Take the Housing/First and Harm Reduction Quiz to test your knowledge - 20 True or False Questions

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NHIP
NATIONAL HOMELESS INFORMATION PROJECT

Editor's Viewpoint:

VI-SPDAT: The good, the bad and the ugly

Continuums and their agencies have spent considerable time implementing the Vulnerability Index and its accompanying Service Prioritization Decision Tool. The idea of a prioritization system is not new. In 2002 when I working as a Program Director at the main emergency shelter in Hawaii, we created a simple prioritization system for our new Shelter Plus Care beds. We called it the "**700 Club**" and it prioritized PSH units based on the the number of days a person had stayed at the men's emergency shelter during the previous five years. By definition, we knew that anyone who stayed that many days, especially consecutive days, likely had serious mental illness with or without substance abuse. Some people had more than 1,200 days during the 5-year period. The first gentleman we housed in 2003 had lived at the Honolulu shelter since it had opened in 1980 - a total of 22 years!

Any triage system will have its shortcomings, especially one that is implemented by underpaid staff with limited training and even fewer clinical or data analytic credentials. The 700 Club was chosen to keep-it-simple and objective. The VI-SPDAT is a much more complex instrument and hence more difficult to implement with accuracy and consistency. Here is our take using the tagline from an Old Spaghetti Western.

THE GOOD: Communities are using some type of priority system and the system is linked to the implementation of a community's Coordinated Entry System. Implementation itself represent progress. The lack of a systematic approach or any strategy by many, if not most, communities has been lacking

implementation of the VI-SPDAT with a CES will show support as a causal factor in further decreases.

THE BAD: Implementation of the VI-SPDAT is fraught with even more data quality issues than the HMIS due to the attempt to collect a wide range of medical and personal information using a client recall method on a population with a high degree of cognitive problems. It is unclear the extent to which completed VI-SPDAT surveys are reviewed for basic data quality concerns. In addition, since measuring the vulnerability of "street living" has a time-oriented dimension, the growing number of old VI-SPDAT assessments in systems where new PSH units are limited only adds further concern.

THE UGLY: Anecdotal comments from communities support the concern that as staff understand how the CES works, they may work to elicit answers in a way that increases the VI score in order to improve prioritization rank. In addition, criticism of the lack of higher scoring for chronic homelessness based on tenure - both 2 years and 12 years receive 1 point - may bias prioritization against "low-impact" very chronically persons who may be living unsheltered for 10 or more years. The NHIP has concerns that the VI scoring is bias against males because they are less likely to respond affirmatively to being victims of violence, sexual or otherwise vulnerable as defined in the VI. Lastly, completion of the VI with some of the most difficult-to-serve seriously mentally ill persons may not be possible leaving the prioritization system to exclude some of the most vulnerable and long-term homeless.

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The NHIP is interested in any thoughts on communities' implementation of the VI-SPDAT tool. We remind readers that all Tools are only as good as the people using them.

MACCH (NE-501) releases Annual Report 2016

The **Metro Area Continuum of Care for the Homeless** serving Omaha/Council Bluffs, NE and Pottawattamie County, Iowa has released its 2016 Annual Report. MACCH reports service to 6,947 homeless persons as recorded by its HMIS during calendar year 2016. The Continuum reports continued progress in reducing chronic homelessness and homelessness among military veterans. The NHIP is pleased to support MACCH with the dissemination to peer Continuums throughout the United States.