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

Prescreen for Single Adults

## GENERAL INFORMATION/CONSENT

| Interviewer's Name | | Agency<br>❑ TEAM ❑ STAFF ❑ VOLUNTEER |
|---|---|---|
| Date | Time | Location |
| In what language do you feel best able to express yourself? | | |
| First Name | | Last Name |
| Nickname | | Social Security Number |
| How old are you? | What's your date of birth? | Has Consented to Participate<br>❑ YES ❑ NO |

| **If 60 years or older, then score 1.** | **Prescreen Score** |
|---|---|
| | |
| **PRE-SCREEN GENERAL INFORMATION SUBTOTAL** | |

## A. HISTORY OF HOUSING & HOMELESSNESS

| **QUESTIONS** | | | |
|---|---|---|---|
| If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1. | **RESPONSE** | **REFUSED** | **Prescreen Score** |
| 1. What is the total length of time you have lived on the streets or in shelters? | | ❑ | |
| 2. In the past three years, how many times have you been housed and then homeless again? | | ❑ | |
| **PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL** | | | |

## B. RISKS

***SCRIPT:*** I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

| QUESTIONS | | | | |
|---|---|---|---|---|
| If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1. | RESPONSE | | REFUSED | Prescreen Score |
| 3. In the past six months, how many times have you been to the emergency department/room? | | | ❑ | |
| 4. In the past six months, how many times have you had an interaction with the police? | | | ❑ | |
| 5. In the past six months, how many times have you been taken to the hospital in an ambulance? | | | ❑ | |
| 6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines? | | | ❑ | |
| 7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital? | | | ❑ | |
| If YES to questions 8 or 9, then score 1. | YES | NO | REFUSED | Prescreen Score |
| 8. Have you been attacked or beaten up since becoming homeless? | ❑ | ❑ | ❑ | |
| 9. Threatened to or tried to harm yourself or anyone else in the last year? | ❑ | ❑ | ❑ | |
| If YES to question 10, then score 1. | YES | NO | REFUSED | Prescreen Score |
| 10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines? | ❑ | ❑ | ❑ | |
| If YES to questions 11 or 12; OR if respondent provides any answer *OTHER THAN* "Shelter" in question 13, then score 1. | YES | NO | REFUSED | Prescreen Score |
| 11. Does anybody force or trick you to do things that you do not want to do? | ❑ | ❑ | ❑ | |
| 12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that? | ❑ | ❑ | ❑ | |
| 13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.) | ❑ Shelter<br>❑ Street, Sidewalk or Doorway<br>❑ Car, Van or RV<br>❑ Bus or Subway<br>❑ Beach, Riverbed or Park<br>❑ Other (SPECIFY): | | | |
| **PRE-SCREEN RISKS SUBTOTAL** | | | | |

## C. SOCIALIZATION & DAILY FUNCTIONS

| QUESTIONS | | | | |
|---|---|---|---|---|
| If YES to question 14 or NO to questions 15 or 16, score 1. | YES | NO | REFUSED | Prescreen Score |
| 14. Is there anybody that thinks you owe them money? | ❑ | ❑ | ❑ | |
| 15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that? | ❑ | ❑ | ❑ | |
| 16. Do you have enough money to meet all of your expenses on a monthly basis? | ❑ | ❑ | ❑ | |
| If NO to question 17, score 1. | YES | NO | REFUSED | Prescreen Score |
| 17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment? | ❑ | ❑ | ❑ | |
| If YES to questions 18 or 19, score 1. | YES | NO | REFUSED | Prescreen Score |
| 18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company? | ❑ | ❑ | ❑ | |
| 19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do? | ❑ | ❑ | ❑ | |
| OBSERVE ONLY. DO NOT ASK! If YES, score 1. | YES | NO | | Prescreen Score |
| 20. Surveyor, do you detect signs of poor hygiene or daily living skills? | ❑ | ❑ | | |
| **PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL** | | | | |

## D. WELLNESS

| QUESTIONS | | | | |
|---|---|---|---|---|
| If Does Not Go For Care, score 1. | RESPONSE | | | Prescreen Score |
| 21. Where do you usually go for healthcare or when you're not feeling well? | ❑ Montrose Campus ❑ St. Johns Riverside County ❑ St. Vincent's Hospital<br>❑ Mount Vernon Hospital ❑ Sound Shore Medical Center ❑ White Plains Hospital<br>❑ St. Joseph's Medical Center ❑ Northern Westchester Hospital<br>❑ Westchester Medical Center ❑ Mount Vernon Neighborhood Health Center<br>❑ Other (specify) _____ ❑ Does not go for care | | | |
| For *EACH* YES response in questions 22 through 25 (Medical Conditions), score 1. | | | | |
| ***Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:*** | **YES** | **NO** | **REFUSED** | **Medical Conditions** |
| 22. Kidney disease/End Stage Renal Disease or Dialysis | ❑ | ❑ | ❑ | |
| 23. History of frostbite, Hypothermia, or Immersion Foot | ❑ | ❑ | ❑ | |
| 24. Liver disease, Cirrhosis, or End-Stage Liver Disease | ❑ | ❑ | ❑ | |
| 25. HIV+/AIDS | ❑ | ❑ | ❑ | |
| If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column. | **YES** | **NO** | **REFUSED** | **Other Medical Conditions** |
| 26. History of Heat Stroke/Heat Exhaustion | ❑ | ❑ | ❑ | |
| 27. Heart disease, Arrhythmia, or Irregular Heartbeat | ❑ | ❑ | ❑ | |
| 28. Emphysema | ❑ | ❑ | ❑ | |
| 29. Diabetes | ❑ | ❑ | ❑ | |
| 30. Asthma | ❑ | ❑ | ❑ | |
| 31. Cancer | ❑ | ❑ | ❑ | |
| 32. Hepatitis C | ❑ | ❑ | ❑ | |
| 33. Tuberculosis | ❑ | ❑ | ❑ | |
| **OBSERVATION ONLY – DO NOT ASK:**<br>34. Surveyor, do you observe signs or symptoms of a serious health condition? | ❑ | ❑ | | |
| If any response is YES in questions 35 through 41, score 1 in the Substance Use column. | **YES** | **NO** | **REFUSED** | **Substance Use** |
| 35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do? | ❑ | ❑ | ❑ | |
| 36. Have you consumed alcohol and/or drugs almost every day or every day for the past month? | ❑ | ❑ | ❑ | |
| 37. Have you ever used injection drugs or shots in the last six months? | ❑ | ❑ | ❑ | |
| 38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs? | ❑ | ❑ | ❑ | |
| 39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months? | ❑ | ❑ | ❑ | |
| 40. Have you blacked out because of your alcohol or drug use in the past month? | ❑ | ❑ | ❑ | |

| | | | | |
|---|---|---|---|---|
| **OBSERVATION ONLY – DO NOT ASK:**<br>41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse? | ❑ | ❑ | | |
| If any response is YES in questions 42 through 48, score 1 in the Mental Health Column. | **YES** | **NO** | **REFUSED** | **Mental Health** |
| 42. Ever been taken to a hospital against your will for a mental health reason? | ❑ | ❑ | ❑ | |
| 43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves? | ❑ | ❑ | ❑ | |
| 44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so? | ❑ | ❑ | ❑ | |
| 45. Had a serious brain injury or head trauma? | ❑ | ❑ | ❑ | |
| 46. Ever been told you have a learning disability or developmental disability? | ❑ | ❑ | ❑ | |
| 47. Do you have any problems concentrating and/or remembering things? | ❑ | ❑ | ❑ | |
| **OBSERVATION ONLY – DO NOT ASK:**<br>48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning? | ❑ | ❑ | | |
| ***If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.*** | | | | **Tri-Morbidity** |
| If YES to question 49, score 1. | **YES** | **NO** | **REFUSED** | **Prescreen Score** |
| 49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled? | ❑ | ❑ | ❑ | |
| If YES to question 50, score 1. | **YES** | **NO** | **REFUSED** | **Prescreen Score** |
| 50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness? | ❑ | ❑ | ❑ | |
| **PRE-SCREEN WELLNESS SUBTOTAL** | | | | |

## SCORING SUMMARY

| **DOMAIN** | **SUBTOTAL** | **If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.**<br>**If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.**<br>**If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.** |
|---|---|---|
| GENERAL INFORMATION | | |
| A. HISTORY OF HOUSING AND HOMELESSNESS | | |
| B. RISKS | | |
| C. SOCIALIZATION AND DAILY FUNCTIONS | | |
| D. WELLNESS | | |
| **PRE-SCREEN TOTAL** | | |

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Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

| | |
|---|---|
| What is your gender? | ❑ Male ❑ Female ❑ Transgender ❑ Other ❑ Decline to State |
| Have you ever served in the US Military? | ❑ Yes ❑ No ❑ Refused |
| *If yes, which war/war era did you serve in?* | ❑ Korean War (June 1950-January 1955)<br>❑ Vietnam Era (August 1964-April 1975)<br>❑ Post Vietnam (May 1975-July 1991)<br>❑ Persian Gulf Era (August 1991-Present)<br>❑ Afghanistan (2001-Present)<br>❑ Iraq (2003-Present)<br>❑ Other (Specify)<br>❑ Refused |
| *If yes, what was the character of your discharge?* | ❑ Honorable ❑ Other than Honorable<br>❑ Bad Conduct ❑ Dishonorable ❑ Refused |
| What is your citizenship status? | ❑ Citizen ❑ Legal Resident ❑ Undocumented ❑ Refused |
| Where did you live prior to becoming homeless? | ❑ Yonkers<br>❑ Westchester County<br>❑ Other part of New York<br>❑ Somewhere else (specify)_____ |
| Have you ever been in foster care? | ❑ Yes ❑ No ❑ Refused |
| Have you ever been in jail? | ❑ Yes ❑ No ❑ Refused |
| Have you ever been in prison? | ❑ Yes ❑ No ❑ Refused |
| Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]? | ❑ Yes ❑ No ❑ Refused |
| What kind of health insurance do you have, if any? (check all that apply) | ❑ Medicaid ❑ Medicare ❑ VA ❑ Private Insurance<br>❑ None ❑ Other (specify): _____ |
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | |
| Is there a phone number and/or email where someone can get in touch with you or leave you a message? | |

Just a few additional questions:

| | |
|---|---|
| Is there a person/outreach worker that you trust more than others? | ❑ Yes ❑ No ❑ Refused |
| If yes, do you know what agency they work for? | |
| What is the highest grade in school you completed? | ❑ K-8 ❑ Some high school ❑ High school graduate<br>❑ GED ❑ Some college ❑ College graduate<br>❑ Decline to state ❑ Other |

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| | |
|---|---|
| How do you make money? | ❑ Work, on the books<br>❑ Work, off the books<br>❑ SSI<br>❑ SSDI/SSA<br>❑ VA<br>❑ Public Assistance<br>❑ Food Stamps<br>❑ Sex Trade<br>❑ Drug Trade<br>❑ Recycling<br>❑ Panhandling<br>❑ Pension/Retirement<br>❑ No Income<br>❑ None of the above |
| What is your ethnicity? (choose one) | ❑ African American/Black<br>❑ Asian<br>❑ Native Hawaiian or Other Pacific Islander<br>❑ Latino/a<br>❑ Native American<br>❑ White<br>❑ Decline to State<br>❑ Mixed Race<br>❑ Other |
| Do you smoke tobacco?<br>If YES, how many cigarettes a day do you smoke? | ❑ Yes ❑ No ❑ Refused<br>_____ |
| Ok, now I'd like to take your picture. May I do so? | ❑ Yes ❑ No ❑ Refused |