

**Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(VI-SPDAT)**

**Prescreen Triage Tool for Single Adults**

**AMERICAN VERSION 2.0**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.  
1 (800) 355-0420 [info@orgcode.com](mailto:info@orgcode.com) [www.orgcode.com](http://www.orgcode.com)

**COMMUNITY  
SOLUTIONS**



## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___:___ AM/PM	<b>Survey Location</b> _____

## Opening Script

My name is \_\_\_\_\_ and I am a volunteer for Salt Lake County. I'm here to learn about the issues you face in your housing and homelessness challenges. That's why I'm asking you these questions today. This information will be kept by Salt Lake County to help us understand your needs. The purpose is to help us know how we should spend money on emergency services, housing assistance, healthcare, legal services, employment and job training, so that in the future all of these services can be more useful and more accessible to those who really need them.

This should only take 10 to 20 minutes, and if there are any questions you aren't comfortable answering, we can skip them. If you don't understand a question, please ask me to clarify. There is no right or wrong answer, and there is nothing that you should not feel safe telling me. It is only important that you give me true and accurate responses, so that we can better help people experiencing challenges like yours.

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

**SCORE:**

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

**Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

**SCORE:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_

Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

**SCORE:**

## B. Risks

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

a) Received health care at an emergency department/room? \_\_\_\_\_

Refused

b) Taken an ambulance to the hospital? \_\_\_\_\_

Refused

c) Been hospitalized as an inpatient? \_\_\_\_\_

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

**SCORE:**

5. Have you been attacked or beaten up since you've become homeless?  Y  N  Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

**SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  Y  N  Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do?  Y  N  Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

### C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  Y  N  Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  Y  N  Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Y  N  Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  Y  N  Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?  Y  N  Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

## D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Y  N  Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  Y  N  Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Y  N  Refused
19. When you are sick or not feeling well, do you avoid getting help?  Y  N  Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?  Y  N  N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  Y  N  Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern?  Y  N  Refused
- b) A past head injury?  Y  N  Refused
- c) A learning disability, developmental disability, or other impairment?  Y  N  Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

## VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  **Y**  **N**  Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  **Y**  **N**  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

**SCORE:**

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?  **Y**  **N**  Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

**SCORE:**

### Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
<b>GRAND TOTAL:</b>	/17	

### Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
<b>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

## Additional Questions

---

1. Do you have Health Insurance  Yes  
 No
- 

2. Have you ever had or been eligible for Medicaid, that you know of?  Yes  
 No
- 

3. When was the last time you visited a healthcare provider for preventative, non-emergency services? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Year
- 

4. This winter, when it's cold and snowing, where will you go?  Friends couch  
 Family member  
 Camp  
 Try to access shelter  
 Other
- 

5. Do you currently live in Salt Lake City?  Yes  
 No

*If no*, where do you live? \_\_\_\_\_

*If yes*, how long have you been in Salt Lake City?

- Less than 1 month     6 months     1 year     1-5 years  
 5-10 years     Over 10 years     Born/raised here

Where did you live before coming to Salt Lake City? \_\_\_\_\_

What was your reason for coming to Salt Lake City? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

6. Gender  Male  Other  
 Female  Choose not to respond
- 

7. What is the highest level of education you have completed?

- No schooling     8th grade     Some high school     Graduated high school/GED  
 Trade/Technical Vocational Training     Some college     Associates Degree  
 Bachelor's Degree  
 Advanced Degree/Graduate School

**8. What is your ethnicity?**

- American Indian/  
Alaskan Native       White/Caucasian       Asian/Pacific Islander
- Black/African  
American       Hispanic/Latino       Other
- 

**9. Are you a refugee?**       Yes       No

---

**10. Do you have children, either with you or in your legal or financial care?**

- Yes     No      *If yes, how many?* \_\_\_\_\_
- 

**11. What is your current employment status?**

- Full-time       Part-time       Unemployed       Cannot work/  
disabled
- 

**12. Which of the following factors have contributed to your current lack of housing?  
(Check ALL that apply)**

- Not enough \$ to pay rent/mortgage     Family/roommate Problems     Lost job     Eviction
- Health problems     Mental health problems     Released from jail     Released from hospital
- Aged out of foster care     Released from mental health facility     Drug or alcohol     Other
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 

**13. What is the best thing that could be done to help your situation (pick no more than two)?**

- Long-term shelter     Employment     Housing     Transportation
- Food needed     Financial assistance     Welfare benefits     Shower/clean clothes
- Mental health services     Health/dental care     Child care     Substance abuse treatment
- More information       Other \_\_\_\_\_
- 

**14. What do you need to move out of homelessness and into housing?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



15. Do you feel safe seeking homeless services in Salt Lake?  Yes  No

*If not*, why not? \_\_\_\_\_  
\_\_\_\_\_

What could be done to increase your feeling safe? \_\_\_\_\_  
\_\_\_\_\_

---

16. Have you ever been arrested?  Yes  No

---

17. Have you ever been in jail/prison in Salt Lake County?  Yes  No

*If yes*, how many times? \_\_\_\_\_

*If yes*, have you ever received substance abuse treatment?  Yes  No

*If yes*, how many times? \_\_\_\_\_

*If yes*, what would you describe as the biggest challenge exiting jail/prison?

**(pick no more than two)**

Housing  Employment  Inability to pay restitution  Peer influences

Drug addiction  Alcohol addiction  Mental illness

Other \_\_\_\_\_  
\_\_\_\_\_

---

18. We are interested in exploring the idea of an "amnesty program" for individuals who have warrants out for their arrest, but are willing to instead receive treatment. With that in mind, we want to confidentially determine:

Do you have any open warrants?  Yes  No

Would you be interested in receiving treatment services in exchange for having your warrant waived?

Yes  No