The Vulnerability of Assessments

A Qualitative Analysis of Housing Professionals' Experiences with the VI-SPDAT in Minnesota and a Comparative Review of Alternative Housing Triage Assessments

Aimee Fritsch, Hattie Hiler, Betsy Mueller, Menglin Wu, Jennifer Wustmann

Table of Contents

Executive Summary

In 2015, an estimated 40,000 people experienced homelessness, with approximately 150 Minnesotans becoming homeless every week.[1] Minnesota communities, however, have a finite number of resources to meet these needs. Coordinated entry assists communities in allocating limited resources to meet the needs of individuals and families experiencing homelessness in their community. Coordinated entry assessment tools, such as the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), prioritize services and assistance based on vulnerability and severity of need. These tools ensure that individuals and families can access appropriate resources regardless of where they access services in a community.

 In 2012, the United States Department of Housing and Urban Development (HUD) required all Continua of Care (CoCs) to utilize a standard assessment tool as part of a coordinated entry system (CES). Minnesota recently transitioned to utilizing the same assessment tool statewide, and, as of 2017, all Minnesota CoCs utilize the VI-SPDAT. At the early stages of its implementation, Minnesota Housing Finance Agency and Hennepin County are unsure whether the VI-SPDAT is the most appropriate assessment tool for all Minnesota communities.

This study explores the existing field of coordinated entry assessment tools and examines provider experiences utilizing the VI-SPDAT and its components. Specifically, our research incorporates qualitative interviews and a focus group with 21 housing professionals using the VI-SPDAT in seven Minnesota CoCs. Additionally, this study examines perceptions and experiences of three housing professionals in two CoCs outside of Minnesota to provide perspectives on the use of alternative housing assessment and prioritization tools. Several themes emerged from responses provided by participants:

- **Several questions created confusion and discomfort for individuals and families assessed by the tool.** Some, such as those related to risky behavior, can be especially challenging if individuals being assessed fear being judged or getting in trouble for their behavior.

- **A deficit-based assessment may overlook the resources that can help individuals and families successfully maintain housing.** Many respondents raised concerns with the VI-SPDAT's deficit-based assessment, prioritizing need through risk and vulnerability rather than through a strengths-based approach.

---

[1] Wilder, 2016

- **Assessor rapport plays an important component in an accurate assessment of risks and vulnerabilities.** Although the specific wording and questions in the VI-SPDAT can influence assessor rapport, this challenge may exist regardless of the tool utilized.

Despite the challenges related to the VI-SPDAT and its administration, many participants shared that the use of the VI-SPDAT has improved community efforts to objectively prioritize service delivery based on severity of need. Addressing the challenges highlighted by participants can improve the VI-SPDAT's ability to successfully assess and prioritize housing resources in Minnesota. Minnesota should consider the following recommendations related to the VI-SPDAT and its administration:

- **Reword questions that are confusing or challenging for individuals and families completing the VI-SPDAT.** Minnesota could provide direct feedback to OrgCode, the creator of the VI-SPDAT, about these questions or Minnesota CoCs could provide consistent wording alternatives to assessors.

- **Include strengths-based questions in the assessment process.** These questions could identify supports in the community that may help individuals and families successfully maintain housing.

- **Provide training to standardize rapport between assessors and the people being assessed.** Training could assist assessors practice body language, tone, listening skills, and motivational interviewing skills. This training could also provide standard language for assessors to use when individuals or families become confused or uncomfortable by questions in the VI-SPDAT.

No tool can perfectly meet all the needs communities place on a housing assessment and prioritization tool. However, the VI-SPDAT has successfully assisted communities improve their ability to prioritize individuals and families for limited housing intervention resources. The ongoing evaluation of the tool and implementation of suggested changes will ensure that tool continues to assist Minnesota communities with coordinated entry efforts.

Introduction

In Minnesota, 7,341 individuals experienced homelessness during a single night in January 2016.[2] Of those counted, 12% were unsheltered on that night.[3] In 2015, the Wilder Foundation estimated that 40,000 people experienced homelessness, with approximately 150 Minnesotans becoming homeless every week.[4]

However, communities in Minnesota have a finite number of resources to meet these needs. Across all ten Continua of Care (CoCs) in Minnesota, only 6,871 emergency shelter, safe housing, and transitional housing beds were available for individuals and families experiencing homelessness in 2016.[5] Of the homeless adults interviewed in Wilder's 2015 study of homelessness in Minnesota, 41% were on waiting lists for subsidized housing, with an average wait time of nearly one year. An additional 14% were unable to be put on waiting lists because those lists were closed.[6]

In 2012, the United States Department of Housing and Urban Development (HUD) required all CoCs to establish and operate a "centralized or coordinated assessment system"[7] and include a standard, comprehensive assessment tool.[8] Coordinated assessment, or coordinated entry, is a centralized process that coordinates intake assessment and subsequent referrals[9] and assists communities with connecting individuals and families experiencing homelessness to appropriate services. Coordinated entry helps communities prioritize services and assistance based on vulnerability and severity of need.[10] In this way, communities are able to allocate limited resources to meet the needs of individuals and families experiencing homelessness in their community.

---

[2] HUD, HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations,
  2016
[3] HUD, HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations,
  2016
[4] Wilder, 2016
[5] HUD, HUD 2016 Continuum of Care Homeless Assistance Programs: Housing Inventory Count Report, 2016
[6] Wilder, 2016
[7] HUD, Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program, Interim rule, 2012
[8] HUD, Linking Housing and Health Care Works for Chronically Homeless Persons, 2012
[9] HUD, Office of Policy Development and Research, 2012
[10] HUD, Coordinated Entry Policy Brief, 2015

Coordinated entry also assists communities with identifying and addressing service gaps within their community.[11]

Standard assessment tools ensure that individuals and families can access appropriate resources regardless of where they enter the coordinated entry system in a community.[12] The use of standardized tools within coordinated entry systems assists communities with prioritizing and connecting individuals to appropriate resources.[13] Although HUD requires CoCs to use a standardized coordinated assessment tool, the agency does not endorse a specific assessment tool or approach.[14] Instead, HUD identifies the following as ideal "universal qualities" a coordinated assessment tool should include: valid, reliable, inclusive, person-centered, user-friendly, strengths-based, Housing First orientation, sensitive to lived experiences, and transparent.[15]

Recently, all Minnesota CoCs transitioned to using the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) as a standard coordinated entry assessment tool. At the early stages of its implementation, Minnesota Housing Finance Agency and Hennepin County are unsure whether the VI-SPDAT is the most appropriate assessment tool for all Minnesota communities. This study examines whether the VI-SPDAT fulfills Minnesota's need for a valid and reliable coordinated entry assessment tool to identify and prioritize the needs of people experiencing homelessness in the state.

---

[11] HUD, Coordinated Entry Policy Brief, 2015
[12] HUD, Office of Policy Development and Research, 2015
[13] HUD, Office of Policy Development and Research, 2015
[14] HUD, 2014
[15] HUD, 2014

Program Description

Minnesota Coordinated Entry Policies

Following the 2009 HEARTH Act amendment to the McKinney-Vento Homeless Assistance Act and HUD's 2012 CoC Program interim rule, the Minnesota Housing Finance Agency (MHFA) established coordinated entry system (CES) requirements for all CoC projects in the state. These apply to any homeless prevention or homeless assistance program, regardless of funding source.[16] This includes programs funded federally through HUD and the Veterans Administration, as well as state-funded sources, such as the Emergency Services Program (ESP), Family Homeless Prevention and Assistance Program (FHPAP), and the Transitional Housing Program.[17] Minnesota's guiding CES principles include the adoption of statewide standards, promotion of person-centered practices, prioritization of those who are most vulnerable, elimination of systemic and eligibility barriers to housing access, transparency, continuous quality improvement efforts, diversity, data driven analysis, and acknowledgement of Native American sovereignty.[18]

In addition to participating in coordinated assessment planning and management activities, all Minnesota CoC projects are required to publish written standards for eligibility and enrollment determinations, communicate project vacancies to the coordinated assessment administrator, establish defined CoC access points for persons experiencing a housing crisis, and only enroll participants through the CoC's designated referral strategy.[19]

VI-SPDAT Implementation

MHFA requires that each Minnesota CoC develop a universal assessment tool to manage the intake, assessment, and referral process.[20] This assessment tool must include the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) to document needs of participants and prioritize services, but CoCs may customize the tool with additional program-specific assessment questions.[21] Taking into account the CoC's available resources, MHFA establishes general CES prioritization criteria and corresponding VI-SPDAT score ranges for Rapid Re-Housing and Permanent Supportive Housing that coincides with participants' severity of needs, length of

---

[16] MHFA, 2016
[17] MHFA, 2016
[18] MHFA, 2016
[19] MHFA, 2016
[20] MHFA, 2016
[21] MHFA, 2016

time of experiencing homelessness, or subpopulation characteristics.[22] Prioritization cannot be based on disability type or diagnosis.[23]

Prior to the implementation of the statewide CES, Minnesota CoCs did not use the same tool to assess housing needs, though many homeless assistance programs used intake tools to determine program eligibility.[24] These intake tools often unintentionally "screened out" persons seeking services who may have been eligible for housing programs.[25] MHFA considered two assessment tools for statewide use while developing Minnesota's CES: the Dayton (Texas) tool and the VI-SPDAT.[26] After researching and piloting both tools, MHFA chose the VI-SPDAT because it was available in HMIS at no cost, already used by most CoCs, and less complex and time-consuming than the Dayton tool.[27] West Central was the first CoC in Minnesota to use the VI-SPDAT in 2014 , and as of 2017, all Minnesota CoCs fully use the VI-SPDAT.[28]

Shelter-All Policy

In addition to MHFA CES requirements, one of Minnesota's CoCs, Hennepin County, has instituted a shelter all policy, which requires Hennepin County CoC workers find a bed for any individual or family experiencing homelessness.[29] Hennepin County is one of five CoC jurisdictions in the country with this policy.[30] In an environment where demand for shelter for people experiencing homelessness already exceeds the supply, Hennepin County's shelter all policy further necessitates the implementation of an adequate tool to allocate limited resources.

---

[22] MHFA, 2016
[23] MHFA, 2016
[24] J. Choi, personal communication, February 16, 2017
[25] J. Choi, personal communication, February 16, 2017
[26] Highness and Legler, personal communication, February 16, 2017
[27] J. Choi, personal communication, February 16, 2017
[28] J. Choi, personal communication, February 16, 2017
[29] J. Choi, M. Legler, L. Thornquist, personal communication, February 7, 2017
[30] J. Choi, M. Legler, L. Thornquist, personal communication, February 7, 2017

Literature Review

Risk Factors for Experiencing Homelessness

Prior research on the risks of experiencing homelessness falls into three categories: the risk of experiencing homelessness, the risk of experiencing long-term homelessness, and the risk of dying while experiencing homelessness. Past research highlights differences in factors affecting each of these outcomes, and illuminates some of the unique challenges associated with each of these risks.

Initially, research on risk factors for experiencing homelessness was based on the aggregate homeless population. In the late 1980s, researchers Ezra Susser, Moore, and Link identified a wide range of factors that increase the risk of becoming homeless, including demographic factors such as being male, African American, or under the age of 60; mental health and chemical dependency factors such as having schizophrenia or bipolar disorder or suffering from alcohol or drug addiction; and adverse childhood experience factors such as being in foster care or not graduating from high school.[31]

Since the Susser, Moore, and Link study,[32] other researchers have studied distinct homeless populations, identifying differences across subpopulations in risk factors for becoming homeless. Winkleby and Boyce found that homeless adults with children, particularly women with children, have fewer of the traditional risk factors identified by Susser et al.[33] Homeless adults with children tend to have less experience with substance and abuse and psychiatric problems, more often have less education, and are less likely to have full-time work history. This suggests that poverty, inadequate education, and employment history are bigger risks for families than previously thought. However, a study by Curtis, Corman, Noonan, and Reichman suggests that mental health risks should not be completely discounted, as their study found that mothers experiencing depression in the first year postpartum were more likely to experience homelessness than those who did not, especially if they were already experiencing housing instability prior to giving birth.[34]

Relationships with parents were also important factors associated with youth homelessness. In a longitudinal study, Van den Bree, Shelton, Bonner, Moss, Thomas, and Taylor found that poor familial relationships, school adjustment problems, and experiences of victimization reported in adolescence were all predictors of experiencing homelessness in young adulthood.[35] Though some

---

[31] 1993
[32] 1993
[33] 2014
[34] 2014
[35] 2009

factors are more specifically correlated with certain homeless populations, they are all indicators of additional vulnerability and lack of a safety net that create a narrower margin, which can cause housing instability to tip into homelessness.

Along with risk factors there are also protective factors that make it less likely for someone to experience homelessness long-term. Winkelby and Boyce, who studied homeless adults with and without children, found that those with children were less likely to spend an extended amount of time homeless, and were less likely to experience multiple episodes of homelessness.[36] This is supported by a more recent longitudinal study of New York City shelter users that found shelter users who are younger, have an employment history or family support, and do not abuse substances spend less time experiencing homelessness.[37] While all these factors were found to reduce time spent homeless, key statistically significant factors that predicted long-term homelessness included being over the age of 44 and having an arrest history. Previous evaluations for Heading Home Hennepin confirm this trend on the local level as well[38].

Once someone experiences homelessness, their risk of death increases. Barrow, Herman, Córdova, and Struening found that the mortality rate among the single adult shelter population in New York City is significantly higher than that of the general population.[39] Barrow et al. found that injectable drug use was a statistically significant predictor of mortality for both men and women living in shelter, which the authors suggest may be related to HIV/AIDS.[40] Barrow et al. also found that for men, age and extended shelter usage were also significant risk factors for mortality.[41]

Like Barrow et al., Hwang found the mortality rate among those experiencing homelessness in Canada to be higher than that of the housed Canadian population, though the mortality rate of those experiencing homelessness in Canada was lower than the mortality rate among those experiencing homelessness in the United States.[42] Hwang attributed this difference in mortality rates to both the lower HIV/AIDS rate and lower homicide rate in Canada, as well as greater access to healthcare. Hwang's research, unlike the Barrow et al. study, includes those who are completely unsheltered. Hwang found that "individuals living on the street tend to have a worse health status than shelter residents," suggesting that those that are completely without shelter are at even

---

[36] 1994
[37] Caton et al., 2005
[38] Cheng, Kinyanjui, Qiu, and Wahlberg, 2016
[39] 1999
[40] 1999
[41] 1999
[42] 2001

greater risk of mortality.[43] In that context, experiencing homelessness for longer periods of time, either absolutely or relatively as a shelter user, would indicate a greater vulnerability for mortality.

Assessment Tools

A variety of assessment tools have been developed to identify and measure risk factors associated with homelessness. HUD guidelines suggest that coordinated entry assessments should be strengths-based, and social work research on human service assessments supports this. Graybeal frames assessments themselves as an intervention, and emphasizes the importance of framing assessments from a strengths-based perspective. This aims to empower people to change by focusing on building their already-existing strengths and resources, and rejects the practice of identifying individuals by their deficits (i.e., I am a person who has trouble with drinking versus I am an alcoholic). Graybeal emphasizes the importance of adjusting assessments to reflect this perspective.[44]

Vulnerability Index (VI)

The Vulnerability Index (VI) assists housing providers in identifying and prioritizing housing need based on self-reported mortality risk factors. Common Ground, a New York City-based nonprofit now called Breaking Ground, developed the VI tool from research identifying risk factors related to premature death of homeless individuals in Boston. This study identified six mortality-related risk factors for homeless individuals who had been living on the street for six months or more months:

> "(1) "trimorbidity" of substance abuse, severe persistent mental illness, and multiple chronic medical illness (2) major medical problem(s) resulting in hospital admission, multiple emergency department visits (3 or more visits in the previous 3 months), or admission to the respite facility anytime during the previous year (3) age more than 60 years (4) known human immunodeficiency virus/acquired immunodeficiency syndrome (5) known cirrhosis, end-stage liver disease, or renal failure (6) previous history of frostbite, hypothermia, or immersion foot."[45]

---

[43] 2001
[44] Graybeal, 2001
[45] O'Connell et al., 2005, 313-314

The tool scores individuals on nine criteria based on the risk factors identified by O'Connell's study. The VI scores individuals between a 0 and 8; to score above a zero, individuals must have experienced homelessness for at least six months and have experienced one of the risk factors outlined by O'Connell's study.[46]

Common Ground initially utilized the Vulnerability Index to address chronic homelessness in New York City.[47] Community Solutions, a spin-off of Common Ground, expanded the tool's use nationally under the 100,000 Homes Campaign.[48] The campaign used the VI to assist communities in prioritizing and allocating resources to individuals experiencing homelessness based on need

No published, peer-reviewed study has evaluated the reliability of the VI tool. One peer-reviewed study examined the postdictive validity of the tool in Fort Worth, Texas.[49] The study compared prior hospitalization records for 97 individuals assessed for HUD-funded housing using the VI in Fort Worth in 2008. The authors found that hospitalization records were predictive of the overall VI score and correlated with self-reported hospitalization. Hospitalization records were also predictive of self-reported substance abuse, but did not predict self-reported health or mental health conditions.[50] However, community stakeholders utilizing the tool during the 100,000 Homes Campaign expressed concerns regarding individuals' underreporting of medical conditions, manipulation of responses to access resources, and the inability of the tool to account for other risk factors, such as frequent jail visits.[51]

Service Prioritization Decision Assistance Tool (SPDAT)

The SPDAT is a standalone tool that was developed by OrgCode Consulting, Inc. in 2011. It consists of 27 questions, though several questions are multi-part questions. A total of 17 points are possible, with higher numbers generally indicating higher risk. Its creators claim that the tool, the score it produces, can be used to "prioritize who to serve next and why, while concurrently identifying the areas in the person/family's life where support is most likely necessary in order to avoid housing instability."[52] This makes it attractive to CoCs in the US, who are now required to have a standardized assessment for prioritizing and serving individuals in need of housing assistance.

---

[46] Cronley et al., 2013
[47] HUD Office of Policy Research and Development, 2012
[48] Leopold, J. and Ho, H., 2015
[49] Cronley et al., 2013
[50] Cronley et al., 2013
[51] Leopold, J. and Ho, H., 2015
[52] http://www.orgcode.com/product/spdat/

Its creators advertise the SPDAT as an evidence-based tool that has undergone rigorous testing, but there are no available peer reviewed studies that have examined the tool, its validity, or its reliability. OrgCode presents supporting documents of independent review, but only one letter is currently available.[53] This letter attests to an independent review focused on "whether the SPDAT was an appropriate assessment and evaluation tool in the context of the program," which they were also evaluating.[54] While they found that the SPDAT was "useful at improving practice and demonstrating some positive outcomes at the program level," they specifically declined to comment on the suitability of the tool for other communities or programs, saying they preferred not to "wade into debates" about assessment effectiveness, among other things.[55]

VI-SPDAT

The VI-SPDAT was created by OrgCode by combining elements of Community Solutions' Vulnerability Index (VI) and OrgCode's SPDAT. Version 1.0 of the tool was released in July 2014. The VI-SPDAT is intended as a "pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available."[56] The creators say that the VI-SPDAT allows communities to "move beyond only assisting those who present at their particular agency and begin to work together to prioritize all homeless people in the community, regardless of where they are assessed, in a consistent and transparent manner."[57] The VI-SPDAT is not intended to provide an in-depth assessment, however. The creators recommend using the VI-SPDAT together with the SPDAT, comparing the VI-SPDAT to a hospital triage assessment, and the SPDAT to what happens when you actually see the doctor.[58]

---

[53] http://www.orgcode.com/wordpress/wp-content/uploads/2015/05/SPDAT-Review-McMan-Wirzba.pdf
[54] http://www.orgcode.com/wordpress/wp-content/uploads/2015/05/SPDAT-Review-McMan-Wirzba.pdf
[55] http://www.orgcode.com/wordpress/wp-content/uploads/2015/05/SPDAT-Review-McMan-Wirzba.pdf
[56] http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf
[57] http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf
[58] http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf

Comparative Review of Housing Triage Assessment Tools

The VI-SPDAT is one of many possible tools available to assess and prioritize the needs of individuals and families experiencing homelessness. This comparative review provides context for the VI-SPDAT with other available housing assessment triage tools used across the country. In this section, we compare the VI-SPDAT to seven other housing triage tools: the Alliance Coordinated Assessment Tool (previously used in Charlotte, NC), the Arizona Self-Sufficiency Matrix (used in many communities), Coordinated Access Housing Assessment and Prioritization Tool (Houston), Coordinated Entry Vulnerability Assessment Tool (Boston), the DESC Vulnerability Assessment Tool (previously used in Seattle), the Silicon Valley Triage Tool (Santa Clara County, California), and the Transition Age Youth Tool, or TAY, (used in many communities). Two of these tools, the VI-SPDAT (used in many communities including Seattle and Minnesota) and Coordinated Access Housing Assessment and Prioritization Tool (Houston) are further analyzed in this report. **Table 1 - Matrix of Tools** provides a comparative overview of all eight tools discussed in this report. Appendix A provides detailed information about each of the eight tools discussed in this report.

Criteria for Inclusion in Comparative Analysis

The Alliance Coordinated Assessment Tool, the Arizona Self Sufficiency Matrix, the Silicon Valley Triage Tool, Houston's Coordinated Access Housing Assessment and Prioritization Tool, Boston's Coordinated Entry Vulnerability Assessment Tool, Seattle's DESC Vulnerability Assessment Tool, and the Transition Age Youth Tool were selected for their similarity to the VI-SPDAT in assessing housing seekers experiencing homelessness' severity of risk for adverse outcomes due to their life experiences. However, these tools were also selected due to their differences from the VI-SPDAT. Some tools differ in how they incorporate considerations for certain subpopulations, like the Alliance Coordinated Assessment Tool, which provides different instructions for domestic violence survivors to protect their anonymity, or the Transition Age Youth, which is intended for youth ages 18 to 24. Unlike the self-reported VI-SPDAT, the Silicon Valley Triage Tool instead uses administrative data to assess risk. Other tools, including the DESC Vulnerability Assessment Tool and Rural Arizona Self-Sufficiency Matrix, are supported by empirical evidence.

Tool Background Information

Like the VI-SPDAT, most of these tools are evidence-informed, or were developed in conjunction with both empirically determined risk factors for extended periods of homelessness and practitioner experiences. Evidence-informed tools include Houston's Coordinated Access Housing Assessment and Prioritization Tool, Seattle's DESC Vulnerability Assessment Tool, the Arizona Self-Sufficiency Matrix, the Silicon Valley Triage Tool, and the Transition Age Youth Tool.

Table 1. Matrix of Tools

Tool	Versions			Tool Purpose				Evidence Informed	Empirical Research Supports Reliability	Empirical Research Supports Validity
	Singles	Families	Youth	Vulnerability*	Prioritization**	Service Assessment***	Predictive****			
Alliance Coordinated Assessment Tool Set	X †			X	X	X				
Arizona Self-Sufficiency Matrix	X	X			X	X		X ‡	X	X
Coordinated Access Housing Assessment and Prioritization Tool (Houston)	X	X	X	X	X	X		X		
Coordinated Entry Vulnerability Assessment Tool (Boston)	X			X	X	X				
DESC Vulnerability Assessment Tool	X			X	X			X	X	X
Silicon Valley Triage Tool	X				X		X	X		X
Transition Age Youth Tool			X		X		X	X		X
VI-SPDAT multiple, including Minnesota and Seattle)	X	X	X	X	X	X		X		X §

Notes:

* Tool's purpose is to measure vulnerability of person's risk for mortality while experiencing homelessness

** Tool's purpose to assist with prioritizing people experiencing homelessness for receiving services

*** Tool's purpose is determine which housing services are best suited to the individual

**** Tool's purpose is to predict the likelihood of the person experiencing homelessness in the future

† The Alliance Coordinated Assessment Tool Set includes questions some questions specifically for youth, but can be used to assess singles or families.

‡ The Arizona Self-Sufficiency Matrix emerged as the best of several tools used in Arizona communities reviewed as part of the Arizona Evaluation Project on Homelessness. Although no information exists on the origin of the original matrix, the tool has been evaluated for reliability and validity and subsequent versions of the tool have been evidence-informed.

§ The VI portion of the VI-SPDAT has been found to be empirically valid, but has not been evaluated for reliability. The SPDAT portion of the VI-SPDAT has not been empirically evaluated for reliability or validity.

Additionally, unlike the VI-SPDAT, several of these tools have been found to be empirically valid and reliable. Both Seattle's DESC Vulnerability Assessment Tool and Rural Arizona Self-Sufficiency Matrix were found to be both valid and reliable in empirical research,[59] and the Transition Age Youth Tool was found to have construct validity. Finally, the Coordinated Entry Vulnerability Assessment Tool was developed by Boston specifically for singles seeking housing resources after the community discontinued using the VI-SPDAT.

Tool Purpose

These seven tools vary from the VI-SPDAT in the risk factors they assess and the target population they serve. Similar to the VI-SPDAT, the Alliance Coordinated Assessment Tool Set, Houston's Coordinated Access Housing Assessment and Prioritization Tool, Boston's Coordinated Entry Vulnerability Assessment Tool, and Seattle's DESC Vulnerability Assessment Tool measure single adults' vulnerabilities for continued housing instability, and assist with prioritization of housing service access.[60] The Arizona Self-Sufficiency Matrix is intended for single adults experiencing homelessness who are already receiving services, and assists with identifying program impact, as well as personal needs and other services.[61] The Silicon Valley Triage Tool assesses the risk for the highest cost interventions for single adults by identifying those most in distress and most likely to use services frequently. The Transition Age Youth Tool measures the risk of youth ages 18 to 24 experiencing homelessness long-term, or for five or more years.[62]

Tool Administration

These seven tools vary from the VI-SPDAT in the information they collect, their administration, and their scoring systems. Houston's Coordinated Access Housing Assessment and Prioritization Tool is administered by assessors to housing seekers in person and over the phone. This tool prioritizes chronically homeless individuals for permanent supportive housing and rapid re-housing services for individuals who do not qualify as chronically homeless. Both waitlists are prioritized based on an individual's score. Like the VI-SPDAT, Seattle's DESC Vulnerability Assessment Tool is administered by shelter staff to housing seekers experiencing homelessness when they enter shelter, and relies on self-reported data. Though Seattle's DESC Vulnerability Assessment Tool scores individuals on a 10-50 point scale on ten variables, it does not assign score ranges to match them with potential interventions. The Arizona Self-Sufficiency Matrix can be administered by a caseworker either during an initial assessment process or throughout service delivery,[63] and it uses self-reported data to score persons on a scale from 1 (crisis) to 5

---

[59] Ginzler, J.A. and Monroe-DeVita M., 2010, Culhane et al., 2007
[60] Ginzler, J.A. and Monroe-DeVita M., 2010
[61] Culhane et al., 2007, Wilkens et al., 2014
[62] Rice, 2013
[63] Wilkens et al., 2014

(empowered) in 18 domains. The Transition Age Youth Tool can be administered by a caseworker at any time at the discretion of organizations working with youth, and assigns a point to each self-reported affirmative answer for six questions. Those scoring 4 points out of 6 are considered to be at risk for experiencing long-term homelessness The Silicon Valley Triage Tool, unlike the VI-SPDAT and other self-reported tools, uses 38 pieces of information from administrative data to produce a probability score, ranging from 0.01 to 0.99, of a person's likelihood of continuing to incur high public costs. Finally, the Alliance Coordinated Assessment Tool Set includes multiple sections such as pre-screening and prevention/diversion, in addition to a housing prioritization section.

Tool Strengths and Challenges

Benefits of Houston's Coordinated Access Housing Assessment and Prioritization Tool include the linkage of scoring to HMIS, as well as its ability to be used for all housing resources and across single adult, family, and youth populations. However, the Coordinated Access Housing Assessment and Prioritization Tool is tailored to populations served by the Houston CoC, and requires extensive verification to determine chronic homelessness eligibility. Though Seattle's DESC Vulnerability Assessment Tool has been extensively evaluated and adjusted, it primarily serves adults experiencing homelessness, and does not have additional versions for families or youth.[64] The Arizona Self-Sufficiency Matrix focuses on a person's strengths, can be used as both an assessment and ongoing evaluative tool,[65] and looks at unique aspects of life experiences not assessed by other tools (parenting, life skills, education), but does not assist with prioritizing persons for access to services.[66] The Silicon Valley Triage Tool is supported by studies evaluating the tool's accuracy and does not rely on self-reported data, but the tool encounters difficulties if administrative data is missing. The Transition Age Youth Tool is administered in ten minutes, is non-invasive, and can be incorporated as part of a larger intake process, but scoring is not consistent across geographic communities. Several of the questions in Boston's Coordinated Entry Vulnerability Assessment provide multiple answers to better capture the nuanced experiences of those being assessed. However, this tool was only developed for individuals experiencing homelessness and is not used for assessing families. Finally, the Alliance Coordinated Assessment Tool Set is adaptable for different communities and includes questions to identify needs of specific subpopulations such as veterans and domestic violence survivors, but it has a complex scoring and waitlist system.

---

[64] Ginzler, J.A. and Monroe-DeVita M., 2010
[65] Wilkens et al., 2014
[66] Wilkens et al., 2014

Discussion

All tools reviewed exhibited strengths and challenges, but the tool best suited for communities depends on the communities' desired purpose. If a coordinated entry assessment tool's validity and reliability is most important, Seattle's DESC Vulnerability Assessment Tool and the Transition Age Youth Tool have significantly more supporting evidence than the VI-SPDAT. If a strengths-based approach is most important, the Arizona Self-Sufficiency Matrix better frames a person's resources in terms of their strengths than the VI-SPDAT. If a user-friendly tool is most important, the Transition Age Youth Tool is much simpler to administer than the youth version of the VI-SPDAT. If an approach sensitive to living experiences is most important, the Alliance Coordinated Assessment Tool Set provides a more holistic view of a person's experiences than the VI-SPDAT. However, the VI-SPDAT encompasses several desirable characteristics: there are tailored versions for single adults, families, and youth; it assesses a person's vulnerability; prioritizes them; and identifies potential appropriate housing services. The VI-SPDAT is also evidence informed, and the VI portion of the VI-SPDAT was found to be empirically valid.

Tools that use administrative data to predict risk, like the Silicon Valley Triage Tool, may overcome issues with incorrect self-reporting and incorrect discretionary decisions made by caseworkers. Though different in purpose from the tools reviewed in this report, the New York City Department of Homeless Services uses both administrative and self-reported data to predict the likelihood of families (who have applied for housing services) to experience homelessness in the absence of preventative services.[67] According to Shinn et al.'s 2013 study, this empirical targeting model for homelessness prevention services is better able to identify families in need of services than caseworker judgment.[68] Future coordinated entry assessment tools that use both administrative and self-reported data may also be better able to predict which housing seekers experiencing homelessness are most at risk for continued housing stability without intervention then the assessment tools discussed in this report.

---

[67] Shinn, Greer, Bainbridge, Kwon, and Zuiderveen, 2013
[68] Shinn, Greer, Bainbridge, Kwon, and Zuiderveen, 2013

Methodology

Research Questions

This qualitative study seeks to analyze the perceptions and experiences of Minnesota CoC workers using the VI-SPDAT, as well as the perceptions and experiences of CoC workers in other states using other housing triage assessment tools. Our research addresses two questions: 1) How reliably and accurately does the VI-SPDAT assess the needs of housing seekers experiencing homelessness in Minnesota? 2) What tools are currently or previously utilized by comparable urban communities outside of Minnesota?

Our research in Minnesota explores CoC worker perceptions of VI-SPDAT delivery as well as how the tool assesses the needs of specific subpopulations, through the following questions: 1a) How might the VI-SPDAT tool and its administration impact the assessment's effectiveness? 1b) How well does the VI-SPDAT assess the needs of housing seekers experiencing homelessness in Minnesota who are indigenous, of racial or ethnic minorities, or survivors of domestic violence?

Additionally, our research explores CoC worker perceptions of tools used nationally through the following questions: 2a) What is the experience of other Continua of Care using these tools? 2b) For Continua of Care previously utilizing the VI-SPDAT, what prompted the change in triage tool?

Design

This qualitative study of housing triage assessment tools used in Minnesota CoCs and out-of-state CoCs was commissioned by the Hennepin County Human Services and Public Health Department's Office to End Homelessness (OEH) and the Minnesota Housing Finance Agency (MHFA). OEH and MHFA provided input in research design considerations, including which Minnesota CoCs to include in the study, which out-of-state CoCs to include in the study, and which housing professionals to interview. In March and April of 2017, our research team conducted one-on-one interviews with nine Minnesota CoC coordinated entry assessors, four Minnesota CoC coordinated entry housing access coordinators, one Minnesota CoC program manager, one Seattle/King County CoC assessor, one Seattle/King County CoC program manager, and one Houston CoC research manager. We also conducted a focus group with seven Minnesota CoC coordinators.

Sampling

Minnesota

In Minnesota, our research team conducted 14 one-on-one interviews with coordinated entry assessors, coordinated entry housing access coordinators, and one program manager in three CoCs: Hennepin County, Suburban Metro Area Continuum of Care (Anoka, Carver, Dakota, Scott, and Washington counties), and Northwest (Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Roseau, and Red Lake counties, as well as the Red Lake Nation, White Earth Reservation, and Leech Lake Reservation). These CoCs were selected in consultation with OEH and MHFA to ensure our research included housing professionals from urban (Hennepin County), suburban (Suburban Metro Area Continuum of Care), and rural (Northwest) regions of the state.

Our sampling criteria for one-on-one interviews in Minnesota required that study participants were individuals who self-identified as coordinated entry system assessors, housing access coordinators, or program managers, who worked at agencies or shelters within one of the three selected Minnesota CoCs, who used the VI-SPDAT, and who self-selected to participate in the study. In consultation with OEH and MHFA, our participant recruitment efforts sought to interview a variety of housing professionals who worked with single adults, families, and youth, as well as particularly vulnerable subpopulations, including people of color, people who are LGBTQ, people who are members of tribal communities, people who are domestic violence survivors, and people who are recent immigrants.

In total, our Minnesota one-on-one interview sample included eight housing professionals from the Hennepin County CoC, three housing professionals from the SMAC CoC, and three housing professionals from the Northwest CoC. Of the eight housing professionals from Hennepin County, three were assessors for singles, one was an assessor for families, one was an assessor for youth, one was a youth program manager, one was a housing access coordinator for singles, and one was a housing access coordinator for families. Of the three housing professionals from SMAC, one was an assessor of single adults and families, one was an assessor of single adults, families, and youth, and one was a housing access coordinator for single adults, families, and youth. Of the three housing professionals from the Northwest CoC, one was an assessor for single adults and families, one was an assessor for youth, and one was a housing access coordinator for single adults, families, and youth. For a summary of all participants, see Appendix B.

In Minnesota, our research team also conducted one focus group with CoC coordinators from seven CoCs across the state. The focus group took place in April 2017 during the standing monthly Minnesota CoC coordinator meeting. Our sampling criteria for the in-state focus group were individuals who identified as CoC coordinators in one of Minnesota's 10 CoCs, whose CoCs used the VI-SPDAT, and who self-selected to participate in the focus group.

In total, our focus group sample included seven coordinators from seven CoCs. Of the seven coordinators, two were from urban CoCs, one was from a suburban CoC, and four were from rural CoCs.

Out-of-State

Outside of Minnesota, our research team conducted three one-on-one interviews with coordinated entry system assessors and program managers in two out-of-state CoCs: Seattle/King County and Houston. Our team also intended to conduct one-on-one interviews with housing professionals from the Boston CoC, but despite several contact attempts, was unable to secure any interviews. These CoCs were selected in consultation with OEH and MHFA to ensure our research included out-of-state housing professionals who used assessment tools other than the VI-SPDAT (Boston and Houston), had previously used the VI or VI-SPDAT but no longer did (Houston and Boston), also had shelter-all policies (Boston), and comparable population subgroup distributions (Seattle and Boston).

Our sampling criteria for out-of-state one-on-one interviews required that study participants were individuals who self-identified as coordinated entry system assessors or program managers, worked at agencies or shelters within one of the three selected out-of-state CoCs, used the VI-SPDAT or alternative coordinated entry assessment tools, and self-selected to participate in the study.

In total, our out-of-state one-on-one interview sample included two housing professionals from the Seattle/King County CoC, and one research manager from the Houston CoC. Of the two housing professionals from Seattle, one was an assessor, and one was a program manager.

Recruitment

To recruit study participants, we worked with OEH and MHFA to identify initial potential study participants. We then asked potential study participants to refer colleagues to us who had a potential interest in being interviewed. After receiving referral lists from our initial contacts, we then sent a recruitment email with information about our study's purpose, design, and consent process to them, inviting those interested in participating to contact us via email and phone numbers shared in the email. All communication related to recruitment took place via email or phone.

Data Collection

We conducted semi-structured one-on-one interviews with nine Minnesota CoC coordinated entry assessors, four Minnesota CoC coordinated entry housing access coordinators, one Minnesota CoC program manager, one assessor from an out-of-state CoC, one program manager from an out-of-state CoC, and one research manager from an out-of-state CoC. Interview

length ranged from 42 minutes to 83 minutes. We also conducted a 45-minute long focus group with seven Minnesota CoC coordinators. Minnesota interviews were conducted in a location of the participants' choice: their workplaces or coffee shop, as well as over the phone. The focus group was conducted at a Hennepin County service center, with two individuals participating in-person, and five participating via conference call. Out-of-state interviews were conducted over the phone. All interviews and the focus group were audio-recorded and later transcribed.

Interviews were conducted using one of three separate established interview guides created for Minnesota CoC coordinated entry system assessors, Minnesota CoC housing access coordinators, and out-of-state participants. All three interview guides can be found in Appendix C-E of this report. Interview questions for Minnesota CoCs coordinated entry system assessors sought to identify when, where, and how assessors administered the VI-SPDAT; their experience delivering the VI-SPDAT to subpopulations (including members of tribal communities, youth, and domestic violence survivor communities); successes and challenges with the VI-SPDAT administration and delivery; and their perception of the VI-SPDAT's reliability and accuracy.

Similarly, interview questions for Minnesota CoCs coordinated entry system housing access coordinators also sought to identify their perception of VI-SPDAT reliability and accuracy. Additional questions sought to understand how they used the VI-SPDAT to prioritize services for individuals on the waitlist and how resources available in each CoC influenced the use of VI-SPDAT. We also asked about housing access coordinators' understanding of assessors' work in administering the tool. Through these questions, we hoped to identify gaps in understanding between coordinated entry system assessors and housing access coordinators.

Interview questions for out-of-state housing professionals sought to gain insight into their experience with the VI-SPDAT or a tool other than the VI-SPDAT. Questions sought to understand how the tool was developed and selected, what population the tool targeted, how they perceived the tool's reliability and accuracy, and the tool's administration and delivery. Through these questions, we sought to better understand out-of-state CoCs staff's experience with the VI-SPDAT and alternative coordinated entry assessment tools.

We also used an established set of questions for our focus group with Minnesota CoC coordinators. The focus group guide can be found in Appendix F of this report. Focus group questions sought to identify how CoC communities differed from each other, how the VI-SPDAT operated differently across communities, and how the VI-SPDAT affected the CoC's ability to coordinate all other programs and services. We also asked CoC coordinators to share what they had heard from assessors in their community about the VI-SPDAT. Through these questions, we hoped to understand their high-level perspective and community's experience with the VI-SPDAT.

Data Analysis

Data collected was limited to de-identified interview and focus group transcriptions. Transcriptions were analyzed using NVivo software, and coded based on participant responses to questions detailed above, as well as participant job title, population served, and region. Using the NVivo software, our team ran queries to identify recurring themes among interview and focus group responses. We looked at this information by CoC type (urban, suburban, and rural), job type (assessors, housing access coordinators, and CoC coordinators), population served (families, youth, and singles) and compared in and out-of-state responses to identify themes and differences specific to each.

Study Limitations

All participants self-selected to join the study, so it is likely individuals who had familiarity with and interest in providing the VI-SPDAT assessment to individuals were oversampled. Compared to other CoC regions, we received more responses from coordinated entry assessors from Hennepin County, which resulted in a disproportionate sample of Hennepin County participants. As our study involved 24 individuals in nine Minnesota and out-of-state CoCs, our sample is not likely to be representative of each CoC or CoCs nationally. Additionally, our out-of-state outreach focused only on urban CoCs and did not include rural or suburban CoCs. As a result, it is extremely likely that our results reflect the perceptions and experiences of a small subset of CoC staff.

Minnesota Results

Tool Characteristics

Participants described characteristics of an ideal housing triage assessment tool, and then indicated how these characteristics compared to characteristics of the VI-SPDAT. Trends in the characteristics discussed were similar across staff roles, populations served, and CoCs.

HUD-Specified Ideal Tool Qualities

When asked to identify the qualities of an ideal assessment tool participants indicated the following HUD-specified ideal tool qualities: sensitive to lived experiences (6 participants), user-friendly (6 participants), strengths-based (4 participants), person-centered (3 participants), reliable (1 participant), and transparent (1 participant).

Describing the ideal tool quality of sensitive to lived experiences, one housing access coordinator from Hennepin County said, "It is important for somebody to be able to say what their reality is. And put that forth. In a safe way." A SMAC assessor, specifying the user-friendly quality, stated that a tool "needs to be pretty short," and "quick to get through." A Hennepin County participant identified the strengths-based as an ideal assessment tool quality, saying "their strengths they carry with them are, at times, a very good indicator of how successful they're going to be within whatever type of housing situation."

Other Ideal Tool Qualities

Participants also identified other qualities of an ideal assessment tool different from the nine HUD-specified qualities: culturally competent (5 participants), available in multiple languages (3 participants), adaptable to technology (1 participant), and fair and equitable (1 participant).

A Hennepin County housing access coordinator identified culturally competent as an ideal tool quality, saying "Culturally competent is huge, and that's a broad term for saying it has to work for a lot of people, from a lot of different backgrounds." Noting the tool quality adaptable to technology, a Northwest participant stated that an ideal tool should be "able to be in HMIS."

Risk Factors

When asked which risk factors were most important to include in a housing triage tool, participants identified the following: mental health status (9 participants), substance abuse (8 participants), housing history (4 participants), homeless history (4 participants), experience with the criminal justice system (3 participants), physical health status (3 participants), experience with domestic violence (2 participants), disability (2 participants), lack of community support (2 participants) and traumatic experiences (2 participants). These results are summarized in **Figure 1**,

below. Other risk factors identified by participants included involvement with child protection agencies (1 participant), immigration status (1 participant), income level (1 participant), owing money (1 participant), safety (1 participant), unique risks to a subpopulation based on gender or race (1 participant), and being taken advantage of or trafficked (1 participant).

Figure 1. Risk Factors in an Ideal Assessment
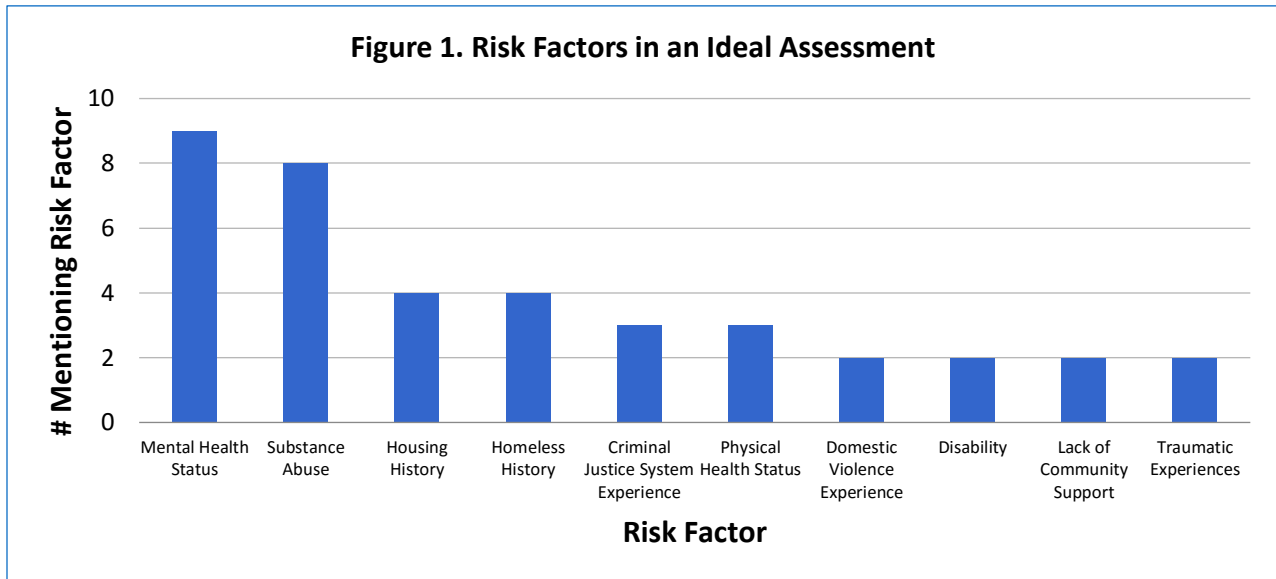
Identifying mental health status as a risk factor, one SMAC participant said that a tool should "incorporate a mental health component," noting that, "mental health is a big one for us in our community that we don't have a great way of getting at early on." Noting the importance of homeless history as a risk factor, a Northwest assessor said, "Homeless history is huge."

VI-SPDAT Characteristics

When asked how the VI-SPDAT compared to the qualities and risk factors indicated above, participants attributed the following HUD qualities to the VI-SPDAT: user-friendly (2 participants), inclusive (1 participant), and sensitive to lived experiences (1 participant). Participants indicated the VI-SPDAT did not have the following HUD qualities: strengths-based (3 participants), reliable (1 participant), or user-friendly (1 participant). These responses are illustrated in **Figure 2**, below.

Figure 2. Comparing HUD-Specified Qualities and the VI-SPDAT
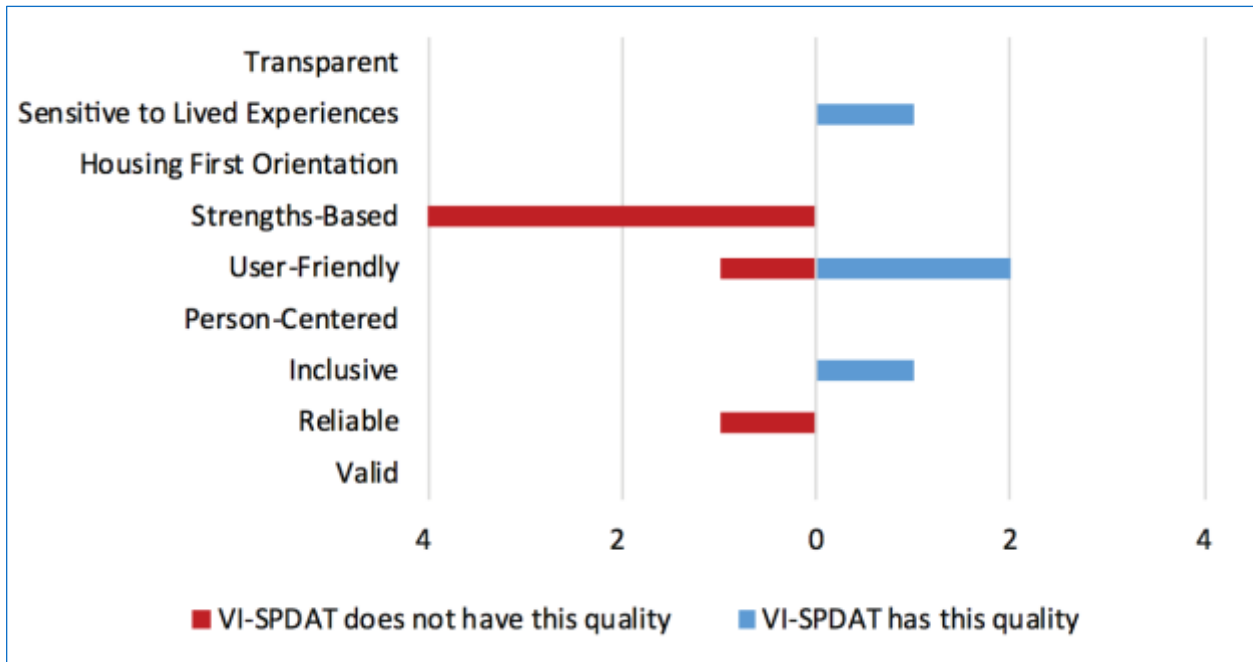
Indicating the VI-SPDAT is user-friendly, one Northwest assessor said, "I think it is pretty easy to understand and most of the questions youth will get and they understand," and a SMAC assessor said, "the VI-SPDAT itself is very quick to get through."

Indicating the VI-SPDAT is not strengths-based, one Hennepin County assessor explained:

> It doesn't seem quite strengths-based . . . As a vulnerability tool . . . it's punishing you a bit for becoming resourceful. It's rewarding the most helpless – and obviously, the helpless need help, by definition, but . . . it also sort of undermines the class of people who have learned to rely on themselves in a way we would want them to in order to survive this experience. But then, it de-prioritizes them for the things they deserve.

Another Hennepin County participant explained, "[I] don't think it captures strengths. I think the SPDAT is a very deficit-based tool. You know, what are you vulnerable? Where are your vulnerabilities?"

Participants attributed the following non-HUD-specified qualities to the VI-SPDAT: culturally competent (1 participant) and evidence-based (1 participant). Participants indicated the VI-SPDAT did not have the following qualities: culturally competent (1 participant), and objective (1 participant).

Attributing cultural competency to the VI-SPDAT, one Hennepin County assessor said "The effort for cultural competency is there. It seems like it's designed to be sensitive, and so that's appreciated." A different Hennepin County assessor indicated the VI-SPDAT was not culturally competent, saying, "It's not culturally sensitive. It's really hard to assess someone who's not, you know wasn't born in the United States, whatever, but any different culture, they don't always follow that type of questions."

VI-SPDAT Delivery

Participants described the timing and location of VI-SPDAT delivery in their agencies, as well as steps for delivery. When and where the VI-SPDAT was administered varied somewhat across the three CoCs, but the delivery process was similar across all three CoCs.

VI-SPDAT Delivery in Hennepin County

In Hennepin County, the VI-SPDAT is administered primarily through private, in-person sessions both at homeless shelters and through street outreach. When the VI-SPDAT is administered varies by the population being served.

Single adults are assessed by the VI-SPDAT within 30 days of entering shelter (1 participant), and usually after the first two weeks of a person's shelter stay (2 participants). "When we first started doing the VI-SPDAT, it was just kind of after being here for two weeks," said one Hennepin County assessor.

Families are scheduled for assessment appointments by the shelter team at the shelter they stay at, and only receive the assessment if they have stayed in shelter overnight. Families usually receive the VI-SPDAT after staying in shelter for one week. Receiving the VI-SPDAT is a requirement for families who wish to remain in shelter. Families who have experienced domestic violence are scheduled for an appointment to receive the VI-SPDAT after the shelter they're staying at contacts the HSPHD Front Door on their behalf. According to a Hennepin County housing access coordinator, "When it's a community shelter, like a domestic violence shelter, they're an access point, [and] they call [HSPHD] Front Door. Front Door sort of pre-screens them, to see if they're a Hennepin County resident, which becomes a big thing. And if they are, then they pass it along to an e-mail address for the assessors, to then call them and schedule an appointment."

Youth receive the VI-SPDAT after staying in shelter for seven to ten days, and receive the assessment after being screened during an intake assessment and developing a case plan with staff. A Hennepin County assessor explained, "Intake 2 asks more personal questions, and that's just with the youth and the case manager, so that's when we usually do the SPDATs, after we've really kind of gone through all the tough questions and asked them a little bit about themselves."

When delivering the VI-SPDAT to all populations, staff read an introductory script, emphasizing the confidentiality of the assessment process. Some assessors reword questions if a person has difficulty understanding what the question is asking, and use Hennepin County's supplementary questions in addition to the VI-SPDAT. Assessors and coordinators who work with families also described collecting demographic information for HMIS.

VI-SPDAT Delivery in SMAC

In counties in the SMAC CoC, the VI-SPDAT is administered in-person and on the-phone, at human service agencies, and sometimes even in jail. The VI-SPDAT is generally administered right away to people experiencing homelessness who present themselves at human service agencies, and is administered only if participants are found to be experiencing the HUD definition of homelessness through a first-level assessment.

A SMAC participant explained why they administer the VI-SPDAT right away:

> I can see some sense in [waiting 10 days to administer the VI-SPDAT], but have a feeling we would lose a lot more people. And I would prefer to find out they've self-resolved when we call them a couple of months later to offer them something, and find they no longer need it, than to risk the possibility of them being completely lost to us, and then when we finally do find them again, it's because they're in crisis again, and they could have been on this list the whole time. So to me, it makes sense to do it. We decided to do it that way because we don't have shelter here.

Describing the first-level assessment, a SMAC participant stated:

> The very first step is the Step 1, the very first thing we do with somebody when they call and present at an agency and say I'm homeless . . . And the goal of a Step 1 is to find out, "Where have you been staying?" We collect some really basic demographic information, ask if they're a veteran or not, a victim of domestic violence or not, so we can get those special populations where they need to go quickly. And if they are HUD homeless, which means on the streets, or in a shelter, or in a car, any place not meant for human habitation or shelter, they would be automatically eligible to move on [and be assessed by the VI-SPDAT]. If they're staying with friends and family, and it's not been a year they've been doing that, then they're not eligible [to be assessed by the VI-SPDAT].

When delivering the VI-SPDAT, staff read an introductory script, emphasizing the confidentiality of the assessment process, and that the questions were not meant to be a judgment of their character. As needed, assessors reword questions if a person has difficulty understanding the question, and use supplementary questions intended to capture a person's eligibility for programs. Following the assessment, assessors discuss the significance of a person's score with

them and give them a receipt indicating their score. Later, the person's assessment score is entered in HMIS. A SMAC assessor explained, "Sometimes I do the VI-SPDAT on paper, and then I have to key it into the HMIS system."

VI-SPDAT Delivery in Northwest

In counties in the Northwest CoC, the VI-SPDAT is administered primarily through private, in-person, sessions at human service agencies and homeless shelters. Assessors also administer the VI-SPDAT to youth wherever they are located in the community. The VI-SPDAT is generally administered right-away to people experiencing homelessness who present themselves at human service agencies, and only if they meet the definition of Minnesota long-term homeless.

One Northwest assessor explained, "both of our agencies have walk in hours, so we offer Monday through Friday from 12:30 to 4:00, anybody can come in and get screened to see if they're eligible." Another Northwest assessor noted, "Really, in our area you're not going to be eligible for homeless housing programs unless . . . you meet the definition in Minnesota of long-term homeless . . . If they are Minnesota long-term homeless, then we will complete the assessment with them."

When delivering the VI-SPDAT, staff read an introductory script, emphasizing the confidentiality of the assessment process. As needed, assessors reword questions if a person has difficulty understanding the question. Following the assessment, assessors discuss the significance of a person's score with them and give them a receipt indicating their score.

VI-SPDAT Successes and Challenges

Successes and challenges participants associated with the VI-SPDAT were similar across job roles, populations served, and CoCs. Generally, participants indicated VI-SPDAT worked fairly well as an assessment tool. Participants most frequently noted successes when an assessor had established rapport and trust with the person being assessed, and most frequently identified challenges involving discrepancies between a person's answers to questions on the VI-SPDAT and the assessor's knowledge of that person's experience.

VI-SPDAT Successes

When asked to describe successful experiences with the VI-SPDAT, participants mentioned the following: assessor rapport leading to more accurate responses (12 participants), VI-SPDAT creators being open to feedback (2 participants), people being referred to housing programs (2 participants), and reaching new people (2 participants), though the latter two successes are likely more related to the broader implementation of a coordinated entry system, and not the VI-SPDAT itself.

Describing how assessors' rapport with people being assessed led to more accurate responses, one Hennepin County assessor specified assessors "that have relationships with people they're assessing, is what leads to accuracy," explaining these assessors "have more of a chance to build those trust relationships, that tends to make guests more candid when they're being assessed." A participant from a rural CoC said, "I've heard you have to have a good trustful relationship between the person administering the VI-SPDAT and the person answering the questions. I've heard that they don't always answer them correctly if there isn't a trust between the two."

VI-SPDAT Challenges

When asked to describe challenging experiences with the VI-SPDAT, participants primarily specified discrepancies between the person's answers and the assessor's knowledge of their experience (6 participants), and attributed the discrepancies to the following: person deliberately not giving honest answers (10 participants), person's perception preventing them from answering accurately (4 participants), and person's mental health status preventing them from answering accurately (2 participants). Other challenges identified by participants included documenting a person's homeless history (3 participants), language barriers (3 participants), cultural barriers (2 participants), the wording of questions not matching regional vernacular (2 participants), the person's sensitivity to the questions being asked (2 participants), and the inability of the tool to capture changes in a person's vulnerability status over time (2 participants). Participants also identified issues with assessors understanding the tool (2 participants), though this is likely more related to the training assessors receive than the VI-SPDAT itself. Participants also identified gaps in available housing resources as a challenge (6 participants).

A Northwest assessor described challenges with the discrepancy of answers received, saying:

> We thought someone was more a higher score than they actually were, and some of that is the provider being wrong, and some of that is like the person you're meeting with not sharing everything, or not feeling either not feeling comfortable to be honest, or just honestly being confused about our new process. Because now we're asking people to be super honest to get them into the right program, when in the past, we basically [told them] not to have any problems, and then we'll put them in the program.

A Hennepin County assessor described challenges receiving dishonest answers, saying, "Some of the questions even seem incriminating. So, I don't think people are answering them as honestly as they want to, even though I'm explaining." Another Hennepin County assessor provided additional insight into dishonest answers: "Other times, it would behoove you not to be as candid about some of your vulnerabilities, or especially some of your risky behaviors, because they're stigmatized or criminalized, whereas when you're using the VI-SPDAT, the more pitiful you are the better." A SMAC assessor described how people attempt to provide the answers they think will give

them access to the most resources, explaining "If somebody is homeless, or in a housing crisis, and they need the help, in their head, they're kind of analyzing every question." Similarly, a Northwest assessor explained, "People want to say that they don't have any chemical dependency issues when they do, because in the past, maybe they wouldn't have gotten into our program if they had that."

A SMAC participant described challenges with a person's perception of their situation:

> Now, they are asked, specifically, do [disabilities and substance abuse] affect your housing? And how clients interpret that question is very different across the board. And I get where Ian was going with it. And I get why he did that. Because lots of people live very stably with disabilities. So, I get how he wanted to pinpoint those who were having trouble with housing as a result of these disabilities. But if somebody is chemically dependent, and as a result lost their job, and as a result lost their housing, you ask them, "Does your chemical dependency affect your ability to work?" They'll say, "No – I can work." But it did affect their ability to work. And so, you can know that, as an assessor. And you just have to write down what they say, and move on. And that's a little hard to swallow. And a lot of assessors have a really hard time with that.

A Hennepin County assessor also described challenges with a person's perception of their situation:

> There's some sticky questions in there. You know, there's "Do you have meaningful activity in your day?," which is hard. Your perception of that, and someone else's perception of that might be different. It's hard to tell someone, like "Hey, actually, I think you're really adrift right now." You don't want to tell people that, and yet you really want them to get the point.

A SMAC participant described challenges with a person's mental health status and accurate answers:

> I've heard from community folks that sometimes, it's a challenge assessing people with mental health [issues]. Their thought process isn't completely based [and] that scoring isn't necessarily accurate because their sense of reality different, and this tool isn't giving us a picture of what their need really is.

Noting challenges with the VI-SPDAT assessing a person's vulnerability at only one point in time, a Hennepin County housing access coordinator said:

> But I think the main area where too high of a score is a concern, is sometimes with people who are actively fleeing a domestic violence situation. There are a lot of questions about risk of exploitation, risk of harm, was your homelessness caused by a social relationship that failed – there's a few questions about that. So, having an active DV thing could totally boost your score, and put you into the PSH range, when you really don't need PSH. You just need help getting out of the situation and getting reestablished, and that's going to be enough. So that's the main area where I've seen a too-high score. So yes, it's not inaccurately reflecting your vulnerability, it's reflecting your vulnerability in that moment, but longer-term, it doesn't necessarily mean you need ongoing permanent supportive housing.

Similarly, a SMAC participant noted:

> The fact that it's vulnerability, and it's point in time and with limited resources in our community, that the score doesn't necessarily change, but their situation changes as they wait for a housing opportunity from us. And so, what we are challenged by is how we keep up with that change in situation, because not that their score would change drastically, but sometimes their score does change depending on their situation, and so how do we keep up with that over time?

Participants described challenges with homeless history documentation, with one Hennepin County assessor describing issues with "verifying long term homeless status," noting that, "it can be really hard for someone to remember every single place that they've stayed and where they've been." Another Hennepin County assessor described homeless history documentation challenges, explaining that sometimes, immigrant families "haven't been in the country long enough so we can't go back far enough in their housing history."

Participants described challenges with language and cultural barriers, and one Hennepin County assessor explained:

> If clients don't speak English, it can be hard. Some stuff doesn't translate into different languages or different cultures. So, like foster care, is kind of hard to explain to someone. Domestic violence can be kind of hard to explain to somebody. In some, some people take kind of offense, I mean if they're from a country, if they're an immigrant, if you're asking about their drug use, they kind of get pretty defensive. And maybe if there is a problem they're not going to really disclose that to you.

An urban CoC coordinator described issues with staff misunderstanding the VI-SPDAT:

> The VI-SPDAT has been around for a long time. There's a lot of staff turnover at agencies, and [with] folks that are assessing, and unless you actually been at a training and understand the tool, really what it's trying to get at, and what it's not gonna do for you, and that it's not an end all be all, and that there should be other things are encompassed in this process of assessing a person [and] their vulnerability for housing. I think that it breeds a lot of dislike for the tool when there isn't an understanding for the tool, and the vetting that it has gone through, and the process.

A Hennepin County assessor described gaps in housing resources for people who are undocumented:

> I think, too, for us, we serve so many undocumented folks, we have really high-scoring undocumented folks, but something like five percent of all housing programs that participate in coordinated entry can serve those folks. For so many other guys, that score a 15 on this, and you're waiting 6 weeks at the most. But for our guys, who are undocumented, it's six months later, and there's still no opportunities for you.

A Hennepin County assessor identified gaps in housing resources for youth, saying, "So youth who are scoring between 4 and 5 and 6 we're just not hearing from. I've done a lot of the assessments. And I've only heard back from people who have scored 8 and up."

VI-SPDAT Question Issues

Participants frequently associated discrepancies in a person's answers with issues with questions on the VI-SPDAT. Generally, participants described issues with unclear questions (8 participants), uncomfortable questions (7 participants), and asking invasive questions while a person is experiencing a crisis (3 participants).

Questions frequently described as unclear included questions about a person's willingness to live in housing with people with HIV (6 participants), how a person's chemical dependency impacts their housing (5 people), how a person's mental health status impacts their housing (3 participants), involvement with the criminal justice system (2 participants), experience with domestic violence (2 participants), and the amount of time children spent with responsible adults (1 participant). These results are shown in **Figure 3**, below.

Figure 3. Unclear Questions on the VI-SPDAT, According to Minnesota Participants
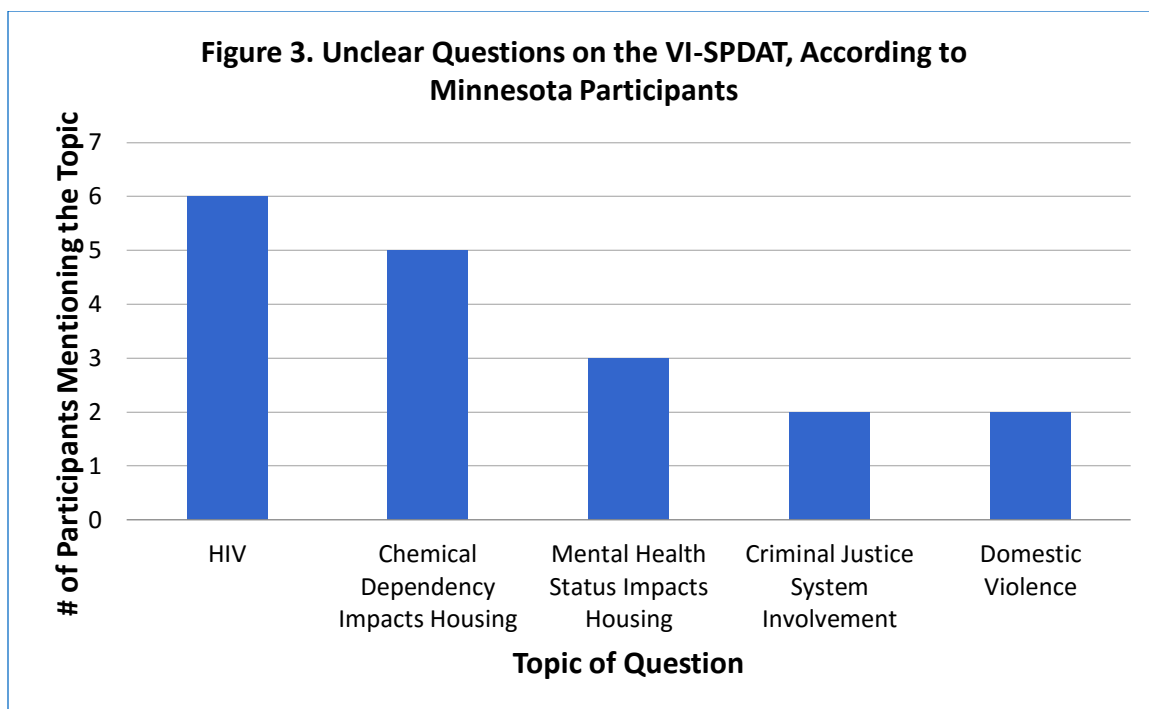
Questions frequently described as uncomfortable included questions about risky behavior (3 participants) and being tricked or taken advantage of (2 participants). Other issues with questions identified by participants included questions that were offensive to the person being assessed (1 participant) and questions that were not relevant to youth (1 participant).

Describing how the HIV question was unclear, a SMAC assessor explained:

> It's "If there's space available that specifically assists people with HIV or AIDS would that be of interest to you or anyone in your family?" Well sometimes they're like "I want to get in a program, I don't care if I'm with them or not." So, they just don't understand what that question is actually getting at.

Describing how the mental health and chemical dependency questions were unclear, a SMAC assessor explained:

> I find that a lot of the questions about substance abuse or mental health as it relates to whether or not those issues have made it difficult for them to maintain their housing, most people don't connect those dots. . . If you can't keep a job because you are using and you forget to go to work, that is affecting your housing because you can't pay, but they don't think it all the way through all those steps, a lot of times.

A SMAC participant described how they assist people with understanding unclear questions:

> They've clearly [said] yes, they've been a victim of domestic violence. But when you ask them in the VI-SPDAT – has anyone hurt you, or forced you to do things you didn't want to do, they say no. Then you can ask a clarifying question. You can say, okay well earlier you mentioned domestic violence, does that mean that's not affecting your right now, or can you just clarify that for me? Or you can ask them the question again and remind you of an earlier answer. And they can either say, "Oh, yeah yeah yeah, I wasn't sure if that's what you were talking about or not."

A Hennepin County youth assessor indicated the risky behavior questions was uncomfortable, saying:

> "Do you ever do things that might be considered risky, like exchange sex for money, drugs, or a place to stay, run drugs for somebody, have unprotected sex with somebody you don't know, share a needle or anything like that?" That is a LOADED QUESTION. That is a mouthful to get out, but that is a loaded question. You just went from running drugs for somebody, to sleeping with people unprotected, or having sex for food. That question is a little too loaded.

A Hennepin County singles assessor also described why the question asking about risky behavior was especially difficult for people to answer:

> There's this one question that has five different things of what happened in it, but there's one thing that's true that happened to them, I want to say Yes/No, but they don't want to say, "Yeah, I've sold sex for money," or "No, I haven't done that, but I did that part," so that question can be really troubling for people. They're like, "I'm not gonna say yeah, because I don't want this person to think that I've done that, when I've done the other thing." So that one makes it more difficult.

A Northwest participant noted that in rural areas, the questions could be uncomfortable for the assessors, too:

> There were some individuals that initially did not like, particularly in the rural area, some of the questions because the sensitivity of the questions in dealing in a small area and knowing individuals. But it lead to some good discussions about how it's essential to know these things immediately so you can start doing service and providing services, and developing that relationship at a different level, and how an assessment is helpful to get people connected to the right services and as soon as possible.

A Hennepin County assessor explained how she helped people being assessed to better answer uncomfortable questions about risky behavior and being taken advantage of:

> Well, I explain them anyways, because I want people to be comfortable in answering them. Especially that vulnerability one, like "Do people take advantage of you?" They're going to be like, "No" right off the bat. [So, I say,] "You never had a day when you woke up and said, 'Today I'm going to be sober,' and then all your friends came, and said, 'Oh, come on, just one drink, we'll have fun,' and you're like, 'Okay, just one drink.' And then you're wasted. [laughs] That's never happened to you? Because that's people taking advantage of you." And that helps. They're like, "That happens to me all the time," and then that's an extra point. Or with the selling your prescription medicine, "No, I don't do that, I need them." But [I say], "You never lost your bus card and needed to get back to [shelter], and were like, 'Dude, I'll give you one of these Percocets if you can give me a bus token?' You know like, just to get back." People do what they gotta do to survive. I'm like, "This isn't going to get you in trouble, this is going to help you." And they're like, "Yeah, I've done that before."

Describing issues with asking invasive questions while a person is experiencing a crisis, a Hennepin County housing access coordinator said:

> And even if I were assessing you, and I'm meeting with you right now, just like I would meet with families, I could kinda tell if they underscored or overscored, some of this depends on what day of the week you're meeting with them. Um, if they had a court date that morning, if they had to take a 40-minute bus [ride] to sit down for this appointment, if they, if the kids are in the room with them. . . Cause I, as an assessor, would try and do it exactly the way, but then you're sitting with the client and their kid is screaming, and they're screaming, and they're telling you I can't do this, I can't answer these questions, sort of re-traumatizing them.

A Hennepin County youth assessor specified questions that were not applicable to youth, saying, "It goes from an 18-year-old to an 86-year-old, till you die, I guess. So, they ask questions like 'Do you have any health issues with your liver, heart, kidneys?' So, some of the questions are just kind of weird for our young age."

VI-SPDAT and Subpopulations

When asked how subpopulations experienced the VI-SPDAT, participants described issues with non-English speakers having low scores (4 participants), questions being inappropriate for people who are transgender (1 participants), and people coming out of institutions scoring too low (1 participant). Two CoC coordinators noted that their CoC had adapted the VI-SPDAT and its language to better serve tribal members and people served by culturally-focused agencies.

A Northwest participant described issues with non-English speakers scoring low, saying, "Once we first started using the SPDAT, there was some push back, and we're not seeing this as much in the shelters anymore, but at that time, we were having a lot of non-English speaking families - like big families - come in, and they were scoring super low."

A SMAC assessor described issues administering the tool to non-English speakers, saying:

> One of the issues I think that's probably the biggest difficulty we encounter is when English isn't their main language. OK. I mean that becomes a little more difficult and sometimes you have to slow down with the questions and try to ask them in a different way or use different words.

A participant from a rural CoC described how they had adapted the VI-SPDAT for the communities they served, saying:

> We have three tribes in my two regions, and we just spent the morning before this to do some language changes to try to make it more comfortable and usable for working with the tribal population. So just making sure that we have the ability whether we use this tool or any tool has that cultural sensitivity.

Participants also noted they felt the assessors' gender, racial, and ethnic identity affected assessors' delivery of the VI-SPDAT (3 participants). A self-identified white female assessor felt that her identity was intimidating to those receiving the assessment, and an assessor who grew up in the community she worked in felt her identity allowed to her to establish trust and rapport with the people she assessed:

> I think people can connect with me, not just because of me being Native, I mean we don't have a lot of Native people who are homeless - [they] prefer to stay outside, [rather] than [in]shelters. But, I run into a lot of people I know here. I'm from [the community I work in] . . . so, I see a lot of people that I know.

Suggested Changes to the VI-SPDAT and its Administration

When asked what changes to the VI-SPDAT they recommend, participants identified the following: clearer wording of questions (6 participants), using more strengths-based questions (4 participants), more comfortable wording of questions (3 participants), adding questions about housing history (3 participants), and giving homeless history questions more weight (2 participants). These are shown in **Figure 4**, below. Other suggested changes included better addressing the needs of people with disabilities (1 participant), better assessing mental health status (1 participant), making the assessment quicker to complete (1 participant), making the assessment more thorough

(1 participant), separating questions (1 participant), and adjusting the scoring of youth's homeless history, since youth's shorter homeless history incorrectly leads them to score lower than adults (1 participant).

Figure 4. Suggested Changes to the VI-SPDAT, by Minnesota Participants
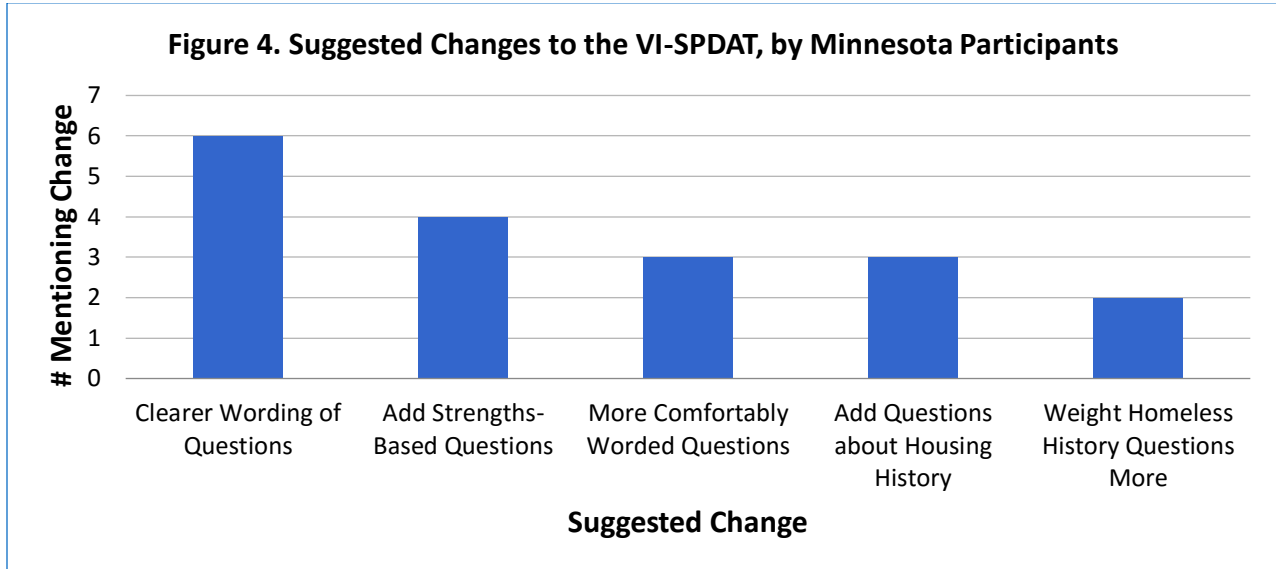
Suggesting the VI-SPDAT more clearly worded questions, a Hennepin County assessor said:

> More specific questions about risky behavior. Just, you know, adding something like the wording for, that's for Question 9, that's pretty vague. They list several examples of "have you ever done this" and then it just says "...or anything like that." But that's just going to be up to someone's interpretation. So maybe wording that differently like "Do you ever do things that make you feel unsafe?," or something like that. I think just also having more clear answers for what to tell our clients when asked about it afterwards.

Advocating for more strengths-based questions, a Hennepin County assessor explained:

> The whole assessment tool is so focused on assessing the vulnerability, and so all of those questions are really focusing on things that the client can't do or hasn't been able to do, and really asking - like drilling - about all of these ways in which they failed. Obviously, we don't use that word, and I would never use that word for the client, but one thing I noticed is that a lot of a lot of times after I do the assessment, clients seem to feel really upset like, "I just got interrogated and now I feel like I'm in trouble."

A Hennepin County assessor, suggesting more comfortable wording of questions, said:

> Some of the questions are just hard to answer for people, and I think that rewording them a little bit, or even giving the assessor an idea of how to ask that question to make them more comfortable about it, would help.

Explaining their suggestion of adjusting the scoring of youth's homeless history, a Hennepin County assessor said, "So giving an 18-year-old the same assessment you give an 86-year-old is really hard, because you don't have that [experience of] long-term homelessness."

Additionally, one participant suggested a change to the administration of the VI-SPDAT, noting that a high number of assessors delivering the tool may contribute to unreliability. A housing access coordinator from Hennepin County explained, "You see that a lot on our singles side where there's so many different assessors . . . But some of these other people assessing, it's not their main job . . . the consistency and quality control isn't there."

VI-SPDAT Accuracy

Overall, participants indicated the VI-SPDAT is usually accurate in assessing people's needs, and that VI-SPDAT scores generally correlate with a person's needs. Participants frequently identified rapport and trust between an assessor and person being assessed as improving the accuracy of the VI-SPDAT, and identified subpopulations whose VI-SPDAT scores are often inaccurate. In instances where scores are inaccurate, Hennepin County and SMAC have developed protocols for score adjustment.

Perception of VI-SPDAT Accuracy

When asked about their perception of the accuracy of the VI-SPDAT in assessing individual's needs, most participants perceived the VI-SPDAT to be accurate, with the majority describing it as mostly accurate (9 participants) or always accurate (1 participant), while others found it to be sometimes accurate (3 participants). Participants frequently associated the rapport and trust established between an assessor and person being assessed as improving the accuracy of the VI-SPDAT (8 participants).

Describing the VI-SPDAT as mostly accurate, a Hennepin County coordinator explained:

> I think people who score in the PSH range – the permanent supportive housing – for the most part, that makes sense. I don't think the scores are terribly off, as a group. But there are certainly enough people who score in Rapid Re-Housing, who probably need longer-term supports than rapid, and enough people that score in the PSH range that would probably would be okay if they got the help just to find a place and get stable, and don't

necessarily need help as long. I think that it works for a lot, it more or less gets people in the right range, but there are enough people that don't fall in each range to merit that it should not be the end all be all.

Describing how rapport and trust contributed to score accuracy, a Hennepin County assessor said:

[It] goes back to the rapport--how much you know the client. One example I can think of is I had one client who I did this assessment with and I didn't know her very well, and she only scored only a 7. And I just kind of suspected . . . that might not be accurate. And then she had another advocate who she's been working with on and off for multiple years and she did that assessment with that person and she scored a 15.

Similarly, a Hennepin County assessor explained:

They're not going to tell you that stuff if they don't know you. I had one lady that scored a 6 downtown, and I got a 13 from her. Not realizing she already did it, until [CoC housing access coordinator] told me. A lot of it was about drug use, and prostitution, and stuff like that. She probably didn't want to tell no guy about this, you know? So, it made a big difference.

Likewise, a participant from a rural CoC explained:

For example, if a case manager that is really connected with the community goes and does the VI-SPDAT with someone, and builds a relationship, they get a really accurate score because they understand that individual. If a different case manager did the same interview with that same person, [who] doesn't have a good relationship, does not have a good story of that individual, we get a different score.

Participants identified specific subpopulations the VI-SPDAT whose scores were frequently inaccurate: people experiencing long-term homelessness (3 participants), people with mental health issues (3 participants), youth (2 participants), non-English speakers (1 participant), and people in institutions (1 participant).

A Hennepin County assessor explained why scores are frequently inaccurate for people experiencing long-term homelessness:

It's a tool that's really designed to highlight your vulnerabilities. And not all your adaptations that you've made, or your own resourcefulness. So we, especially at the beginning, too, had some clients who had been in the system for forever, and they take

really good care of themselves. That's how they survive. And they still need housing. It's still really traumatic on them. But this tool – there's nothing that they answer that was disingenuous about it, but it scored them really low. Because they've gotten really good at taking care of themselves on the streets. That's just some – especially men, I feel like single men that have been out here for a long time, some of them are not vulnerable in the way the tool wants to acknowledge.

A SMAC participant explained why scores are often inaccurate for people with mental illness:

I've heard from community folks that sometimes it's a challenge assessing people with mental health, and their thought process isn't completely based in reality. That scoring isn't necessarily accurate, because their sense of reality is different, and this tool isn't giving us a picture of what their need really is.

A participant from an urban CoC described why scores are often inaccurate for youth:

I know that the other day I was at one of our policy meetings and they were talking about the youth VI-SPDAT and how they felt the score wasn't really helping the youth. It was actually hurting them to qualify for housing, just because a lot of them don't have the life experiences.

Perception of VI-SPDAT Score Correlation

When asked about their perception of the correlation between VI-SPDAT scores and an appropriate intervention for the person being assessed, participants indicated the following: usually well correlated (1 participant), sometimes well correlated (6 participants), and usually not well correlated (1 participant).

A Hennepin County assessor described why they felt scores are not usually well correlated:

I guess I feel like a lot of time the scores might not necessarily correlate with their needs. So they might have really high needs and really need permanent supportive housing but not score highly on the VI-SPDAT just because they can't answer yes to any of these specific questions. And then in that case that's not really a matter of rapport with the assessor. That's just that assessment tool isn't asking specific stuff. For example, I think one thing I see is, I definitely don't want to overgeneralize in anything like that, but a lot of people are tough and smart. And so, a lot of times if you've been living on the street for a while, you've figured out how to take care of yourself and how to stay safe. So, you might not come across as particularly vulnerable because you haven't gotten beat up, and you're not taking drugs on the street, and you haven't attacked someone else, and you haven't had run-ins

with the police. But you are still homeless for multiple years. And can't get into housing because of whatever other reasons, background and lack of rental history, or just you know the fact that the longer you are homeless, the harder it is to break out of it because the renter wants to see a rental history. So, facts like that. There can be so many reasons why you would need support in finding a place to live and getting into housing that aren't asked about on here. So, in that way, it doesn't necessarily reflect people's needs.

VI-SPDAT Score Adjustment

To address the issue of inaccurate or uncorrelated scores, Hennepin County and SMAC have developed protocols for score adjustment.

In Hennepin County, 5 participants described using a score revision worksheet to adjust a person's score. According to one Hennepin County assessor:

> You can use that worksheet to document things – corroborate things that are provable. It doesn't allow you to adjust the questions that are about the person's behaviors that are more about their internal life. But it does, if they have hospital admits, or medical records that have left a trail, or restrictions from shelters that have a left a trail of their behaviors, then you can just submit those as corroborating materials and update their score.

In SMAC, a participant described how a CoC consultation committee worked together to adjust scores:

> So, we get together as a committee, and you just kind of explain the situation, and show the assessment, and say, this guy got a 2, we know it's not right. And so, the committee decides together, yeah, let's make him an 8. Let's put him into permanent supportive housing, we're not going to necessarily give him a high-high score that he should have, but let's at least get him in the category. That's generally what we do, we generally give them the lowest score in the category range we think they should be in, just to be fair to other people.

VI- SPDAT Score and Prioritization

Overall, Hennepin County, SMAC, and Northwest seem to have similar methods for using VI-SPDAT scores to prioritize people for housing program referrals.

Waitlist Prioritization in Hennepin County

In Hennepin County, people on the waiting list are prioritized based on the earliest assessment date, the highest VI-SPDAT score, and their eligibility for specific housing programs. Coordinators utilize score banding in the Permanent Supportive Housing range. A Hennepin County housing access coordinator explained:

> We're going to try a score banding for PSH range. 8 through 11 is low, and 12 and above is high. Because right now, we've gotten to the point, if you're an 8 or 9 – you're not – you just continually keep getting bumped down the list. So, certain people then are like, "How can I just give them a 10 – just give them an extra point somewhere!" So, really, at that most simple then, I just score on high/low, and then data assessment. So, 8-11 are just all pooled together. And the hope is to get a little bit more of the list turned, kind of working off the assumption that the difference between an 11 and 12, is not enough. But we have to make something, so that just – seems like 12 and above, you get through those pretty quickly, it's the 8-11 that sometimes takes longer. So, it's just a chance – and just making the assumption you're in the PSH range, the difference in circumstance between an 8 and 11 is not large enough to merit. This isn't totally based on evidence, just more on my experience thus far managing the list. So that's what we're doing now. So now it will be just high-level for PSH.

Additional considerations include families experiencing chronic homelessness being prioritized for permanent supportive housing, and a person's preferences for housing.

Waitlist Prioritization in SMAC

In SMAC counties, people on the waiting list are prioritized based on the earliest assessment date, the highest VI-SPDAT score, and their eligibility for specific programs. Coordinators utilize date banding. A SMAC housing access coordinator explained:

> Right now, we do banding – but that's going to go away. The banding keeps people in groups of two months. So, everybody who scores in the permanent supportive housing category, for example, and this is across all of the different parts of the list, everybody assessed in January and February are by score, so the highest to lowest from January and February, and then I draw a black line, and then March and April are by date, and then you just keep going like that. That way, someone who's assessed today, who scores an 18, isn't going to trump somebody who scored a 15 and has been waiting for a year. It will keep some kind of order.

Waitlist Prioritization in Northwest

In Northwest counties, people on the waiting list are prioritized based on the earliest assessment date, the highest VI-SPDAT score, and their eligibility for specific programs.

VI-SPDAT Training

Overall, training practices were very similar across the Hennepin County, SMAC, and Northwest CoCs, with most assessors receiving training in how to use the VI-SPDAT from both the online OrgCode training video and in-person training sessions. Assessors also receive support from their supervisors and coworkers.

VI-SPDAT Training in Hennepin County

In Hennepin County, participants described receiving training from both the online OrgCode training video and in-person training sessions. Participants also learned how to use the VI-SPDAT by shadowing their coworker and having their coworker check assessments they had completed. Generally, participants indicated the training they received was sufficient. Participants indicated they received support from both their coworkers and their supervisors.

VI-SPDAT Training in SMAC

In SMAC, participants described receiving training from both the online OrgCode training video and in-person training sessions. Generally, participants indicated the training they received was sufficient. Participants indicated they received support from their supervisor.

VI-SPDAT Training in Northwest

In Northwest, participants described receiving training from both the online OrgCode training video and in-person training sessions. Participants attributed training to helping them understand the vulnerability of a population, helping to create a person-centered approach, and helping to create a housing-first approach. Participants did identify an issue with helping assessors feel comfortable asking certain questions. Generally, participants indicated the support they receive is sufficient, indicating they receive support from other Northwest CoC members, and their supervisor.

Out-of-State Results

In the two out-of-state communities participating in our research, the Seattle/King County CoC currently utilizes the VI-SPDAT and the Houston CoC utilizes the Coordinated Access Housing Assessment and Prioritization Tool. These communities also shared experiences with previously utilized tools: the DESC Vulnerability Assessment Tool (Seattle) and the VI (Houston).

Tool Background

When asked about tool selection and development, the program manager in the Seattle/King County CoC shared that Seattle began using the VI-SPDAT in June of 2016. Before the VI-SPDAT, they used the DESC Vulnerability Assessment Tool, a self-designed tool used to prioritize homeless individuals, youth and families seeking housing. Seattle conducted research on other existing tools, and chose the VI-SPDAT for two reasons. First, the VI-SPDAT improved the community's ability to measure barriers to housing and prioritize the wait-list accordingly. As one Seattle/King County participant explained:

> Some of our lessons learned from our previously self-designed tool is [that] the questions around determining vulnerability were ambiguous. So, we really wanted a tool that where it was a clear yes or no that could get you [a] score. Our driver was a tool that could help with prioritization and measure barriers to housing.

Second, the VI-SPDAT had stronger research and technical support compared to other alternative tools. As one Seattle/King County participant explained:

> We liked that the VI-SPDAT, that OrgCode had done a lot of work, had done a lot of focus groups with various subpopulations to validate their tool, to really think thoughtfully about the questions, to get a lot of provider input, and finally, the data platform was already designed to use that tool.

Houston developed their assessment tool in conjunction with the implementation of coordinated entry in their community. The participant from the Houston CoC described a two-step process for tool prioritization and assessment. The first step, Coordinated Access Housing Assessment, determines program eligibility and whether the assessed individual qualifies as chronically homeless. The second step prioritizes individuals and families for permanent supportive housing and rapid re-housing waitlists. Initially, Houston utilized the VI to prioritize individuals and families for permanent supportive housing and developed their own tool to prioritize the rapid re-housing waitlists. However, after housing the highest scorers on the VI, providers in the community found that most of the remaining individuals on the permanent supportive waitlist had very low VI

scores. Providers no longer felt the VI captured the risks and vulnerabilities of people experiencing homelessness in their community. As the participant said:

> How is it possible that my client scored a zero on the VI and he has got amputated limbs or open sores and he can't care for himself? . . . So, it wasn't nuanced enough to capture who truly is most vulnerable amongst that.

In July 2015, Houston developed the Prioritization Tool using provider feedback to account for risks they were seeing in their homeless population. This tool, with separate manuals for youth, families, and singles, now prioritizes individuals and families for both the permanent supportive and rapid re-housing waitlists. Staff also mentioned that they did consider the VI-SPDAT, however, the community found the tool too cumbersome and felt that it wasn't targeting the risks experienced in their community.

Tool Characteristics

Participants described characteristics of an ideal housing triage assessment tool and indicated how these characteristics compared to characteristics of their current tool.

Tool Qualities

When asked about the qualities of an ideal housing assessment tool, participants from the Seattle/King County CoC mentioned the following HUD-specified qualities: user-friendly, sensitive to living experience, strengths-based, and valid. Additionally, the program manager from the Seattle/King County CoC also identified one non-HUD-specified quality: available in multiple languages. When asked if the VI-SPDAT had these qualities indicated above, the program manager from the Seattle/King County CoC indicated the VI-SPDAT is not strengths-based:

> I'd say it's designed to look at barriers to housing, which in and of itself is not about strengths, it's about what deficits do you have to get a score that says what type of housing you should go to… My suggestion would be turn the whole thing on its head and have a whole tool based on strengths.

The program manager also indicated the VI-SPDAT is not available in multiple languages, saying, "I'd love to see them offer the tool up in various languages." However, they do have a language line to address language barriers: "assessors have access to language lines and translators."

When asked about the qualities of an ideal housing assessment tool, the participant from Houston identified one HUD quality: user-friendly, and one non-HUD quality: adaptable to technology. The participant further explained the tool "has to be easily transferable to technology," because "we are very data driven, so it had to be something that we were able to incorporate into HMIS." When asked if the Coordinated Access Housing Assessment and Prioritization Tool had these qualities mentioned above, the participant felt that their current tool included these qualities. However, the participant shared that they did not believe the VI to be user-friendly, saying:

> I think for sure it needs to be not very long, these in-depth questions that go on for pages and pages are just ridiculous. What happens is that the users, the assessors who use the tool they start going through it really fast, not really answering the questions they get frustrated and so you get false data. That was even happening sometimes with the VI because the assessors were like, this is so stupid they were just clicking clicking clicking and not really looking at what was going on. And so, we got a lot of that. The number one thing for us was that it had to be short.

Risk Factors

When asked which risk factors were most important to include in a housing triage tool, participants from Seattle/King County identified the following risk factors: mental health status, physical health status, past eviction, criminal history, and immigration status. When asked if the VI-SPDAT included these risk factors indicated above, an assessor from the Seattle/King County CoC noted that the VI-SPDAT does not ask about past evictions. Regarding criminal history, the participant said:

> They have a criminal question, but it's so specifically asked: "Do you have a criminal background in such and such?" So, if they answer no to those such and such questions, then it's a no. But they may have other type of criminal history that aren't included. I think they should just ask if you have a criminal history, like on those areas that are already there, but maybe ask, "Do you have any other criminal history that is not listed in this question?"

When asked which risk factors were most important to include in a housing triage tool, the participant from Houston identified the following risk factors: mental health status, physical health status, lease history, and risks reflective of the population served. Staff shared specifically that the VI did not include some of the physical health risks faced by the homeless population in their community:

> With us, again I would say that the biggest—heat stroke for sure because we get so so hot here in the summer and people are outside in the streets. And I don't remember if the VI

> scores for that or not, but that was one of the things that we looked at. Severe medical issues, that was one, serious untreated mental illness, and severe untreated mental illness.

Tool Challenges and Suggested Changes

When asked to describe challenges with the VI-SPDAT, both participants from Seattle/King County CoC indicated the tool is unfair:

> To say, "Okay, you qualify for the program because you scored 8 or whatever. If you score 3, then you automatically don't qualify for the program," that for me it's totally unfair. Everyone that comes in with me is homeless, I don't think they should be judged based on their score. And everyone that needs to be treated equally and have an opportunity to get housing not based on the score.

Additionally, the program manager mentioned challenges with language barriers and the assessor mentioned challenges with some of the tool's questions. Specifically, some questions are unclear, such as the HIV question and the question about the amount of time children spent with responsible adults. The assessor raised concerns that although the VI-SPDAT has three manuals for youth, families, and individuals, these manuals may not fully capture the nuance of experiences of those being assessed.

When asked about suggested changes to the VI-SPDAT the program manager suggested the tool should use more strengths-based questions and involve fewer assessors. The assessor suggested eliminating the score, because the score does not work well for people who score low on the VI-SPDAT:

> I met with a single adult and she is a senior with multiple health problems. Obviously, she can no longer work. But based on the score, she was at 3, so she automatically [does] not qualify for any of these, not even rapid rehousing. And she is only earning ABD, which is adult blindness disability, of which is like a hundred and ninety something dollars. She can do nothing with that…I just felt like this person should qualify for some type of permanent supportive housing just based on her health and that she's unable to work…but because of that score, she didn't qualify for it.

The participant from Houston specified discrepancies between the person's answers and the assessor's knowledge of their experience, challenges with technology, challenges with documenting housing history, and language barriers. The participant further specified challenges with language barriers:

> Every once a blue moon we will get someone who is a Spanish speaker, not very often, or someone who speaks Mandarin…For these outlying languages that pop in here and there, we just have to try and ask the community if anybody know[s] anyone who know[s] Mandarin…In fact, this week, we had three people that are deaf - and that's the first time since I've been here that we've had that. And it just so happened that we have someone who knows sign language, and so she sat at the beacon with one of the assessors and did the three assessments. And it took forever, because she had to sign the questions to the person, and that took a long long time.

Tool Accuracy

When asked about the accuracy of the tool to prioritize people for housing services, participants from the Seattle/King County CoC believed the VI-SPDAT to be mostly accurate. However, the division between score range influences the accuracy of the tool. As the program manager said:

> I'd say the challenge is they draw an artificial line between a score range that determines what type of housing you should or shouldn't get. I don't necessarily think that there's been enough research done to prove that that line is correct. Somebody could score a six for one set of reasons, and another person could score six for a whole different set of disability or mental health reasons that wouldn't necessarily want the exact same type of housing being needed.

The participant from Houston believed that the Coordinated Access Housing Assessment and Prioritization Tool is always accurate for singles and for youth, but only sometime accurate for families. Staff shared that they are currently working to improve the tool to more accurately capture the risks of families assessed.

Perception of Tool Score Correlation

When asked about the correlation between the tool's score and appropriate interventions for those being assessed, the program manager from Seattle/King County CoC indicated that the tool is sometimes well-correlated, saying the VI-SPDAT "is designed to capture barriers to housing, to get a sense of what type of housing somebody would potentially need, and the level of service package and how independent or congregate the housing is." The assessor, however, indicated it's never well correlated, explaining:

> Some will go like 4 to 8, which is for rapid rehousing, but based on the information that they have shared with me, it's likely that really isn't going to work for them. It is more like a setup for failure because they don't have the means to be in the rapid rehousing and quickly find their own housing, or whatever, because rapid rehousing is obviously just a temporary thing. But based on score, that's just what they fall under.

The Houston participant felt that scores generated by the Coordinated Access Housing Assessment and Prioritization Tool are always well correlated with appropriate interventions, especially for singles:

> The people with the highest service needs, the people who've been homeless the longest, so I think it's working really well. It's meeting the needs of the people we're seeing especially the singles…For singles, I think it's really targeting those that need it the most and we're asking the right questions.

Discussion

In analyzing these results, we find several broad themes across geographies, populations and participant job positions. These themes speak to strengths of the VI-SPDAT tool, issues with the VI-SPDAT tool, as well as problems that would accompany any tool gathering self-reported sensitive information. Along with discussions that focused on the housing triage tools and their use, we also heard commentary that spoke about the broader coordinated entry system. In the out-of-state CoCs, considerations that affected housing triage assessment tool selection included research supporting the tool, technical support for the tool, how user-friendly the tool is, and how well the tool assesses the needs of populations served.

Overall, participants from Minnesota CoCs with different job positions (assessor, housing access coordinator, program manager, and CoC coordinator) generally had a consistent understanding of how the tool was being delivered, with one exception. In one Minnesota CoC, one participant with an administrative role had a different perception of how the VI-SPDAT was delivered than an assessor in the same organization. The administrator believed the tool was delivered through motivational interviewing techniques, but the assessor asserted they delivered the tool word-for-word.

In Minnesota, some participants attributed desirable tool characteristics to the VI-SPDAT, including the HUD-specified tool characteristics of inclusive and sensitive to lived experiences. Other participants found the VI-SPDAT lacking in the HUD-specified characteristic of strengths-based. Participants expressed mixed feelings as to whether the VI-SPDAT is user-friendly or culturally competent.

In Minnesota, participants identified risk factors they felt necessary to include in a housing triage assessment tool, including mental health status, substance abuse, housing history, homeless history, experience with the criminal justice system, physical health status, experience with domestic violence, disability, and traumatic experiences. Participants from the Seattle/King County and Houston CoCs also identified similar risk factors. Many of the risk factors participants felt important to include in a tool, including mental health status and substance abuse, reflect those identified in the literature that are associated with individuals, families, and youth at greater risk for becoming homeless and dying while homeless. For youth, traumatic experiences are predictors of experiencing homelessness in young adulthood. Generally, the VI-SPDAT includes questions about these risk factors.

Though the VI-SPDAT contains questions about relevant risk factors, participants in Minnesota identified issues with the way these questions are asked. Participants in Minnesota frequently noticed the questions were not strengths-based, focusing on a person's deficits instead of the strengths that may allow them to maintain future housing stability. A participant from the

Seattle/King County CoC also acknowledged the VI-SPDAT was not a strengths-based assessment. HUD identifies "strengths-based" as a component of an ideal assessment tool, and literature surrounding assessment tools emphasizes the importance of using tools to evaluate strengths to "empower people to change by focusing on their already-existing strengths and resources."[69]

In addition to the absence of strengths-based questions, participants in Minnesota identified issues with the clarity and sensitivity of the wording of questions on the VI-SPDAT, as well as difficulties with the VI-SPDAT not being available in any language besides English. Since the VI-SPDAT attempts to gather self-reported sensitive information, participants implied the wording of the questions and the ability to be assessed in one's preferred language is an especially important factor in receiving accurate answers from individuals being assessed by the tool. Participants in Minnesota frequently noted issues with receiving answers from individuals being assessed they knew to be inaccurate, which they attributed to unclear questions, uncomfortable questions, or language barriers. Participants from the Seattle/King County CoC, who also use the VI-SPDAT, similarly identified issues with the wording of questions and language barriers. Additionally, the participant from the Houston CoC also identifies issues with discrepancies in response to questions in their self-developed tool, so this may reflect a challenge inherent in tools asking sensitive questions.

Participants in Minnesota identified limits to the VI-SPDAT's ability to assess a person's vulnerability, noting that the VI-SPDAT provides a snapshot of an individual's vulnerability at one point in time. Participants explained that while the VI-SPDAT assesses vulnerability in the moment it is administered, a person's vulnerability may be different long-term, and may change as a person adapts to the conditions of homelessness. Participants saw this as a problem in instances of people with high lifetime vulnerabilities receiving low scores because, in the moment of the assessment, they were relatively stable and doing well. This may explain why the VI-SPDAT often assigns low scores to those experiencing long-term homelessness: they have adapted to their situation and found ways to cover or mitigate their vulnerabilities. Additionally, participants also identified issues with the point-in-time nature of the VI-SPDAT when evaluating individuals experiencing an episodic traumatic event, such as domestic violence. These individuals may receive a higher score reflective of their current situation, but unreflective of their long-term vulnerability.

A key theme that emerged from our research is the tension between objectivity and rapport. This issue, while identified by Minnesota respondents using the VI-SPDAT, would likely be present when examining any housing triage tool gathering self-reported sensitive information from individuals being assessed. Participants in Minnesota frequently mentioned how the rapport

---

[69] Graybeal, 2001

between an assessor and person being assessed leads to better, more accurate results. However, participants were concerned this may bias results, indicating the tool fails to objectively provide a score to assist with the prioritization of those most in need for limited housing resources. As one Hennepin County assessor aptly noted:

> It sort of just recreates the problem it's trying to solve. Just that if you have a better advocate that you trust more, who is more invested in you, you're gonna get a better outcome. And that's kind of too bad. You know, then it's like, we just created a bunch of bureaucracy for the same sort of results.

It is important to distinguish the VI-SPDAT (a tool), from the process of delivering it. The tension between rapport and objectivity is not due to the unique qualities of the VI-SPDAT tool itself, as other housing triage tools also require self-reported information on sensitive issues, but instead due to how the tool is administered. As such, it's likely that no matter what housing triage assessment tool a CoC uses, this problem would still be present. Therefore, any conversation or recommendations to address this potential problem need to consider addressing consistency in the delivery of the tool.

Along with the connection between the VI-SPDAT itself and its delivery, participants identified issues with the broader coordinated entry system. In Minnesota, widespread use of the VI-SPDAT occurred with the rollout of coordinated entry for all populations across the state, and so some of the commentary we heard reflected housing professionals' experiences with the coordinated entry system. For example, the many instances of assessors and housing access coordinators talking about a lack of resources, or an inability to get those who scored below the top of a range into housing resources, relates to the coordinated entry system and its capacity, and not the tool itself. In Minnesota, it seems that CoCs have not adjusted VI-SPDAT score ranges to reflect available housing resources, though two CoCs are attempting to band scores or dates on their waitlists in an attempt to provide more access to limited resources. One participant from the Seattle/King County CoC indicated they had adjusted their score ranges to better reflect the needs of the community.

Participants in out-of-state CoCs identified different considerations for their housing triage assessment tool selection. Participants from the Seattle/King County CoC selected the VI-SPDAT due to its ability to prioritize individuals, the research supporting the tool, and the available technical support for the tool. The participant from the Houston CoC indicated their CoC had considered using the VI-SPDAT, but found it too cumbersome, and instead developed their own tool they felt better assessed the vulnerabilities and needs of the populations they served.

Recommendations

Drawing from our research, of both the existing literature and practitioner interviews, we have developed five recommendations. These recommendations apply to several levels of the coordinated entry policy field, from that of an individual CoC, up to systemic changes to the VI-SPDAT.

Include strengths-based questions in the assessment process. This recommendation not only speaks to what we saw in the literature and the interviews, it would also help the tool further align with HUD best practices. One method for increasing the number of strengths-based questions would be to add in additional questions around existing community support networks. These would help an assessor understand the capabilities and experience of a person being assessed, as well as give them a better understanding of who they might go to for help on the person's case. An alternate approach to this recommendation would be to change some of the existing deficit-based questions to have a more empowering phrasing. For example, the question "Do you have a physical disability that keeps you from accessing housing?" could instead be reworded to read "If you have a physical disability, what are types of housing that have been successful for you?" Not only is this phrasing more empowering for the person being evaluated, it also gives an assessor more information that could be useful in the eligibility phase of triage.

Reword questions that are confusing or challenging for individuals and families completing the VI-SPDAT. Participants consistently identified several questions that created problems during evaluations. Some of these problems could be a minor phrasing substitution that could be addressed at a local level, but others are large enough that they should be addressed at OrgCode for the next edition of the VI-SPDAT. At the local level, the phrase 'drunk tank' had negative connotations for respondents, particularly those in tribal communities, and it could easily be substituted for a more technical and neutral term such as 'detox'. For problematic questions that should be addressed by OrgCode, we identified a major theme in three questions that appear to confuse people being assessed. Those questions are the set surrounding loss of housing due to: mental health, drug or alcohol use, and/or domestic violence. Asking individuals to connect behaviors and events to loss of housing appears to create both false positives and negatives as an individual's perception of their situation is not always the same as an assessor's. Along with these the HIV question was consistently mentioned as a source of confusion. Due to HIPAA requirements, there may be legal limitations to asking the HIV question more directly, but rewording it should still be considered. Finally, the question about risky behavior could also use rewording. Since so many different risky behaviors are included in the question, people being assessed often feel uncomfortable answering in the affirmative, fearing the assessor will attribute all the behaviors to them. For these questions, whether they are addressed locally or systemically, we recommend involving both assessors and people being assessed in a focus-group setting to test the wordings for

clarity and comfort. An additional resource is other CoCs who are using other tools, to see how they are phrasing similar challenging questions.

Work to address language barriers to ensure a person can be assessed in their preferred language. Ideally, an assessor who speaks a person's preferred language would conduct the assessment, in order to build rapport, and consequently get a more accurate result. However, we recognize this is not always possible. In these cases, we recommend a solution utilized in the Seattle/King County CoC: have a subscription to a language line, so any assessor is able to call in and get the assessment translated in real-time.

Provide training to standardize rapport between assessors and the people being assessed. Any assessment that asks people deeply personal questions about their vulnerabilities will contend with accuracy challenges. Establishing trust between the assessor and the person being assessed is important to ensure that the person being assessed conveys the most accurate information. Ideally, an assessor who already has a relationship with the person being assessed should deliver the VI-SPDAT. Absent of those relationships, there are ways for assessors to build rapport with persons being assessed by asking questions in a way that builds affinity and empathy. We suggest that CoCs invest in additional training for all assessors that includes practicing body language, tone, motivational interviewing, and listening skills. Additionally, standardized responses should be developed for when follow-up or explanations are needed. These changes would address the dual concern that there are often unequal levels of rapport between assessors and persons being assessed, and that rapport between assessors and individuals being assessed leads to more accurate scoring. In addition, in rural areas, participants reported that sometimes knowing people too well creates an environment where persons being assessed don't always feel comfortable answering questions. In that case, specific trainings and/or solutions should be developed to address this challenge.

Conduct a quantitative study. The recommendations we have provided above have been based on a thorough review of the literature and our qualitative research. While helpful, we believe that further quantitative studies should be conducted as data around the VI-SPDAT, implementation, and coordinated entry becomes available. Some of the areas we suggest investigating are: assessor qualities that may affect rapport, including time spent with the person being assessed; length of time between the person being assessed's entry to services and their assessment; the amount of training an assessor has had; how well the VI-SPDAT scores predict outcomes over-time; how well the banding of scores matches with allocation of appropriate levels of housing supports; and ideally, a quantitative longitudinal study that tracks the long-term outcomes of people initially assessed by the VI-SPDAT following initial housing interventions.

Conclusion

Through our interviews with assessors, housing access coordinators, and CoC coordinators in Minnesota, we gained insight into the challenges and successes of using the VI-SPDAT in Minnesota. We found that although there are some known issues and specific concerns, in general, the VI-SPDAT is doing what it is intended to do: prioritizing individuals and families for the limited housing intervention resources in the communities using the tool. Key issues identified included a lack of strengths-based questions, unclear or uncomfortable wording of questions, language barriers, and the effect of assessor rapport with the person being assessed on the accuracy of a person's score. Additionally, we found that some of the reported frustrations with VI-SPDAT may be attributable to the simultaneous (or near simultaneous) introduction of coordinated entry. Efforts should be made to address these issues separately.

Similarly, our conversations with program managers and CoC coordinators outside of Minnesota highlighted similar frustrations with the VI-SPDAT's lack of strengths-based questions and unclear questions, as well as issues with discrepancies that occur with self-reported tools that come with using any self-reported tool. Ultimately, we found that at least one of the out-of-state CoCs switched to the VI-SPDAT after initially using an alternative tool.

Therefore, we see no reason for the state of Minnesota to abandon the VI-SPDAT tool at this time, and rather recommend its continued utilization, with some of the above recommended changes. In the future, additional research may be able to examine quantitative data collected by Minnesota CoCs to determine if the VI-SPDAT is still adequately meeting the needs of Minnesotans experiencing homelessness and the CoCs that serve them.

References

Barrow, SM, Herman, DB, Córdova, P, Struening, E. (1999) Mortality among homeless shelter residents in New York City. American Journal of Public Health April 1999: Vol. 89, No. 4, pp. 529-534.doi: 10.2105/AJPH.89.4.529

Caton, C., Dominguez, B., Schanzer, B., Hasin, D. Shrount, P., Felix, A., McQuiston, H., Opler, A., Hsu, E. (2005). Risk Factors for Long-Term Homelessness: Findings From a Longitudinal Study of First-Time Homeless Single Adults. American Journal of Public Health: October 2005, Vol. 95, No. 10, pp. 1753-1759. doi: 10.2105/AJPH.2005.063321

Cheng, C., Kinyanjui, J., Qui, T., & Wahlberg, A. (2016). *An Analysis of Single-Adult Chronic Homelessness in Hennepin County* (Unpublished master's thesis). University of Minnesota.

Culhane, D.P., Parker, W. D., Poppe, B., Gross, K.D., and Sykes, E. (2007). Accountability, Cost-Effectiveness, and Program Performance: Progress Since 1998. 2007 National Symposium on Homelessness Research. Retrieved from:
http://repository.upenn.edu/cgi/viewcontent.cgi?article=1116&context=spp_papers

Curtis, M., Corman, H., Noonan, K., Reichman, N. (2014). Maternal Depression as a Risk Factor for Family Homelessness. American Journal of Public Health: September 2014, Vol. 104, No. 9, pp. 1664-1670. doi: 10.2105/AJPH.2014.301941

Ginzler, J.A. and Monroe-DeVita M. (2010). Downtown Emergency Service Center's Vulnerability Assessment Tool for Individuals Coping with Chronic Homelessness: A Psychometric Analysis. The Washington Institute for Mental Health Research & Training. Retrieved from:
http://www.desc.org/documents/DESC%20VAT%20WIMHRT%20final%20report%20031510.pdf?formkey=dFV3blJTM2pIMTJ2Qno2bmt3ZWlNZEE6MQ

Graybeal, Clay. (2001). Strengths based social work assessment: Transforming the dominant paradigm. Families in Society: The Journal of Contemporary Human Services 82 (3), pp. 233 - 242. Retrieved from http://familiesinsocietyjournal.org.ezp1.lib.umn.edu/doi/pdf/10.1606/1044-3894.236.

Hwang, Stephen. (2001). Homelessness and Health. Canadian Medical Association Journal, January 23 2001: Vol. 64, No 2, pp 229-233.

Leopold, J. and Ho, H. (2015). Evaluation of the 100,000 Homes Campaign: Assessing the Campaign's Effectiveness in Housing the Chronically and Vulnerable Homeless. Urban Institute.

Retrieved from: http://www.urban.org/sites/default/files/publication/44391/2000148-Evaluation-of-the-100000-Homes-Campaign.pdf

Minnesota Housing Finance Agency. (2016). Minnesota coordinated entry system policies and procedures framework. Retrieved from http://www.mnhousing.gov/wcs/Satellite?blobcol=urldata&blobheadername1=Content-Type&blobheadername2=Content-Disposition&blobheadername3=MDT-Type&blobheadervalue1=application%2Fpdf&blobheadervalue2=attachment%3B+filename%3DMHFA_1031625.pdf&blobheadervalue3=abinary%3B+charset%3DUTF-8&blobkey=id&blobtable=MungoBlobs&blobwhere=1361480807298&ssbinary=true.

Rice, Eric. (2013). Transition Age Youth Triage Tool. Corporation for Supportive Housing. Retrieved from: http://www.csh.org/TAYTriageTool

Shinn, M., Greer, A., Bainbridge, J., Kwon, J. and Zuiderveen, S. (2013). Efficient targeting of homelessness prevention services for families. *American Journal of Public Health* 03 (S2), pp. 324-S330.

Schoenfeld, E.A. (2013). Self-Sufficiency Matrix Data Standards. Youth and Family Alliance Life Works. Retrieved from: http://austinecho.org/wp-content/uploads/2014/01/LifeWorks-SSOM-Handbook_FINAL.pdf

Susser, E., Moore, R., Link, B.; Risk Factors for Homelessness. Epidemiol Rev 1993; 15 (2): 546-556. doi: 10.1093/oxfordjournals.epirev.a036133

U.S. Department of Housing and Urban Development (2016). HUD 2016 Continuum of Care Homeless Assistance Programs: Housing Inventory Count Report. Retrieved from: https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_MN_2016.pdf

U.S. Department of Housing and Urban Development (2016). HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. Retrieved from: https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_MN_2016.pdf

U.S. Department of Housing and Urban Development (2015). Coordinated Entry Policy Brief. Retrieved from: https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

U.S. Department of Housing and Urban Development Office of Policy Development and Research (2015). Assessment Tools for Allocating Homelessness Assistance: State of the Evidence. Retrieved from:
http://www.huduser.gov/portal/publications/pdf/assessment_tools_Convening_Report2015.pdf

U.S. Department of Housing and Urban Development. (2014). CPD-14-012: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. Retrieved from https://portal.hud.gov/hudportal/documents/huddoc?id=14-12cpdn.pdf.

U.S. Department of Housing and Urban Development. (2012). 24 CFR Part 578: Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program, Interim rule. Retrieved from
https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf.

U.S. Department of Housing and Urban Development Office of Policy Development and Research (2012). Linking Housing and Health Care Works for Chronically Homeless Persons. *Evidence Matters* (Summer 2012). Retrieved from:
https://www.huduser.gov/portal/periodicals/em/summer12/highlight3.html#title

U.S. Department of Housing and Urban Development. (2011). 24 CFR Parts 1 and 576: Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan Conforming Amendments, Interim rule. Retrieved from
https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf.

U.S. Department of Housing and Urban Development. (n.d.) Continuum of Care (CoC) Program Requirements. Retrieved from https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/.

Van den Bree, M., Shelton, K., Bonner, A. Moss, S., Thomas, H., Taylor, P. (2009). A Longitudinal Population-Based Study of Factors in Adolescence Predicting Homelessness in Young Adulthood. Journal of Adolescent Health, 2009-12-01, Volume 45, Issue 6, Pages 571-578.

Wilder Research (2016). Homelessness in Minnesota: Findings from the 2015 Minnesota Homelessness Study. Retrieved from:
http://mnhomeless.org/pdfs/2015HomelessnessInMinnesota_11-16.pdf.

Wilkins, C. Burt, M.R., Mathews, N., and Spellman, B. (2014). Brief #2. Rapid Re-Housing for homeless Families Demonstration Program: The Role of Assessment Tools. Retrieved from: https://www.huduser.gov/portal/sites/default/files/pdf/RRHD-Brief-2.pdf

Winkleby, M. A., & Boyce, W. T. (1994). Health-related risk factors of homeless families and single adults. Journal of Community Health, 19(1), 7-23. DOI: 10.1007/BF02260518

Appendix A. Comparative Tool Overview

Alliance Coordinated Assessment Tool Set

Summary: The Alliance Coordinated Assessment Tool Set is a housing prioritization tool developed by the National Alliance to End Homelessness, a US based organization. It includes pre-screening questions, prevention and diversion questions, and population specific questions, as well as more traditional elements such as a housing prioritization tool and a modified version of the vulnerability index (VI).[70] To keep waiting lists short and quickly house high-priority households, the tool utilizes a dynamic waiting list process.[71]

Purpose	Scoring Scale	Use of Score	Background	Strengths	Challenges	Communities Using
Identify the needs of and prioritize households for emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing.	Two questions use color codes (green, yellow, orange, and red). The rest use numerical scores. A worksheet at the end of the tool combines these to produce a prioritization score.	Score is used to prioritize the person or household for each housing intervention.	Developed by the National Alliance to End Homelessness.	Adaptable, encourages removal or alteration of questions and sections to best fit the needs of a community. Includes questions for specific populations.	Scoring is a complicated system of color codes and numerical scores, which indicate appropriate services.[72]	Unknown - The tool is available to download for free from the National Alliance to End Homelessness website.

[70] http://www.endhomelessness.org/library/entry/alliance-coordinated-assessment-tool-set
[71] http://www.endhomelessness.org/library/entry/priority-waiting-list-spreadsheet
[72] http://www.endhomelessness.org/page/-/files/Comprehensive%20Assessment%20Tool.pdf

Arizona Self-Sufficiency Matrix

Summary: The Arizona Self-Sufficiency Matrix was a product from the Arizona Evaluation Project on Homelessness, a collaboration between the State of Arizona and the Virginia G. Piper Charitable Trust.[73] The Arizona Evaluation Project on Homeless developed to address the need to improve measurement of program impacts at the client level.[74] The Arizona Self-Sufficiency Matrix was one of several variations used by agencies across the state and was the only to pass with acceptable levels of reliability and validity in the study.[75] Originally developed to be completed jointly by client and case manager/staff but some alterations of the tool require that the tool be completed solely by the staff to ensure the tool's reliability.[76] Although the tool was originally developed to evaluate program impact and progress for clients,[77] some agencies have used the tool as part of agency assessment process.[78] These agencies have not used the tool to score/rank clients but to assist with development of service plans with clients.[79]

Purpose	Scoring Scale	Use of Score	Background	Strengths	Challenges	Communities Using
Emerged to evaluate program impact and client progress.	The matrix contains 18 domains each scored on a 1 to 5 scale (crisis to empowered, respectively).	The tool evaluates program impact for individual clients.	Product of the Arizona Evaluation Project on Homelessness	Tool is strengths based and can be used for ongoing assessment of program impact.	Tool was not developed to prioritize clients.	Multiple

---

[73] Schoenfeld, 2013
[74] Culhane et al., 2007
[75] Culhane et al., 2007
[76] Schoenfeld, 2013
[77] Culhane et al., 2007
[78] Wilkins et al., 2014
[79] Wilkins et al., 2014

Coordinated Access Housing Assessment and Prioritization Tool

Summary: Houston implemented its coordinated entry tool in 2014 during the community's initial roll-out of coordinated assessment. Houston's utilizes the same two-tiered too for singles, youth, and families. The first portion of the tool assesses the client's eligibility as chronically homeless and for available resources in the community and the second portion of the tool prioritizes clients within housing waitlists. Houston only utilizes the coordinated entry tool to prioritize permanent supportive housing and rapid-rehousing resources; the community does not utilize the coordinated entry to offer transitional or emergency housing. Individuals, families, and youth who qualify as chronically homeless are prioritized for permanent supportive housing. Both permanent supportive housing and rapid re-housing are prioritized using scores generated by the second tier of Houston's Triage tool. If no chronically homeless individuals, youth, or families qualify for the available permanent supportive housing, the qualified client with the highest waiting list score off of the rapid-rehousing list can access the available permanent housing resource. Until December of 2016, Houston utilized the VI for the second prioritization portion of their coordinated entry tool. After incorporating feedback from providers in the community, Houston now utilizes its own prioritization tool and no longer uses the VI. The tool is coordinated through the community's HMIS system.

Purpose	Scoring Scale	Use of Score	Background	Strengths	Challenges	Communities Using
To identify chronically homeless families, youth, and singles, eligibility for available resources and prioritize housing waiting lists.	Wait list is prioritized using client's score. Chronically homeless clients receive a higher starting score than those who do not qualify as chronically homeless.	To assess housing eligibility and prioritize permanent supportive housing and rapid re-housing waitlists.	The Housing Prioritization Tool developed in response to limitations of the VI to adequately identify vulnerabilities of clients experiencing homelessness	Score linked with HMIS. Same tool utilized for all housing resources and singles, families, and youth.	The Housing Prioritization Tool adapted to meet the specific needs of population served by the Houston CoC. Requires homelessness verification to determine chronically homeless eligibility.	Houston

Coordinated Entry Vulnerability Assessment Tool[80]

Summary: The Coordinated Entry Vulnerability Assessment Tool is a tool designed and utilized by the Boston CoC to prioritize housing resources for individuals experiencing homelessness. Coordinated entry for families occurs at the state level and, as a result, Boston does not use the tool for families seeking housing resources.

Purpose	Scoring Scale	Use of Score	Background	Strengths	Challenges	Communities Using
To identify vulnerabilities for individuals seeking housing in the Boston CoC	Each question includes answers with assigned point values. Many questions include multiple answer with decreasing point values	To prioritize housing resources	Developed in Boston	Several questions provide multiple answers to better capture the nuanced experiences of those being assessed.	Tool is only developed for individuals.	Boston

---

[80] http://www.mass.gov/hed/housing/stabilization/continuum-of-care-programs.html

DESC Vulnerability Assessment Tool[81]

Summary: The DESC Vulnerability Assessment Tool provides a structured way of measuring individual's vulnerability to continued instability. By rating a person's level of functioning or severity of condition across 10 domains, a comprehensive assessment of vulnerability can be reached and then compared with vulnerability assessments of other people experiencing homelessness. The assessment process entails a structured interview followed by completion of the rating scales. Starting June 2016, DESC will no longer be accepting referrals for Vulnerability Assessment interviews. All housing referrals to DESC will be centralized through King County's Coordinated Entry system as part of King County's implementation of Coordinated Entry for All (CEA).

Purpose	Scoring Scale	Use of Score	Background	Strengths	Challenges	Communities Using
To measure individual's vulnerability to continued instability.	Ten separate domains each scored on a 1 to 5 scale	For determining eligibility and allocating services and housing for homeless adults	Originally was developed in 2003 by a group of staff familiar with the needs and characteristics of the chronic homeless population served in DESC's shelter, housing, mental health, and substance abuse programs.	Questions are strengths based	Only serve homeless adults	Seattle

---

[81] http://www.desc.org/documents/06.30.2015.DESC.Intro_to_Vulnerability_Assessment_Tool.incl%20VAT%20&%201-page%20validity.pdf

Silicon Valley Triage Tool

Summary: The Silicon Valley Triage Tool was developed in 2015 out of a study with an interest in the public costs of homelessness. The tool identifies individuals who are likely to be high cost users of public funds with the idea that those who are most vulnerable will benefit from these interventions, and the public will benefit from saving money and resources. This will hopefully produce better outcomes for those receiving interventions, while spending less money. To achieve this, the tool uses 38 pieces of administrative information to produce a probability score, which predicts the likelihood of that individual becoming a high cost user of public funds.

Purpose	Scoring Scale	Use of Score	Background	Strengths	Challenges	Communities Using
Providing interventions to the most vulnerable to achieve better outcomes while spending less.	Probability score of 0.01 to 0.99, which gives the probability that the person will continue to be a high cost user.[82]	Higher probability scores indicate increased likelihood of being among the top 10% of high cost service users. Two cut-off points were established: 0.37 and 0.53	Product of a 2015 study by Destination: Home.	Studies support the accuracy of the tool. Able to use within a database or with an individual.	Requires detailed health and justice data, and the cooperation of those agencies.	Santa Clara County, CA

---

[82] http://destinationhomescc.org/wp-content/uploads/2016/02/Triage-Tool-Report-FINAL-2-10-2016.pdf

Transition Age Youth Tool [83]

Summary: The TAY tool provides a quick, research-backed tool to help determine which youth are most at risk for becoming long-term homeless. Scores are then used to prioritize youth for housing services. Particularly interesting because it was developed out of research on what factors lead youth to become long-term homeless, and then was tested in practice to see if there was a correlation between high scorers and youth who experienced long-term homelessness, and the tool was found to be statistically reliable. TAY is widely promoted by its creating organization, and is available for use for free[84] by other organizations and localities, including online trainings and reports.

Purpose	Scoring Scale	Use of Score	Background	Strengths	Challenges	Communities Using
Tool developed to prioritize homeless youth for housing services	0-6	Used to prioritize housing services for youth	Developed in 2013, by Eric Rice, PhD, with the assistance of a team of researchers. This tool was developed with consultation from housing & services providers for homeless youth and stakeholders from youth systems of care.	Quick, easy to use, relatively non-invasive. Each question is backed up, and it is clear why each question is being asked. Can be incorporated easily as part of a larger intake process	Scoring isn't consistent across geographies.	Many

---

[83] http://www.csh.org/wp-content/uploads/2014/02/TAY_TriageTool_2014.pdf
[84] http://www.csh.org/TAYTriageTool

VI-SPDAT[85]

Vulnerability Index - Service Prioritization Decision Assistance Tool

Summary: Currently used by CoCs in Minnesota, the VI-SPDAT provide separate assessments for single adults, families, and youth. Usually administered by shelter staff when housing seekers experiencing homelessness enter shelter, the VI-SPDAT assesses self-reported person experiences in the areas of housing and homelessness history, risks, socialization and daily functioning, and wellness.

Purpose	Scoring Scale	Use of Score	Background	Strengths	Challenges	Communities Using
Pre-screening tool to determine person's vulnerability while assisting with housing services prioritization decisions.	0-17	Score within ranges used to assign recommendations, communities may adjust: 0-3: No housing intervention 4-7: Rapid Re-housing assessment 8+: Permanent Supportive Housing assessment	The VI and SPDAT were developed separately. Originally developed by Community Solutions, the VI assesses a person's vulnerability. Developed by OrgCode Consulting in 2011, the SPDAT is a housing service prioritization tool.	Relatively quick to administer. Broad ranges of scoring seem to accurately identify person's housing service needs.	The entire VI-SPDAT has not been assessed for validity or reliability. Assessors often report issues with wording of questions. Individuals experiencing chronic homelessness score low.	1,000+ communities 40 states, including Minnesota, also used in Canada and Australia

---

[85] http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf

Appendix B. Participants Interviewed

Minnesota

One-on-One Interviews

CoC	Role	Population Served	Region
Hennepin	Assessor	Single Adults	Urban
Hennepin	Assessor	Single Adults	Urban
Hennepin	Assessor	Single Adults	Urban
Hennepin	Assessor	Families	Urban
Hennepin	Assessor	Youth	Urban
Hennepin	Housing Access Coordinator	Single Adults	Urban
Hennepin	Housing Access Coordinator	Families	Urban
Hennepin	Program Manager	Youth	Urban
SMAC	Assessor	Single Adults, Families, Youth	Suburban
SMAC	Assessor	Single Adults, Families	Suburban
SMAC	Housing Access Coordinator	Single Adults, Families, Youth	Suburban
Northwest	Assessor	Single Adults, Families	Rural
Northwest	Assessor	Youth	Rural
Northwest	Housing Access Coordinator	Single Adults, Families, Youth	Rural

Minnesota		
Focus Group		
CoC	Role	Region
Hennepin	CoC Coordinator	Urban
Ramsey	CoC Coordinator	Urban
SMAC	CoC Coordinator	Suburban
Northwest/West Central	CoC Coordinator	Rural
St. Louis	CoC Coordinator	Rural
Central	CoC Coordinator	Rural
Southeast	CoC Coordinator	Rural

Out-of-State			
One-on-One Interviews			
CoC	Role	Population Served	Region
Seattle/King County (VI-SPDAT)	Assessor	Single Adults, Families, Youth	Urban, Suburban, Rural
Seattle/King County (VI-SPDAT)	Program Manager	Single Adults, Families, Youth	Urban, Suburban, Rural
Houston (Coordinated Access Housing Assessment and Prioritization Tool)	CoC Professional	Single Adults, Families, Youth	Urban

Appendix C. Interview Guide for Minnesota CoCs: Assessors

Topics: Provider Experience with the VI-SPDAT and Alternative Coordinated Entry Assessment Tools

Brief Introduction of the project:

Hello! First, let me begin by introducing myself and sharing what I am looking to learn from you. I am a graduate student at the Humphrey School of Public Affairs at the University of Minnesota. My name is [XXX]. I am part of a team of graduate students collaborating with Hennepin County and Minnesota Housing Finance Agency researching Minnesota Coordinated Entry System assessors and housing access and prioritization list coordinators' experience with the VI-SPDAT Coordinated Entry triage tool. We're interested in hearing from you and hope to learn more about how you utilize the VI-SPDAT to connect clients with housing stability resources. I want to remind you that you are under no obligation to answer any of our questions, and you may leave or end the interview at any time. All study records will be kept confidential, and participants will not be identified by name in any study reports. The final research report will be shared with University of Minnesota, Hennepin County Office to End Homelessness and Minnesota Housing on behalf of the Statewide Coordinated Entry Work Group, and at this preliminary point, I cannot be sure what the research will reveal and whether it will be useful in informing policy decisions.

Are you still willing to talk with me about your experiences with the VI-SPDAT and alternative housing assessment tools?

Thank you for your willingness to let me learn from you! I will be audio recording our chat today. Is that okay with you?

Establish Rapport/Broad Scope (5-10 minutes)
1) Tell me about your job. What do you do? (Probes: job title, responsibilities, everyday activities)

2) How long have you worked in this position?

3) Which CoC shelter are you working at? (Probes: geographic location-rural/urban/suburban, shelter focus)

4) What kind of clients do you serve? (Probes: demographics, subpopulations, mental health state)

5) Do housing assessment tools in general help you do your work? Why or why not?

Topic: Perception of the VI-SPDAT Administration/Delivery (20 minutes)
6) What are the requirements to enter the shelter? (probes: time requirements - how long someone has experienced homeless, supply (availability of beds))

7) When, where, how do you administer the tool? (Probes: how long after an individual has become homeless? How long after someone comes to shelter?)
   a) What are the access points for people to the VI-SPDAT? (probes: Do they come to shelter? Are they administered the VI-SPDAT on the street by the street outreach team? Do they have to physically be at shelter?)

8) What is your process/steps of delivering the VI-SPDAT? Walk me through how you perform a VI-SPDAT assessment with a client. (Probes: how do you greet your client? are you with them in-person? how do you begin? how do you know which client to interview?... and then what do you do?)

9) Can you highlight any successes/challenges that you have experienced when using the VI-SPDAT (keeping identifying information of client confidential)?
   a) What questions are difficult to collect data? What do you do if someone isn't accurately representing their situation? Can you give me an example?
   b) If someone refuses to answer some or all of the questions, what do you do? (Probes: what do you do if someone refuses to complete the VI-SPDAT, what if someone is not in a good state of mind to answer?)

10) What is your experience delivering the VI-SPDAT to different populations? (Probes: can you give me an example, trends with POC, domestic violence survivors, youth, families, single adults, etc.)
    a) How does your identity affect your administration of the VI-SPDAT? (Probes: people of color, LGBTQ)

11) Does your agency use any supplementary questions? If yes, which ones?
    a) Do you use any administrative data to supplement the VI-SPDAT?

12) How much documentation do you complete when administering the VI-SPDAT? (Probes: How long does it take you to complete the VI-SPDAT for individual/family? Do you see it as efficient?)

13) How does delivering the VI-SPDAT fit in with your other job responsibilities?

Topic: Perception of the VI-SPDAT Reliability and Accuracy (30 minutes)
14) What qualities do you think a housing assessment tool should have? Could you please name the top 3 you think the most important? (Probes: general characteristics - quick to complete, culturally competent, comfortable for person being assessed, easy to understand, clear, fair, etc.)
    a) Does the VI-SPDAT have those qualities you just mentioned? If not, why? Give me examples.

15) *What risk factors are most important to include in a housing assessment tool to meet the needs of individuals and families seeking housings? Could you please name the top 3 you think the most important? (Probes: physical health, mental health, substance use, social behaviors, medical risks, criminal justice, eviction))
   a) Does the VI-SPDAT have those criteria you just mentioned? If not, why? Give me examples.

16) How accurate do you think the VI-SPDAT is to prioritize people for housing services? Give me examples. (Probes: Do you think the questions are clear? Are your clients able to relate their personal experience to the questions?) Note: It's possible participants will mention accuracy as a quality in 14. - if they do, start with, "I noticed you mentioned that you value accuracy in an assessment tool. How accurate do you think…".

17) How do the VI-SPDAT scores correlate with individuals and families' needs?

18) Would you change anything about the VI-SPDAT? If yes, what would you change?

Topic: VI-SPDAT Training (10 minutes)
19) When did you start to use the VI-SPDAT?

20) How did you learn how to use the VI-SPDAT? (Probes: from another coworker, from training, information on intranet, from another job position you previously held)
   a) What type of training did you receive? From whom? Do you think it is enough?

21) Does your department have formal policies and procedures on how to use the VI-SPDAT?

22) As an assessor, what support do you receive? Is it sufficient?

Topic: Perception of alternative housing assessment tools (10 minutes)
23) Have you used other tools before? If yes, what other tools have you used? Do you like/dislike it? Why?
   a) Can you compare the tool you mentioned with the VI-SPDAT? (Probes: convenience, accuracy, fairness, etc.)

24) Have you used the VI-SPDAT and other different tools altogether? If yes, do you like/dislike it? Why?
   a) Can you compare the experience of using multiple tools altogether with the experience of using the VI-SPDAT alone? (Probes: convenience, accuracy, fairness, etc.)

Wrap-up (5-10 minutes)

Is there anything you would like to add that you haven't spoken about? What questions should we have asked?

Appendix D. Interview Guide for Minnesota CoCs: Housing Access Coordinators

Topics: Provider Experience with VI-SPDAT and Alternative Coordinated Entry Assessment Tools

Brief Introduction of the project:

Hello! First, let me begin by introducing myself and sharing what I am looking to learn from you. I am a graduate student at the Humphrey School of Public Affairs at the University of Minnesota. My name is [XXX]. I am part of a team of graduate students collaborating with Hennepin County and Minnesota Housing Finance Agency researching Minnesota Coordinated Entry System assessors and housing access and prioritization list coordinators' experience with the VI-SPDAT Coordinated Entry triage tool. We're interested in hearing from you and hope to learn more about how you utilize the VI-SPDAT to connect clients with housing stability resources. I want to remind you that you are under no obligation to answer any of our questions, and you may leave or end the interview at any time. All study records will be kept confidential, and participants will not be identified by name in any study reports. The final research report will be shared with University of Minnesota, Hennepin County Office to End Homelessness and Minnesota Housing on behalf of the Statewide Coordinated Entry Work Group, and at this preliminary point, I cannot be sure what the research will reveal and whether it will be useful in informing policy decisions.

Are you still willing to talk with me about your experiences with the VI-SPDAT and alternative housing assessment tools?

Thank you for your willingness to let me learn from you! I will be audio recording our chat today. Is that okay with you?

Establish Rapport/Broad Scope (5-10 minutes)
1) Tell me about your job. What do you do? (Probes: job title, responsibilities, everyday activities)

2) How long have you worked in this position?

3) Which CoC are you working at? (Probes: geographic location-rural/urban/suburban)

4) What kind of clients do you serve? (Probes: demographics, subpopulations, mental health state)

5) As a waitlist manager/housing referral coordinator, what assessment tools do you use to prioritize/determine eligibility around client's access to housing services?

6) Do housing assessment tools in general help you do your work? Why or why not?

7) Has your job changed due to the use of the VI-SPDAT? If so, how?

Topic: Perception of the VI-SPDAT Reliability and Accuracy (30 mins)
1) What qualities do you think a housing assessment tool should have? Could you please name the top 3 you think the most important? (Probes: general characteristics - quick to complete, culturally competent, comfortable for person being assessed, easy to understand, clear, fair, etc.)
    a) Does the VI-SPDAT have those qualities you just mentioned? If not, why? Give me examples.

2) What risk factors are most important to include in a housing assessment tool to meet the needs of individuals and families seeking housings? Could you please name the top 3 you think the most important? (Probes: physical health, mental health, substance use, social behaviors, medical risks, criminal justice, eviction)

3) Does the VI-SPDAT have those criteria you just mentioned? If not, why? Give me examples.

4) How accurate do you think the VI-SPDAT is to prioritize people for housing services? Give me examples.
    Note: It's possible participants will mention accuracy as a quality in 15. - if they do, start with, "I noticed you mentioned that you value accuracy in an assessment tool. How accurate do you think…".

5) How do VI-SPDAT scores correlate with individuals and families' needs?

6) How does it correlate with different subpopulations? (Probes: trends with POC, domestic violence survivors, youth, families, single adults)

7) How is the VI-SPDAT used to prioritize services for folks on the waitlist? (Probes: follow up steps, contact, response time, networks, programs such as rapid rehousing)

8) How do resources available in each CoC influence the usage of the VI-SPDAT?

9) Would you change anything about the VI-SPDAT? If yes, what would you change?

Topic: Perception of the VI-SPDAT Administration/Delivery (low priority-20 mins)
10) When, where, how do assessors in your organization administer the tool? (Probes: how long after an individual has become homeless? How long after someone comes to shelter?)

11) How do people get access to the coordinated entry? (probes: Do they come to shelter? Are they administered the VI-SPDAT on the street by the street outreach team? Do they have to physically be at shelter?)

12) Can you highlight any successes/challenges that you have experienced when using the VI-SPDAT (keeping identifying information of client confidential)? (Probes: can you give me an example, trends with POC, domestic violence survivors, youth, families, single adults, etc.)

13) Does your organization use any supplementary questions? If so, which ones?

14) How do you use the answers you collect?

15) Do you use any administrative data to supplement the VI-SPDAT?

Topic: VI-SPDAT Training
1) When did you start to use the VI-SPDAT?

2) How did you learn how to use the VI-SPDAT? (Probes: from another coworker, from training, information on intranet, from another job position you previously held)

3) What type of training did you receive? From whom? Do you think it is enough?

4) Does your department have formal policies and procedures on how to use VI-SPDAT?

Wrap-up (5-10 minutes)
Is there anything you would like to add that you haven't spoken about? What questions should we have asked?

Appendix E. Interview Guide for Out-Of-State Participants

Topics: Provider Experience with the VI-SPDAT and Alternative Coordinated Entry Assessment Tools

Brief Introduction of the project:

Hello! First, let me begin by introducing myself and sharing what I am looking to learn from you. I am a graduate student at the Humphrey School of Public Affairs at the University of Minnesota. My name is [XXX]. I am part of a team of graduate students collaborating with Minnesota Hennepin County and Minnesota Housing Finance Agency researching Minnesota Coordinated Entry System assessors and housing access and prioritization list coordinators' experience with Coordinated Entry assessment tools. We're interested in hearing from you and hope to learn more about how you utilize the Coordinated Entry tools to connect clients with housing stability resources in your city. I want to remind you that you are under no obligation to answer any of our questions, and you may leave or end the interview at any time. All study records will be kept confidential, and participants will not be identified by name in any study reports. The final research report will be shared with University of Minnesota, Minnesota Hennepin County Office to End Homelessness and Minnesota Housing on behalf of the Statewide Coordinated Entry Work Group, and at this preliminary point, I cannot be sure what the research will reveal and whether it will be useful in informing policy decisions.

Are you still willing to talk with me about your experiences with Coordinated Entry Assessment Tools?

Thank you for your willingness to let me learn from you! I will be audio recording our chat today. Is that okay with you?

Establish Rapport/Broad Scope - for everyone

1. Tell me about your job. What do you do? (Probes: job title, responsibilities, everyday activities)

2. How long have you worked in this position?

3. Which organization (CoC/shelter) are you working at? (Probes: geographic location-rural/urban/suburban, shelter focus)

4. What kind of clients do you serve? (Probes: demographics, subpopulations, mental health state)

5. What housing assessment tools are you currently using to connect clients with housing stability resources?

Topic: Background of the TOOL
6. How was the tool developed/selected? Why did you choose this tool over others? - high level staff

7. How is the tool being used? (Probes: What population? Manuals?) –all
   a. One manual for all? Or multiple manuals for different subpopulations like family/individual/the youth?-all

8. Has your job changed due to the use of the TOOL? If so, how?-all

Topic: Perception of the TOOL Reliability and Accuracy
9. What qualities do you think a housing assessment tool should have? Could you please name the top 3 you think the most important? (Probes: general characteristics - quick to complete, culturally competent, comfortable for person being assessed, easy to understand, clear, fair, etc.) -for all
   a. Does the TOOL you are using have those qualities you just mentioned? If not, why? Give me examples.
   b. How accurate do you think the TOOL is to prioritize people for housing services? Give me examples.
   Note: It's possible participants mention accuracy as a quality. - if they do, start with, "I noticed you mentioned that you value accuracy in the assessment tool. How accurate do you think…"?

10. What risk factors are most important to include in a housing assessment tool to meet the needs of individuals and families seeking housings? Could you please name the top 3 you think the most important? (Probes: physical health, mental health, substance use, social behaviors, medical risks, criminal justice, eviction) -for all
    a. Does the TOOL you are using have those criteria you just mentioned? If not, why? Give me examples.

11. How do the TOOL scores correlate with individuals and families' needs? -all
    a. How does it correlate with different subpopulations? (Probes: trends with POC, domestic violence survivors, youth, families, single adults)

12. How is the TOOL used to prioritize services for folks on the waitlist? (Probes: follow up steps, contact, response time, networks, programs such as rapid rehousing) -high level staff

13. Would you change anything about the TOOL? If yes, what would you change?-all

Topic: Perception of the TOOL Administration/Delivery (20 minutes)
14. When, where, how do you administer the TOOL? (Probes: how long after an individual has become homeless? How long after someone comes to shelter?)- for all

      a. What are the access points for people to the TOOL? (probes: Do they come to shelter? Are they administered the TOOL on the street by the street outreach team? Do they have to physically be at shelter?)

15. What is your process/steps of delivering the TOOL? Walk me through how you perform a TOOL assessment with a client. (Probes: how do you greet your client? are you with them in-person? -how do you begin? how do you know which client to interview?... and then what do you do?) -assessors

16. Can you highlight any successes/challenges that you have experienced when using the TOOL (keeping identifying information of client confidential)?-all
      a. What questions are difficult to collect data? What do you do if someone isn't accurately representing their situation? Can you give me an example?-assessors
      b. If someone refuses to answer some or all of the questions, what do you do? (Probes: what do you do if someone refuses to complete the TOOL, what if someone is not in a good state of mind to answer?)-assessors

17. What is your experience delivering the TOOL to different populations? (Probes: can you give me an example, trends with POC, domestic violence survivors, youth, families, single adults, etc.)-assessors
      a. How does your identity affect your administration of the TOOL? (Probes: people of color, LGBTQ)

18. Does your agency use any supplementary questions? If yes, which ones?-all
      a. How do you use the answers you collect? -high level
      b. Do you use any administrative data to supplement the TOOL? -high level

19. How much documentation do you complete when administering the TOOL? (Probes: How long does it take you to complete the TOOL for individual/family? Do you see it as efficient?) - assessors

Topic: Perception of alternative housing assessment tools-all
20. Have you used other tools before (like the VI-SPDAT)? If yes, what other tools have you used? Do you like/dislike it? Why?
      a. Can you compare the tool you mentioned with the TOOL you are currently using? (Probes: convenience, accuracy, fairness, etc.)

21. Have you used multiple tools altogether? If yes, do you like/dislike it? Why?
      a. Can you compare the experience of using multiple tools altogether with the experience of using the TOOL alone? (Probes: convenience, accuracy, fairness, etc.)

Wrap-up (5-10 minutes)
Is there anything you would like to add that you haven't spoken about? What questions should we have asked?

Appendix F. Focus Group Guide

Topics: Provider Experience with VI-SPDAT and Alternative Coordinated Entry Assessment Tools

Brief Introduction of the project:

Hello! First, let us begin by sharing who we are and what we are looking to learn from you. My name is [XXX], and this is [XXX]. We are graduate students at the Humphrey School of Public Affairs at the University of Minnesota. We are part of a team of graduate students collaborating with Hennepin County and Minnesota Housing Finance Agency researching Minnesota Coordinated Entry System assessors and housing access and prioritization list coordinators' experience with the VI-SPDAT Coordinated Entry triage tool. We're interested in hearing from you and hope to learn more about how you utilize the VI-SPDAT to connect clients with housing stability resources. I want to remind you that you are under no obligation to answer any of our questions, and you may leave the focus group at any time. All study records will be kept confidential, and participants will not be identified by name in any study reports. However, due to your participation in this focus group, your comments may be identifiable by others in this group. The final research report will be shared with University of Minnesota, Hennepin County Office to End Homelessness and Minnesota Housing on behalf of the Statewide Coordinated Entry Work Group, and at this preliminary point, we cannot be sure what the research will reveal and whether it will be useful in informing policy decisions.

We ask that everything discussed during our time together today is considered confidential, and that you do not share what was talked about today with anyone else.

Are you still willing to talk with us about your experiences with VI-SPDAT and Alternative Coordinated Entry Assessment Tools?

Thank you for your willingness to let us learn from you! During our conversation today I am going to take the lead in asking questions and facilitating our conversation, and [XXX] will take notes. Is that okay with everyone?

Thank you for your willingness to let me learn from you! I will be audio recording our chat today. To better identify the speaker, could everyone please always identify themselves before they speak?

Okay! I will Let's get started by going around the room and introducing ourselves.

Establish Rapport/Broad Scope

In a circle, ask every participant to individually introduce themselves one by one and to briefly answer the following questions:

1. Which CoC are you working at? (Probes: geographic location-rural/urban/suburban)

2. How long have you worked in this position?

3. How long has your CoC used the VI-SPDAT?

The rest of these questions would be asked of the whole group in a free-flowing conversational setting:

Topic: Community Work and Perception of the VI-SPDAT

4. How does your CoC coordinate services?
    a. Does the VI-SPDAT help your CoC coordinate services? If so, how? If not, why?

5. How does the VI-SPDAT play into your ability to coordinate all other programs/services? (Probes: programs, funding streams, information sharing, interaction with HUD)

6. What qualities do you think a housing assessment tool should have? Could you please name the top 3 you think the most important? (Probes: general characteristics - quick to complete, culturally competent, comfortable for person being assessed, easy to understand, clear, fair, etc.)

7. What risk factors are most important to include in a housing assessment tool to meet the needs of individuals and families seeking housings? Could you please name the top 3 you think the most important? (Probes: physical health, mental health, substance use, social behaviors, medical risks, criminal justice, eviction)

8. Do you feel your CoC/community has needs different from other CoCs that influence the effectiveness of the VI-SPDAT?

Topic: Coordinators' understand of lower level staff' work

9. What have you heard from assessors in your community about the VI-SPDAT?

10. From our previous one-on-one interviews with assessors and housing access coordinators, several topics were brought up frequently. We'd love to share what we're hearing with you, and hear your own comments as well.

a. We have heard a lot from assessors and housing access coordinators about the phrasing of the questions of the VI-SPDAT, is this something you have heard about or experienced in your CoC?

Probes: More specially, we've heard that the language in various questions is difficult for people being assessed to understand (For example, the language of being abused, HIV question, etc.)

b. We have heard a lot from assessors and housing access coordinators about cultural barriers relating to the VI-SPDAT, is this something you have heard about or experienced in your CoC?

Probes: More specifically, we've heard that certain ideas or conceptions in the VI-SPDAT don't necessarily translate for people from other cultures (For example, Assessors have had challenges explaining to Hmong Families that doubling up while on waiting lists for housing makes them ineligible for services.)

- Or, when words are translated into other languages, the concepts are not translated well

c. We have heard a lot from assessors and housing access coordinators about the role that assessors' rapport with the person or family being assessed plays in the administration of the VI-SPDAT, is this something you have heard or experienced in your CoC?

Probe: More specially, we've heard that the VI-SPDAT works better if there is more rapport between assessors and those being assessed. Does this influence the objectivity of the coordinated entry process?

Is there anything you would like to add that you haven't spoken about? What questions should we have asked?