

**District of Columbia  
Coordinated Assessment and Housing Placement (CAHP)  
Policy and Procedures**

**Contents:**

I. Overview	page 1
II. Roles and Responsibilities	page 2
III. Assessment Tool	page 3
IV. Conducting Assessments	pages 4-7
V. Reporting Housing Vacancies	page 8
VI. Housing Matching Prioritization Process	page 9-11
VII. HMIS Data Input Requirements	page 12
VIII. Glossary of Terms	page 13

**I. Overview**

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Coordinated Assessment and Housing Placement represents standardized access and assessment for all individuals experiencing homelessness within the District of Columbia, whether that homelessness includes any combination of emergency shelter, transitional housing or locations outdoors not meant for human habitation. Individuals receive referrals for permanent supportive housing and rapid rehousing based on medical vulnerability and length of homelessness, surrounded by supports for both immediate and long-term housing and service needs.

The entire Coordinated Entry process intentionally utilizes a de-centralized "no wrong door" approach, while doing so through a standardized process from initial engagement to successful housing placement. This prevents what otherwise often feels like a confusing and overwhelming maze for individuals experiencing homelessness as they try to determine who to talk to, how to get there, and where to begin. Instead, Coordinated Assessment and Housing Placement for Single Individuals establishes a system where housing placement isn't a matter of talking to the right case manager, at the right agency, at the right time. This CAHP system ensures individuals are connected to housing through a coordinated yet accessible process, meets each individual's needs to obtain and maintain housing, and includes the real-time data critical for demonstrating unmet need and advocating to develop and integrate new housing inventory within this process.

## II. Roles and Responsibilities

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**Assessors:** Staff conducting the Common Assessment Tool (VI-SPDAT) must complete training on how to input its results within the Homeless Management Information System (HMIS). To retain HMIS licensure, all staff who have completed training must conduct at least one VI-SPDAT assessment per month, and properly record its assessment results within the HMIS, including robust descriptions of the daily and weekly schedule and service utilization patterns of the individual being surveyed. If the individual being assessed possesses documentation at the time of initial assessment, the assessor must collect and copy these documents, and upload them within HMIS. Failure to do so will require an additional "refresher training" prior to re-licensure.

**Attendees of Case Conferencing Meetings:** Staff that attend any Case Conferencing meeting or additional meetings in which Protected Health Class Information covered under the HIPAA-compliant Release of Information is discussed must have attended the training outlined above and have signed a User License Agreement prior to attendance.

**Housing Guide Specialists:** Often the same staff as the Assessors, the person responsible for collecting documentation the individual currently possesses, and then obtaining remaining documentation required for housing.

**Housing Providers:** Responsible for reporting permanent supportive housing vacancies and/or rapid rehousing openings to the CAHP community team, and then accepting referrals prioritized by vulnerability for each. When referrals do not result in housing placement, the Housing Provider must also inform the CAHP community team of each instance and provide explanation prior to receiving new referrals.

### III. Assessment Tool

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#### **Overview:**

More than 55 agencies representing more than 550 staff conduct assessments for the District of Columbia's Coordinated Assessment and Housing Placement system. Providers utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment, currently utilized by more than 130 communities nationwide, to screen any single individual experiencing homelessness. (Individuals not identifying themselves as homeless -- residing on the streets, in shelter or transitional housing -- and families do not receive an assessment through this process). The assessment takes approximately 10 minutes to administer by any provider who has been introduced to the tool through a 30 minute video (or attended a training by its creator, OrgCode Consulting, Inc.) followed by a two hour training on how to record its results within the Homeless Management Information System (HMIS).

#### **Updates to the Tool:**

As a national tool built upon more than an evidence background including more than 160 scholarly articles and peer-reviewed literature, the VI-SPDAT receives ongoing updates to incorporate new and stronger evidence and feedback from both staff who have conducted the assessment as well as form individuals who have received the assessment themselves. The District of Columbia currently utilizes version 1 of the VI-SPDAT, first released in October 2013, and is in the process of incorporating version 2 released May 2015 within the community. Once trained on changes to the assessment, the CAHP community team will adopt the new assessment following a majority vote to do so. The CAHP community team will tally votes at its monthly meetings from attendees who have conducted at least 20 assessments across at least 6 months.

#### **Accessing Training:**

Ongoing monthly trainings will be posted at [www.coordinatedentry.com/training](http://www.coordinatedentry.com/training) where staff can register for any open "VI-SPDAT Training for Single Individuals" session. The two hour training will include an overview of the Coordinated Assessment and Housing Placement system, the Release of Information, VI-SPDAT assessment and how to record its results within the Homeless Management Information System (HMIS). Additional trainings to address data quality concerns and continuous quality improvement will be offered as needed. To retain HMIS licensure, all staff who have completed training must conduct at least 1 VI-SPDAT assessment per month, and properly record its assessment results within the HMIS. Failure to do so will require an additional "refresher training" prior to re-licensure.

Staff that attend any Case Conferencing meeting or additional meetings in which Protected Health Class Information covered under the HIPAA-compliant Release of Information used in the Coordinated Entry process is discussed must have attended the training outlined above and have signed a User License Agreement prior to attendance.

Please note that additional training is required prior to certification to conduct the SPDAT, or "full SPDAT" assessment, involving a one-day training from either its creator OrgCode Consulting, Inc., or staff who have received "SPDAT Train the Trainer" certification within D.C. by OrgCode.

## IV. Conducting Assessments

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### **Messaging:**

All assessors receive standardized messaging so that staff communicate the assessment process and its results clearly and consistently across the community. This ensures both that the benefits to participating in a survey are described clearly in order to encourage people to participate, but is equally important to make sure that individuals understand that participating does not guarantee (and at the beginning is unlikely to result in) receiving housing. It is also important that individuals receive a clear understanding of where their information will be shared.

Suggested messaging:

"My name is [ ] and I work for a group called [ ]. I have a 10 minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. The information collected goes into the Homeless Management Information System, which will ensure that instead of going to agencies all over town to get on waiting lists, you will only have to fill out this paperwork one time. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey.

After the survey, I can give you some basic information about resources that could be a good fit for you. I want to make sure you know, though, that there are very few housing resources that are connected to the survey, so it's possible but unlikely that you would be housed through this process. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources I can refer you to.

Would you like to take the survey with me?"

This messaging contains the following components:

- The 10 minute duration of the assessment
- That the assessor will share the recommended housing intervention with the individual who is screened and provide basic information about resources that could be a good fit
- An acknowledgement that there are very few housing resources that are immediately connected to the assessment, so that the primary benefit of completing the assessment is to help determine a better sense of the individual's needs and resources to which they can be referred
- Assessment information will be shared with providers conducting assessments in D.C. and the housing providers connected to the Coordinated Entry system so that the individual does not need to complete the assessment multiple times, that housing providers can identify people to target for housing resources as they come available, and for planning purposes.

If an individual agrees to participate in the coordinated entry process described in its messaging, then they are asked to sign the release of information before proceeding with the assessment.

### **Release of Information:**

The same Release of Information is utilized by all providers to input all Vulnerability Index/Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessments and full SPDAT assessments within the HMIS. It is based on the nationally adopted, HIPAA-compliant Release of Information available on the 100,000 Homes Campaign website at <http://100khomes.org/resources/sample-health-information-release>, with D.C. specific language to share the results from the VI-SPDAT pre-screen assessment and full SPDAT. It also includes language pertaining to the District of Columbia Mental Health Information Act. It was approved by the Veterans Affairs Central Office, Community Resource and Referral Center, and team leaders from the Coordinated Entry System.

## **Refusals:**

Individuals who do not sign the release of information do not complete the assessment. For limited instances when individuals refuse specific questions throughout the assessment process, the assessor may utilize their surveyor observation in questions 28, 34, 41 and 48 of VI-SPDAT version 1. When staff encounter individuals who do not provide a response to any of the first questions, they should stop and acknowledge that the assessment will not provide useful information if the individual receiving assessment does not want to participate. Staff should utilize continued progressive engagement and rapport building with these individuals until they are willing to be assessed.

Individuals who are not able to complete either a VI-SPDAT or full SPDAT may be referred to the Housing Assignment Review Panel.

## **Completion of the Assessment Process:**

Upon completion of the VI-SPDAT, the Assessor should provide the recommended housing intervention (Permanent Supportive Housing, Rapid Rehousing or One-Time Assistance) and ask if the individual is currently working with a provider towards one of those forms of housing assistance. If so, the individual receiving assessment should be encouraged to continue to engage with their existing case management supports. If not, staff can provide a brief description of the recommended housing intervention and ask if the individual is interested in that form of housing assistance. The "Coordinated Entry System Resource Manual," available at [www.coordinatedentry.com/forms](http://www.coordinatedentry.com/forms) provides 35 pages of referrals based on the assessment question categories within the VI-SPDAT, and can be provided to the individual being assessed.

Assessors should emphasize the importance of having reliable and comprehensive information regarding the best time and place to contact the individual. Staff should collect information on whereabouts across a 24 hour period, beginning with where the wake up until they bed down at night, with notations for days when location patterns changed, and record that information within the VI-SPDAT. This includes where meals are obtained, transportation methods and times to and from meal and shelter providers, cross streets of services received, outside agency names, staff and contact information with whom they engage, etc.

Assessors may emphasize that while completion of the assessment does not make them now the individual's case manager, it remains critically important that the assessor possesses the most reliable methods possible for locating the individual being assessed, especially if that includes an outside agency or staff attempting to contact the individual at a later date.

## **Full SPDAT Process:**

While the VI-SPDAT is a pre-screen or triage tool that looks to confirm or deny the presence of more acute issues or vulnerabilities, the SPDAT (or "full SPDAT") is an assessment tools looking at the depth or nuances of an issue and the degree to which housing may be impacted.

To provide a safety net for individuals that are presumed to be highly vulnerable but score too low on the VI-SPDAT to qualify for permanent supportive housing (ie, 9 or below), those individuals would be recommended for full SPDAT assessment. The primary reason for recommending a SPDAT are when the individual being assessed under or over-reports what the Assessor observes or knows through outside observation.

Once the SPDAT has been recorded within HMIS, if the individual scores at least 35, the SPDAT score may be considered along with VI- SPDAT when prioritizing housing navigator assignments and/or housing placement. Those who have received a full SPDAT assessment will periodically be reviewed through the case conferencing and housing match processes.

In the first year of assessments, only 2% of individuals were recommended for a full SPDAT assessment.

By allowing for assessors to spend the time to complete this more in-depth analysis, the small set of individuals whose full depth of vulnerability may not be reflected within their VI-SPDAT assessment may still be considered for Housing Guide Specialist assignments and/or housing placement. In a subset of these very limited instances, it is possible for a full SPDAT to produce different results than the VI-SPDAT because it is a multi-method assessment that incorporates more comprehensive outside information than the primarily self-reported information collected through the VI-SPDAT.

In instances where individuals have both a full SPDAT and VI-SPDAT assessment, whenever possible, referral for housing placement will prioritize the full SPDAT and not solely the VI-SPDAT score.

Individuals who are not able to complete either a VI-SPDAT or full SPDAT may be referred to the Housing Assignment Review Panel.

### **Housing Assignment Review Panel:**

The Coordinated Assessment and Housing Placement Community Team, as part of its regular Case Conferencing meetings, will periodically review cases of individuals with high vulnerability (defined below) who are unable or unwilling to complete a VI-SPDAT or SPDAT assessment. The purpose of convening as a review panel is to provide a safety net for individuals where the tool did not reveal the full depth and/or urgency of the situation, not a side door to the process. Assessors/case managers will have to demonstrate professional judgment in this process. Those that repeatedly refer a large percentage of individuals to the review panel may be subject to additional training and/or other measures. A review panel will be used to allow for some element of individual attention and conversation in this process, but at the same time still maintain a uniform, transparent process. The following represent parameters for this review panel:

No more than 5% of placements can be made through the review panel process.

A client MAY be referred the next Community Team Case Conferencing meeting for review if one or more of the following conditions are met:

1. A severe medical condition. For purposes of referral to the review panel, a severe medical condition is defined as:
  - a. End Stage Renal Disease or Dialysis
  - b. End-Stage Liver Disease or Cirrhosis
  - c. History of Frostbite, Hypothermia, or Immersion Foot
  - d. HIV/AIDS
  - e. Congestive Heart Failure
  - f. Cancer
  - g. Diabetes
2. A severe mental health condition. This may either be diagnosed or observed by the assessor/case manager/outreach worker. This may include suicidal ideation or attempts.
3. Evidence of self-neglect. Observation by the assessor/case manager/outreach worker is sufficient to meet this condition.
4. Old age. The individual is 65 years of age or older.

It is important to note that a client may be referred to the review panel for any of these reasons *regardless of whether the individual participated in the VI-SPDAT or SPDAT process*. It is also important to note that these criteria will be reevaluated on an ongoing basis.

The review panel process will be person-centric, not program-centric (i.e., the end result will not always be PSH placement, but rather to match a highly vulnerable person to the appropriate housing resource). For example, an individual with extreme medical needs may be referred to the review panel because he/she is at risk of dying, but if only a housing subsidy is needed (without intensive wraparound services),

the individual should not be placed in PSH but rather prioritized for an intervention such as Section 8 or a Local Rent Supplement Program (LRSP) voucher.

The only guarantee related to the review panel process is that the individual will receive a review. Not all cases will have immediate placement. In some instances, the review panel may determine that the initial score and position on the registry is correct given the severity of other cases. In other situations, the review panel may determine that a higher score is warranted, though immediate placement is still not feasible. In still other situations, the review panel may determine that immediate placement is needed to reduce risk of death.

**Data Input within HMIS:**

Whether the VI-SPDAT is first conducted on paper or directly inputted within HMIS, all VI-SPDAT assessments must be recorded in HMIS within 48 hours of when the information was first collected. At each case conferencing meeting, CAHP staff will publicly run the results from the universal registry contained in HMIS to ensure this expectation has been met.

## **V. Reporting Housing Vacancies**

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### **Case Conferencing:**

The CAHP community team will facilitate weekly referrals for permanent housing interventions, which will be intentionally and primarily made in weekly case conferencing meetings. Assessors, outreach, housing guide specialists and housing providers trained on the assessment process should attend the case conferencing meetings to receive as comprehensive a referral as possible for each opening/vacancy.

For housing provider who choose not to be present at the case conferencing meeting at which the referral is made, they will receive referrals following the meeting via email. A housing provider may receive as many as three matches for every one opening/vacancy they have. This promotes choice on behalf of both the individual referred and the Housing Provider. Matches will be made by the CAHP Community Team in HMIS for individuals to be referred to each Housing Provider.

### **Housing Providers Responsibilities:**

Organizations that provide housing to those experiencing homelessness and would like to dedicate all or some of their housing vacancies to the CAHP system agree to each of the following:

1. Identify if the housing is permanent supportive housing, rapid rehousing, or affordable/one-time assistance housing. All housing must be permanent.
2. The Housing Provider will fill out the eligibility requirements for each of their programs that they will be dedicating to the CAHP process.
3. The Housing Provider will notify the CAHP Community Team when they have open and currently available housing inventory.
4. The Housing Provider commits to following the Housing Matching Prioritization Process for Permanent Supportive Housing and Rapid Rehousing.
5. Upon receiving the referrals, the Housing Provider first contacts the Housing Guide Specialist, followed by the Assessor to coordinate contact with the individual and set up intake appointments.
6. The Housing Provider commits to working with the Guide/Assessor to locate the individual and engage with them to see if the housing referral provides a good match.
7. The Housing Provider commits to communicating with the Community Leadership Team when each match does not lead to successful program entry and providing reason(s) why they were not housed so that the individual can be unassigned from the Housing Provider in HMIS.
8. The Housing Provider commits to communicating with the Community Leadership Team when each match does lead to successful program entry and providing the date the individual moves into housing.



## VI. Housing Matching Prioritization Process

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### **Permanent Supportive Housing:**

The following represents the uniform process utilized across the community for prioritizing placement into permanent supportive housing for single individuals. The VI-SPDAT and SPDAT will be the ONLY tools used to assess individuals at the point of entry. The assessment scores will be used to triage individuals into the appropriate category of intervention.

For individuals that score 10 or above on the VI-SPDAT, or that score 35 or above on SPDAT, which signals a recommendation for permanent supportive housing, individuals will be prioritized based on the following criteria (*only going to the next level as needed to break a tie between two or more individuals*):

1. **Assessment Score:** The first prioritization criteria will expedite placement into housing for individuals with the most severe medical needs who are at greater risk of death. This score would be based on questions 1-50 of the VI-SPDAT, with a maximum score of 20, or all 15 domains of the SPDAT, with a maximum score of 60.
2. **Unsheltered Sleeping Location:** The second prioritization criteria is the location where the individual sleeps, based on question 13 of the VI-SPDAT version 1, or responses to the “Involvement in Higher Risk and/or Exploitive Situations” and “Self Care & Daily Living Skills” components of the SPDAT. Unsheltered individuals will be given priority over sheltered individuals.
3. **Length of Time Homeless:** The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest, based on question 1 of the VI-SPDAT version 1 or the “History of Housing & Homelessness” domain of the SPDAT.
4. **Overall Wellness:** The second prioritization factor targets individuals with similar medical needs as criteria number 1, who will be prioritized when they have behavioral health conditions or histories of substance use, which may either mask or exacerbate medical conditions. This score will be based on questions 21 through 50 of the VI-SPDAT version 1 (i.e., the “Wellness Domain”), or the combined responses to the “Mental Health & Wellness & Cognitive Functioning,” “Physical Health & Wellness,” “Substance Use,” “Medication” and “Experience of Abuse and/or Trauma” domains of the SPDAT.
5. **Date of VI-SPDAT Assessment:** The final prioritization criteria will be the date of the individual’s assessment, giving priority to the earliest date of assessment.

### **Rapid Rehousing:**

The following represents the uniform process utilized across the community for prioritizing placement into rapid rehousing for single individuals. The VI-SPDAT and SPDAT will be the ONLY tools used to assess individuals at the point of entry. The assessment scores will be used to triage individuals into the appropriate category of intervention.

Individuals that score between 5 and 9 on the VI-SPDAT, or that score between 20 and 35 on SPDAT, which signals a recommendation for rapid rehousing, who express interest in rapid rehousing will be prioritized through the process described below. Assessors should describe the core components to rapid rehousing through the following standardized messaging:

- designed to facilitate movement into market rate housing as quickly as possible while providing the support needed to achieve that goal
- assistance that does not provide a voucher

- time-limited support and financial assistance to pay rent so that when the program ends, participants are able to pay the full rent independently. The length of rental assistance and support depends on each person's individual needs.
- financial assistance provided is on a case-by-case basis
- assistance in identifying and accomplishing other short term goals outside of housing, such as employment, connection to benefits, legal assistance/referrals, personal financial planning services, transportation services, etc.
- able to connect participants with longer term community resources to help maintain housing as well.

Among rapid rehousing referrals, the following process will be used to prioritize for placement:

For individuals that score 5 through 9 on the VI-SPDAT, which signals a recommendation for Rapid Rehousing, individuals will be prioritized based on the following criteria (*only going to the next level as needed to break a tie between two or more individuals*):

1. Date of VI-SPDAT Assessment: The first prioritization criteria will be the date of the individual's assessment, giving priority to the most recent date of assessment.
2. Unsheltered Sleeping Location: The second prioritization criteria is the location where the individual sleeps, based on question 13 of the VI-SPDAT. Unsheltered individuals will be given priority over sheltered individuals.
3. Length of Time Homeless: The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest (based on question 1 of the VI-SPDAT).

Based on the quantity of available units, rapid rehousing will be targeted through an equal distribution of VI-SPDAT scores. If 10 rapid rehousing openings become available, 2 individuals scoring 9, 2 individuals scoring 8, 2 individuals scoring 7, 2 individuals scoring 6 and 2 individuals scoring 5 would be referred for placement.

The equal distribution of rapid rehousing placements will prioritize by VI-SPDAT score recommending that intervention. If 3 rapid rehousing openings become available, 1 individual scoring 9, 1 individual scoring 8, and 1 individual scoring 7 would be referred. Similarly, if 11 openings became available, 3 individuals scoring 9 would be referred, with 2 individuals from VI-SPDAT scores of 5 through 8.

For veterans served through SSVF, SSVF will continue to prioritize placements from the universal registry for all eligible individuals with military service history recommended for rapid rehousing (scoring 0-9 on VI-SPDAT). Due to the amount of funding currently available for the program, a limited number of direct referrals may be made.

### **Housing Guide Specialists:**

Each housing guide specialist will serve as the primary point of contact when a high-priority individual has been matched to housing. The guide will facilitate meetings between the individual and assigned housing agency and help collect any documentation needed for a voucher. Prior to and throughout the housing assignment process, the housing guide specialist may also do regular outreach to an individual in an effort to build rapport with him or her.

The CAHP community team will assign housing guide specialists to be prioritized from highest to lowest VI-SPDAT score. Individuals scoring 13+ will be prioritized for housing guide assignment. Until a volunteer housing navigator system is created and the only available housing navigators are those who currently work for agencies participating in CAHP, assignment will be prioritized as follows:

1. Agency conducting the VI-SPDAT
2. Additional agency involvement recorded through VI-SPDAT process
3. Agencies that identify relationships with the individual outside of the VI-SPDAT assessment
4. Agencies with housing navigation assessment resources

For housing guide specialists unable to make contact with the individual following assignment, the individual may be unassigned from that agency through the case conferencing process.

Many high-priority individuals will receive housing navigation services from their Core Service Agency Community Support Workers (CSWs) or other professional or formal sources of support. For high-priority individuals who are not well-connected to community providers and may benefit from flexible peer and other community support, volunteers or peers will provide housing navigation services. A volunteer housing guide specialist system does not currently exist in D.C., but a peer housing navigator guide pilot is being designed and expected to be implemented in 2016.

## **VII. HMIS Data Input Responsibilities**

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### **Assessment, Match and Housing Guide Specialist Assignment:**

Assessors must complete all VI-SPDAT and SPDATs in HMIS within 48 hours of when the information was first collected, whether the assessment is first conducted on paper or directly inputted within HMIS. This includes each field of the six page VI-SPDAT assessment, and both scores and comments justifying all 15 SPDAT domains.

The CAHP community team will complete housing matches/referrals within 24 hours of match within HMIS.

Housing Guide Specialists may assign themselves, or be assigned as the Case Conferencing meetings.

### **Housing Placement/Move-In:**

Housing providers must record move-in to each permanent housing program within 48 hours of housing placement. Move-in will be measured by (1) date of housing placement, recorded through the “program entry” of the first VI-SPDAT assessment (2) exit date equal to date of move-in, and destination, recorded through the “program exit” for each VI-SPDAT assessment (3) through “program entry” into the permanent housing program, for the date of “housing placement” and “program exit” described in section 1 and 2.

Failure to successfully execute HMIS responsibilities will require additional "refresher training" prior to re-licensure. Repeated failure of HMIS responsibilities, or failure to attend refresher training will result in loss of HMIS licensure.

## VIII. Glossary of Terms

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**Coordinated Assessment and Housing Placement (CAHP):** The de-centralized coordinated process whereby any single individual experiencing homelessness receives Coordinated Entry into the homeless services system through a Common Assessment (the VI-SPDAT), followed by targeted assistance through Housing Guide Specialists who obtain essential documentation for housing in order to facilitate Coordinated Passage, resulting in Coordinated Exit to permanent housing through either Permanent Supportive Housing or Rapid Rehousing.

**Coordinated Entry/Coordinated Access/Coordinated Assessment:** Utilized interchangeably to reflect the CAHP system.

**HMIS:** A Homeless Management Information System is a web-based software application designed to record and store person-level information on the characteristics and service needs of homeless persons throughout a Continuum of Care (CoC) jurisdiction. Usage of the HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) and locally by the Homeless Services Reform Act (HSRA).

**Universal Registry:** The aggregated person-level VI-SPDAT assessments, prioritized by level of vulnerability, stored within HMIS.

**VI-SPDAT:** The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) developed and owned by OrgCode and Community Solutions is utilized for single individuals (and not families) to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability across four components: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) and wellness - including chronic health conditions, substance usage, mental illness and trauma. As of the writing of this manual, there are two versions of the VI-SPDAT: version 1 begun October 2013 and currently utilized, and version 2, released May 2015 and currently undergoing implementation.

**SPDAT:** Service Prioritization Decision Assistance Tool (VI-SPDAT) developed and owned by OrgCode is utilized for single individuals (and not families) to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the SPDAT allows for prioritization based on presence of vulnerability across fifteen sub-components within the broader four components of the VI-SPDAT: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) and wellness - including chronic health conditions, substance usage, mental illness and trauma. As of the writing of this manual, there are four versions of the SPDAT: version 3 begun March 2013 and currently being phased out, and version 4, released May 2015 and currently undergoing implementation.

**Supportive Services for Veteran Families (SSVF):** Rapid Rehousing assistance for veterans, including single individuals and families.

**F-SPDAT:** Family Service Prioritization Decision Assistance Tool (F-SPDAT) developed and owned by OrgCode is utilized for families (and not single individuals) to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the F-SPDAT allows for prioritization based on presence of vulnerability across twenty sub-components within the broader four components of the VI-SPDAT: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) wellness - including chronic health conditions, substance usage, mental illness and trauma, and (e) family nit. As of the writing of this manual, there are two versions of the F-SPDAT: version 1 begun in 2012 and currently being phased out, and version 2, released May 2015 and currently undergoing implementation.