The new version being available does not mean you need to change right away. Pick the timeframe that works best for your community.

How do we learn how to do the new version of the tool?

You can go to www.vimeo.com/iaindejong and watch "How to Do VI-SPDAT Version 2" and/or "How to Do F-VI-SPDAT Version 2".

What if someone was assessed using Version 1 and the recommendation for housing assessment now changes. For example, what if they were suggested for PSH and now the recommendation would indicate RRH?

This should be a rare occurrence based upon our analysis heading into Version 2, but will happen. Our recommendation is that you continue with the initial recommendation for which type of support and housing intervention should be considered, and NOT change the recommendation that they should currently be in the queue to receive.

What do we do if we still have questions?

We are hopeful that these advanced materials and updated video materials will answer your questions. However, if you still have questions, we welcome them and would encourage you to email vispdat@cmtysolutions.org where we will answer the questions in a timely fashion.