New Approaches to Prioritizing Clients for Services: Research and Refinement to Modify Vulnerability Assessment for PSH



School of Social Work

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Background and Context

There has been a substantial increase in people experiencing homelessness across the U.S., including in rural communities. The number of people experiencing homelessness in rural areas has increased by 30% since 2018.[1] Compared to many urban communities, people experiencing homelessness in rural areas are more likely to be single adults and unsheltered.[2] Furthermore, a significant increase in single adults experiencing chronic homelessness was documented in rural areas in 2024.[1]

Connecting single adults experiencing homelessness (SAEH) with appropriate housing resources (e.g., rapid re-housing, permanent supportive housing) has demonstrated evidence in promoting sustained exits from homelessness.[3] Permanent supportive housing (PSH; i.e., housing with no limitation on length of stay coupled with voluntary wrap-around services) delivered through the Housing First model (i.e., connecting individuals with housing resources without preconditions such as sobriety or treatment adherence) is especially efficacious in promoting positive housing outcomes among single adults experiencing chronic homelessness in both urban and rural communities.[4]

Nevertheless, a significant disparity persists between available housing resources and the number of SAEH awaiting placement, undermining efforts to end homelessness. In 2024 alone, the entire U.S. homeless response system added just 17,877 permanent housing units, while more than 600,000 people entered homelessness that same year.[2] The shortage of affordable housing is even more severe in rural areas,[5] leading to lengthy wait times for SAEH to exit homelessness through housing interventions. In fact, one study using Homeless Management Information System (HMIS) data from 16 communities across the U.S. found that people experiencing homelessness in rural areas wait even longer to gain housing access.[6]

Addressing homelessness among SAEH requires a system that can prioritize scarce yet critical housing resources for those most in need.[7] Since 2012, the Department of Housing and Urban Development (HUD) has required communities receiving funding to implement coordinated entry by standardizing assessment practices and prioritizing the most vulnerable individuals for available housing resources.[8] Figures 1 and 2 depict a simplified view of the current housing prioritization process used in most communities. People experiencing homelessness first enter the coordinated entry system and are assessed for housing eligibility and, in many cases, their vulnerability. Through case conferencing, available housing resources are then allocated based on vulnerability: those assessed as highly vulnerable are prioritized for PSH. At the same time, those assessed as having lower vulnerability may be connected only with services rather than housing interventions, under the assumption that they can exit homelessness independently or be reunified with family or peers. (***Figure 1*** and ***Figure 2***)

Figure 1. Housing Prioritization and Matching Through Coordinated Entry System

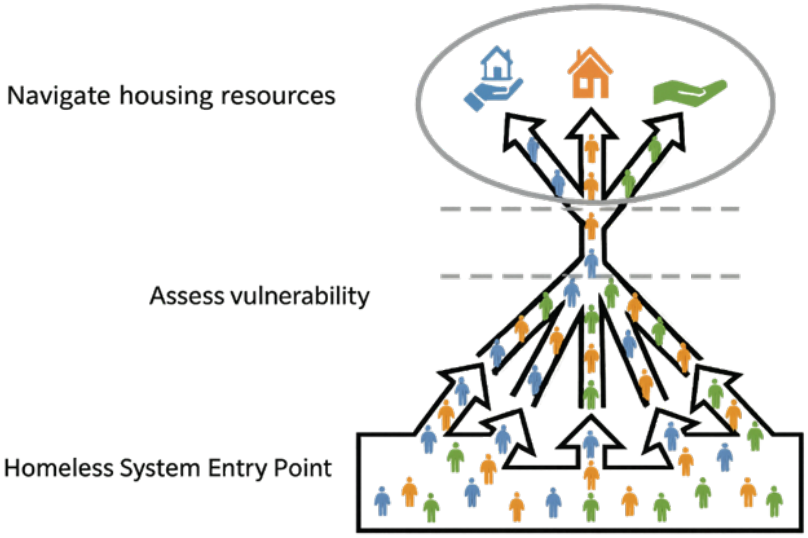


Figure 2. Vulnerability- Triage-Based Housing Prioritization and Matching



There is no unified definition of vulnerability on which housing prioritization is based. Nonetheless, the most widely used vulnerability assessment tool across Continuums of Care (CoCs; regional planning bodies responsible for planning and managing housing and services for people experiencing homelessness within a HUD-designated geography)[9] as the Vulnerability Index–Service Prioritization Decision Assistance Tool (VI-SPDAT). Of approximately 400 CoCs in the U.S., more than one-fourth reported implementing the VI-SPDAT to support their housing and service prioritization decisions.[10] Designed by OrgCode, the VI-SPDAT was originally intended to replace traditional first-come, first-served housing allocation systems with a triage approach modeled after emergency room operations.[11] In such a system, SAEH assessed as having higher vulnerability are assigned higher priority for available housing resources, including PSH.

However, in recent years, communities across the nation and research literature have begun to highlight potential issues using the VI-SPDAT for housing prioritization. Perhaps the most prominent concern is the validity of the VI-SPDAT in measuring "vulnerability." Prior research,[12] indicates a lack of clarity in how the construct of vulnerability is defined and measured by the tool.[13] This confusion leads to disagreements regarding the specific nature of vulnerability that the resulting score is intended to represent and whether scarce housing resources should be prioritized based on that score. Many communities, including rural CoCs, are therefore initiating efforts to develop local housing prioritization tools to replace the VI-SPDAT, with a shared goal of allocating housing resources to SAEH in need in ways that reflect local context.[14]

Missouri Balance of State Continuum of Care (MO BoS-CoC), a CoC that covers 101 rural counties in the state of Missouri,[15] is one of the communities that has initiated efforts to revamp the current practice of prioritizing housing resources based on the VI-SPDAT. Similar to many rural CoCs, MO BoS-CoC has observed a significant increase in unsheltered SAEH in their communities over the past five years.[16,17] Furthermore, the gap between available housing inventory and the number of SAEH in MO BoS-CoC has been widening,[18] preventing timely housing placements. This shortage of housing resources is especially pronounced for PSH, resulting in extensive waitlists to connect people experiencing chronic homelessness with housing.

Homeless service and housing providers in the MO BoS-CoC have expressed concerns regarding the use of the VI-SPDAT to determine housing resource allocation. Their concerns include issues with the tool itself (e.g., trauma-triggering wording, vague definitions of vulnerability, and the rationale for prioritizing housing resources based on the resulting vulnerability score) as well as concerns about its administration (e.g., the length of the assessment, trust among SAEH in the housing prioritization system, and best practices when encountering difficult situations).

These concerns prompted the MO BoS-CoC to form a coordinated entry working group (CE working group) tasked with developing a new assessment tool to assist housing prioritization decision-making. Through ongoing collaborations with the MO BoS-CoC and its lead agency (until July 15, 2024), the Community Partnership of Southeast Missouri (CPSEMO), the research team discussed using a community-engaged data science approach to support the CoC's efforts to improve PSH prioritization practices by co-refining the VI-SPDAT using existing datasets (e.g., Homeless Management Information System data; HMIS).[19]

Through community engagement, stakeholders will guide the direction and progress of the effort to improve current housing prioritization practices, while the research team, including the community engagement team and the data science team, will provide technical assistance (e.g., research design, data analysis, meeting and focus group facilitation) to ensure methodological rigor and alignment with HUD's priority on community-engaged, data-informed decision-making to address homelessness.[20] The MO BoS-CoC and the CE working group therefore agreed to collaborate with the research team on this 30-month project.

B. Project Team

Hsun-Ta Hsu, PhD; served as the Project Lead:

Associate Professor at the University of North Carolina at Chapel Hill School of Social Work (UNC-CH SSW) and School of Data Science and Society. His research focuses on applying community-engaged data science to promote health and housing outcomes among individuals experiencing homelessness through a comprehensive multilevel (i.e., individual-, social network-, neighborhood-, and system-level) lens.

Sarah Myers Tlapek, PhD; served as the Lead for Community Stakeholder Engagement Team:

Director of Community Research for Community Partnership of Southeast Missouri, a regional nonprofit organization. She works to build the monitoring and evaluation capacity of the organization, improve impact in the community, and facilitate research-practice partnerships. Also, an adjunct instructor for the MSW program at the University of Missouri School of Social Work, her passion for engaged research with diverse populations is informed by multiple years of human services work in domestic and international settings.

Phebe Vayanos, PhD; served as the Lead for the Data Science and System Design Team:

Associate Professor of Industrial & Systems Engineering and Computer Science, University of Southern California (USC) Viterbi School of Engineering, Director of the USC Center for AI in Society. She focuses on data-driven optimization (e.g., planning algorithms like Uber or Google Maps) and machine learning (e.g., predictive analytics like Google) with the aim to tackle decision- and policy-making problems. She also served as the Lead for the data science and computerized system design team for the Coordinated Entry System Triage Tool Research and Refinement (CESTRR) project to refine housing prioritization for Los Angeles County.

Eric Rice, PhD; served as the Project Senior Advisor:

Professor at the University of North Carolina at Chapel Hill School of Social Work. He was the Founding Director of the University of Southern California Center for AI in Society. His research focuses on community-based collaborative research with persons experiencing homelessness, particularly transition age youth (TAY) and single adults. His focus has been on HIV prevention and housing interventions, with a lens of race/ethnicity and LGBTQ diversity and equity. He has designed prioritization tools and validated them using statistical and qualitative methods. He is also a recognized community advocate. For three years, he co-chaired the West Coast Convening, a forum for about 100 providers and advocates from California, Washington, and Oregon who meet twice a year. He was also the Project Lead for the Los Angeles County CESTRR project.

Hana Daher Lopes, supported the Community Stakeholder Engagement Team:

PhD student in Social Work at the University of North Carolina at Chapel Hill, mentored by Dr. Hsu. Her focus sets on housing stability and HIV prevention, with an emphasis on strengthening linkage to care for people experiencing homelessness.

Qingshi Sun, supported the Data Science and System Design Team:

PhD student in Industrial & Systems Engineering, USC Viterbi School of Engineering, mentored by Dr. Vayanos. His interdisciplinary research focuses on areas of machine learning, data science, AI, large language models, and optimization.

Nathan Justin, supported the Data Science and System Design Team:

PhD student in Industrial & Systems Engineering, USC Viterbi School of Engineering, advised by Dr. Vayanos. His research focuses on data driven decision making, interpretable machine learning, robust optimization, artificial intelligence for social good, mixed integer optimization, and data analytics.

C. Project Overview

Considering HUD's recent emphasis on community-based, data-informed decision-making,[19,20] the Missouri Balance of State Continuum of Care Permanent Supportive Housing Prioritization: Research and Refinement project (MO-PSHP) is a 30-month community-engaged data science research initiative conducted between September 2023 and March 2026. The project aims to co-refine the current housing prioritization tool used in the MO BoS-CoC, namely the VI-SPDAT, with community stakeholders so that PSH prioritization more accurately reflects the MO BoS-CoC context and the needs of SAEH.

The MO BoS-CoC and the research team agreed to refine the existing VI-SPDAT to aid PSH prioritization for SAEH, rather than overhauling the entire housing prioritization tool, to better align with HUD's emphasis on data-informed decision-making in addressing homelessness. Creating a completely new tool to replace the VI-SPDAT could limit the ability to leverage currently available data collected through past VI-SPDAT assessments for validating the tool's reliability and validity.

It should also be noted that this project focused only on PSH prioritization for SAEH due to limitations in homelessness data and available resources in rural communities, including the MO BoS-CoC. Although community stakeholders expressed interest in refining the VI-SPDAT for families experiencing homelessness, the considerably smaller number of families in the MO BoS-CoC (n=60 in 2024 point-in-time count)[21] results in an insufficient number of data points for viable machine learning–based predictive modeling to refine the assessment tool. This project also did not focus on housing prioritization for youth experiencing homelessness because the CoC did not begin using the TAY-VI-SPDAT until 2023, which consequently limited the available data for inclusion in this project.

Finally, the research team fully acknowledges that CoCs across the nation are calling for better strategies not only to prioritize scarce housing resources for SAEH but also to match individuals with the most appropriate housing to promote sustained exits from homelessness. However, our previous research[14] has suggested that prioritization and resource allocation (or matching) are distinct processes. Housing prioritization is essentially the process of deciding who merits special attention within a long line of people waiting for housing, i.e., who "moves to the front of the line" when a unit becomes available. While a person designated as high priority through an assessment tool (e.g., VI-SPDAT) may receive housing resources sooner than someone deemed lower priority, the prioritization process itself does not determine the specific type of housing resource (e.g., PSH vs. Rapid Re-Housing [RRH]; scattered-site vs. congregate housing) to which individuals should be matched. Because only a limited number of PSH units exist, relatively few SAEH have been placed (i.e., matched) into PSH (approximately 700 as of 2024) in the MO BoS-CoC. As a result, we do not have enough data points to refine the VI-SPDAT for the purpose of housing resource matching; instead, we focus on refining it for prioritization.

The community-engaged AI-augmented prevention framework (CEAIP)[22] guides the research activities throughout the project. The CEAIP framework provides a sequential yet iterative pathway that advances through six broad stages: problem conceptualization, identification of risk and protective factors, intervention design, intervention piloting, intervention efficacy testing, and intervention implementation. This framework articulates roles for both AI strategies (e.g., machine learning and optimization algorithms) and community members at each stage. A core premise of the CEAIP is that community engagement is essential to safeguard against algorithmic bias and to ensure that AI solutions are designed with community needs and interests in mind, positioning community members as "living safeguards" who provide oversight, norms, accountability, and contextual intelligence. This framework has been applied in the research team's previous project focused on fine-tuning the VI-SPDAT for Los Angeles' Coordinated Entry System (i.e., the Coordinated Entry System Triage Tool Research and Refinement; CESTTRR).[14] In both projects, the intervention of focus is the refined VI-SPDAT tailored to the local community context.

Although rural communities face significant challenges in addressing homelessness compared to urban communities,[23] we believe that the community-engaged, AI-supported process detailed in the CEAIP framework[22] would apply effectively to the MO BoS-CoC, which covers 101 rural counties in Missouri.[15] Community stakeholders were genuinely engaged throughout the project, had the power to guide its direction, and could request that the research team "stop" at the current stage or "retreat" to a previous stage to ensure that core community concerns were addressed. Moreover, after the completion of the project, the community stakeholders will have the final authority over whether the developed housing prioritization tool is adopted, implemented, and disseminated. It should be noted that, given the project's timeframe and the iterative nature of the CEAIP process,[22] we have not progressed to Stage Five (refined VI-SPDAT efficacy testing) or Stage Six (refined VI-SPDAT implementation). Rather, the final product of this project is a refined VI-SPDAT tailored to the MO BoS-CoC context and needs, ready for future full-spectrum efficacy testing and implementation.

Following the CEAIP framework,[22] this project focuses on three major areas identified by the MO BoS-CoC Board and community stakeholders: Determining the standard on which PSH prioritization for SAEH should be based; Identifying stakeholder concerns about the current VI-SPDAT and refining the tool accordingly; and Establishing the administration of the refined housing prioritization decision-aid tool.

Area 1: Determining the standard on which PSH prioritization for SAEH should be based.
As previously discussed, HUD requires communities receiving funding to prioritize scarce housing resources for the most vulnerable individuals through standardized assessments within coordinated entry systems.[8] Although the VI-SPDAT was originally designed to assess vulnerability for the purposes of housing prioritization and matching,[10,11] prior research has highlighted that it does not clearly define the construct of vulnerability it measures; as a result, there is no consensus on what type of vulnerability its score represents.[12,13]

In this project, community stakeholders and the research team focused on identifying the specific adverse outcome to which individuals are vulnerable in the absence of PSH intervention. Such an outcome would aid MO BoS-CoC in effectively prioritizing limited housing resources. The presence of such an adverse event is what the refined VI-SPDAT should be designed to predict.

Area 2: Identifying stakeholder concerns about the current VI-SPDAT and refining the tool accordingly.
Consistent with previous literature,[24,25] the research team has anecdotally learned through years of collaboration with MO BoS-CoC stakeholders that there are concerns about using the VI-SPDAT for housing prioritization. These concerns may include issues related to transparency, fairness, length of the tool, and wording of specific items. However, rigorous exploration, documentation, and examination of these concerns have not yet been conducted within the MO BoS-CoC.

More systematically exploring these concerns would allow the community stakeholder and the research team to collectively refine the current VI-SPDAT with the support of machine learning strategies (e.g., predictive modeling and fairness constraints) to address those concerns.

Area 3: Establishing the administration of the refined housing prioritization decision-aid tool. Our previous work on the Coordinated Entry System Triage Tool Research and Refinement (CESTTRR),[14] highlights that unintentional biases can be introduced during the administration of housing prioritization tools, potentially resulting in disparities in housing outcomes. The MO BoS-CoC has provided official training covering procedures for administering the VI-SPDAT. However, providers still face challenges when conducting vulnerability assessments with diverse SAEH populations in rural communities. These challenges underscore the need to supplement existing training with flexible "best practices" to help frontline providers conduct vulnerability assessments more effectively. Therefore, this project also emphasized identifying potential issues stakeholders encounter when administering the VI-SPDAT that may undermine effective and fair housing prioritization and collaboratively brainstorming best practices or strategies to address these concerns.

Following the CEAIP framework[22] to address these three areas requires regular and intensive community engagement. Our previous research with the Los Angeles Coordinated Entry System has highlighted the importance of engaging stakeholders both horizontally (e.g., stakeholders across diverse regions, service domains, and lived experiences) and vertically (e.g., frontline providers with daily interactions with SAEH and administrators familiar with state priorities).

The next section will discuss the strategies we used to cultivate sustained community engagement throughout the project, creating an invaluable feedback loop that not only holds the research team accountable but also supports the project goal: refining the VI-SPDAT to prioritize housing in ways that reflect the MO BoS-CoC community context and needs.

D. Community Engagement Strategies

CAB Meetings	Activities	Notes
April, 2024	• Project introduction and logistic setup (e.g., CAB attendance compensation).	
May, 2024	• CAB ground rule setup and housing prioritization introduction.	
June, 2024	• VI-SPDAT overview and training.	
July, 2024	• Co-design the Provider Perspectives on VI-SPDAT Survey (e.g., information/concerns critical to collect via provider survey). • Initial outcome exploration informed by CESTTRR[14] outcomes.	• Refer to Section F for details. • Provider Perspectives on VI-SPDAT Survey Version 1 • Provider Perspectives on VI-SPDAT Survey Version 2
August, 2024	• Provider Perspectives on VI-SPDAT Survey finding discussion focusing on perceived purpose of the VI-SPDAT fairness concerns (e.g., VI-SPDAT works well on specific populations but not the others).	• Refer to Section F for details.
September, 2024	• Provider Perspectives on VI-SPDAT Survey finding discussion focusing on challenges in VI-SPDAT administration.	• Refer to Section F for details.
October, 2024	• Subcommittee meetings*. • Identify issues regarding VI-SPDAT wording (Subcommittee 1 and Subcommittee 2). • Explore VI-SPDAT administration challenges and potential counter strategies (Subcommittee 3).	• Refer to Sections F and G for details. • Rewording Detailed Problem Identification Survey sent prior to sub-committee meetings. • Sub-Committee 1: First half VI-SPDAT rewording (items 1-11). • Sub-Committee 2: Second half VI-SPDAT rewording (items 12 - 27). • Sub-Committee 3: VI-SPDAT administration refinement.

CAB Meetings	Activities	Notes
December, 2024	• Rewording Detailed Problem Identification Survey results pertaining to VI-SPDAT item rewarding presentation. • Initial rewording recommendation discussion.	• Refer to Section F for details. • Slide template for rewording discussion facilitation.
January, 2025	• Co-design the CoC Provider VI-SPDAT Rewording Survey.	• CoC Provider VI-SPDAT Rewording Survey
February, 2025	• Rewording Detailed Problem Identification Survey results pertaining to VI-SPDAT administration practices presentation. • Initial administrative insights and potential best practices exploration.	• Refer to Sections G for details.
April, 2025	• Continuously explore scenarios of VI-SPDAT administration hurdles and collectively brainstorm counter strategies (i.e., best practices).	• Refer to Sections G for details. • Slide Template for VI-SPDAT Administration Discussion
June, 2025	• Presentation on potential outcome metrics. • Predictive modeling and outcome introduction. • Outcome feedback solicitation.	• Refer to Section E for details. • Co-Led with the Data Science Team.
August, 2025	• Outcome determination. • Simplicity and performance trade-off introduction. • Scoring system determination. • Assess CAB understanding of data science.	• Refer to Section F for details. • Co-Led with the Data Science Team. • CAB Understanding of Data Science Assessment Survey
September, 2025	• Provider rewording survey result discussion. • VI-SPDAT Rewording reiteration.	• Refer to Section F. for details. • Slide Templates for Final Rewording Decision Making
October, 2025	• Further discussion on best practices utilized by providers to address difficult VI-SPDAT assessment cases, build trust, increase transparency, and self-care.	• Refer to Section G for details. • Slide Template for VI-SPDAT Administration Discussion
November, 2025	• Introduction of fairness and performance trade-off in housing prioritization. • Data science team present scoring system and VI-SPDAT items under the constraints of fairness. • Feedback solicitation.	• Refer to Section F for details.
December, 2025	• Further discussion on CAB's acceptance and feedback regarding the items and scoring system under the constraints of fairness presented in the November 2025 CAB meeting.	• Refer to Section F for details • Co-Led with the Data Science Team
January, 2026	• Further discussion on two versions of refined VI-SPDAT the data science team developed to address CAB feedback raised in the December 2025 CAB meeting.	• Refer to Section F for details • Co-Led with the Data Science Team
February, 2026	• Vote on new tool.	• Refer to Section F for details • Co-Led with the Data Science Team
March, 2026	• Address additional implementation concerns. • Vote on refined scoring tool.	• Refer to Section F for details • Co-Led with the Data Science Team
April, 2026	• VI-SPDAT finalization via voting and approval. • Assessor training and role play planning.	• Refer to Section G for details
May, 2026	• Refined VI-SPDAT training. • Acceptability testing.	• Refer to Administration Manual for details • Refer to Section H for details • Assessor Acceptability Survey • Assesse Role Play Experience Survey
June, 2026	• Project milestone review. • Project process feedback solicitation. • Future priorities and pilot study discussion.	• Refer to Section H for details • CAB experience survey

Note: Subcommittee meetings were held separately. Therefore, in October 2024, three meetings were held rather than one.

Although the MO BoS-CoC had established and maintained a youth advisory board through the YHDP,[26] there was no adult CAB within the CoC prior to this project. Because we intended the CAB to play a primary and central role in the tool refinement process, it was essential that its members reflect the community stakeholders most impacted by homelessness. To inform our CAB recruitment strategy, we consulted with the MO BoS-CoC regarding their experiences formulating the youth advisory board. We then deployed an intensive outreach strategy centered on engaging people with marginalized identities and lived experience. Specifically, we sought to build a CAB that reflected the diversity of the homeless population and service providers, including people of color and LGBTQ+ individuals. We also aimed to ensure that CAB members represented the 10 service regions and the wide range of homeless service agencies operating within the MO BoS-CoC.

Considering that the MO BoS-CoC covers 101 rural counties in the state of Missouri, in-person recruitment by the research team was not feasible. We therefore created a flyer, shown in *Appendix A*, that included a QR code allowing interested and eligible individuals to apply. *Appendix B* included the application survey. Eligibility criteria for CAB membership included being a single adult currently experiencing homelessness, a single adult with lived experience of homelessness, or a frontline homeless service provider who administers the VI-SPDAT on a regular basis. To reach individuals suitable for the CAB, we first shared our intention to form the board, explained member roles and responsibilities, and discussed preferred eligibility criteria at various community meetings (including MO BoS-CoC general meetings, CE working group meetings, and regional case conferencing sessions). At these meetings, we disseminated the recruitment flyers and invited attendees to share them through their networks and encourage potentially interested and eligible individuals, including clients, to apply. Finally, we leveraged the MO BoS-CoC email listserv to broadly broadcast the CAB opportunity.

Through these recruitment efforts, a total of 72 individuals applied to join the CAB; of those applicants, 60 were eligible. Based on our previous experience working with the CAB in CESTTRR,[14] we decided to limit the CAB size to 18 members, accounting for an anticipated attrition rate of approximately 20%, which would leave about 15 CAB members regularly attending meetings throughout the project lifecycle. In our selection process, we prioritized applicants with lived experience or current experience of homelessness; individuals from marginalized populations, including racial/ethnic minorities, gender minorities, and sexual identity minorities; and representation across the 10 service regions and various homeless service agency types (e.g., outreach, domestic violence shelters). This process resulted in a diverse and inclusive CAB.

Our CAB was primarily composed of people with lived experience of homelessness (n = 14; 78%). Of these 14 members, six were also providers. CAB members were predominantly women (78%), and over 42% identified as racial and/or ethnic minorities. Two CAB members identified as LGBQ; however, none of the applicants identified as gender minorities. To further recruit gender minorities, we extended the recruitment period and conducted targeted outreach to agencies known to serve LGBTQ+ clients. Despite these efforts, we were unable to recruit CAB members who identified as gender minorities. Finally, regarding regional representation, given that the CAB size was limited to 18 regular members, it was not feasible to include one representative from each of the 10 service regions. We therefore grouped the MO BoS-CoC into four major geographic areas and used these groupings to guide the selection process.

Our recruitment strategy and selection process for forming the CAB were highly successful, as reflected in the 15 members who actively and consistently attended the monthly CAB meetings. This sustained engagement ensures that the refined housing prioritization assessment tool is grounded in stakeholders' lived experiences and insights and accurately reflects the community context in rural Missouri.

Strategy 2. Policy Action Board (PAB)

The PAB represented key policy-making stakeholders. Their input was sought on several important issues throughout the project, such as changes in guidance regarding the use of the VI-SPDAT for PSH prioritization, clarification of homelessness prevention and diversion practices, and potential implications of state policies or local ordinances (e.g., anti-encampment policies) for conducting vulnerability assessments and housing prioritization. The PAB also served as a gatekeeper to vet the project agenda, including decisions about integrating supplemental refined-tool administration training with the existing official training and making further edits to the refined tool. The research team was committed to conducting work that would meaningfully inform housing prioritization policy in rural Missouri and be useful to key stakeholders; the PAB was the primary body guiding this agenda-setting process.

Due to their role in this project, members of the PAB differed from the CAB in that PAB members are administrators and policymakers who are familiar with the local and statewide policy directions in addressing homelessness. The members also have a crucial say in whether a refined housing prioritization tool should be adopted and implemented to aid decisions in prioritizing PSH. With the MO BoS-CoC already having formulated a CE working group tasked with VI-SPDAT refinement, we leveraged this working group and included the MO BoS-CoC Board Chair as PAB members. All PAB members are also BoS-CoC Board members, which ensures that our project's final product, the refined VI-SPDAT for PSH prioritization, aligns with the CoC Board's vision and direction for housing prioritization. Such alignment also has logistical benefits for this project. For example, at the beginning of the project, when the research team sought to explore rural Missouri homeless service providers' concerns regarding the use of the VI-SPDAT for PSH prioritization via a provider survey, the PAB was able to assist us in effectively disseminating the survey and highlighting the importance of this project in addressing homelessness locally, resulting in valuable insights collected from the survey.

In this project, our original intention was to meet with the PAB on average four times per year throughout the project lifecycle. However, due to changes in the MO BoS-CoC structure that led to changes in the lead agency and leadership, reductions in human resources, and other competing priorities (e.g., YHDP), we were only able to meet with the PAB twice annually — replacing the remaining meetings with email communication and updates. Our experience highlights the reality of the community-based nature of this project, which is likely to occur in other resource-constrained rural CoCs as well. However, our flexibility and persistence, with support from the CAB, allowed us to pivot from quarterly meetings to a meeting-and-email-communication hybrid, enabling us to continuously engage the PAB without impacting the progress of this research project.

Strategy 3. Presenting Project Updates

To ensure the accountability of the research team on the progress of this project, in addition to working closely with the CAB and PAB, the research team also regularly provided project updates to the full MO BoS-CoC Board by attending their board meetings. The research team also met monthly with the funder, the National Alliance to End Homelessness, and presented at regional and national conferences. These meetings and presentations not only provided project updates but also solicited feedback from stakeholders regarding national trends in addressing homelessness, ensuring that this project aligns with local community needs while also informing future strategies to prioritize PSH for SAEH.

E. Determining the standard on which PSH prioritization for SAEH should be based

This section describes the process and strategies through which the research team — including the community engagement team and the data science team — and the CAB collaboratively defined the standard on which PSH prioritization for SAEH should be based in the MO BoS-CoC.

As previously discussed, the current VI-SPDAT does not have a clear definition of vulnerability.[12,14] Different CoCs may have very different conceptualizations of vulnerability that serve as their standards for housing prioritization decision-making. Because the definition of vulnerability is contingent on community context (e.g., available resources, characteristics of SAEH, shared beliefs, geographical diversity), it is not surprising that community stakeholders have raised concerns that a "one-size-does-not-fit-all" approach may not be appropriate when implementing the VI-SPDAT for housing prioritization.

For this project, it was critical as a first step for the CAB to determine the definition of vulnerability for the coordinated entry system in the MO BoS-CoC to use when prioritizing PSH for SAEH. From a data science perspective, having access to and leveraging connected and comprehensive datasets would be ideal, as this would provide more flexibility in defining the vulnerability outcome that the assessment tool should predict. In our previous CESTTRR project,[14] HMIS was connected with the LA County InfoHub data, which includes datasets from multiple county agencies. The research team was therefore able to work with community stakeholders to explore various options for defining vulnerability that the AI-supported assessment tool could aim to predict outside of HMIS, for example, substance use disorder diagnoses recorded in Department of Health Services or Department of Mental Health facilities.

After navigating potential datasets in rural Missouri, we were unable to identify existing datasets that could be easily connected with HMIS. Furthermore, our discussions with the CAB and PAB suggested that it might not be feasible or sustainable for the MO BoS-CoC, ICA, the HMIS vendor for the MO BoS-CoC, and other potential state agencies (e.g., the Department of Mental Health) to manage a data warehouse that connects datasets from multiple sources. Ethical concerns, such as privacy, confidentiality, surveillance, and the potential for abuse or misuse of a connected dataset, also emerged during discussions with the CAB. Therefore, in this project, we were limited to defining vulnerability based solely on HMIS data. Although this project was constrained by the available dataset (i.e., HMIS) to which we had access, the feasibility, sustainability, and ethical concerns raised by both boards were valid. We also believe that such constraints around integrated datasets are common across many rural CoCs nationwide, a point further supported by feedback the research team received at various conference meetings.

In our fourth meeting with the CAB, after we introduced the overall goal of the project, addressed logistic issues (e.g., attendance compensation), and set group ground rules. We discussed the standard by which PSH should be prioritized for SAEH; essentially, asking what a vulnerability assessment tool refined from the VI-SPDAT should assess or predict. To facilitate discussion, we framed the vulnerability outcome that the refined assessment tool should predict as "a significant adverse event that is likely to occur without PSH intervention and that the community would want to avoid". We also emphasized that, although CAB members might have an ideal definition of a vulnerability outcome (i.e., an adverse event), we were constrained by the outcomes that could be measured using HMIS data, due to the concerns previously discussed.

We also shared example outcomes established in our prior CESTTRR project.[14] Through this discussion, two potential outcomes emerged: chronic homelessness and mortality as adverse events that the CAB believed should be avoided through PSH prioritization.

The data science team of the research team proposed four outcomes to the CAB that were measurable within the HMIS data: ongoing homelessness, sustained homelessness, street outreach, and mortality. Ongoing homelessness identifies clients as vulnerable if they have at least one interaction with homelessness-related services (street outreach, safe haven, emergency shelter, day shelter, transitional housing) within one year of entering the system. Similarly, sustained homelessness identifies individuals as vulnerable if they have at least one interaction with homelessness-related services in the period starting one year after they enter the system and ending two years after they enter. Street outreach classifies clients as vulnerable if within one year of entering the HMIS system, the client is observed to be experiencing street homelessness. Lastly, mortality categorizes clients as vulnerable if they have died while experiencing homelessness.

To help narrow down to one outcome that a refined VI-SPDAT should predict for the purpose of PSH prioritization, we adopted a consensus group approach[27] in our CAB meeting. Before presenting the four outcome candidates to the CAB, the data science team and the community engagement team met to review the presentation details. We believe this step was crucial to meaningfully engage the CAB and solicit their feedback on determining which outcome to move forward. Two preparation meetings between the data science team and the community engagement team were conducted.

The first meeting focused on the data science team's findings, specifically how the four outcome definitions were determined and captured using HMIS. The data science team also outlined the feedback they hoped to seek from the CAB to determine which outcome (i.e., the occurrence of an adverse event without PSH intervention) the refined assessment tool should predict and, therefore, use as the standard for PSH prioritization. The community engagement team then provided strategies to help the data science team translate complex or technical content into language that both the community engagement team and CAB members could understand. They also offered feedback on the visualization and organization of the presentation to highlight the discussion points on which the data science team wanted the CAB to focus. The data science team then finalized the presentation based on this feedback.

For example, the community engagement team noted that CAB members might not have a deep understanding of machine learning, including predictive modeling. Providing a brief training on what constitutes an optimal outcome (e.g., a roughly 50–50 split in the occurrence of an adverse event) from a data science perspective would help set parameters for a meaningful discussion with the CAB.

We also decided to use color coding modeled after traffic lights to illustrate the level of difficulty associated with predicting each outcome. Comparison tables were added to highlight preliminary pros and cons of each outcome serving as a standard for PSH prioritization for SAEH. *Appendix C* illustrates the selected slides presented to the CAB.

In the consensus groups, the research team first provided a brief training on predictive modeling, how it applies to refining the VI-SPDAT for housing prioritization, and what outcomes are considered good candidates (i.e., outcomes that the data science team could model with better accuracy). The team then introduced each outcome separately, along with its perceived pros and cons. We then divided the CAB into three breakout rooms, with each room including a data science team member, a community engagement team member, a note taker, and CAB members.

In the breakout sessions, the research team reiterated the purpose of the consensus meeting (i.e., to finalize the vulnerability outcome that the CAB would like the refined VI-SPDAT to assess for the purpose of PSH prioritization), clarified any confusion the CAB might have had during the presentation, and facilitated discussion to solicit CAB members' feedback on the pros and cons of each outcome. The breakout session lasted about 45 minutes and was followed by a full-group debriefing. After one research team member from each breakout group summarized their discussion, the full CAB and the research team compared and contrasted the feedback to determine the next step forward.

Our CAB favored ongoing homelessness and sustained homelessness, and proposed combining the best parts of the two outcomes. Based on this feedback, the data science team proposed and analyzed a new definition, extended ongoing homelessness, that identifies individuals as vulnerable if there is at least one interaction with homelessness-related services within a year and a half of entering the HMIS system. This new outcome was approved by the CAB in the following meeting.

F. Identify current VI-SPDAT concerns and refine the VI-SPDAT accordingly

As discussed in previous sections, homeless service providers in the MO BoS-CoC have raised concerns about using the VI-SPDAT for PSH prioritization, which motivated the development of this project. This section presents the processes and strategies through which the research team and community stakeholders collectively identified concerns about the current VI-SPDAT and refined it accordingly.

To more systematically explore providers' concerns regarding the VI-SPDAT, we conducted an anonymous online survey, the Provider Perspectives on VI-SPDAT Survey, disseminated by the CE working group to all providers listed on the MO BoS-CoC working group. This survey was adapted from a provider survey developed in our previous CESTTRR project.[14] Before finalizing the survey, we consulted with the Chair of the MO BoS-CoC Board and the leader of the CE working group to ensure the wording, length, and content relevance were appropriate. Both recommended shortening the survey to promote provider response rates. To ensure we explored providers' concerns regarding the current VI-SPDAT comprehensively while also respecting their busy schedules, the research team decided to derive two survey versions from the original; each version had its own set of questions, but they also shared overlapping blocks of questions.

Appendix D illustrates both versions of the Provider Perspectives on VI-SPDAT Survey. The overlapping blocks of questions are critical to exploring provider concerns with housing prioritization tools based on our experiences in the CESTTRR.[14] These shared blocks of questions include items that should be added to or removed from the VI-SPDAT, provider perceptions regarding the construct the VI-SPDAT is assessing, and demographic questions. In terms of the major differences between the two versions, the Provider Perspectives on VI-SPDAT Survey version one captured VI-SPDAT performance across different populations (e.g., domestic violence survivors, LGBTQ+ individuals, people of color) and administrative challenges of the tool itself (e.g., length and wording of the tool), while version two captured predictive accuracy of the VI-SPDAT on various domains (e.g., victimization, death) and administration challenges for implementation (e.g., locations for administration, administration training). In collaboration with the CE working group, we randomly assigned individuals on the MO BoS-CoC member listserv to receive survey version one or survey version two.

A total of 52 providers responded to the survey (27 in version one and 25 in version two). Figures 3-6 highlight the major findings, which guided our follow-up discussions with the CAB on concerns about the current VI-SPDAT and strategies to refine it accordingly. As illustrated in these figures the major concerns raised by providers were potentially related to wording issues (e.g., confusing to clients or traumatizing wording), fairness (i.e., not working well for people of color), and complexity (e.g., length and multiple sub-items) (**Figure 3**, **Figure 4**, **Figure 5** and **Figure 6**).

Figure 3: How well Does VI-SPDAT work for various populations

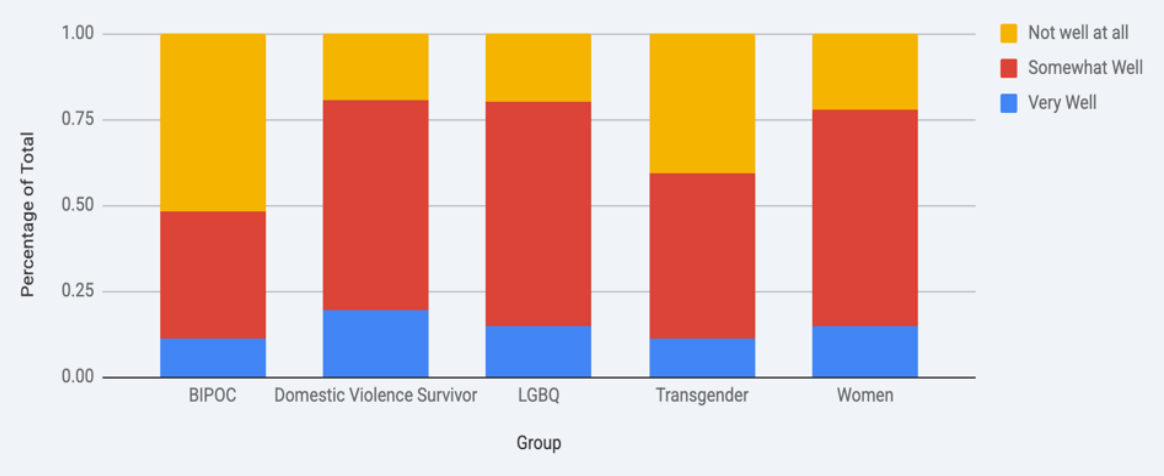


Figure 4. How Much of a Challenge is: The length of VI-SPDAT?

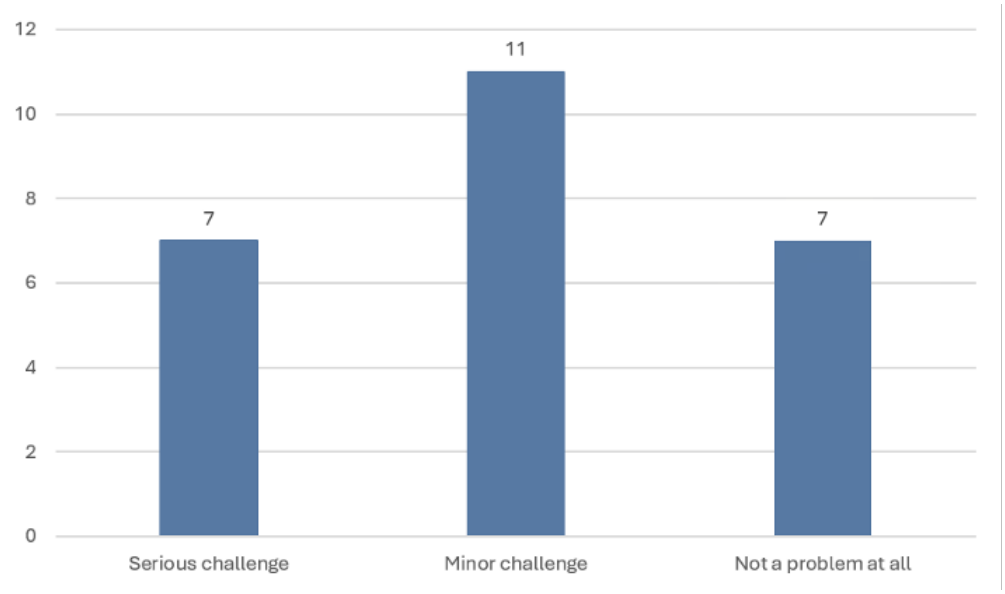


Figure 5. How Much of a Challenge is: The extent to which the tool seems to be trauma informed?

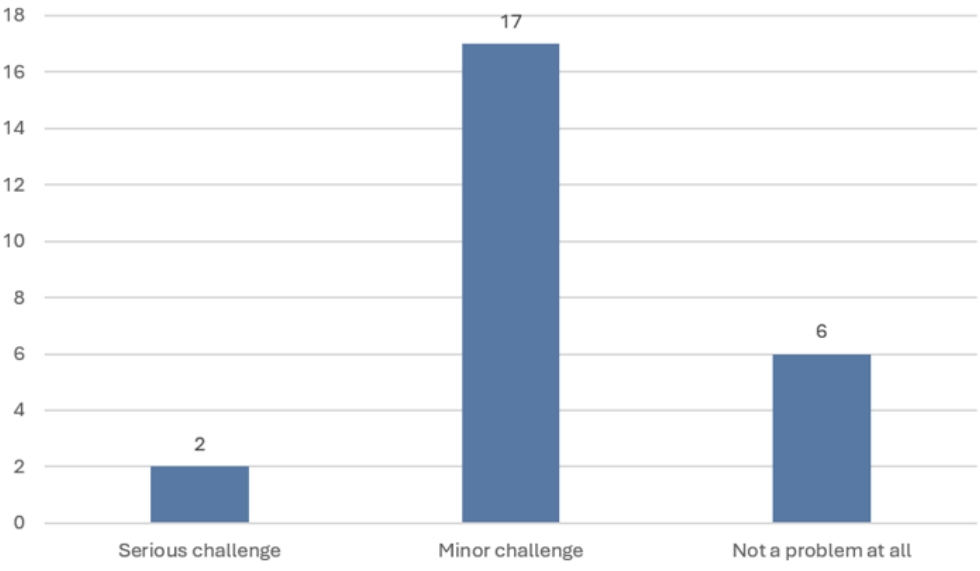
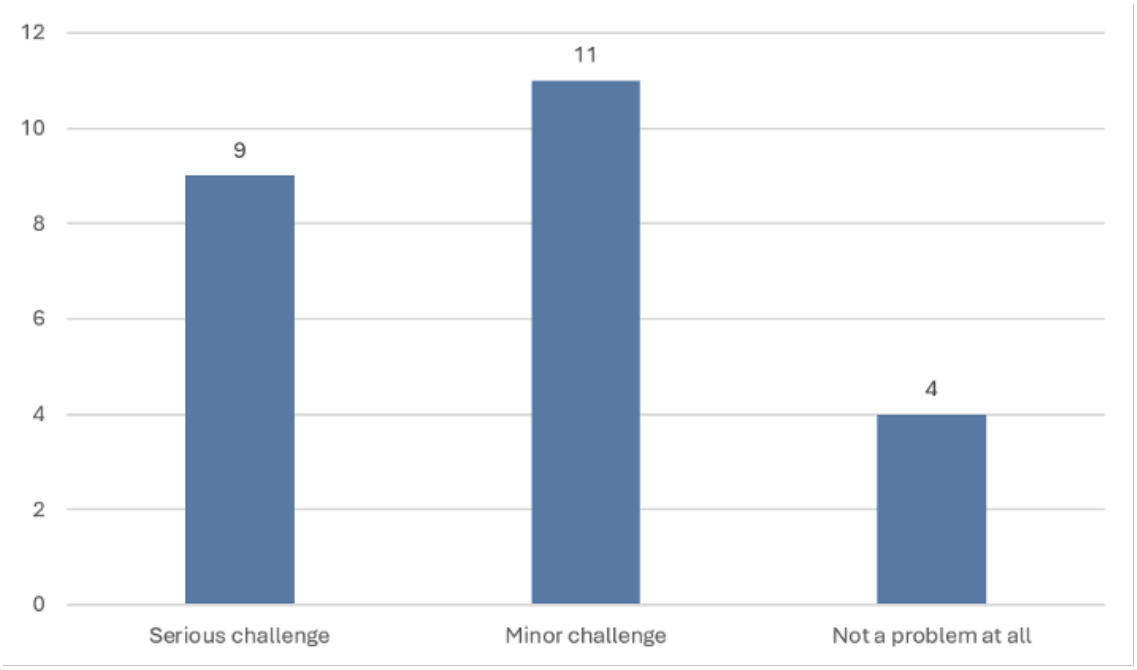


Figure 6. How Much of a Challenge is: Clients' understanding the purpose of VI-SPDAT?



A Simultaneous Strategy to continuously engage community stakeholders in VI-SPDAT Refinement

We utilized two parallel strategies to address these concerns raised by homeless service providers. One strategy focused on collectively rewording the current VI-SPDAT with the CAB to address concerns regarding the wording of the tool, such as deficit-focused language, confusing wording, and questions that may retraumatize SAEH. The community engagement team led the activities under this strategy. The other strategy focused on refining the VI-SPDAT with the goal of simplifying the tool (e.g., reducing the number of items) while preserving its performance in assessing SAEH's vulnerability to experience sustained and ongoing homelessness and its fairness. Activities under this approach were led by the data science team, with support from the community engagement team and the CAB. Although both strategies were carried out simultaneously, we will first discuss the activities led by the community engagement team, followed by those led by the data science team.

Rewording of the VI-SPDAT

Feedback we received from the PAB and CAB during presentations of the Provider Perspectives on VI-SPDAT Survey findings also echoed the concerns identified above. Furthermore, CAB members raised concerns that some items in the original VI-SPDAT may be too complex for providers to administer or clarify for SAEH. Considering the project's time constraints, the number of CAB members, and the vast geographic area covered by the MO BoS-CoC, we were unable to create a rewording task force under the CAB as we did in CESTTRR.[14] Instead, the entire CAB was involved in the rewording process. In this project, five CAB meeting sessions, including the session dedicated to confirming the Provider Perspectives on VI-SPDAT Survey findings, were devoted to rewording the VI-SPDAT.

Not all CAB members were familiar with the VI-SPDAT, such as members currently experiencing homelessness or those with lived experience who were not providers. Therefore, we conducted a brief introduction to the single adults VI-SPDAT, including the items it contains and its scoring system. With volunteer leadership from CAB members who were providers, we also explained how the current VI-SPDAT is used for housing prioritization within the coordinated entry system. Considering the number of items in the VI-SPDAT (27 items; 34 items if sub-items included), it was not feasible for the entire CAB to focus on all items together. We therefore divided the CAB into three subcommittees: one focused on reviewing and providing feedback on the wording of the first half of the VI-SPDAT (items 1 to 11), another focused on the second half (items 12 to 27), and a third focused on issues related to the administration of the VI-SPDAT, which will be discussed in Section F.

Appendix E illustrates the form (the Rewording Detailed Problem Identification Survey) we sent to individual CAB members in rewording subcommittees to complete before the subsequent CAB meeting discussion. As shown in the form, each subcommittee reviewed its designated portion of the VI-SPDAT item by item to identify issues with specific items (e.g., "This question is easily misunderstood by clients or staff") and to provide feedback accordingly. CAB members' responses to the forms were tallied and presented to the corresponding subcommittee. Meetings with each subcommittee were facilitated by two research team members, with one taking notes on providers' rewording recommendations. *Appendix F* provides the slide templates we used to facilitate these discussions.

To ensure all CAB members were able to review all VI-SPDAT items, not just the portion assigned to their subcommittee, a full CAB meeting was held after the subcommittee meetings. During this meeting, the CAB reviewed and discussed the issues and recommendations from all subcommittees. Additional recommendations and feedback were documented to construct a comprehensive list of item-by-item rewording recommendations. Based on CAB feedback, the CoC Provider VI-SPDAT Rewording Survey, illustrated in *Appendix G*, was created and sent to homeless service providers in MO BoS-CoC by the PAB for voting via the email listserv maintained by the MO BoS-CoC. A total of 26 providers took the rewording survey. The provider rewording survey, although suggesting high consensus on rewording most items (e.g., VI-SPDAT item 1b received 91% votes to keep the original language), showed that BoS-CoC providers were split on certain items. For example, VI-SPDAT item 1a (Most days can you find a safe place to sleep?), the rewording option that received most of the votes was "Where do you sleep?". However, only 35% of the providers voted for that option, suggesting disagreements on rewording options. Therefore, in a separate CAB meeting, the research team presented the items that did not receive rewording consensus from at least 75% of survey respondents (template illustrated in *Appendix H*). In this meeting, CAB members addressed those disagreements to form consensus on how the VI-SPDAT should be reworded.

Refine VI-SPDAT to improve simplicity and fairness

In the Provider Perspectives on VI-SPDAT Survey sent out to homeless service providers across the MO BoS-CoC, providers highlighted issues regarding the length and complexity of the VI-SPDAT as well as concerns about fairness (i.e., working well for certain homeless subpopulations but not all). Our CAB confirmed these concerns. Specifically, the CAB expressed that it could take hours to complete a single vulnerability assessment due to the length and complexity of the current VI-SPDAT. Furthermore, the CAB emphasized that they have long viewed fairness as a concern when the VI-SPDAT is used to aid housing prioritization decisions, including PSH. Empirical research also suggests housing disparities based on race and ethnicity, sexual orientation, and gender identity when housing prioritization and allocation decisions are made using the VI-SPDAT. These concerns were consistent with provider concerns raised in our previous CESTTRR project.[14] In that project, we were able to address these issues using predictive modeling with guidance from the CAB. Specifically, in this project, we first addressed the length and complexity issues of the VI SPDAT and then the fairness issue.

As discussed in Section E, the standard that PSH prioritization should be based upon (i.e., the adverse event the community would like to avoid through prioritizing PSH) is the risk of extended ongoing homelessness; defined as having one or more interactions with homelessness services within a year and a half of entering the system. With this outcome established, the data science team applied predictive modeling to determine which specific VI-SPDAT items most strongly predict extended ongoing homelessness, which achieved performance comparable to models that use the full VI-SPDAT instrument. Specifically, this predictive modeling process used existing HMIS data to find which questions of the current VI-SPDAT combined best predict the determined outcome (i.e., an individual's likelihood of remaining homeless for a long time without PSH intervention).

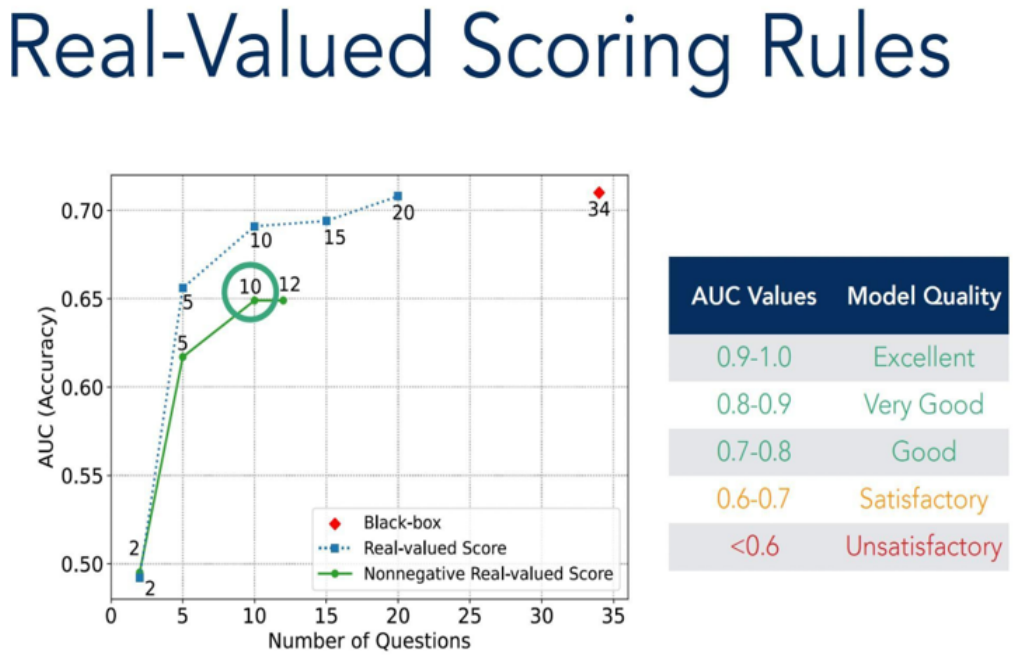
Furthermore, the data science team evaluated the performance of multiple scoring approaches, such as real-value, integer, and black-box scoring systems — across different subsets of items drawn from the VI-SPDAT. The current VI-SPDAT uses a simple linear scoring system in which each "yes" response contributes one point. This approach assumes that all items have equal predictive value for the outcome. By contrast, weighing items according to their relative predictive strength allows for a more nuanced scoring system. This approach makes it possible to reduce the number of items included in the refined VI-SPDAT (i.e., asking only those that meaningfully predict the outcome, assigning different weights based on importance, and discarding items that contribute little to prediction) while maintaining predictive accuracy.

When assigning varying weights to each VI-SPDAT item in our analysis, we explored different scoring approaches, including real-value, integer, and black-box scoring. In real-value scoring, each item receives a continuous weight (e.g., 0.123 or -0.478) based on its contribution to predicting the outcome; in integer scoring, each item is assigned a whole number for simplicity in real-world implementation. For example, an item might be assigned 7 points, 2 points, or -8 points. These integer values are derived from the real-value weights, sacrificing some predictive precision in exchange for greater simplicity and usability. Similar to the original VI-SPDAT, under both real-value and integer scoring systems, an individual's responses are summed, with higher scores indicating a greater likelihood of extended ongoing homelessness in the absence of PSH intervention. Because assigning negative values to a "yes" response (e.g., –0.478 or –8) may be confusing to providers and SAEH, we also explored placing both scoring systems under a non-negative constraint, to ensure that all item weights were zero or positive. It should be noted that applying such constraints may reduce predictive accuracy.

In contrast, black-box scoring refers to scoring systems generated by complex machine-learning models, where the contribution of each item is not directly interpretable. Unlike real-value or integer scoring, we cannot trace how the model combines the items into a final score. For example, based on a person's responses, a black-box model may output a risk score of 0.87, but we cannot explain exactly how each item influenced that score.

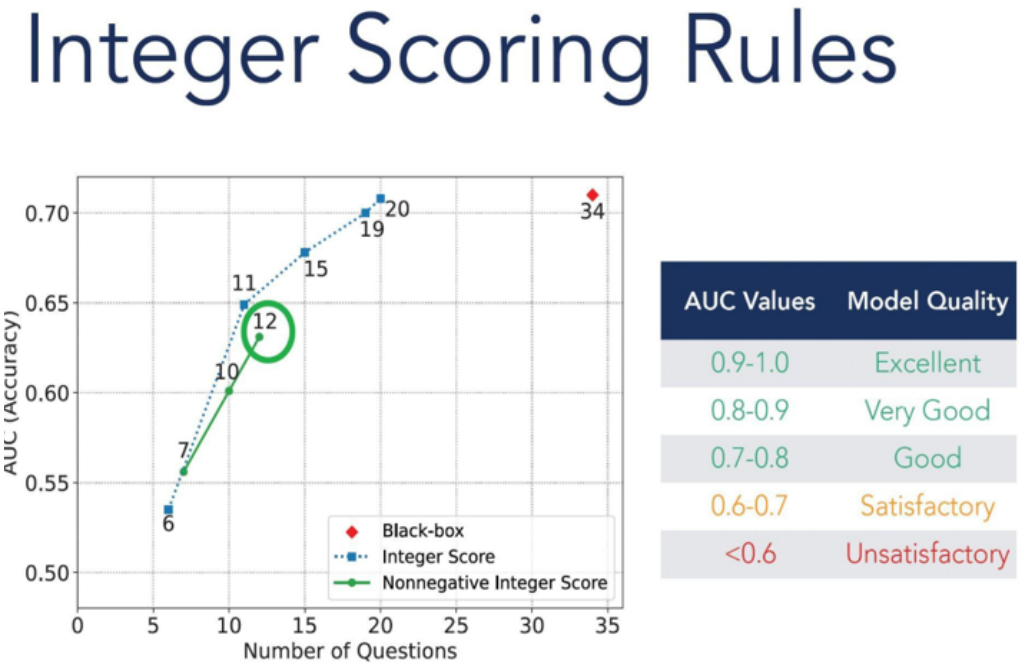
As shown in Figures 7 and 8, when using a real-value scoring system, we were able to reduce the number of assessment items to 10 to achieve satisfactory accuracy (i.e., AUC2=0.65*) in predicting the outcome; while using an integer value scoring system, we were able to reduce the number of assessment items to 12 to achieve satisfactory accuracy in predicting the outcome. *Appendix I* includes the ten items identified when using a real-value scoring system and *Appendix J* includes the 12 items used when using an integer scoring system. It should be noted that both refined VI-SPDAT are not finalized, as these versions did not take fairness into consideration (**Figure 7** and **Figure 8**).

Figure 7. Performance with Real-Value Scoring System



AUC Values	Model Quality
0.9-1.0	Excellent
0.8-0.9	Very Good
0.7-0.8	Good
0.6-0.7	Satisfactory
<0.6	Unsatisfactory

Figure 8. Performance with Integer Scoring System



AUC Values	Model Quality
0.9-1.0	Excellent
0.8-0.9	Very Good
0.7-0.8	Good
0.6-0.7	Satisfactory
<0.6	Unsatisfactory

Following the similar consensus-building procedure through which the CAB guided the research team to determine the outcome (discussed in Section E), the data science team first presented the results to and went through the presentation with the community engagement team. The goal of this meeting between the two teams was to identify potential areas that might be confusing to CAB members and identify strategies to clarify those potential confusions. Furthermore, in this meeting, the research team identified domains critical for the data science team to receive CAB's guidance in order to move forward. These domains included CAB's perceptions regarding accuracy and simplicity trade-off, preferred scoring system, acceptance in allowing negative values assigned to items in the scoring system, items critical yet not included in this version of refined VI-SPDAT, and items that should not be included in this version of refined VI-SPDAT. This CAB preparation meeting between the two teams was critical, as the community engagement team was able to provide feedback on strategies that the data science team could convey in their findings to the CAB; and so that the CAB members would be able to provide informed feedback guiding the data science team to move on to the next step in addressing fairness concerns of the VI-SPDAT.

This second CAB meeting with the data science team, devoted to refining VI-SPDAT, followed the similar process described in Section E. The data science team first recapped what was achieved in the previous meeting and clarified any remaining concerns. The data science team highlighted that the goal for this meeting was to address complexity concerns raised by the MO BoS-CoC providers and the CAB. A brief introduction on achieving simplicity through various scoring systems and accuracy performance trade-offs was conducted. After the presentation, the CAB members entered into three breakout sessions, with each breakout session led by two research team members (one from the data science team and one from the community engagement team) alongside a note taker.

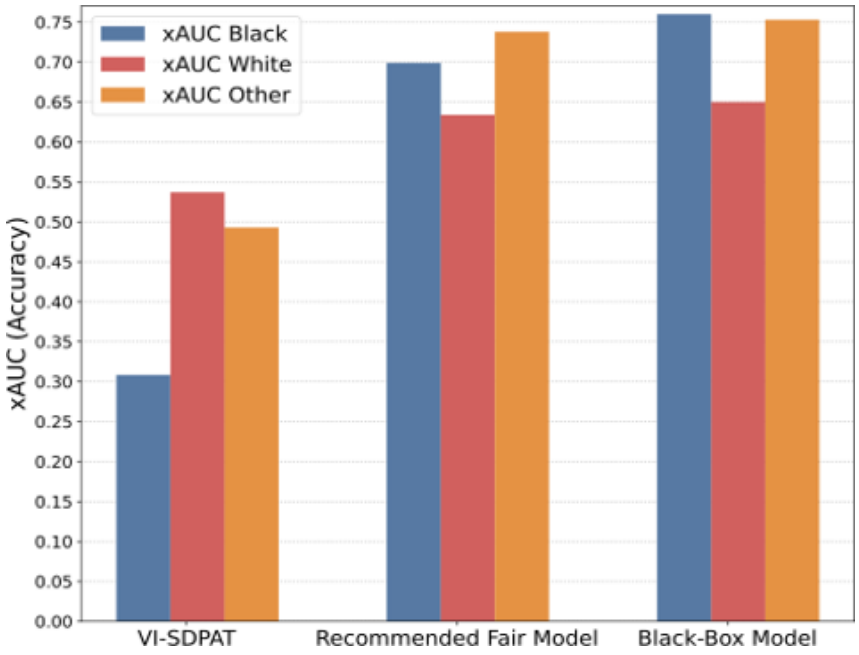
The breakout discussions focused on CAB members' preferences on various scoring systems, acceptance of accuracy-simplicity trade-offs, attitudes toward allowing negative values assigned with specific items, and improvements of the current refined version of VI-SPDAT (i.e., items that should be added or items included that should be omitted). In general, CAB members were excited about the reduction of VI-SPDAT items from 52 items — with subitems included — to 12 items while still maintaining good accuracy performance. They also highlighted that some of the removed items were actually the ones they considered traumatizing items. However, in different sessions, CAB members had different opinions on whether to use the true-value vs. integer scoring system, and whether negative values were allowed. Specifically, some CAB members expressed acceptance of asking merely 10 questions to assess SAEH's vulnerability with accuracy; while some CAB members were concerned about conducting vulnerability assessments in outreach settings where documentation and calculation of real-value scores might not be feasible. In terms of allowance of negative values in the refined VI-SPDAT scoring system, the major concern was interpretation (i.e., items showing vulnerability receiving negative points). However, some providers argued that the current refined version only contained a few items assigned with negative value, and that SAEH were not told the exact value assigned to their responses during the assessment.

A full group consensus building session was then conducted to reconcile differences and to form consensus guiding the data science team to move forward. At the time, the groups had consensus that the accuracy performance and simplicity trade-off is acceptable and that the data science team could move forward to address fairness concerns by using the integer scoring system with negative values allowed. It should be noted that to ensure that the CAB fully understood the data science team's presentation, so that the feedback they provided was well-informed, the community engagement team conducted a brief online survey (*Appendix K*) as a post-hoc check in. All CAB members who took the survey expressed that they understood the concepts provided by the data science team and that they were able to contribute to the revision efforts meaningfully.

Refine VI-SPDAT for Fairness.

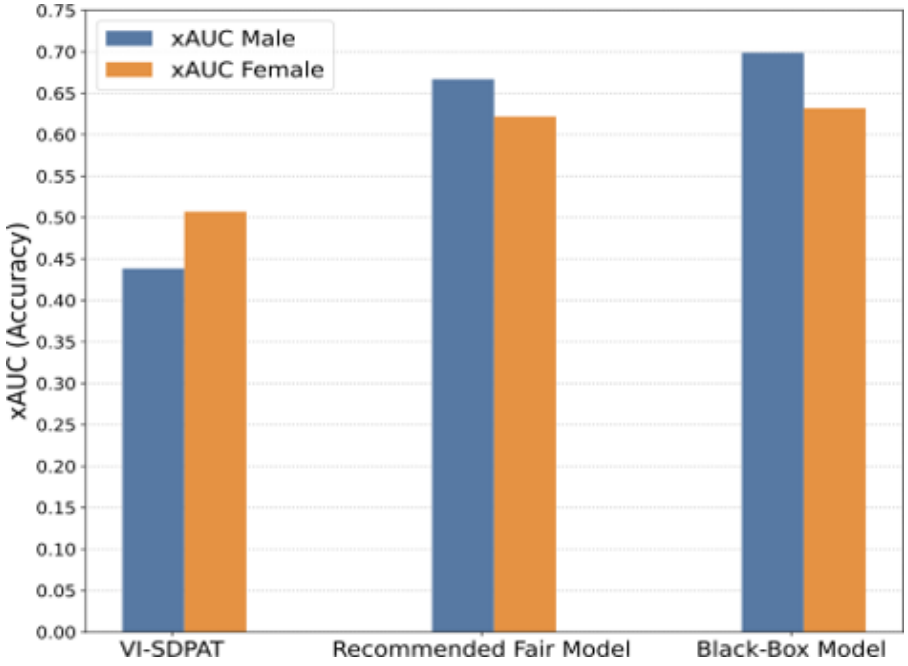
To address fairness, the data science team evaluated the new proposed scoring tool on how well the tool scores vulnerable people in different demographic groups. The metric used to evaluate fairness is based on the AUC, which measures how well the new scoring tool ranks vulnerable people above non-vulnerable people based on the outcome definition. The higher the AUC, the better the scoring tool is at assigning higher scores to those who are truly vulnerable. We proposed to assess fairness by comparing the xAUC[3] of different demographic groups. The xAUC measures whether vulnerable individuals in a demographic group receive higher scores than all non-vulnerable individuals. We chose to focus on fairness through xAUC because it emphasizes whether the scoring rule successfully prioritizes the most vulnerable individuals by assigning them the highest scores. If the xAUCs for all different demographic groups are similar, then how the scoring tool ranks individuals can be considered fair (relative to this specific metric). We achieved satisfactory predictive accuracy using 19 questions while maintaining acceptable fairness as measured by xAUC. The data science team evaluated the fairness of the current VI-SPDAT and the current scoring tool using the xAUC metric across different racial groups (Black, White, and other), as shown in **Figure 9**.

Figure 9. xAUC by Racial Groups and Models



In the current VI-SPDAT data, the xAUC for Black individuals is considerably lower than the xAUCs for other racial groups, suggesting that the current VI-SPDAT scoring system is unable to assign vulnerable Black individuals with higher scores in comparison to other vulnerable individuals. In other words, the current scoring rule struggles to identify the most vulnerable Black individuals compared with other groups. The proposed scoring tool, on the other hand, improves the xAUC among all demographics while also making the xAUC more similar across demographics, with similar fairness to the black-box model. This suggests that the proposed scoring tool is able to assign vulnerable individuals with relatively higher scores across the board and more equally among each racial group, making the proposed scoring tool fairer than the current system in terms of race (relative to this metric). A similar analysis was conducted to assess the fairness between male and female individuals, shown in **Figure 10**.

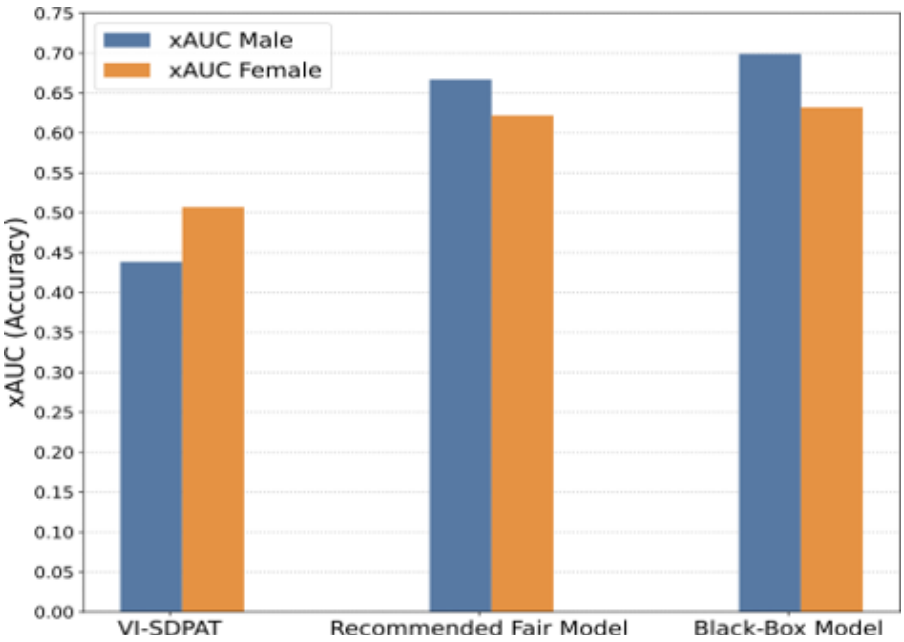
Figure 10. xAUC by Male vs. Female and Models



Males and females have similar xAUCs in both the current scoring system and the new proposed scoring tool, with the new proposed scoring tool offering higher xAUCs for both demographic groups.

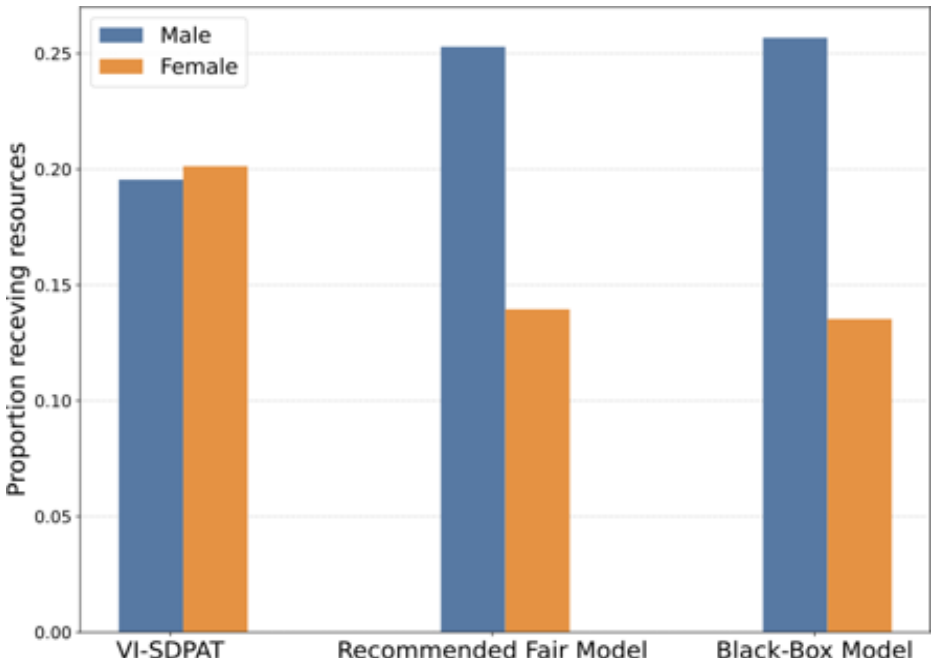
In addition to assessing fairness in terms of ranking vulnerable individuals, the data science team also considered fairness in terms of how the scoring tool would allocate housing resources. That is, if the proposed scoring tool is directly used to assign housing resources (PSH and RRH) to those with the highest vulnerability scores under the same number of resources that are currently available, the proportion of each demographic group that receives a housing resource can be calculated and compared. We summarize the results in **Figure 11**.

Figure 11. Racial/Ethnic Differences in Housing Resource Allocation Under Alternative Scoring Models



In the current system, based on the historical data, the proportion of Black individuals that receive a housing resource is lower than the proportion of White individuals and other individuals, suggesting some disparity in the allocation of the housing resources among different racial groups. Using the proposed scoring tool to allocate resources, the disparity in the proportion of individuals that receive housing resources among different racial groups equalizes. However, the opposite can be said when examining the disparities in housing allocation between male and female individuals, as shown in **Figure 12**.

Figure 12. Variation in Housing Resource Allocation by Gender Under Different Scoring Models



While in the current system males and females are assigned housing resources at similar rates, the new proposed scoring tool assigns housing resources to males at a higher proportion than to females. This is due to the fact that males are predicted to experience negative outcomes at higher rates if they do not receive any resources, and thus the new scoring tool generally assigns higher scores to males than to females.

Following a similar procedure discussed in working with CAB to co-refine VI-SPDAT for simplicity, the research team met with the CAB to present the fairness analysis results. Informed by the previous CAB discussion, the data science team presented models with fairness constraints under the integer scoring system, while allowing for negative values. CAB members accepted the increase of items, from 12 to 19, in exchange for better fairness. However, CAB members across breakout sessions highlighted the concerns of negative values assigned with multiple items. With multiple items assigned with negative values, CAB members expressed it would be very difficult to explain, not only to SAEH, but also to new providers receiving training to administer the VI-SPDAT, in terms of why SAEH might be considered lower vulnerability in scores, but actually more vulnerable in real world (i.e., their positive responses to the questions). Finally, as previously noted, CAB members worked concurrently on rewording the VI-SPDAT items. Compared to the existing VI-SPDAT Version 2.0, several items were substantially reworded or removed. For example, some CAB members expressed concern about an item asking SAEH to disclose their HIV status and recommended removing it. However, because the HMIS data available to the research team was collected using the existing VI-SPDAT Version 2.0, the refined tool had to be developed from these Version 2.0 items from a data science standpoint. This created a tension between the CAB's rewording preferences and the data constraints under which the data science team operated.

Finalizing the Refined VI-SPDAT

To address the concerns previously discussed, two follow-up CAB meetings were scheduled within a short timeframe, in which the data science team presented several versions of the proposed tool that differed in the items they included. These versions used a positive integer scoring system, meaning that the points assigned across items were positive whole numbers. This approach addressed the CAB's concern about penalizing SAEH by assigning negative points when they responded "yes" to certain questions. The proposed versions differed in whether they retained items the CAB had recommended removing and in the extent to which items were reworded. Our goal was to develop a tool that relied on items as close as possible to those in the reworded version without sacrificing too much accuracy or fairness. For instance, the version that retained the HIV-related item demonstrated slightly better accuracy than the version that omitted it. Discussion in this meeting therefore centered on whether to include or exclude the HIV-related item (and other reworded items), and whether the associated trade-off in accuracy was acceptable. The consensus among CAB members was to adopt the refined VI-SPDAT version that excluded the HIV item.

In the following two meetings, we focused primarily on implementation concerns raised by the CAB and conducted a series of votes on the tool accordingly. One such concern involved the disproportionately large weight assigned to certain items; for example, although the proposed tool had a score range of 0–56, a single item contributed 19 points when answered "no." In response, the data science team made several adjustments to improve the tool's usability, reducing the maximum single-item score from 19 to 10 and the maximum total score from 56 to 44.

The resulting tool uses 10 questions with positive integer scores, which are aligned with the reworded questions to be both fairer and simpler than earlier versions. It substantially outperforms the existing VI-SPDAT across all key accuracy and fairness metrics. Beyond these quantitative improvements, qualitative feedback from CAB members underscored the societal importance of a shorter and more respectful assessment instrument. Reducing the tool from 34 to 10 questions, while maintaining a simple additive scoring structure, lowers the administrative burden for providers, makes the assessment process faster and less intimidating for clients, and reduces the risk of retraumatization by eliminating questions on sensitive topics (such as HIV status, which CAB members identified as inappropriate for an intake assessment).

We also asked whether the CAB wished to retain any additional questions beyond the 10 selected. We explained that the included questions and their corresponding scores are the only ones needed to predict risk scores accurately and fairly, but that additional questions could be added to gather supplementary information, provided they were assigned a score of 0 to preserve the tool's accuracy and fairness. In a subsequent vote, 12 of 13 CAB members indicated that they did not wish to add any zero-score questions. The refined tool was then approved by all CAB members.
Appendix L illustrated the 10 reworded items of the VI-SPDAT. It should be noted that this 10-item version is not the final VI-SPDAT, as confirmation from the MO BoS-CoC is needed.

G. Suggesting improvements to the administration of the refined tool

This section described the process and the activities the CAB and the research team conducted to improve the administration of the refined VI-SPDAT. It should be noted that the MO BoS-CoC, in collaboration with the ICA, provided training to community partners to conduct VI-SPDAT. However, in the Provider Perspectives on VI-SPDAT Survey, homeless services providers still highlighted concerns (e.g., transparency, trust) that pose barriers for them to carry out VI-SPDAT to collect honest responses from SAEH. The CAB echoed with those concerns; furthermore, the CAB also emphasized that the lack of transparency (e.g., why taking the assessment, and how the assessment results would be used), trust (e.g., distrust of the system among marginalized populations), combined with social desirability (i.e., the tendency of SAEH to answer questions in a manner that would be viewed as favorable by the assessors) may bias the vulnerability assessment results, which would lead to disparities in housing prioritization.

In this project, four CAB meetings were devoted to address administrative issues of VI-SPDAT. Considering the MO BoS-CoC has already been providing VI-SPDAT training to community service providers, in this project we were not developing a new administrative training in replacing the original one, rather, we aimed to supplement the current official training with "best practices" that providers used to mitigate those VI-SPDAT administration concerns. It should be noted that the development of VI-SPDAT administration supplemental guidelines is based on the full VI-SPDAT, as the development process took place in conjunction with the VI-SPDAT refinement described in Section F. Such a decision was made because the refined VI-SPDAT would be derived from the original VI-SPDAT, so strategies designed to counter administration barriers of the original VI-SPDAT would be applicable to the refined one. Furthermore, recognizing that the VI-SPDAT refinement process would be time-consuming, albeit critical, it would be more efficient and effective for the CAB and the community engagement team to concurrently address other VI-SPDAT issues (i.e., rewording and administrative supplements).

As described in Section F regarding the rewording process, one of the three subcommittees established from the CAB focused on examining the administrative hurdles of VI-SPDAT. Questions regarding VI-SPDAT administration were included in the online survey for problem identification, as illustrated in *Appendix E*. The results specific to problems with administration were compiled by the research team and discussed in the subcommittee meeting. The presentation slide template can be found in *Appendix M*. In this subcommittee meeting, members highlighted several major challenges encountered while conducting the VI-SPDAT: obtaining honest responses from SAEH on sensitive items (e.g., eviction history), determining the optimal timing for conducting the assessment to minimize trauma while still capturing vivid memories, difficulty in scheduling assessments, challenges for SAEH in recalling experiences for some VI-SPDAT items, and maintaining self-care after difficult cases. Strategies were also shared by subcommittee members to counter these barriers, which were used to facilitate discussions in the following full CAB meeting devoted to improving the administration of VI-SPDAT. These strategies included building rapport, making SAEH feel comfortable, being transparent at the beginning of the assessment, and proper space and timing.

In the full discussion, the research team shared the issues encountered when administering VI-SPDAT and potential countering strategies discussed in the subcommittee with the whole CAB. Similar to the rewording process, CAB members were assigned to two breakout rooms, each led by a research team member and a note taker. The discussion slides were arranged in a way that the note takers could document feedback in real time, while the CAB member could observe and validate. Acknowledging that the CAB included members who were not providers carrying out VI-SPDAT, but SAEH who might provide a different perspective as Assessees, the discussion included some questions designed from a lived experiences perspective (e.g., What would help you feel willing to share honest answers to sensitive questions). Considering some members were not able to attend the full CAB meeting, individual interviews via conference calls were also conducted to ensure feedback from all members was included.

The research team further consolidated CAB feedback and held another two CAB meetings focusing on addressing VI-SPDAT administration issues. These two meetings differ from the previous one in that the previous meeting focused on validating subcommittee discussions, exploring administrative concerns that might be missing, and overall strategies to improve VI-SPDAT administration; while these two CAB meetings focused on generating "best practices" (i.e., scenarios and prompts that CAB members had used and found helpful to improve VI-SPDAT in their daily practices). For example, prompts they found especially helpful in building trust and rapport with SAEH, so that they might feel comfortable providing honest responses. Logistical strategies, in terms of locations and timings for scheduling and conducting VI-SPDAT assessment were also discussed.

To build trust and rapport, providers argued that it is critical to share personal experiences but not overshadow SAEH's experiences. For example, when seeing SAEH distressed or embarrassed, it is important to highlight that it is normal to feel vulnerable when asking for services and help, while reassuring that taking this VI-SPDAT is the first step to getting better. To prepare SAEH for sensitive questions and also to promote their honest responses to those questions, it is critical to explain out front at the beginning of the assessment that the assessment is critical for connecting SAEH with services and potentially housing, and that the assessment might involve sensitive questions. Their honest responses (e.g, eviction history) would reduce future potential hurdles resulting in their delay of getting housing. To promote better recall from SAEH on some VI-SPDAT questions, the providers recommended laying out a calendar and pointing out significant events (e.g., their birthday, the date they entered into shelter) to help recover SAEH's memories. In terms of training and self-care, all CAB members highlighted the importance of receiving regular trauma-informed care, so that assessors can be more sensitive to SAEH's potential trauma when conducting VI-PSDAT. The CAB members, especially providers with lived experience, highlighted the significance of vicarious trauma when conducting VI-SPDAT, and that being sensitive to feelings after an assessment session, limiting the number of assessments, and taking breaks after challenging assessments would be critical. ***Appendix N provides a slide deck outlining suggestions for ways that providers in the Missouri Balance of State could improve administration of the VI-SPDAT tool; these were co-developed in partnership with the CAB members over multiple iterations.***

H. Acceptability Testing

With the refined VI-SPDAT finalized and approved by the CAB, we adapted the approach used in the previous CESTTRR project[14] to examine the acceptability of the refined tool. Specifically, the aims of the acceptability testing were two-fold, to (1) train CAB members to conduct the refined VI-SPDAT, and (2) test the acceptability of the revised 10-item tool and the new best practice recommendations via role-play. The community engagement research team recruited volunteers for the acceptability testing from the CAB as well as from the CoC Board. The acceptability testing was presented to CAB members in the May CAB meeting to solicit interest and potential volunteers for the testing. The CoC Board forwarded an informational email to recruit its members to take part in the acceptability testing. Anyone interested in volunteering contacted the community-engagement team and was provided information via email about the schedule, timeframe, expectations for role plays, and compensation.

To complete acceptability testing of the revised 10-item VI-SPDAT tool, the community engagement research team recruited 6 CAB members to play the role of "Assessor", namely mimicking the role of providers assessing clients' housing prioritization using the refined tool. These Assessors participated in a 90-minute training using the newly developed "VI-SPDAT Administration Manual—Supplemental Module" document. This training manual was developed based on the VI-SPDAT administration improvement resources detailed in Section G. The training module is designed not only to be used for the acceptability testing in this project, but also to serve as a supplemental module alongside the VI-SPDAT training currently provided by the MO BoS-CoC.

The supplemental module is structured around the full arc of an administration session, from rapport-building and establishing trust and transparency at the outset (through item-by-item guidance for all 10 items), to the creation of a structured closing script and post-session score sheet. This module is also organized using a color-coded format to distinguish different types of content embedded directly into each question: suggested scripts for assessors to read or adapt verbatim, calendar-anchoring prompts to help participants orient recall for time-bound items (e.g., six-month lookback questions), scoring rules and point values tied to specific responses, and sensitivity flags identifying questions carrying elevated risk of distress or retraumatization (e.g., justice-system contact, risky/harmful behavior, self-harm or harm to others), paired with check-in language Assessors are prompted to use before and after those items. The module also includes guidance specific to phone-administered assessments and a dedicated section on assessor self-care, addressing vicarious trauma and providing concrete self-care practices for use between sessions.

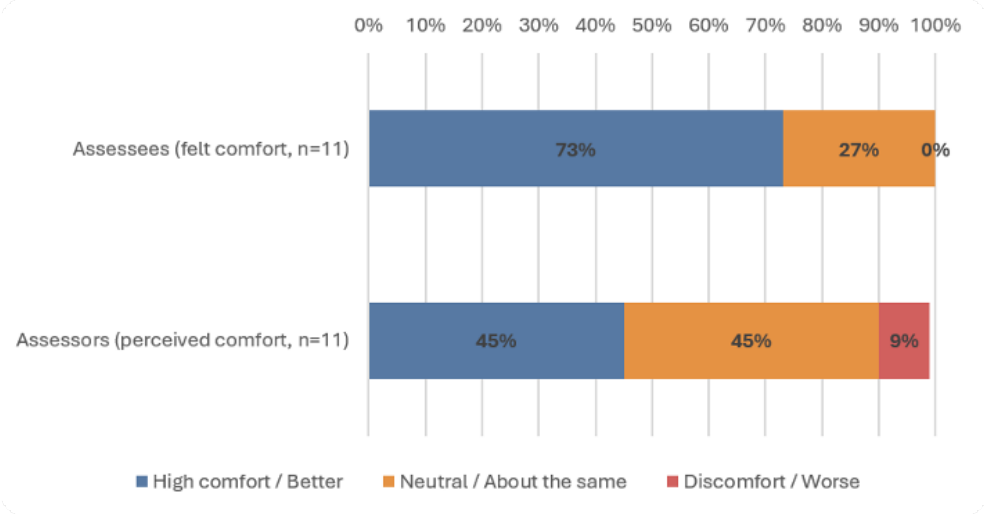
Training included a guided walkthrough of the administration document followed by practice role-plays among CAB members, in which trainees alternated between Assessor and Assessee roles to rehearse the scripted language, calendar prompts, and sensitivity check-ins under supervision. Five CAB members participated in the face-to-face training session via Zoom; a sixth member completed training by viewing a recording of the live session.

After completing the training, each volunteer Assessor was assigned to two volunteers who would play the role of Client (i.e., Assessee). There were 11 volunteers for the Client role: five CAB members and six members of the CoC Board. The community engagement research team matched and connected the volunteer Assessors to the Assessees and provided virtual meeting rooms as needed. Each pair was responsible for scheduling their own meeting time. During the role play, the volunteer Assessor conducted the meeting as if it were an actual VI-SPDAT assessment. Each Assessor made notes in the "VI-SPDAT Administrative Manual-Supplemental Module" document as they went through the role play. Copies of these notes were shared with the research team after each role play was completed. In addition, the community engagement research team developed two surveys in Qualtrics to collect feedback on the role plays. One survey (Assessor Acceptability Survey; refer to ***Appendix P***) was sent to Assessors and one survey (Assesse Role Play Experience Survey; refer to ***Appendix Q***) was sent to volunteers playing the role of Client. Both surveys asked respondents to re-sequence the 10 items into their ideal order, rate the revised instrument against the prior VI-SPDAT version on dimensions — such as respectful language, length, clarity, and trauma-informed quality — and respond to open-ended items on difficult moments and gaps relative to the prior version. Both surveys concluded with Likert-scale acceptability ratings and an open-ended question for narrative feedback. The Assessee Role Play Experience Survey however, focused on the subjective experience of being assessed, including discrete emotional-state ratings (e.g., respected, anxious, judged, safe) and items on pacing and dignity. On the other hand, the Assessor Acceptability Survey focused on the experience of administering the tool, including level of confidence administering independently, ease of using scripts without reading from the manual, preparedness to field participant questions, and perceived need for additional practice. All surveys were anonymous; the community engagement team relied on the volunteers to self-report once they had completed their role play and corresponding survey.

To analyze the Assessor and Assessee survey data, for closed-ended questions, we conducted descriptive analysis; for open-ended questions, we conducted a six-phase thematic analysis process described by Braun and Clarke[28]: familiarization with the data, generation of initial codes, searching for themes, reviewing themes against the full dataset, defining and naming themes, and producing the analytic report. First-cycle coding employed descriptive and In Vivo approaches[29] to preserve participant language. Second-cycle pattern coding grouped initial codes into four overarching themes.

Below, we will discuss the quantitative findings first, followed by qualitative findings.

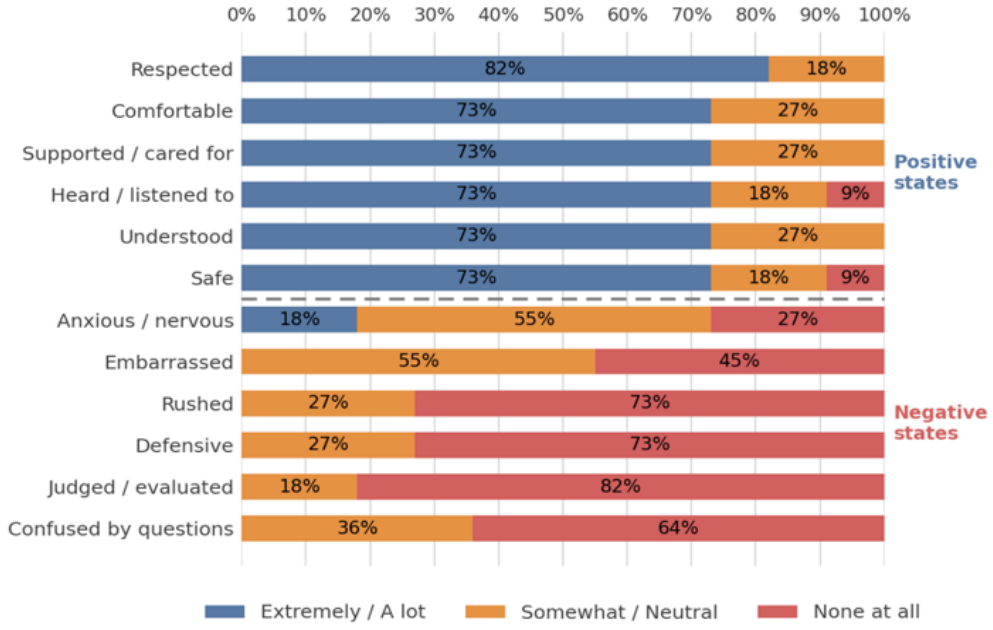
Figure 13. Felt Versus Perceived Participant Comfort During the Assessment



Participant comfort as reported by assessees (felt comfort, n = 11) and as perceived by assessors (perceived change relative to the prior tool, n = 11).

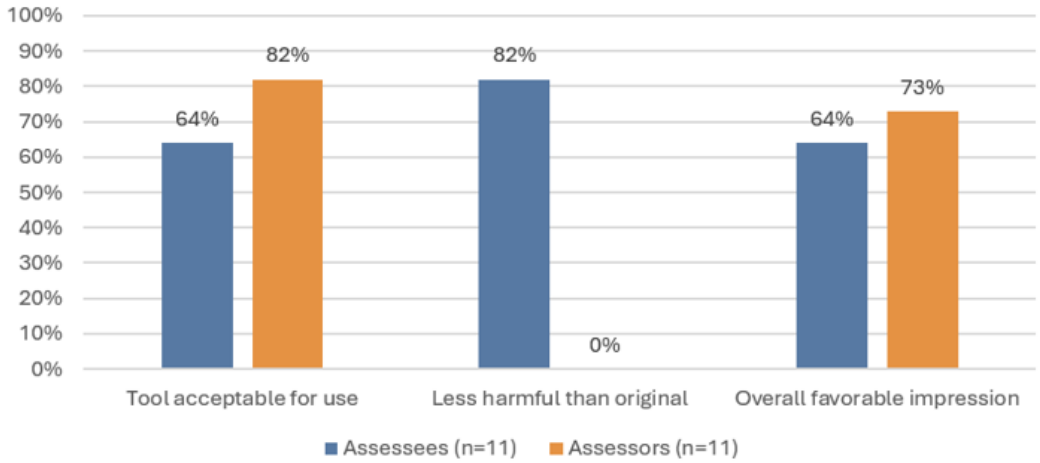
Figures 13, 14 and 15 show participants' responses to the closed-ended questions included in the Assessor and Assessee surveys. As depicted in **Figure 13**, over 70% of Assessees after the role-play expressed high comfort in answering the refined VI-SPDAT questions; while 45% of the Assessors rated that they felt that Assessees in their role-play sessions felt comfortable in responding the refined VI-SPDAT questions. Between 73%-82% of Assessees expressed that during the refined VI-SPDAT administration process they felt respected, comfortable, supported, safe and understood; between 64%-82% of them did not feel rushed, judged or confused by the refined VI-SPDAT questions during the process (**Figure 14**). As suggested in Figure 15, both Assessors and Assessees overwhelmingly suggested that the refined tool is acceptable to use (Assessor: 82%; Assessees: 64%). Furthermore, over 80% of the Assessees expressed that the refined tool and its administration with the support of the supplemented module were less harmful than the original VI-SPDAT; a major concern expressed by the CoC and a motivation for this project (**Figure 15**).

Figure 14. Assessees X Assessors Perceived Participant Comfort



Perspectives on tool acceptability and general impressions as reported by assessees (n = 11) and assessed by providers (n = 11). The middle item was not administered to assessors.

Figure 15: Acceptability Across Respondent Groups



Perspectives on tool acceptability and general impressions as reported by assessees (n = 11) and assessed by providers (n = 11). The middle item was not administered to assessors.

Qualitative data collected via open-ended questions provide further insights on respondents' feedback on the refined tool and the administration process. Based on the thematic analysis discussed above, three major themes emerged from respondents' feedback. First of all, it is the environment, not necessarily the tool itself, that enables the sense of safety and comfort, highlighting the usefulness of the VI-SPDAT Administrative Manual: Supplemental Module. The Assessor's demeanor, the deliberate use of check-in prompts, and the paced and open-ended delivery created a context in which even sensitive disclosures felt manageable.

> *"The check-in prompts from the assessor for sure. The questions didn't feel very invasive but still felt comfortable enough to be vulnerable and honest."*

A particularly significant finding emerged from one participant who used their own lived experience during the role-play and had expressed concern about the potential for retraumatization:

> *"[...] was worried about some PTSD flaring up and it actually did not trigger it! It was good to the point and the questions were relevant."*

This account is noteworthy because it offers preliminary, experiential evidence that the revised administration framework may actively reduce retraumatization risk for individuals with trauma histories, an explicit goal of the CAB's administration guidance work documented in prior CESTTRR project reports.[14]

Assessee respondents were also highly attuned to how the assessment was delivered; not only whether the Assessor was warm, but how specific structural features shaped their sense of comfort in real time. The order of questions, the use of transition scripts between topics, and the placement of check-in prompts all emerged as meaningful determinants of whether the interaction felt natural or jarring. When questions were grouped logically and the Assessor provided brief narrative bridges between topics, the flow felt conversational and the disclosures felt less exposed. When the sequence shifted abruptly or an emotionally weighted question appeared early without adequate framing, participants noticed and named it. This sensitivity to sequencing and pacing suggests that the revised tool's administration protocol is not a procedural supplement to the instrument but an integral part of what makes the assessment feel safe. The quality of the environment, in other words, is co-produced by the content of the questions and the structure through which they are delivered.

The second theme that emerged was brevity is a strength, but it creates content tradeoffs. The shortened length of the revised tool was among the most frequently praised features across all open-ended items. Assessees identified brevity as a direct benefit for individuals in crisis, reducing assessment fatigue, minimizing repeated sensitive disclosure, and making the process feel less intrusive. Yet even as they praised its efficiency, participants consistently noted that the revised tool still carried emotional weight, something we also found in the CESTTRR project.[14] The questions that remain, touching on housing instability, financial precarity, legal history, and risky behaviors, are not neutral, even though they are important in predicting vulnerability; these questions ask individuals to disclose information that may carry shame, fear, or trauma. The tool is shorter and in important ways less harmful, but it is not painless. This recognition sits alongside the praise for brevity rather than contradicting it, and it matters for how the tool should be introduced, paced, and followed up, highlighting the importance of the refined VI-SPDAT training and administration.

> *"The shortened length is a super idea. Keeping it shorter makes it less intrusive and requires less time for the person being assessed to feel any negatives."*

At the same time, this strength was consistently and substantively qualified by concerns about critical content that was removed in the interest of brevity, particularly around domestic violence, mental health, substance use, and housing status.

> *"I don't feel that it captures how vulnerable people's lives are while living on the streets. It does not ask about drug addiction, or mental health, or any DV or human/sex trafficking. Those questions need to be asked with some details of those situations to better understand what resources people need."*

> *"A lot of the traumatizing things have been taken out but we have to be able to know about fleeing DV and mental health to get them in the correct resources so that is concerning to me."*

These concerns are valid and warrant further attention. However, as discussed in previous sections, this project is focusing on housing prioritization among single adults and is limited by available HMIS data. Currently, the data on housing prioritization for DV survivors, which is based upon the VI-SPDAT assessment, is not included in the HMIS system. Therefore, our refined tool may not and should not be generalized to this population. Indeed, in a supplement meeting with the CoC board members, we discussed two potential strategies; one is to create a new tool for DV survivors, since currently different versions of VI-SPDAT are utilized for families, individuals, and youth experiencing homelessness to measure housing prioritization. The other strategy is to have a separate case-conferencing for housing prioritization for DV survivors, a practice that many CoCs have done to address housing disparities among DV survivors. Finally, our further discussion in the final CAB meeting highlighted that indeed, the refined tool, while may not include questions due to their low predictive value of the outcome, does not mean that the providers should not collect data from omitted questions. We proposed that adding questions with no value assigned (i.e., not having an impact in the score for housing prioritization) is not only acceptable, but encouraged, as those questions can be very helpful for providers to understand the clients' needs and facilitate long-term collaboration. Such an approach was voted on and approved by the CAB.

Finally, the Assessor survey highlighted a third theme: Assessors praised the refined tool as easier to administer, but the exact question sequence may need to be modified. Specifically, they recommended moving the risk-involving behavioral or sensitive question to the later part of the refined tool.

> *"[...] I feel like the assessment is easier this way because there are less questions and less invasion of past traumas"*

> *"Yes, the question sequence felt all over the place, but we managed through it without issues."*

In addressing this concern, we conducted a ranking analysis proposed by Hair et al.,[30] which recommended using mean ranks and measures of dispersion for summarizing overall preferences and assessing the level of agreement when receiving ranking recommendations from multiple sources. Through this approach, we revised the sequence of the items included in the refined VI-SPDAT administration manual module (*Appendix O*).

I. Conclusion

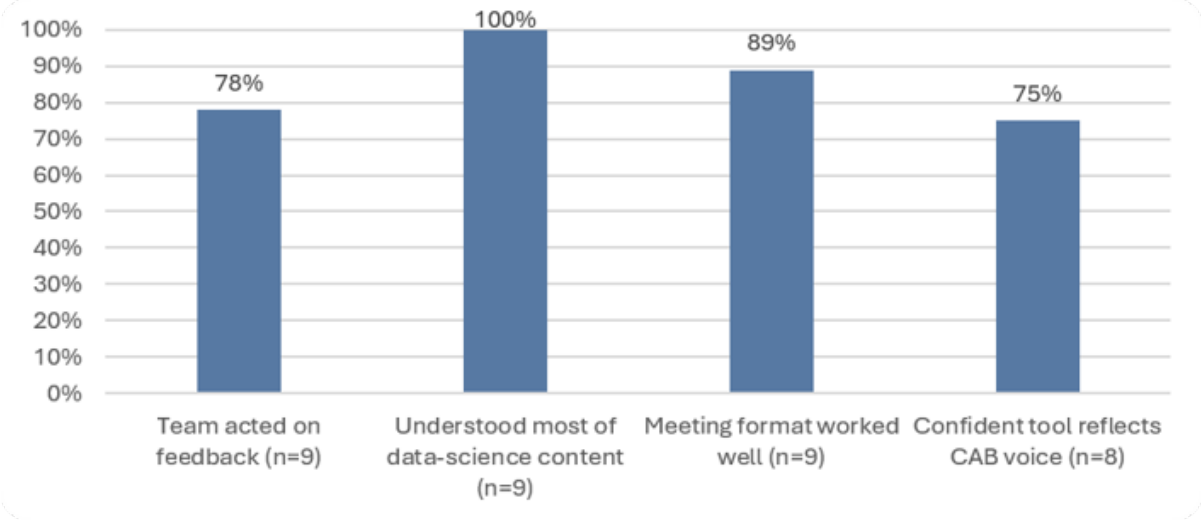
This 30-month project successfully applied a community-engaged data science approach to refine the VI-SPDAT for PSH prioritization targeting SAEH in rural Missouri. Specifically, through collaborating with the MO BoS-CoC, we were able to leverage an existing CE working group tasked with developing new housing prioritization tools and formulated an active CAB to co-refine the VI-PSDAT. Informed by the CEAIP framework, this project focused on addressing three major areas: determining the standard on which PSH prioritization for SAEH should be based; identifying stakeholder concerns about the current VI-SPDAT and refining the tool accordingly; and establishing the administration of the refined tool. Community stakeholders across the MO BoS-CoC were intensively engaged throughout the project to ensure that the PSH prioritization decision aid tool (i.e., the refined VI-SPDAT) reflects the BoS-CoC community context and is tailored to provider and SAEH's needs.

Central to the project's success was the establishment of a CAB, composed of individuals with lived experience of homelessness, individuals experiencing homelessness, and frontline providers. This CAB defined the specific goal of the refined tool: to predict and prevent the risk of extended, sustained, and ongoing homelessness; reword the VI-SPDAT to promote clarity and reduce potential trauma; and guide the data science team to ensure the refined tool is simple and fair. Parallel to the CAB, the PAB ensured alignment with existing CoC policy, creating robust engagement structures that maintained continuous accountability and feedback.

The project began by identifying issues with the existing VI-SPDAT through comprehensive provider surveys, followed by PAB and CAB discussions to identify pain points under the aforementioned three areas that the project was focused on. Based on the CEAIP framework, this project involved an iterative process through which activities to address the three aforementioned areas could take place simultaneously to continuously engage community stakeholders. Through collaborations between the data science team and the community engagement team, under CAB and PAB directions, we were able to refine the VI-SPDAT to be a fairer, simpler, and more trauma-informed assessment tool, designed to assess SAEH's vulnerability to sustained and ongoing homelessness if without PSH intervention (i.e., the standard that PSH prioritization should be based upon).

In the final CAB meeting, the research team invited CAB to complete the CAB Experience Survey (refer to *Appendix R*) designed to evaluate the project's community-engagement process. Administered after 30 months of CAB involvement, the survey moved beyond general satisfaction to assess the researcher-CAB power dynamics and whether members' feedback meaningfully shaped the project. It was organized into five sections: (1) Influence and Power, examining whether CAB feedback was genuinely acted on or merely noted, including instances where input felt overlooked; (2) Understanding and Access to Information, assessing members' comprehension of technical data science content (e.g., predictive modeling, fairness metrics) and the research team's responsiveness to questions; (3) The Work Itself, identifying which aspects of the project (e.g., defining vulnerability, reviewing tool items, discussing fairness) felt most meaningful or most difficult; (4) Process and Structure, evaluating the monthly virtual meeting format and soliciting suggestions for improvement; and (5) Looking Forward, capturing members' confidence that the final tool reflects CAB guidance and the needs of people experiencing homelessness in Missouri, along with advice for future CAB members and any closing reflections. A total of 9 CAB members completed the survey. As seen in **Figure 16**, most CAB members appreciated that the research team acted on CAB's feedback (78%), understood most of the data science content included in the project (100%), felt that the meeting frequency and format worked out well for them (89%), and finally, believe that the refined tool reflects their voice (75%).

Figure 16. Dimensional Comparison: Assessees Versus Assessors



Using the same thematic analysis[28] approach discussed in Section H, two major themes emerged. First, participation in the CAB through this project helped create tangible and meaningful influence. When asked to describe a specific moment in which their input or the CAB's collective input directly changed something in the project, respondents provided concrete and varied accounts. Influence was not described in abstract terms but in reference to identifiable changes: the shortening of the instrument, the rewording of specific questions, the modification of response formats, and the simplification of the scoring system. This specificity is significant, as it suggests that CAB members experienced their participation as genuinely consequential rather than symbolic.

Specifically, several CAB members identified language and wording decisions as key moments of felt influence:

> *"When we spoke about the yes no questions that should have had a number value (i.e., how many times have you…) those were changed, but also the wording to not make assumptions. For instance, changing 'how many times have you,' to 'if you have, then how many times…."*

Others pointed to structural changes in the instrument or the scoring system:

> *"I believe the input on shortening the questions."*
>
> *"Our collective input greatly influenced the scoring system (to simplify it) and the relevant questions to ask to make it less trauma-triggering for clients."*

One respondent identified the contribution of lived experience as a distinct and valued form of input:

> *"My input on what it felt like to be assessed, I feel helped with making the new survey less traumatic"*

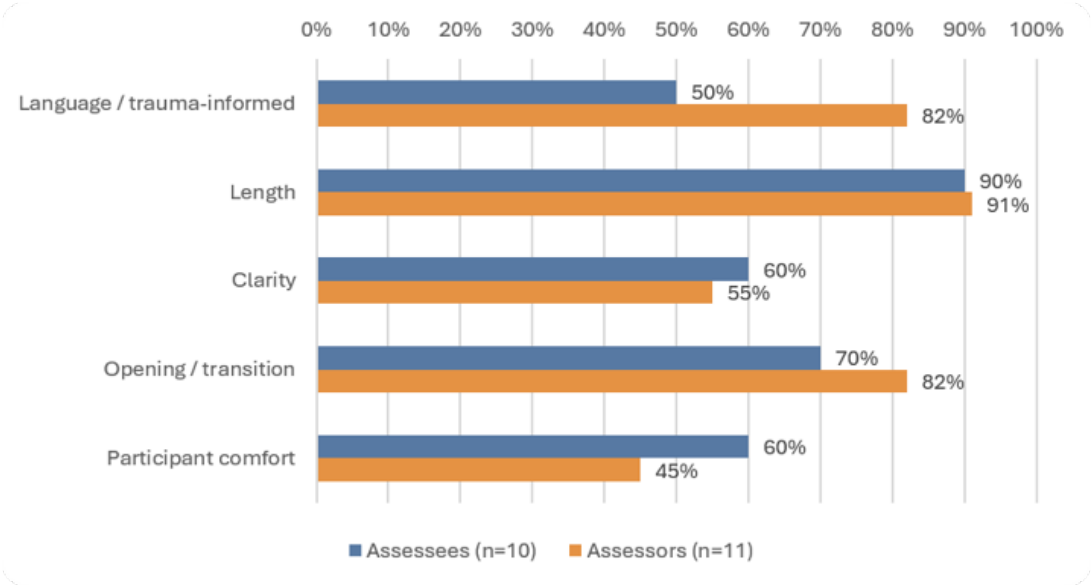
These responses are particularly significant because they reflect the project's commitment to centering the perspective of people with direct experience of the assessment process, not only those who administer it. The respondents' sense that their personal experience of being assessed contributed to making the revised tool less traumatic for future assessees, represents exactly the kind of translational impact that community-engaged research seeks to produce.

Secondly, CAB members highlighted that the CAB experience generated durable commitments to community engagement. When asked what they would want future CAB members to know before joining a similar project, respondents offered reflections that went beyond practical advice. Their responses revealed that participation in the CAB had shaped their understanding of what community engagement requires and what it can accomplish.

> "Joining a CAB and being part of a project such as this is fulfilling but you need to be engaged and prepared for all opinions, voiced perspectives, and open to hearing everyone."
>
> *"To really take this seriously because it could really benefit alot [sic] of people."*
>
> *"Be open, ask questions! Be honest"*
>
> *"To not be afraid to ask questions and all input is valuable."*
>
> *"That it is a commitment and to actively participate."*
>
> *"It is a long-term commitment that should be stuck with til the end"*

Across these responses, three consistent values emerge: the importance of genuine engagement rather than passive attendance, the necessity of openness to diverse perspectives, and the recognition that the work carries real stakes for real people. The respondent who wrote about the potential impact of the revised tool on individuals experiencing homelessness brought a reminder that CAB members consistently held the purpose of the work in view, not merely the process. The addition of a second voice emphasizing long-term commitment reinforces that this was not experienced as a short-term or low-stakes undertaking.

Figure 17. CAB Experience of the Engagement Process



Percentage of each group rating the revised tool "better" (Much plus Somewhat Better) on five shared dimensions (assessees n = 10, assessors n = 11).

Across these responses, three consistent values emerge: the importance of genuine engagement rather than passive attendance, the necessity of openness to diverse perspectives, and the recognition that the work carries real stakes for real people. The respondent who wrote about the potential impact of the revised tool on individuals experiencing homelessness brought a reminder that CAB members consistently held the purpose of the work in view, not merely the process. The addition of a second voice emphasizing long-term commitment reinforces that this was not experienced as a short-term or low-stakes undertaking.

Next Steps

At the conclusion of the project, the research team presented the revised tool to the CoC Board and discussed options for next steps. Should the membership of the Missouri Balance of State Continuum of Care decide to move forward with adoption of this revised version of the VI-SPDAT for single adults, the research team will pursue opportunities and funding to proceed to Stages 5 and 6 of the CEAIP framework as described above. Stage 5 would include refined VI-SPDAT efficacy testing, and Stage 6 would involve refined VI-SPDAT implementation. An initial next step would be to more thoroughly pilot test the 10-item instrument. This pilot testing would include dissemination to a sample of regions within the CoC and adoption by selected agencies, as well as designing a rigorous evaluation to explore the impact on prioritization and outcomes. Refining implementation would likely involve process evaluation. Future testing would continue to examine whether the revised tool performs better than the current VI-SPDAT (i.e., with better accuracy, fairness, and simplicity), and whether it allows providers to make better decisions regarding the allocation of limited housing resources.

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Appendicies

A. Community Advisory Board Recruitment Flyer
B. Community Advisory Board Recruitment Survey
C. Explanation: What is Considered a “Good” Outcome for Data Science
D. VI-SPDAT Perception and Experience Survey for Service Providers, Versions 1 & 2
E. VI-SPDAT Rewording Survey for Community Advisory Board Members
F. VI-SPDAT Rewording Discussion, Facilitation Example Slides
G. VI-SPDAT Rewording Survey for Service Providers
H. VI-SPDAT Rewording Discussion, Voting Example Slide
I. Refined VI-SPDAT Real-Value Scoring System Draft
J. Refined VI-SPDAT Integer Scoring System Draft
K. Data Science Presentation Understanding Survey for the Community Advisory Board
L. Refined VI-SPDAT with Fairness Constraints and Implementation Considerations Draft
M. VI-SPDAT Administration Survey, Facilitation Example Slide
N. Recommendations for VI-SPDAT Administration Process
O. VI-SPDAT Administration Manual
P. Assessor Acceptability Survey
Q. Assessee Role Play Experience Survey
R. Community Advisory Board Experience Survey



APPLY NOW!

APPLY BY USING THE FOLLOWING LINK OR USE THE QR CODE BELOW:

[INSERT LINK]

[INSERT QR CODE]



SEEKING PARTICIPANTS WITHIN THE [COMMIUNITY]

LOOKING FOR COMMUNITY ACTION BOARD MEMBERS

You Can Lead The Effort of Ending Homelessness

MEETING MONTHLY WITH STIPEND PROVIDED ($100 PER MEETING)

We're looking for service providers and people with lived experience of homelessness to serve on a Community Action Board to guide researchers and policy makers to improve how we address homelessness

BoS CoC CAB Application

Start of Block: Default Question Block

Q1 A team of researchers from Los Angeles, Missouri and North Carolina, in collaboration with the Missouri Balance of State Continuum of Care (MO BoS CoC), is evaluating the tool, VI-SPDAT, used to prioritize homeless adults for services. This Team is forming a community advisory board (CAB) to help inform our work. Thank you for your interest in our community advisory board (CAB)! To help us learn more about you, please complete this application. This application does contain sensitive questions. If there is a question that you do not want to answer, please feel free to skip it. This will not exclude you from the application pool. Please note, you need to be 18 years of age or older to serve on the CAB, and completion of this application does not guarantee selection.

Page Break

Q2 CAB members will serve as a voice for the community and are invited to contribute to the research agenda. **The CAB will meet monthly, and members will be compensated $100 for each meeting they attend.** CAB meetings will be 90 minutes in length. **Responsibilities of CAB Members include:** Attend virtual CAB meetings and provide feedback on issues under discussion. Voice feedback, raise questions, and share concerns from the community. Advise in the development and implementation of study methodology and approach. Use your expertise to inform the team about the current continuum of care triage tool experiences and to evaluate the feasibility of proposed changes by the team. Help the team interpret and disseminate findings.

Q3 Are you interested in applying to participate on the Community Advisory Board?

- ○ Yes (1)
- ○ No (2)
- ○ No, but I am interested in providing space or Wi-Fi access for someone else to participate (3)

Skip To: End of Survey If Are you interested in applying to participate on the Community Advisory Board? = No

Skip To: Q19 If Are you interested in applying to participate on the Community Advisory Board? = No, but I am interested in providing space or Wi-Fi access for someone else to participate

Q5 Are you a... (Check all that apply)

- ☐ Housing/homelessness services staff member (1)
- ☐ Person with lived experience of homelessness or housing insecurity (2)
- ☐ Employee of a public agency or department. (3)
- ☐ Other (4) _____

Q6 Have you ever administered the VI-SPDAT, VI-SPDAT for Families, or the Next Step Tool for youth?

- ○ Yes (1)
- ○ No (2)

Display this question:

If Have you ever administered the VI-SPDAT, VI-SPDAT for Families, or the Next Step Tool for youth? = Yes

Q7 Which CES triage tool(s) have you administered? Check all that apply.

- ☐ VI-SPDAT for single adults (1)
- ☐ Next Step Tool for youth (TAY-VI-SPDAT) (2)
- ☐ VI-SPDAT for Families (3)

Q8 What system(s) are you familiar with? Check all that apply.

- ☐ VI-SPDAT for single adults (1)
- ☐ Next Step Tool for youth (TAY-VI-SPDAT) (2)
- ☐ VI-SPDAT for Families (3)
- ☐ None of the above (4)

Q9 Have you ever sought services or assistance related to an experience of homelessness?

- Yes (1)
- No (2)
- I don't know (3)

Display this question:

If Have you ever sought services or assistance related to an experience of homelessness? = Yes

Q14 In which county(ies) did you seek services?

_____

Q10 Do you currently work for an agency who is a provider of homeless services?

- Yes (1)
- No (2)

Display this question:

If Do you currently work for an agency who is a provider of homeless services? = No

Q11 Have you *ever* worked for an agency who is a provider of homeless services?

- Yes (1)
- No (2)

Display this question:

If Do you currently work for an agency who is a provider of homeless services? = Yes

Q12 What county(ies) is your agency located in?

_____

_____

_____

_____

_____

Q13 Are you currently a member of other advisory boards? Your answer to this question will not impact your eligibility. We are asking this question to see if and how other advisory boards will be represented on our CAB.

- Yes (1)
- No (2)
- I prefer not to say (3)

Display this question:

If Are you currently a member of other advisory boards? Your answer to this question will not impact... = Yes

Q15 What other advisory boards do you serve on?

_____

_____

_____

_____

_____

Q30 What days and time would you prefer to meet? Please check as many as apply for you.

	Mondays (1)	Tuesdays (2)	Wednesday (3)	Thursdays (4)	Fridays (5)	None of these (6)
Before 9:00 am (1)	☐	☐	☐	☐	☐	☐
9:00 am - 12:00 pm (2)	☐	☐	☐	☐	☐	☐
12:00 - 4:00 pm (3)	☐	☐	☐	☐	☐	☐
4:00 - 8:00 pm (4)	☐	☐	☐	☐	☐	☐

Display this question:

If What days and time would you prefer to meet? Please check as many as apply for you. = Before 9:00 am [None of these]

And What days and time would you prefer to meet? Please check as many as apply for you. = 9:00 am - 12:00 pm [None of these]

And What days and time would you prefer to meet? Please check as many as apply for you. = 12:00 - 4:00 pm [None of these]

And What days and time would you prefer to meet? Please check as many as apply for you. = 4:00 - 8:00 pm [None of these]

Q31 What days and times would you prefer to meet? Please note that meetings will happen monthly.

_____

_____

_____

_____

_____

Q27 What is your preferred method of electronic payment?

- ○ Venmo (1)
- ○ Cashapp (2)
- ○ PayPal (3)
- ○ E-gift card (4)
- ○ Other (Please specify) (5) _____
- ○ I don't have any of these (6)

Display this question:

If What is your preferred method of electronic payment? = I don't have any of these

Q28 Are you interested in learning how to set up electronic payment?

- ○ Yes (1)
- ○ No (2)

Display this question:

If Are you interested in learning how to set up electronic payment? = No

Q29 What would be the best way to receive the stipend?

_____

Q30 The next set of questions will ask you about demographic characteristics. We would like to prioritize marginalized voices and establish a CAB that is representative of various identities. If you feel comfortable sharing this information, this will help us create a more diverse and representative CAB. If there is a question that you do not want to answer, please feel free to skip it. This will not exclude you from the application pool.

Q4 What best describe your race?

- American Indian or Alaskan Native (1)
- Asian (2)
- Black or African American (3)
- Native Hawaiian or Pacific Islander (4)
- White (5)
- Latino or Hispanic (6)
- Multi-Racial (7)
- Other (8)
- I prefer not to answer (9)

Q16 What is your gender?

- Male (1)
- Female (2)
- Transgender (3)
- Gender non-conforming (4)
- I prefer not to answer (5)

Q17 Do you identify as LGBTIA+ or Queer

- Yes (1)
- No (2)
- I prefer not to answer (3)

Q18 How old are you?

- 18-25 (1)
- 26-49 (2)
- 50 or older (3)

Q19 In the final set of questions, we will ask you for contact information. We are collecting this information to reach out about the next steps in our process and to share additional opportunities as they arise.

Q20 What name and pronouns would you like to be referred by?

_____

Q21 What is the best email to reach you?

_____

Q22 What is the best number to reach you?

_____

Display this question:

If If What is the best number to reach you? Text Response Is Not Empty

Q23 Can we text you?

- ○ Yes (1)
- ○ No (2)

Q26 Which of the following tools are you comfortable using? Check all that apply. Please note that your answers will not exclude you from the applicant pool. We have included these questions to ensure that we select collaboration and communication tools that allow everyone to participate.

- [ ] Slack (1)
- [ ] Skype (2)
- [ ] Zoom (3)
- [ ] Google Meeting (4)
- [ ] Google Drive (5)
- [ ] Google Docs (6)
- [ ] Google Sheets (7)
- [ ] Google Slides (8)
- [ ] GoTo Meeting (9)
- [ ] None of the above (10)

Q24 Is there anything else you would like to add?

_____

_____

_____

_____

_____

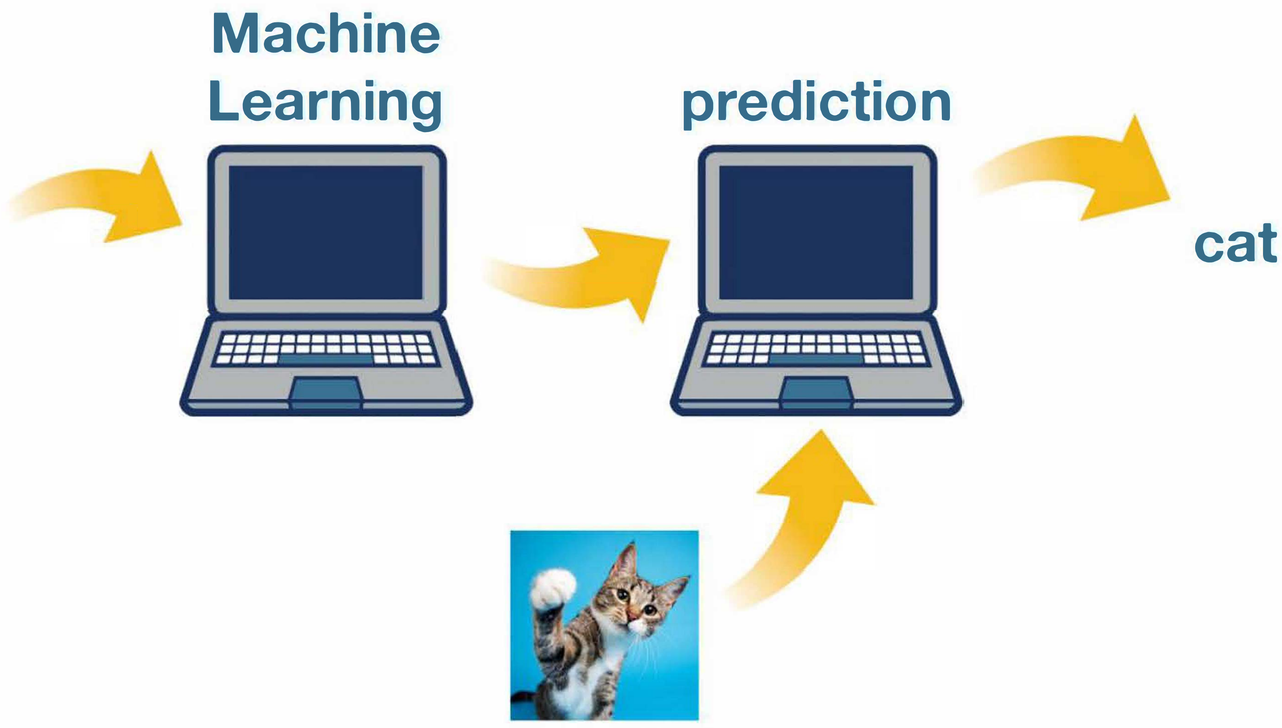
End of Block: Default Question Block

Explanation of what considered workable/good outcome

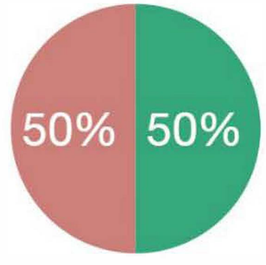
"Good" Outcome for Data Science?



historical data



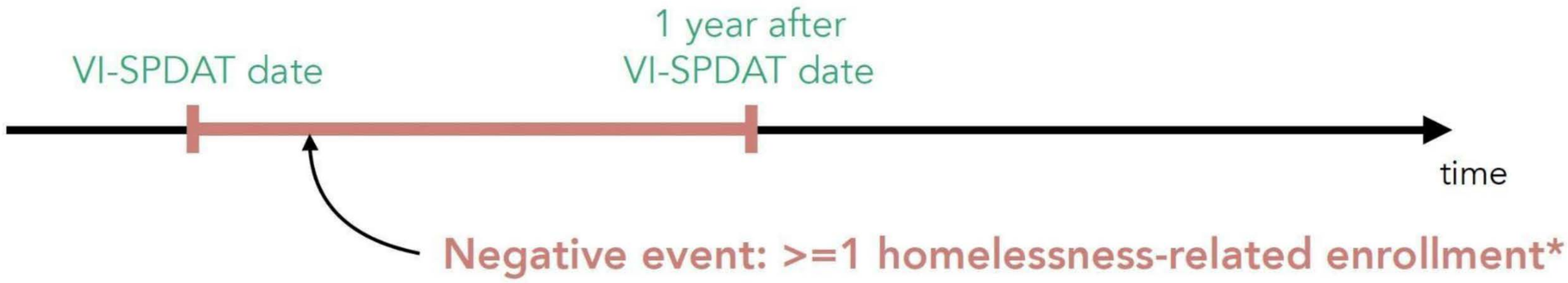
- **More data** is better
- **More balanced data** is better (e.g., 50-50 cats and dogs)
- Should be **reliably measured** in the data



Example of outcome explanation with pros and cons from the research team perspective

1: Ongoing Homelessness

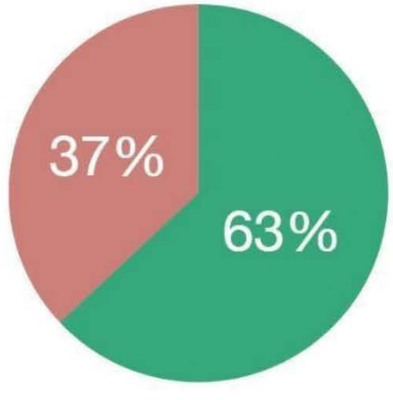
- **Concept:** clients who have (repeated) interactions with homeless services after entering the system



- **Moderately difficult** to work with this outcome from Data Science perspective:

  - Total number of data points: **2,663**

  - Percentage with negative event: **37%**



*Homelessness-related enrollment: street outreach, safe haven, emergency shelter, day shelter, transitional housing

Color coding and comparison of outcomes

Outcomes At-a-Glance

Outcome	Data Science Perspective How easy to work with this outcome?	Community Perspective Pros	Cons
Ongoing Homelessness	Moderately Difficult	?	
Sustained Homelessness	Difficult		
Street Outreach	Very Difficult		
Mortality	Extremely Difficult		

VI-SPDAT provider survey-v1

Start of Block: Intro_screen

intro Thank you for agreeing to participate in this survey. The purpose of this survey is to explore your perception of and experiences with the VI-SPDAT. Your participation is completely voluntary, and your responses are confidential. The survey should take about 10 minutes to complete. If you have any questions, please contact [CE-Working Group]. Your feedback will greatly benefit the efforts to improve the process and tools used to efficiently and fairly connect individuals experiencing homelessness with housing.

Page Break

agn_vispdat Does your agency use VI-SPDAT for single adults?

- ○ No (1)
- ○ Yes (2)

Display this question:

If Does your agency use VI-SPDAT for single adults? = Yes

cur_vispdat Do you administer VI-SPDAT for single adults currently?

- ○ No (1)
- ○ Yes (2)

Display this question:

If Do you administer VI-SPDAT for single adults currently? = Yes

num_clnt How many VI-SPDAT assessments do you, personally, administer on a monthly basis on average?

_____

Page Break

Display this question:

If Does your agency use VI-SPDAT for single adults? = Yes

cowk_vispdat Other than yourself, how many people administer the VI-SPDAT for single adults in your agency? (If you don't know the exact number, an estimate is fine.)

_____

Page Break

past_vispdat Have you administered any VI-SPDAT tools in the past?

- ○ No (1)
- ○ Yes (2)

Page Break

End of Block: Intro_screen

Start of Block: sc

Display this question:

If Do you administer VI-SPDAT for single adults currently? = Yes

Or Have you administered any VI-SPDAT tools in the past? = Yes

sc_prompt The following questions will ask your perceptions on the VI-SPDAT for single adults.

Skip To: End of Block If The following questions will ask your perceptions on the VI-SPDAT for single adults. Displayed

sc_prompt2 Thank you very much for taking the survey.

Skip To: End of Survey If Thank you very much for taking the survey. Displayed

End of Block: sc

Start of Block: vispdat_info_accss

percved_vispdat In your own words, what do you believe the VI-SPDAT is assessing?

_____

_____

_____

_____

_____

End of Block: vispdat_info_accss

Start of Block: vispdat_pop

vispdat_pop_prompt There are some people who believe that the VI-SPDAT tools are not working well for specific populations of persons who experience homelessness. The next set of questions will ask you how well you believe the current VI-SPDAT tool for single adults works for specific populations.

vispdat_black How well does the current VI-SPDAT work for: **African American or Black persons?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_latino How well does the current VI-SPDAT work for: **Latino, Latina, Latinx, or Hispanic persons?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_white How well does the current VI-SPDAT work for: **White persons?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_asian How well does the current VI-SPDAT work for: **Asian/Asian Americans?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_nativeameric How well does the current VI-SPDAT work for: **Native Americans/American Indian/Indigenous persons ?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_nhpi How well does the current VI-SPDAT work for: **Native Hawaiians/Pacific Islanders?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_multir How well does the current VI-SPDAT work for: **Multi-Racial/Multi-Ethnic persons?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_lgbq How well does the current VI-SPDAT work for: **LGBQ persons?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_transgender How well does the current VI-SPDAT work for: **Transgender persons?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_elder How well does the current VI-SPDAT work for: **Older persons (over 50 years)?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_women How well does the current VI-SPDAT work for: **Women?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_men How well does the current VI-SPDAT work for: **Men?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_dv How well does the current VI-SPDAT work for: **persons who have experienced domestic violence or intimate partner violence?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_ht How well does the current VI-SPDAT work for: **persons who have experienced human trafficking?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

vispdat_vetrans How well does the current VI-SPDAT work for: **Veterans?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)
- ○ I don't know because I don't work with this population (5)

End of Block: vispdat_pop

Start of Block: tool_percept

tool_purpose What would be the **most** valuable purpose of an assessment tool for you in the work that you do?

- ○ Assessing vulnerability to victimization (1)
- ○ Assessing vulnerability to death (2)
- ○ Assessing success in housing (3)
- ○ Assessing likelihood of successful exit from homelessness (4)
- ○ Assessing appropriateness for specific types of housing (5)
- ○ Something else (please specify): (6)

_____

tool_risk_factor In your opinion, what are the most important risk factors currently captured by the VI-SPDAT Tool? (**Please select your top 3**).

- [ ] Length of time homeless (1)
- [ ] Exposure to violence on the streets (2)
- [ ] Exposure to violence prior to life on the streets (3)
- [ ] Substance abuse and use issues (4)
- [ ] Mental health issues (5)
- [ ] Physical disabilities (6)
- [ ] Conflict with family (7)
- [ ] Other (please specify): (8)

_____

tool_risk_fc_miss Are there any risk factors that should be in the current VI-SPDAT but are not currently captured?

- ○ No (1)
- ○ Yes (2)

Display this question:

If Are there any risk factors that should be in the current VI-SPDAT but are not currently captured? = Yes

tool_risk_fc_missII What risk factor(s) should be in the current VI-SPDAT Tool and are not currently captured?

_____

_____

_____

_____

_____

End of Block: tool_percept

Start of Block: vispdat_ad_chlng

vispdat_ad_prompt The next set of questions will ask you about the extent to which you believe the following issues create challenges in administering the VI-SPDAT Tool.

vispdat_length How much of a challenge is: **the length of the tool?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

vispdat_truama_inf How much of a challenge is: **the extent to which the tool seems to be trauma informed?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

vispdat_clund_purp How much of a challenge is: **client's understanding of the purpose of the tool?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

vispdat_wkund_purp How much of a challenge is: **agency staff's understanding of the purpose of the tool?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

vispdat_cl_trust How much of a challenge is: **client trust in how the information collected from the tool will be used?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

vispdat_wk_trust How much of a challenge is: **staff trust in how the tool will impact the housing options of clients they are working with?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

vispdat_language How much of a challenge is: **language barriers?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

vispdat_culture How much of a challenge is: **cultural barriers?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

vispdat_clwk_rcdif How much of a challenge is: **racial/ethnic discordance (i.e., client & provider do not share the same racial or ethnic background)?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

vispdat_q_sens How much of a challenge is: **question sensitivity (i.e., questions that may cause a client to feel uneasy about answering truthfully or at all)?**

- ○ Serious challenge (1)
- ○ Minor challenge (2)
- ○ Not a problem at all (3)
- ○ Other (please specify) (4)

_____

End of Block: vispdat_ad_chlng

Start of Block: vispdat_removed

Q65 What is **one** question you wish would be **removed** from the VI-SPDAT? (**If none, pleast put "none" in the text box**)

_____

_____

_____

_____

_____

vispdat_add What is **one** question you wish were to be **added** to the VI-SPDAT? (**If none, pleast put "none" in the text box**)

_____

_____

_____

_____

_____

End of Block: vispdat_removed

Start of Block: demo

agency Which of the following agency do you **mainly** work for?

- A Hand of Hope (6)
- AVENUES for Northeast Missouri, Inc. (7)
- Beacon Mental Health (formerly Tri-County Mental Health Services) (8)
- Bootheel Counseling Services (9)
- Callaway Cares (10)
- Catholic Charities Kansas City/St. Joseph (11)
- Catholic Charities of Southern Missouri (12)
- Central Missouri Stop Human Trafficking Coalition (13)
- Citizens Against Spouse Abuse, Inc. (CASA) (14)
- City of Columbia/Boone County Public Health and Human Services (15)
- Clark Center (16)
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- Community Partnerships of the Ozarks (18)
- Compass Health Network (19)
- DAEOC (20)
- Director of Program Operations (21)
- Douglass Community Services, Inc. (22)
- Elevate Branson (23)

- ○ FCC Behavioral Health (24)
- ○ Flourish (25)
- ○ Gibson Center for Behavioral Change (26)
- ○ Habitat For Humanity (27)
- ○ HCC Network (28)
- ○ Help on Hand, Inc. (29)
- ○ High Hope Employment Services, Inc. (30)
- ○ Hillcrest Transitional Housing (31)
- ○ Hope Haven (32)
- ○ House on a Hill Foundation (33)
- ○ Journey Home of Johnson County (34)
- ○ KC Regional COAD (35)
- ○ Love Columbia (5)
- ○ Marionville School District (36)
- ○ MDMH (37)
- ○ Metro Lutheran Ministry (38)
- ○ Missouri Coalition Against Domestic and Sexual Violence (39)
- ○ Missouri Connections for Health (40)
- ○ North East Community Action Corporation (NECAC) (41)

- ○ Northland Neighborhoods, Inc. (42)
- ○ Our House - Caring for Callaway's Homeless (43)
- ○ Pettis County Community Partnership (44)
- ○ Pieces Peaces (45)
- ○ Preferred Family Healthcare (46)
- ○ Project 360 Youth Services, Inc. (47)
- ○ Randolph County Caring Community Partnership (48)
- ○ Russell House: Response to Domestic and Sexual Violence (49)
- ○ Safe House of Southeast Missouri (50)
- ○ Samaritan Outreach Center (51)
- ○ Self (52)
- ○ SEMO Christian Restoration Center (53)
- ○ South Central Missouri Community Action Agency (54)
- ○ Southwest Missouri Coalition of Charities and Community Services (55)
- ○ ST. Louis VA (56)
- ○ St. Patrick Center (57)
- ○ Survival Adult Abuse Center, Inc. (58)
- ○ Susanna Wesley Family Learning Center (59)
- ○ Synergy Services (60)

- ○ The Rolla Mission (61)
- ○ The Salvation Army (62)
- ○ The Salvation Army - Center of Hope (63)
- ○ The Salvation Army Harbor House (64)
- ○ Truman VA (65)
- ○ Voluntary Action Center (66)
- ○ West Central Missouri Community Action Agency (67)
- ○ Welcome Home (68)
- ○ Youth Action Board (69)
- ○ Other, please specify: (70)

_____

Page Break

role What are your roles in your agency? (Check all that apply)

- [ ] Administrator (including CEO, Division supervisors, Commanding Officers, Program Directors) (1)
- [ ] Frontline staff (including case managers, VI-SPDAT administers, CE coordinators, etc.) (2)
- [ ] Volunteer (3)
- [ ] Board member (4)
- [ ] Other, please specify (5) _____

workagency_yr How long have you worked at your agency?

- ○ Less than 1 year (1)
- ○ 1-3 years (2)
- ○ 4-6 years (3)
- ○ 7-9 years (4)
- ○ 10 or more years (5)

hl_work_yr How long have you worked in the homelessness field?

- ○ Less than 1 year (1)
- ○ 1-3 years (2)
- ○ 4-6 years (3)
- ○ 7-9 years (4)
- ○ 10 or more years (5)

age How old are you?

- ○ 18-24 (1)
- ○ 25-29 (2)
- ○ 30-34 (3)
- ○ 35-39 (4)
- ○ 40-44 (5)
- ○ 45-49 (6)
- ○ 50-54 (7)
- ○ 55-59 (8)
- ○ 60-64 (9)
- ○ 65-69 (10)
- ○ 70-74 (11)
- ○ 75+ (12)

race What BEST describe your race/ethnicity?

- ○ American Indian or Alaskan Native (1)
- ○ Asian (2)
- ○ Black or African American (3)
- ○ Native Hawaiian or Pacific Islander (4)
- ○ White (5)
- ○ Muti-Racial (6)
- ○ Latino, Latina, Latinx, or Hispanic (7)
- ○ Other, please specify (8)

_____

gender What is your gender?

- ○ Male (1)
- ○ Female (2)
- ○ Transgender - Male to Female (3)
- ○ Transgender - Female to Male (4)
- ○ Non-Conforming (5)
- ○ Other (6)

End of Block: demo

VI-SPDAT provider survey_Ver2

Start of Block: Intro_screen

intro Thank you for agreeing to participate in this survey. The purpose of this survey is to explore your perception of and experiences with the VI-SPDAT. Your participation is completely voluntary, and your responses are confidential. The survey should take about 10 minutes to complete. If you have any questions, please contact [CE Working Group]. Your feedback will greatly benefit the efforts to improve the process and tools used to efficiently and fairly connect individuals experiencing homelessness with housing.

Page Break

agn_vispdat Does your agency use the VI-SPDAT for single adults?

- ○ No (1)
- ○ Yes (2)

Display this question:

If Does your agency use the VI-SPDAT for single adults? = Yes

cur_vispdat Do you administer the VI-SPDAT for single adults currently?

- ○ No (1)
- ○ Yes (2)

Display this question:

If Do you administer the VI-SPDAT for single adults currently? = Yes

num_clnt How many VI-SPDAT assessments do you, personally, administer on a monthly basis on average?

_____

Page Break

Display this question:

If Does your agency use the VI-SPDAT for single adults? = Yes

cowk_vispdat Other than yourself, how many people administer the VI-SPDAT for single adults in your agency? (If you don't know the exact number, an estimate is fine.)

_____

Page Break

past_vispdat Have you administered any VI-SPDAT tools in the past?

- ○ No (1)
- ○ Yes (2)

Page Break

End of Block: Intro_screen

Start of Block: sc

Display this question:

If Do you administer the VI-SPDAT for single adults currently? = Yes

Or Have you administered any VI-SPDAT tools in the past? = Yes

sc_prompt The following questions will ask your perceptions on the VI-SPDAT for single adults.

Skip To: End of Block If The following questions will ask your perceptions on the VI-SPDAT for single adults. Displayed

sc_prompt2 Thank you very much for taking the survey.

Skip To: End of Survey If Thank you very much for taking the survey. Displayed

End of Block: sc

Start of Block: vispdat_info_accss

percved_vispdat In your own words, what do you believe the VI-SPDAT is assessing?

_____

_____

_____

_____

_____

End of Block: vispdat_info_accss

Start of Block: vispdat_prdct

Q12 The next set of questions will ask you how well the VI-SPDAT for adults is assessing or predicting various components.

vispdat_prdct_vict How well is the tool assessing current or predicting: **Vulnerability to victimization?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)

vispdat_prdct_death How well is the tool assessing or predicting: **Vulnerability to death?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)

vispdat_prdct_plcmnt How well is the tool assessing or predicting: **Successful PLACEMENTS in housing interventions such as PSH or RRH?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)

vispdat_prdct_retn How well is the tool assessing or predicting: **Successful RETENTION in housing interventions such as PSH or RRH?**

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)

vispdat_prdct_serv How well is the tool assessing or predicting: **Appropriateness for specific types of services** (For example, connecting to emergency shelter, enrolling in Medicaid etc.)?

- ○ Very well (1)
- ○ Somewhat well (2)
- ○ Not well at all (3)
- ○ Unsure (4)

End of Block: vispdat_prdct

Start of Block: tool_percept

tool_purpose What would be the **most** valuable purpose of an assessment tool for you in the work that you do?

- ○ Assessing vulnerability to victimization (1)
- ○ Assessing vulnerability to death (2)
- ○ Assessing success in housing (3)
- ○ Assessing likelihood of successful exit from homelessness (4)
- ○ Assessing appropriateness for specific types of housing (5)
- ○ Something else (please specify): (6)

_____

tool_risk_factor In your opinion, what are the most important risk factors currently captured by the VI-SPDAT Tool? (**Please select your top 3**).

- ☐ Length of time homeless (1)
- ☐ Exposure to violence on the streets (2)
- ☐ Exposure to violence prior to life on the streets (3)
- ☐ Substance abuse and use issues (4)
- ☐ Mental health issues (5)
- ☐ Physical disabilities (6)
- ☐ Conflict with family (7)
- ☐ Other (please specify): (8)

_____

tool_risk_fc_miss Are there any risk factors that should be in the current VI-SPDAT but are not currently captured?

- ○ No (1)
- ○ Yes (2)

Display this question:

If Are there any risk factors that should be in the current VI-SPDAT but are not currently captured? = Yes

tool_risk_fc_missII What risk factor(s) should be in the current VI-SPDAT Tool and are not currently captured?

_____

_____

_____

_____

_____

End of Block: tool_percept

Start of Block: vispdat_chllng

vispdat_chllng_promp The next set of questions will ask you about administrative challenges related to the VI-SPDAT for adults.

vispdat_place When people who work at your organization administer the VI-SPDAT, where are the assessments done? (select all that apply)

- [ ] In a private office (1)
- [ ] In a quiet part of a public space at the agency (2)
- [ ] In a public space at the agency (space that is not quiet) (3)
- [ ] On the street (4)
- [ ] Other: (5) _____

vispdat_when When people who work at your organization administer the VI-SPDAT, when are the tools administered (a majority of the time or most often)?

- ○ At the first meeting with a new client (1)
- ○ After at least 2 meetings with a new client (2)
- ○ After at least 1 month of service with a new client (3)
- ○ When a client is about to move into a unit (4)
- ○ When a client has recently moved into a housing unit (5)
- ○ When you are aware that new housing units or resources are becoming available (6)

vispdat_training What kind of training are people in your organization given with respect to administering the VI-SPDAT?

_____

_____

_____

_____

_____

vispdat_chllngs_text What challenges, if any, does your organization have in capturing or entering the VI-SPDAT Tool information you collect? (For example where/when/how it is being administered, barriers to data collection and data entry, etc.)

_____

_____

_____

_____

_____

vispdat_re_scenrio Organizations sometimes re-administer the VI-SPDAT tool for a particular person. What are the scenarios in which your organization re-administers the tool with the same person?

_____

_____

_____

_____

_____

End of Block: vispdat_chllng

Start of Block: vispdat_removed

Q65 What is **one** question you wish would be **removed** from the VI-SPDAT? (**If none, pleast put "none" in the text box**)

_____

_____

_____

_____

_____

vispdat_add What is **one** question you wish were to be **added** to the VI-SPDAT? (**If none, pleast put "none" in the text box**)

_____

_____

_____

_____

_____

End of Block: vispdat_removed

Start of Block: demo

Agency Which of the following agency do you **mainly** work for?

- ○ A Hand of Hope (6)
- ○ AVENUES for Northeast Missouri, Inc. (7)
- ○ Beacon Mental Health (formerly Tri-County Mental Health Services) (8)
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- ○ Gibson Center for Behavioral Change (26)
- ○ Habitat For Humanity (27)
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- ○ Journey Home of Johnson County (34)
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- ○ Marionville School District (36)
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- ○ Voluntary Action Center (66)
- ○ West Central Missouri Community Action Agency (67)
- ○ Welcome Home (68)
- ○ Youth Action Board (69)
- ○ Other, please specify: (70)

_____

Page Break

role What are your roles in your agency? (Check all that apply)

- ☐ Administrator (including CEO, Division supervisors, Commanding Officers, Program Directors) (1)
- ☐ Frontline staff (including case managers, VI-SPDAT administers, CE coordinators, etc.) (2)
- ☐ Volunteer (3)
- ☐ Board member (4)
- ☐ Other, please specify (5) _____

workagency_yr How long have you worked at your agency?

- ○ Less than 1 year (1)
- ○ 1-3 years (2)
- ○ 4-6 years (3)
- ○ 7-9 years (4)
- ○ 10 or more years (5)

hl_work_yr How long have you worked in the homelessness field?

- ○ Less than 1 year (1)
- ○ 1-3 years (2)
- ○ 4-6 years (3)
- ○ 7-9 years (4)
- ○ 10 or more years (5)

age How old are you?

- ○ 18-24 (1)
- ○ 25-29 (2)
- ○ 30-34 (3)
- ○ 35-39 (4)
- ○ 40-44 (5)
- ○ 45-49 (6)
- ○ 50-54 (7)
- ○ 55-59 (8)
- ○ 60-64 (9)
- ○ 65-69 (10)
- ○ 70-74 (11)
- ○ 75+ (12)

race What BEST describe your race/ethnicity?

- ○ American Indian or Alaskan Native (1)
- ○ Asian (2)
- ○ Black or African American (3)
- ○ Native Hawaiian or Pacific Islander (4)
- ○ White (5)
- ○ Muti-Racial (6)
- ○ Latino, Latina, Latinx, or Hispanic (7)
- ○ Other, please specify (8)

_____

gender What is your gender?

- ○ Male (1)
- ○ Female (2)
- ○ Transgender - Male to Female (3)
- ○ Transgender - Female to Male (4)
- ○ Non-Conforming (5)
- ○ Other (6)

End of Block: demo

VI-SPDAT detailed problem identification by question

This questionnaire will be used to focus the CAB's work to revise the VI-SPDAT. There is a "menu" of possible things we could change; please help identify what will make the biggest improvements to the tool.

* Indicates required question

VI-SPDAT Section 1 PRESENTING NEEDS (Questions 1a-1g): Are there problems with the process for administering the questions in this section?

- ❒ Yes
- ❒ No
- ❒ I don't know
- ❒ Other:

Please identify the challenges associated with specific questions in this section

This next section lists each question in Section 1 of the VI-SPDAT. Please use the checkboxes to identify anything you think may need revision for that question. Check as many items as apply.

1a. Most days can you find a safe place to sleep? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don’t know
- ❒ This question does not need to be revised
- ❒ Other:

1b. Most days can you: Access a bathroom when you need it? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff

- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

1c. Most days can you: Access a shower when you need it (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

1d. Most days can you: Get food (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers

- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

1e. Most days can you: Get water or other non-alcoholic beverages to stay hydrated (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

1f. Most days can you: Get clothing or access laundry when you need it (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long

- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

1g. Most days can you: Safely store your stuff (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

VI-SPDAT Section 2 HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

Section 2 includes Questions #2 - 5 on the VI-SPDAT

Are there problems with the process for administering the questions in this section?

- ❒ Yes
- ❒ No
- ❒ I don't know
- ❒ Other:

2. How long has it been since you lived in stable, permanent housing? (is this in days or months or years?) (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

3. In the last three years, how many times have you been homeless? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

4.If the answer to Question 3 is 4 or more: Thinking about those last three years and the different times you were homeless, if you add up all the months you were homeless, what is the total length of time you have experienced homelessness? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

5. Do you have any diagnosed, documented, disabling conditions? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

6. Have you ever lived in a home that you own or an apartment in your name? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff

- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

7. Have you ever been evicted? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

VI-SPDAT Section 3: VULNERABILITIES AND HOUSING SUPPORT NEEDS.

Section 3 includes questions #6 - 27 on the VI-SPDAT

Are there problems with the process for administering the questions in this section?

- ❒ Yes
- ❒ No

- ❒ I don't know
- ❒ Other:

8a. In the last six months, how many times have you: Gone to the emergency room/department (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don’t know
- ❒ This question does not need to be revised
- ❒ Other:

8b. In the last six months, how many times have you: Taken an ambulance (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don’t know
- ❒ This question does not need to be revised
- ❒ Other:

8c. In the last six months, how many times have you: Been hospitalized as an inpatient (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

8d. In the last six months, how many times have you: Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

8e. In the last six months, how many times have you: Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

8f. In the last six months, how many times have you: Stayed one or more nights in jail, a holding cell or prison (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

9a. Since you have been homeless: Have you been beaten up or assaulted (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)

- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

9b. Since you have been homeless: Have you threatened to beat up or assault someone else (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

9c. Since you have been homeless: Have you threatened to harm yourself or harmed yourself (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed

- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

9d. Since you have been homeless: Has anyone threatened you with violence or made you feel unsafe (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

9e. Since you have been homeless: Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers

- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

10a. Do you have any legal stuff going on right now that may result in any of the following: Being locked up (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

10b. Do you have any legal stuff going on right now that may result in any of the following: Having to pay fines or fees that you cannot afford (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive

- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

10c. Do you have any legal stuff going on right now that may result in any of the following: Impact your ability to get housing (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

10d. Do you have any legal stuff going on right now that may result in any of the following: Impact where you could live in your housing (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long

- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

11. Have you ever been convicted of a crime that makes it difficult to access or maintain housing? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

12. Does anyone trick, manipulate, exploit or force you to do things you do not want to do? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked

- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

13. Where do you sleep most frequently? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

14. Do you ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised

❒ Other:

15. Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? (check all that apply)*

❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)

❒ This question is easily misunderstood by clients or staff

❒ This question is not trauma informed

❒ This question poses linguistic or cultural barriers

❒ This question is too sensitive

❒ This question is worded poorly or is too long

❒ The problem with this question is related to how it assesses vulnerability

❒ The problem with this question has to do with when/where/how the question is asked

❒ I don't know

❒ This question does not need to be revised

❒ Other:

16. Do you get any money from the government, a job, working under the table, day labor, an inheritance or a pension, or anything like that? (check all that apply)*

❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)

❒ This question is easily misunderstood by clients or staff

❒ This question is not trauma informed

❒ This question poses linguistic or cultural barriers

❒ This question is too sensitive

❒ This question is worded poorly or is too long

❒ The problem with this question is related to how it assesses vulnerability

❒ The problem with this question has to do with when/where/how the question is asked

❒ I don't know

❒ This question does not need to be revised

❒ Other:

17. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

18. Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

19. Do you have a collection of belongings that gets in the way with your ability to access services or housing? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

20a. Would you say that your current homelessness was caused by any of the following: A relationship that broke down (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

20b. Would you say that your current homelessness was caused by any of the following: An unhealthy or abusive relationship (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

20c. Would you say that your current homelessness was caused by any of the following: Because family or friends caused you to lose your housing (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

21. Do most of your family and friends have stable housing? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)

- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

22. Are you 60 years of age or older? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

23. Do you have any physical or mental health issues or cognitive issues including a brain injury, that you would require assistance to access or keep housing? (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed

- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

24. Are you currently pregnant? (If applicable) (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

25a. Do you use alcohol or drugs in a way that it: Impacts your life in a negative way most days (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive

- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

25b. Do you use alcohol or drugs in a way that it: Makes it hard to access housing (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

25c. Do you use alcohol or drugs in a way that it: Would require assistance to maintain housing (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability

- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

26a. Are there any medications that, for whatever reason: A doctor said you should be taking but you are not taking (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know
- ❒ This question does not need to be revised
- ❒ Other:

26b. Are there any medications that, for whatever reason: You sell instead of taking (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don't know

- ❒ This question does not need to be revised
- ❒ Other:

26c. Are there any medications that, for whatever reason: You use in a way other than how it is prescribed (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
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- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don’t know
- ❒ This question does not need to be revised
- ❒ Other:

26d. Are there any medications that, for whatever reason: You find impossible to take, forget to take or choose not to take (check all that apply)*

- ❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)
- ❒ This question is easily misunderstood by clients or staff
- ❒ This question is not trauma informed
- ❒ This question poses linguistic or cultural barriers
- ❒ This question is too sensitive
- ❒ This question is worded poorly or is too long
- ❒ The problem with this question is related to how it assesses vulnerability
- ❒ The problem with this question has to do with when/where/how the question is asked
- ❒ I don’t know
- ❒ This question does not need to be revised

❒ Other:

27. Has your homelessness been caused by any recent or past trauma or abuse? (check all that apply)*

❒ This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)

❒ This question is easily misunderstood by clients or staff

❒ This question is not trauma informed

❒ This question poses linguistic or cultural barriers

❒ This question is too sensitive

❒ This question is worded poorly or is too long

❒ The problem with this question is related to how it assesses vulnerability

❒ The problem with this question has to do with when/where/how the question is asked

❒ I don't know

❒ This question does not need to be revised

❒ Other:

You are amazing!! THANK YOU for working so hard to get through ALL of these questions. Please use the space below if there is anything else you want to share about the VI-SPDAT. We appreciate your contributions so much!

Slide template used to provide tallied results

Q1A. MOST DAYS CAN YOU FIND A SAFE PLACE TO SLEEP?

	VOTES	COMMENTS
-This question does not work well for certain populations (e.g. people of certain race, ethnicity, veterans, seniors, etc.)	2	When asking this question many times it has to be explain because they are not sure if you are asking about housing or just a general place they feel is safe for them sleep.
-This question is easily misunderstood by clients or staff	5	What I may feel like is safe wouldn't be considered safe
-This question is not trauma informed	0	
-This question poses linguistic or cultural barriers	0	
-This question is too sensitive	1	
-This question is worded poorly or is too long	1	
-The problem with this question is related to how it assesses vulnerability	0	
-The problem with this question is related to its (in)ability to match people with housing resources	0	
-The problem with this question has to do with when/where/how the question is asked	3	
-This question does not need to be revised	4	

Slide template for discussion facilitation and real time note taking and confirmation

Q1A. MOST DAYS CAN YOU FIND A SAFE PLACE TO SLEEP?

- Notes
- Recommendations

Survey on Adult VI-SPDAT wording revisions_Jan2025

Start of Block: VI-SPDAT Section 1

We appreciate your participation in this survey! Please share your role in the VI-SPDAT revision process:

- ○ I am a member of the VI-SPDAT Research Community Action Board (CAB) (4)
- ○ I am a member of the BoS CE Tool Workgroup/Subcommittee (5)
- ○ Other (please explain) (6) _____

Skip To: QID67 If We appreciate your participation in this survey! Please share your role in the VI-SPDAT revision... = I am a member of the VI-SPDAT Research Community Action Board (CAB)

What is your first and last name?

_____

Q59 What is your email address?

_____

Instructions: In the survey that follows, you will see each item of the VI-SPDAT for Adults written out in its original form. Below each item you will see a list of changes to the wording of the item that have been suggested by the project's Community Action Board. **For each question, please select ONE of the choices that you believe will IMPROVE the wording of the VI-SPDAT.** [Please note that other types of improvements you may want to recommend (e.g. changes to the order of items, to the number of total items, to the scoring, or to the procedure for administering the tool) are being addressed in a separate process and will not be reflected here.]

Q1 1A. ORIGINAL **"MOST DAYS CAN YOU: FIND A SAFE PLACE TO SLEEP?"** *[Please choose the revision you like best from the options below]*

- ○ "Do you sleep outside at night?" (1)
- ○ "Where do you sleep?" (2)
- ○ "Most days do you find a place that would be considered 'housed' to sleep?" (3)
- ○ "Most nights can you find a safe place to sleep?" (4)
- ○ "When you sleep, can you find a safe place to sleep?" (5)
- ○ I prefer the original wording (6)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (7) _____

Q2 Q1B. ORIGINAL **"MOST DAYS CAN YOU: ACCESS A BATHROOM WHEN YOU NEED IT?"** [*No revisions were suggested for this item. Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q3 Q1C. ORIGINAL **"MOST DAYS CAN YOU: ACCESS A SHOWER WHEN YOU NEED IT?"** [*No revisions were suggested for this item. Please choose from the options below]*

- ○ I prefer the original wording (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q4 Q1D. ORIGINAL **"MOST DAYS CAN YOU: GET FOOD?"** *[No revisions were suggested for this item. Please choose from the options below]*

- ○ I prefer the original wording (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q5 Q1E. ORIGINAL **"MOST DAYS CAN YOU: GET WATER OR OTHER NON-ALCOHOLIC BEVERAGES TO STAY HYDRATED?"** *[Please choose the revision you like best from the options below]*

- ○ "On most days are you able to find clean water to stay hydrated?" (1)
- ○ "On most days can you: get water or other beverages to stay hydrated?" (2)
- ○ "On most days can you: get water or other non-alcoholic beverages to stay hydrated?" (3)
- ○ I prefer the original wording of the question (4)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (5) _____

Q6 Q1F. ORIGINAL **"MOST DAYS CAN YOU: GET CLOTHING OR ACCESS LAUNDRY WHEN YOU NEED IT?"** *[Please choose the revision you like best from the options below]*

- ○ "Do you have access to or resources for clean clothing?" (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q7 Q1G. ORIGINAL **"MOST DAYS CAN YOU: SAFELY STORE YOUR STUFF?"** *[Please choose the revision you like best from the options below]*

- ○ "Most days can you: safely store your stuff? For example personal belongings including important documents" (1)
- ○ "Most days can you: safely store your stuff that requires immediate access, such as important documents" (2)
- ○ "Most days can you: safely store your stuff, for example clothes, personal belongings, or important documents?" (3)
- ○ I prefer the original wording of the question (4)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (5) _____

End of Block: VI-SPDAT Section 1

Start of Block: VI-SPDAT Section 2

Q8 Q2. ORIGINAL **"HOW LONG HAS IT BEEN SINCE YOU LIVED IN STABLE, PERMANENT HOUSING? (IS THIS IN DAYS OR MONTHS OR YEARS?)"** *[Please choose the revision you like best from the options below]*

- ○ "How long has it been since you lived in stable OR permanent housing? (Is this in days, months or years?)" (1)
- ○ "Referring to this current episode of homelessness, how long has it been since you lived in stable, permanent housing? (Is this in days or months or years?)" (2)
- ○ "Have you lived in stable, permanent housing in the last 3 years?" (3)
- ○ "In the last 3 years, how many times have you lived in stable or permanent housing?" (4)
- ○ "How many times have you been in an emergency shelter or on the street?" (5)
- ○ I prefer the original wording of the question (6)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (7) _____

Q9 Q3. ORIGINAL **"IN THE LAST THREE YEARS, HOW MANY TIMES HAVE YOU BEEN HOMELESS?"** *[Please choose the revision you like best from the options below]*

- ○ I vote to ask this question in stages: if clients say they have been homeless within the last 3 years in Question 2, then we'd ask: "Have you ever been homeless previous to 3 years?" (1)
- ○ "In the last 3 years, how many times have you been homeless?" (2)
- ○ "In the last 3 years, how many times have you been in an emergency shelter or on the street?" (3)
- ○ "How many times have you been in an emergency shelter or on the street?" (4)
- ○ I prefer the original wording of the question (5)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (6) _____

Q10 Q4. ORIGINAL **"IF THE ANSWER TO QUESTION 3 IS 4 OR MORE: THINKING ABOUT THOSE LAST THREE YEARS AND THE DIFFERENT TIMES YOU WERE HOMELESS, IF YOU ADD UP ALL THE MONTHS YOU WERE HOMELESS, WHAT IS THE TOTAL LENGTH OF TIME YOU HAVE EXPERIENCED HOMELESSNESS?"** *[Please choose the revision you like best from the options below]*

- ○ I vote to keep the wording the same, but to add training for providers in HOW to ask the question (for example, teach providers how to establish chronicity using memory cues (e.g. was it cold, was it warm, “before or after July 4th? before or after Christmas?)) (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q11 Q5. ORIGINAL **"DO YOU HAVE ANY DIAGNOSED, DOCUMENTED, DISABLING CONDITIONS?"** *[Please choose the revision you like best from the options below]*

- ○ "Do you receive any SSI or SSDI?" (1)
- ○ I prefer to keep the original wording but add an explanation of what is considered a diagnosed, documented, or disabling condition (2)
- ○ I prefer the original wording of the question (3)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (4) _____

Q12 Q6. ORIGINAL **"HAVE YOU EVER LIVED IN A HOME THAT YOU OWN OR AN APARTMENT IN YOUR NAME?"** *[Please choose the revision you like best from the options below]*

- ○ I vote to ask this as two separate questions: "Have you ever lived in a home that you own? Have you ever lived in an apartment in your name?" (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q13 Q7. ORIGINAL **"HAVE YOU EVER BEEN EVICTED?"** *[Please choose the revision you like best from the options below]*

- ○ "Have you ever been evicted? Why?" (1)
- ○ I vote to keep the wording the same, but to add training for providers in HOW to ask the question (2)
- ○ I prefer the original wording of the question (3)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (4) _____

End of Block: VI-SPDAT Section 2

Start of Block: VI-SPDAT Section 3

Q14 Q8A. ORIGINAL **"IN THE LAST SIX MONTHS, HOW MANY TIMES HAVE YOU: GONE TO THE EMERGENCY ROOM/DEPARTMENT?"** *[Please choose the revision you like best from the options below]*

- ○ "In the last six months, how many times have you: Gone to the emergency room/department ? Why?" (1)
- ○ "In the last six months, how many times have you: Gone to the emergency room/department for a problem related to housing or homelessness?" (2)
- ○ I prefer the original wording of the question (3)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (4) _____

Q15 Q8B. ORIGINAL **"IN THE LAST SIX MONTHS, HOW MANY TIMES HAVE YOU: TAKEN AN AMBULANCE?"** *[Please choose the revision you like best from the options below]*

- ○ "In the last six months, how many times have you: Taken an ambulance? Why?" (1)
- ○ "In the last six months, how many times have you: Taken an ambulance for a problem related to housing or homelessness?" (2)
- ○ I prefer the original wording of the question (3)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (4) _____

Q16 Q8C. ORIGINAL **"IN THE LAST SIX MONTHS, HOW MANY TIMES HAVE YOU: BEEN HOSPITALIZED AS AN INPATIENT?"** *[Please choose the revision you like best from the options below]*

- ○ "In the last six months, how many times have you: Been hospitalized as an inpatient for a problem related to housing or homelessness?" (1)
- ○ I vote for this to be a follow up question to Q8A: "Did your ER visit result in inpatient hospitalization?" (2)
- ○ I vote for the questions about ER visits, hospitals and ambulances (Q8A, Q8B, Q8C) to be asked separately from the questions about DV and police emergencies (Q8D, Q8E, Q8F) (3)
- ○ I prefer the original wording of the question (4)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (5) _____

Q17 Q8D. ORIGINAL **"IN THE LAST SIX MONTHS, HOW MANY TIMES HAVE YOU: USED A CRISIS SERVICE OR HOTLINE FOR SUCH CONCERNS AS FAMILY OR INTIMATE PARTNER VIOLENCE OR SUICIDE PREVENTION?"** *[Please choose the revision you like best from the options below]*

- ○ I vote to keep the wording the same, but add on language that can help respond to fear of children taken away, questions from police, fear of info getting released publicly. For example: “I hear or see your pause. I am not here to sit in judgment. I am not taking this information anywhere.” (1)
- ○ I vote to keep the wording the same, but to add training for providers in HOW to ask the question in an empathetic manner (2)
- ○ I prefer the original wording of the question (3)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (4) _____

Q18 Q8E. ORIGINAL **"IN THE LAST SIX MONTHS, HOW MANY TIMES HAVE YOU: TALKED TO POLICE BECAUSE YOU WITNESSED A CRIME, WERE THE VICTIM OF A CRIME, WERE THE ALLEGED PERPETRATOR OF A CRIME, OR BECAUSE THEY ASKED YOU TO MOVE ALONG BECAUSE OF LOITERING, SLEEPING IN A PUBLIC PLACE OR ANYTHING LIKE THAT?"** *[Please choose the revision you like best from the options below]*

- ○ "In the last six months how many times have you had any interaction with the police?" (1)
- ○ I vote to keep the wording the same, but add on language to explain: "These types of situations are listed because they are applicable to the answer"" (2)
- ○ I vote to make this a two step answer. First say: "In the last six months how many times have you talked to the police?" If they are unsure, explain the types of interactions possible: "This could be because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place, or anything like that" (3)
- ○ I prefer the original wording of the question (4)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (5) _____

Q19 Q8F. ORIGINAL **"IN THE LAST SIX MONTHS, HOW MANY TIMES HAVE YOU: STAYED ONE OR MORE NIGHTS IN JAIL, A HOLDING CELL OR PRISON?"** *[Please choose the revision you like best from the options below]*

- ○ I vote for the questions about ER visits and ambulances (Q8A, Q8B, Q8C) to be asked separately from the questions about DV and police emergencies (Q8D, Q8E, Q8F) (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q20 Q9A. ORIGINAL **"SINCE YOU HAVE BEEN HOMELESS: HAVE YOU BEEN BEATEN UP OR ASSAULTED?"** *[No revisions were suggested for this item. Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q21 Q9B. ORIGINAL **"SINCE YOU HAVE BEEN HOMELESS: HAVE YOU THREATENED TO BEAT UP OR ASSAULT SOMEONE ELSE?"** *[Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q22 Q9C. ORIGINAL **"SINCE YOU HAVE BEEN HOMELESS: HAVE YOU THREATENED TO HARM YOURSELF OR HARMED YOURSELF?"** *[Please choose the revision you like best from the options below]*

- ○ "Since you have been homeless: Have you threatened to harm yourself or harmed yourself? Why?" (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q23 Q9D. ORIGINAL **"SINCE YOU HAVE BEEN HOMELESS: HAS ANYONE THREATENED YOU WITH VIOLENCE OR MADE YOU FEEL UNSAFE?"** *[Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q24 Q9E. ORIGINAL **"SINCE YOU HAVE BEEN HOMELESS: HAS ANYONE TRIED TO CONTROL YOU THROUGH VIOLENCE OR THREATS OF VIOLENCE WHETHER THAT BE A STRANGER, FRIEND, PARTNER, RELATIVE OR PARENT?"** *[Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q25 Q10A. ORIGINAL **"DO YOU HAVE ANY LEGAL STUFF GOING ON RIGHT NOW THAT MAY RESULT IN ANY OF THE FOLLOWING: BEING LOCKED UP?"** *[Please choose the revision you like best from the options below]*

- ○ "Do you have any legal stuff going on that may result in any of the following: Being locked up? This could be for different reasons, including child support owed" (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q26 Q10B. ORIGINAL **"DO YOU HAVE ANY LEGAL STUFF GOING ON RIGHT NOW THAT MAY RESULT IN ANY OF THE FOLLOWING: HAVING TO PAY FINES OR FEES THAT YOU CANNOT AFFORD?"** *[Please choose the revision you like best from the options below]*

- ○ "Do you have any legal stuff going on that may result in any of the following: Having to pay fines or fees that you cannot afford? This can include child support owed" (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q27 Q10C. ORIGINAL **"DO YOU HAVE ANY LEGAL STUFF GOING ON RIGHT NOW THAT MAY RESULT IN ANY OF THE FOLLOWING: IMPACT YOUR ABILITY TO GET HOUSING?"** *[Please choose the revision you like best from the options below]*

- ○ I vote to keep the wording the same, but add examples or clarification of what could impact housing (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q28 Q10D. ORIGINAL **"DO YOU HAVE ANY LEGAL STUFF GOING ON RIGHT NOW THAT MAY RESULT IN ANY OF THE FOLLOWING: IMPACT WHERE YOU COULD LIVE IN YOUR HOUSING?"** *[Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q29 Q11. ORIGINAL **"HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT MAKES IT DIFFICULT TO ACCESS OR MAINTAIN HOUSING?"** *[There were no revisions to the wording recommended. Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q30 Q12. ORIGINAL **"DOES ANYONE TRICK, MANIPULATE, EXPLOIT OR FORCE YOU TO DO THINGS YOU DO NOT WANT TO DO?"** *[Please choose the revision you like best from the options below]*

- ○ "Are you able to make decisions independently, on your own?" (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q31 Q13. ORIGINAL **"WHERE DO YOU SLEEP MOST FREQUENTLY?"** *[Please choose the revision you like best from the options below]*

- ○ "Where did you sleep last night?" (1)
- ○ I vote to keep the wording the same, but to add training for providers in HOW to make determination of what choice matches client's response (2)
- ○ I prefer the original wording of the question (3)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (4) _____

Q32 Q14. ORIGINAL **"DO YOU EVER DO THINGS THAT MAY BE CONSIDERED TO BE RISKY OR HARMFUL LIKE RUN DRUGS, SHARE A NEEDLE, DO SEX WORK, OR ANYTHING LIKE THAT?"**
[Please choose the revision you like best from the options below]

- "Are you currently receiving treatment for active addiction?" (1)
- "Are you involved in illegal activities in order to survive?" (2)
- "Do you use recreational drugs?" (3)
- “Have you ever had to do, felt you had to do, considered doing risky or harmful behavior? For example, Do you do drugs? Do you share needles? Do you pass the bottle? Have you ever found yourself in a situation where you wanted to do prostitution?" (4)
- I vote to keep the wording the same but add a disclaimer "I am not looking for an instance, and I am not looking to turn you in" (5)
- I vote to keep the wording the same, but to add training for providers in HOW to build rapport (6)
- I prefer the original wording of the question (7)
- I prefer a revised wording that is not listed here (please type your proposed wording for the question) (8) _____

Q33 Q15. ORIGINAL **"IS THERE ANYBODY THAT THINKS YOU OWE THEM MONEY LIKE A FAMILY MEMBER, FRIEND, PAST LANDLORD, BUSINESS, BOOKIE, DEALER, BANK, CREDIT CARD COMPANY, UTILITY COMPANY OR ANYONE LIKE THAT?"** *[Please choose the revision you like best from the options below]*

- ○ "Do you have any outstanding debts?" (1)
- ○ "Do you have past due amounts or debts that would make it difficult for you to afford or be approved for your housing currently?" (2)
- ○ "Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company, child support, or anyone like that?" (3)
- ○ I vote to keep the wording the same but add training for providers on how to use prior knowledge of client's story to get most accurate answers (e.g. knowing about legal issues or DFS involvement). (4)
- ○ I prefer the original wording of the question (5)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (6) _____

Q34 Q16. ORIGINAL **"DO YOU GET ANY MONEY FROM THE GOVERNMENT, A JOB, WORKING UNDER THE TABLE, DAY LABOR, AN INHERITANCE OR A PENSION, OR ANYTHING LIKE THAT?"** *[Please choose the revision you like best from the options below]*

- ○ "Do you have any sources of income?" (1)
- ○ "Do you have any source of income, even if received under the table?" (2)
- ○ I prefer the original wording of the question (3)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (4) _____

Q35 Q17. ORIGINAL **"DO YOU EVER GAMBLE WITH MONEY YOU CANNOT AFFORD TO LOSE OR HAVE DEBTS ASSOCIATED WITH GAMBLING?"** *[Please choose the revision you like best from the options below]*

- ○ I vote this should be two separate questions: "Do you have expenses that exceed your income?" and "Do you ever gamble?" (1)
- ○ I vote to change the wording to: "Do you ever gamble?" and then have choice prompts under the question (2)
- ○ I prefer the original wording of the question (3)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (4) _____

Q36 Q18. ORIGINAL **"DO YOU HAVE PLANNED ACTIVITIES, OTHER THAN ACTIVITIES FOR SURVIVAL, AT LEAST FOUR DAYS PER WEEK THAT MAKE YOU FEEL HAPPY AND FULFILLED?"** *[Please choose the revision you like best from the options below]*

- ○ "Do you have planned activities in your week, other than activities for survival, that make you feel happy and fulfilled?" (1)
- ○ "Do you have planned activities, other than activities for survival, that are helpful for improving your situation, such as appointments for mental health?" (2)
- ○ "Do you have planned activities, other than activities for survival, that are helpful for improving your situation?" (3)
- ○ I prefer the original wording of the question (4)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (5) _____

Q37 Q19. ORIGINAL **"DO YOU HAVE A COLLECTION OF BELONGINGS THAT GETS IN THE WAY WITH YOUR ABILITY TO ACCESS SERVICES OR HOUSING?"** *[Please choose the revision you like best from the options below]*

- ○ "Do you have a collection of belongings or pets that gets in the way with your ability to access services or housing?" (1)
- ○ I prefer the original wording of the question (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q38 Q20A . ORIGINAL **"WOULD YOU SAY THAT YOUR CURRENT HOMELESSNESS WAS CAUSED BY ANY OF THE FOLLOWING: A RELATIONSHIP THAT BROKE DOWN?"** *[There were no revisions to the wording recommended for this question. Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q39 Q20B. ORIGINAL **"WOULD YOU SAY THAT YOUR CURRENT HOMELESSNESS WAS CAUSED BY ANY OF THE FOLLOWING: AN UNHEALTHY OR ABUSIVE RELATIONSHIP?"** *[Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q40 Q20C. ORIGINAL **"WOULD YOU SAY THAT YOUR CURRENT HOMELESSNESS WAS CAUSED BY ANY OF THE FOLLOWING: BECAUSE FAMILY OR FRIENDS CAUSED YOU TO LOSE YOUR HOUSING?"** *[Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q41 Q21. ORIGINAL **"DO MOST OF YOUR FAMILY AND FRIENDS HAVE STABLE HOUSING?"** *[No revisions to the wording were suggested for this item. Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q42 Q22. ORIGINAL **"ARE YOU 60 YEARS OF AGE OR OLDER?"** *[Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q43 Q23. ORIGINAL **"DO YOU HAVE ANY PHYSICAL OR MENTAL HEALTH ISSUES OR COGNITIVE ISSUES INCLUDING A BRAIN INJURY, THAT YOU WOULD REQUIRE ASSISTANCE TO ACCESS OR KEEP HOUSING?"** *[Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q44 Q24. ORIGINAL **"ARE YOU PREGNANT?"** *[No revisions were suggested for this item. Please choose from the options below]*

- ○ I prefer the original wording of the question (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q45 Q25A. ORIGINAL **"DO YOU USE ALCOHOL OR DRUGS IN A WAY THAT IT: IMPACTS YOUR LIFE IN A NEGATIVE WAY MOST DAYS"** *[Please choose the revision you like best from the options below]*

- ○ "Do you have a substance use disorder?" (1)
- ○ "Do you struggle with any addictions?" (2)
- ○ "Do you now or have you ever used drugs in a way that impacted your life in a negative way most days?" (3)
- ○ I prefer the original wording of the question (4)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (5) _____

Q46 Q25B. ORIGINAL **"DO YOU USE ALCOHOL OR DRUGS IN A WAY THAT IT: MAKES IT HARD TO ACCESS HOUSING?"** *[Please choose from the options below]*

- ○ I prefer the original wording (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q47 Q25C. ORIGINAL **“DO YOU USE ALCOHOL OR DRUGS IN A WAY THAT IT: WOULD REQUIRE ASSISTANCE TO MAINTAIN HOUSING?”** *[Please choose from the options below]*

- ○ I prefer the original wording (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q48 Q26A. ORIGINAL **“ARE THERE ANY MEDICATIONS THAT, FOR WHATEVER REASON: A DOCTOR SAID YOU SHOULD BE TAKING BUT YOU ARE NOT TAKING?”** *[Please choose the revision you like best from the options below]*

- ○ I vote to keep the wording the same but add training for providers on how to explain the purpose of this question (1)
- ○ I prefer the original wording (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q49 Q26B. ORIGINAL **“ARE THERE ANY MEDICATIONS THAT, FOR WHATEVER REASON: YOU SELL INSTEAD OF TAKING?”** *[Please choose the revision you like best from the options below]*

- ○ I vote to keep the wording the same but add training for providers on how to ask this. (1)
- ○ I prefer the original wording (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q50 Q26C. ORIGINAL **“ARE THERE ANY MEDICATIONS THAT, FOR WHATEVER REASON: YOU USE IN A WAY OTHER THAN HOW IT IS PRESCRIBED?”** *[Please choose the revision you like best from the options below]*

- ○ I vote to keep the wording the same but add training for providers on how to ask this. (1)
- ○ I prefer the original wording (2)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (3) _____

Q51 Q26D. ORIGINAL **“ARE THERE ANY MEDICATIONS THAT, FOR WHATEVER REASON: YOU FIND IMPOSSIBLE TO TAKE, FORGET TO TAKE, OR CHOOSE NOT TO TAKE?”** [Please choose from the options below]

- ○ I prefer the original wording (1)
- ○ OtherI prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q52 Q27. ORIGINAL **“HAS YOUR HOMELESSNESS BEEN CAUSED BY ANY RECENT OR PAST TRAUMA OR ABUSE?”** *[No revisions were suggested for this item. Please choose from the options below]*

- ○ I prefer the original wording (1)
- ○ I prefer a revised wording that is not listed here (please type your proposed wording for the question) (2) _____

Q53 Thank you for making it all the way through this survey--congratulations! Please use this space to record any additional thoughts or notes.

_____

End of Block: VI-SPDAT Section 3

Slide template showing the rewording votes



Refined VI-SPDAT Using Real-Value Scoring System (Intermediate Version)

VI-SPDAT Item	*Score*
Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	0.884
If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	0.660
In the past six months, how many times have you stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? (Add score if at least once)	0.357
Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money?	0.379
Will drinking or drug use make it difficult for you to stay housed or afford your housing?	0.324
Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	0.312
How long has it been since you lived in permanent stable housing? (Add score if at least 1 year)	0.291
In the past six months, how many times have you been hospitalized as an inpatient? (Add score if at least once)	0.257
Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	0.154
When you are sick or not feeling well, do you avoid getting help?	0.148

Refined VI-SPDAT Using Integer Scoring System (Intermediate Version)

VI-SPDAT Item	*Score*
Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	9
If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	7
In the past six months, how many times have you stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? (Add score if at least once)	4
Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money?	4
Will drinking or drug use make it difficult for you to stay housed or afford your housing?	3
Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	3
How long has it been since you lived in permanent stable housing? (Add score if at least 1 year)	3
In the past six months, how many times have you been hospitalized as an inpatient? (Add score if at least once)	2
Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	2
In the past six months, how many times have you been taken an ambulance to the hospital? (Add score if at least once)	1
In the last three years, how many times have you been homeless? (Add score if at least once)	1
When you are sick or not feeling well, do you avoid getting help?	1

Feedback on the August VI-SPDAT CAB

Please share about your experience during the August 20th 2025 CAB meeting

1. Were you able to view the data team's presentation slides?

- ❒ Yes, on my computer
- ❒ Yes, on another device (phone, tablet)
- ❒ I saw some or part of the presentation slides
- ❒ No, I was not able to see them at all

2. During the data team's presentation, how much of the content did you feel like you understood?

- ❒ All
- ❒ Most
- ❒ Some
- ❒ Very little
- ❒ None

3. In the breakout rooms, to what extent did you feel you were able to respond to the discussion questions?

- ❒ I had a lot to say and I shared it
- ❒ I had something to say but did not speak up
- ❒ I had a little to say, and I shared it
- ❒ I did not have anything to say
- ❒ I did not really understand the discussion questions
- ❒ Other:

4. Overall, did you feel like you were able to make a valuable contribution to the meeting?

- ❒ Yes, definitely
- ❒ Yes, somewhat
- ❒ I'm not sure
- ❒ Not really
- ❒ Not at all

5. Is there any other feedback on the meeting you want to share?

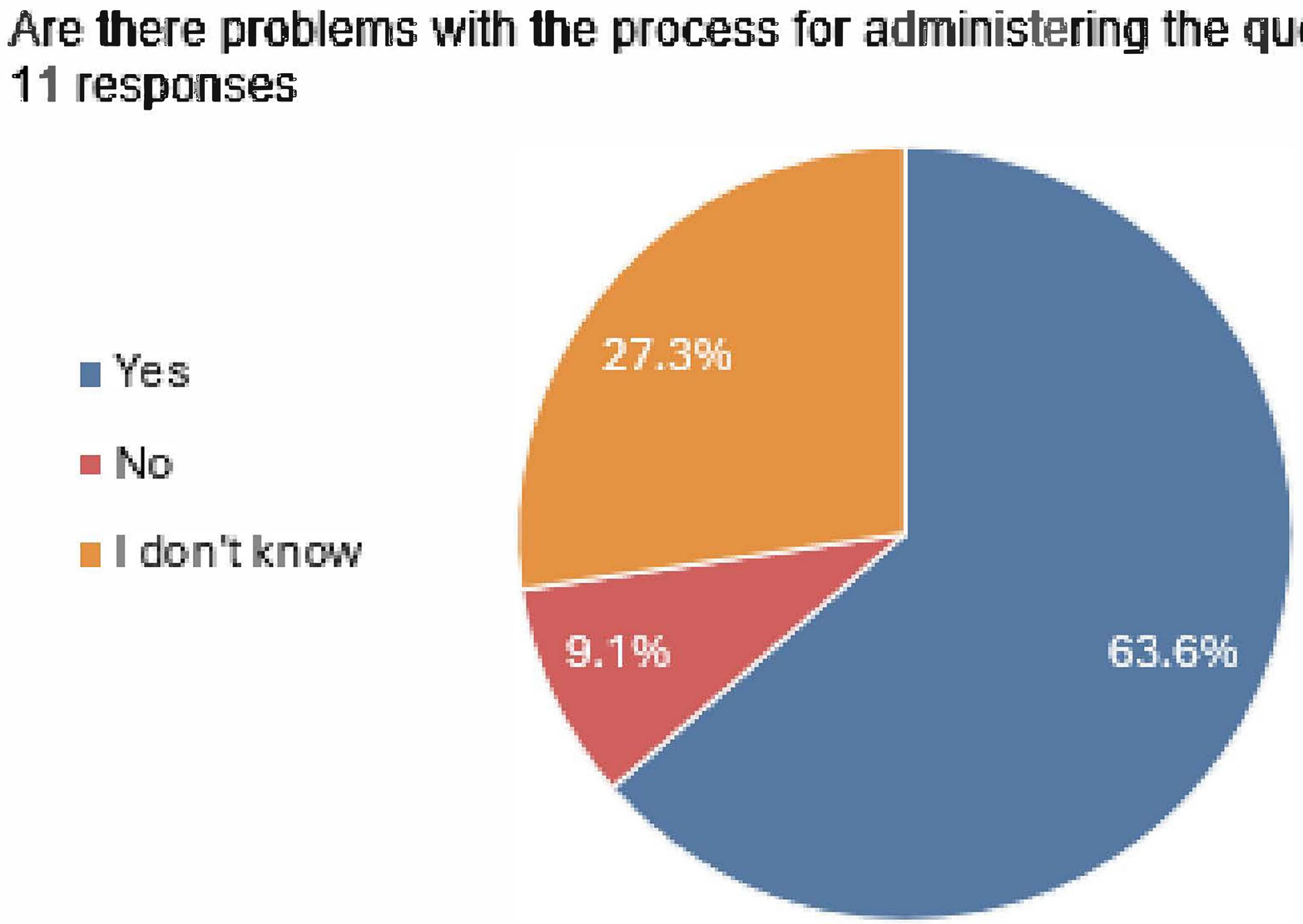
Thank you for taking the time to respond!
We appreciate you!

Refined VI-SPDAT with Fairness Constraints and Implementation Considerations

VI-SPDAT Item	*Score*
1. Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company, child support, or anyone like that? (Add score if "yes")	10
2. In the last 6 months, how many times have you stayed one or more nights in jail, a holding cell or prison (Add score if at least once)	9
3. In the last 6 months, how many times have you been hospitalized as an inpatient? (Add score if at least once)	7
4. How long has it been since you lived in stable OR permanent housing? (Add score if at least 1 year)	6
5. Have you ever had to do, felt you had to do, considered doing risky or harmful behavior? For example, Do you do drugs? Do you share needles? Do you pass the bottle? Have you ever found yourself in a situation where you wanted to do prostitution? (Add score if "yes")	3
6. Have you threatened to or tried to harm yourself or anyone else in the last year? (Add score if answer "yes")	3
7. In the last 6 months, how many times have you taken an ambulance (Add score if at least once)	2
8. Are there medications that, for whatever reason a doctor said you should be taking but you are not taking (Add score if answer "yes")	2
9. Are there medications that, for whatever reason 9a. you sell instead of taking 9b. you use in a way other than how it is prescribed (Add score if answer to any option is "yes")	2
10. Do you have any source of income, even if received under the table? (Add score if answer "no")	2

Score range: 0-44

Slide template tallying survey results



Slide template for Discussion Facilitation

VULNERABILITIES AND HOUSING SUPPORT NEEDS

	"When/Where/How" problem?	Comments
8a. In the last six months, how many times have you: Gone to the emergency room/department	1 vote	
8b. In the last six months, how many times have you: Taken an ambulance	0	
8c. In the last six months, how many times have you: Been hospitalized as an inpatient	0	
8d. In the last six months, how many times have you: Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention	1	"The question needs asked in an empathetic manner"
8e. In the last six months, how many times have you: Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that	2	
8f. In the last six months, how many times have you: Stayed one or more nights in jail, a holding cell or prison	2	

Suggestions for Administration Process for VI-SPDAT

OCT 2025

Overview

1. Shared Lived Experiences Matter
2. Helpful Ways to “Break the Ice”
3. Self-Care is Necessary
4. Ending the Appointment Well
5. Foster Trust with Transparency
6. Avoid Retraumatization



Shared Lived Experiences Matter:

Providers disclosing their own experiences can be helpful, within guidelines:

- Can help build rapport
- Hearing about Assessors' emotional experiences rather than specific details was most helpful
- Important to share experiences without making the conversation about the assessor
- Need to balance instilling hope without creating false expectations

Shared Lived Experiences cont.

What to Share?

Example scripts from real providers:
Client is embarrassed. Respond: “you could tell me all day because I’ve been there.”

“I have lived with abuse in my life, and I have dealt with some housing instability.”

“I’ve been in your shoes”,

“I started here XX years ago as a recipient on the other side of the table. ”

“I kind of went through something similar [without sharing details], not judging, and here are all your options [not giving advice]” Let them talk: “How do you feel about this option?”

Advice from real providers:

- Just share to the extent that makes them feel comfortable, unless they ask for more info (i.e. how did you achieve your goals or what resources were helpful). Helpful to hear that it’s normal to feel vulnerable asking for services and help.
- Tone of voice, reassurance that it does get better
- Don’t overwhelm them, gauge rxns, watch body language, tone of voice, engagement
- Some clients are more comfortable opening up when they are not F2F. More honest over the phone
- Over time, more assessments with more diverse group, you get better
- For some people, feel more comfortable when I don’t look them in the face. Tell them “I’m trying to hear what you are telling me”

Shared Lived Experiences cont.

What Not to Share?

Advice from real participants and providers:

- As a client, I didn’t need to know the details of a providers’ experience, but it was helpful to hear that it felt scary, daunting, overwhelming.
- Helpful to hear that it’s normal to feel vulnerable asking for services and help.
- Can be awkward to hear too many personal details.
- No reason to share unless it’s to benefit the client, keep it focused on the client.
- No bragging about yourself. Keep the focus on what they need to do and the baby steps.
- Line between compassion/empathy VS using your experience to give advice (what worked for you might not work or be an option for them). You are not parenting them.

Shared Lived Experiences cont.

How to Instill Hope (not false optimism)

Example scripts from real providers and clients:

“Doing this assessment is the first step to gaining assistance. So you’re making the best choice for yourself at this point. Even though the questions are personal, we’re asking you so we can determine what your needs are for no other reason than to get you where you need to be. This is the first step … even though there’s no guarantee of services, and we don’t know where you’re going to fall on the prioritization list. We don’t know how many people are going to come in for assistance behind you. That could bump you up or down on the list. We are not the only resource–keep looking for other resources while you’re waiting on our list. Keep checking.”

“No guarantee. It’s a step to get you closer to resources.”

Advice from real providers and clients:

- As a client, a provider took my hand to reassure me it would be okay.
- Helpful to be reminded that you’re on the path to starting over, to end the cycle for your child so they don’t have to experience this again.
- Helpful to hear how a provider was in a similar situation or went through hard times but the outcome was good–here’s how they “built themselves back up”.
- Explain how the prioritization list works. It’s okay to be brutally honest to score you as accurately as possible b/c it does affect where you are on the list. But if you’re not as vulnerable that’s okay too, let’s look for other resources.

Breaking the Ice

Breaking the Ice

- Some icebreakers can be helpful for a better assessment

Breaking the Ice

Example scripts from real providers and clients

“These questions are going to be very personal questions that may be hard for you to answer depending on what you’ve been through in life. So if you feel uncomfortable, don’t want to answer a question, just let me know. I am not asking in any way to be judgmental. The answers are to be Yes, No, or a Number. You do not have to explain your answers. These answers are to be used so that we can meet you where your needs are. And I will know that if you’re open and honest.”

“Hey, we’re gonna get this done, but these are uncomfortable questions.”

“This is a safe space”

“You don’t have to talk to me until you’re ready to talk to me.” “You’re an adult, and you have to ask for the help you are wanting, willing to receive. I am going to have to ask you questions, but I need it to come from you.”

“We don’t have to do this now”

“I understand your situation. This is to assist, to provide the best services for you.”

Advice from real providers and clients

Offer coffee, tea or snacks OR hot food (easy to microwave) if they are hungry

“It takes time to get through the assessment” (let them know how long to plan for—we can reschedule if they don’t have time now)

Clarify that “rapid rehousing” means it’s rapid once you’re referred, not rapid while you are on the list.

Self-Care & Training

Self-Care is Critical for Providers

- Trauma informed trainings are critical to both clients & assessors
- Assessors' self-care is important

Self-Care Practices

Examples from real providers:

1. Cues: If you feel heavy or your vision is off, or you're having trouble focusing (these can be secondhand trauma)
2. Limit the number of assessments per day (the exact number depends on your capacity)
3. Take breaks between assessments (leave the office, take a walk, breathe)
4. Debrief with a supervisor or office colleague
5. Get away between assessments, move away from desk. Stand up! How is your own body?
6. Take a break: get water, do deep breathing, recenter. Be in a good place before you move on to the next one.
7. Play music while on the computer: e.g. to have a dance party to a good song, or to calm down

.

Trainings on Trauma Informed Care

There are a number of places where trainings are available, most are online:

- KU offers training
- Ryan Dowd has self-paced trainings
- NAEH
- SAHMSA has some for individuals with disabilities
- Compass Health or Burrell: behavioral health
- Vocational Rehab
- MH first aid (for youth and adults)
- 988

Information about training opportunities can come from multiple sources:

- Eventbrite
- In resource meetings
- Email blasts by different service providers, often free
- MH 1st aid has their own list of courses
- Get on mailing lists after participating in a training

Ending the Meeting Well

Closing Practices, Debrief, and Follow Up

Ending the Meeting Well

Scripts from real life providers and clients:

After assessment, “Is there anything that we didn’t talk about today that you feel like is relevant or that I need to know? Any questions you want to revisit?”

After assessment: “Was it okay? Was there any uncomfortableness? Are you okay? Do you want to talk?”

Weekly check-ins with clients on the prioritization list: “I want to know how you’re doing. Has anything changed?”

Advice from real life providers and clients:

- Before the conversation ends, have a discussion about available resources (e.g. print application for SNAP, shelter, case management, links to FSD applications, flyers, can referral to MH if requested).

- After meeting, to follow up one provider sends two emails: one a secure site for sharing documents with case manager (for file), 2nd with resources, any relevant for what they’re looking for. Try to highlight relevant ones or only provide what they need (to not be overwhelming)

Foster Trust via Transparency

Foster Trust via Transparency

- Transparent about assessment **purpose** , **sensitive questions** , and **length**
- Setting clear expectations about the process helps clients prepare mentally
- Prep clients for potentially triggering questions
- Offering breaks during difficult sections
- Fitting complex situations into yes/no response options can be difficult
- Conduct the assessments via human connection rather than “robotic form”

Foster Trust via Transparency

Example Scripts from Real Providers and Clients:

Reiterate: “We are not here to judge. We are not here to call the authorities while you are here. You do have the right not to answer questions, but that might impact your score, just make sure that is understood. This is just between you and me and only shared as needed to get you housed and safe.”

For phone assessments: “are you in a place where you can speak openly and freely? Because I would like you to feel confident in your answers”.

Let them know: “[this is a] no judgment zone, the more honest you are the better it helps you get the services available to you.” (Say it up front and multiple times throughout.)
I say again, when I see in body language they are feeling hesitant to answer.

“You're the expert of your life situation, I'm the expert of the services we're offering, I just want you to be comfortable sharing your story because you are living this experience, the more you are open about your situation, the better I can put the information in so you don't have to tell your story over and over again to many different people, it goes into our HMIS, so service providers out there are able to see your needs. The more honest you are, the better the services are for you.”

“...these assessments are gonna get "all up in your business!" If you're seeking services we will be all in your business! It's all about you. I'm here to listen to you!”

Reiterate throughout (between sections):”Remember that there are no right answers, wrong answers. It's how you feel. “

Advice from Real Providers and Clients:

As a client, it helps if I already have rapport (e.g. with shelter staff). It helps if they are patient and go at my pace.

Don’t want to say “You are in a safe space” because we may not know if they are or not. Try to accommodate what feels safe for them. Let them know that wherever they are, some of the questions may not feel safe. Try to ease them ahead of time: these are the facts, and we are here to help you, but it’s not always easy, there are hard questions.

Make them aware the process takes about an hour.

Encourage clients to think about their list of homelessness (experiences) ahead of time, and let them know it helps with where client will fall on the prioritization list

Avoiding Retraumatization

- Prep clients for potentially triggering questions
- Offering breaks during difficult sections
- Fitting complex situations into yes/no response options can be difficult
- Conduct the assessments via human connection rather than “robotic form”

Avoiding Retraumatization

Example scripts from real providers and clients:

[When I hear or see the client hesitates/pauses]: “ I heard the pause, is there something that’s holding you back from answering this question with your first thought?”

“Hey, there is no right or wrong answer here.”

[If client is not sure how they want to answer a question] “Can you tell me what your thought process is right now? [Then later ask] “Okay, now do you want to answer the question yes or no?

In beginning, you tell them what the assessment will look like “It’ll take about an hour. I am gonna ask you general information and some very personal information. If at any time you don’t feel comfortable answering you have the right to say “I’ll pass”.

Advice from real providers and clients:

Use a softer tone of voice

It helped me that a provider didn’t care how long it took to answer the triggering questions: she sat and waited with me.

Sometimes you reiterate that “you can refuse to answer any question.” Precede those questions that can be little bit sensitive.

I try to keep myself as respectful as possible so they stay in that mindset. The clients are coming in hurt, on the defense, they don’t know you.

Next Steps

VI-SPDAT Administration

- Develop VI-SPDAT Training Supportive Guidance for specific items



Opening and Ice-Breaking

Why this matters

How we open the conversation shapes how safely the participant feels to respond honestly. Before beginning the assessment, ensure some level of rapport already exists and that the participant is physically and emotionally ready to proceed.

Before you begin: basic check-ins

Keep a **calendar** within easy reach throughout the assessment. This can help the participants to anchor their memory.

Offer water, coffee, or a snack if available. Let them know how long the conversation usually takes ('around 30 to 40 minutes'). Choose a private space whenever possible. Remind them there are no right or wrong answers

Suggested opening check-in

"Have you had some water today? Something to eat? Do you need a restroom break before we start?"

"Are you comfortable having this conversation now, or would you prefer to find another time?"

"Is there someone else you would feel more at ease speaking with?"

Suggested opening script

"I am going to ask you some questions that may feel quite personal. Some might be difficult depending on what you have been through. If at any point you do not want to answer something, just let me know and we can move on or come back to it later. I am not here to judge. The answers are simply yes, no, or a number. You do not need to explain anything. This information helps us understand your situation and connect you with the right support. The more open you can be, the better I can help you."

"Do you have any questions before we start? Are you ready?"

On sharing lived experiences

Sharing your own experiences can help build connection, but the focus should remain on the person being assessed. Share feelings rather than specific details. Avoid creating false expectations about assessment outcomes and resist the urge to give advice based on what worked for you, as it may not be an available option for them.

*****START TIME: _____** (Time of day you begin the assessment)*******

Notes: Comments and observations

Building Trust and Transparency

Why this matters

People experiencing homelessness have often had painful encounters with institutional systems. Building trust requires being transparent about the purpose of the assessment, how information will be used, and the limits of what can be promised.

Suggested script for establishing trust

"I want to be open with you about what we are doing here. These questions are part of an assessment that helps identify who has the greatest need for housing support. They are not meant to judge you or to report anything to any authorities. The information stays within our system and is only shared, when truly necessary, to help you access services."

"There is no guarantee of where you will land on the prioritization list. Being honest, though, helps make sure your situation is accurately represented. And if your needs turn out to be different from what we expected, that is okay too. We will look for other resources together."

Reinforcing trust throughout the assessment

Return to these reassurances throughout the interview, especially before questions that may feel heavy:

"Remember, there are no right or wrong answers here. This is only about your own experience."

"You can ask for a break at any point. Just let me know."

"Are you feeling okay to continue?"

Questions that may carry particular weight

Some questions may feel heavier for people from communities that have historically faced over-policing, criminalization, or medical mistrust. Before those questions, you might say:

"I realize this question might feel uncomfortable. I want you to know that your answer will not be used against you in any way."

Notes: Comments and observations

Assessor Self-Care

Why this matters

Conducting assessments with people who have lived through significant trauma can generate vicarious trauma in the assessor over time. Recognizing your own limits is essential, both for your well-being and for maintaining the quality of care you bring to each conversation.

Signs to watch for in yourself

Notice if you experience any of the following during or after assessments:

- A sense of heaviness or difficulty concentrating that builds throughout the day.
- Irritability or exhaustion that lingers after your shift ends.
- Difficulty setting aside the stories you have heard once you leave work.

Notes: Comments and observations

Question 1 of 10

Suggested opening script

"This is our first question, and it is about income. This includes anything at all: formal employment, informal work, help from family or friends, or benefits. There are no legal implications to what you share here."

Question 1.

Do you have any source of income, even if received informally or under the table?

SCORING	Score recorded:
Score **1** if the answer is NO (no source of income of any kind).	_____

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Question 2 of 10

Suggested opening script

"I would like to talk a little about your housing history. There is no right or wrong answer. I am just hoping to understand when the last time was that you had a place that felt like home, whether you owned it, rented it, or stayed with someone you trusted."

Question 2.

How long has it been since you lived in stable or permanent housing?

Calendar tip: open the calendar, point to today and say: **"***Think about what was happening in your life around that time."*

SCORING	**Score recorded:**
Score **6** if it has been at least 1 year without stable or permanent housing.	_____

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Question 3 of 10

Suggested opening script

"I am going to ask you about your financial situation. Carrying debt is something many people deal with, and there is no judgment here. I am asking so I can get a fuller picture of where you are and how best to support you."

Question 3.

Is there anybody that thinks you owe them money, like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company, child support, or anyone like that?

SCORING	Score recorded:
Score **10** if the answer is YES.	_____

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Question 4 of 10

Suggested opening script

"I am going to ask you about medical emergencies you may have had. Needing an ambulance is not a problem at all. It simply helps me understand what kind of care you have needed."

Question 4.

In the last 6 months, how many times have you taken an ambulance?

Calendar tip: open the calendar, point to today and say: *"Today is [date]. 6 months back would be around [month] — the weather was [colder / hotter] then. It was near (or before or after) __ (event or holiday)"*

SCORING	Score recorded:
Score **2** if this occurred at least once in the last 6 months.	_____

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Question 5 of 10

Suggested opening script

"Now I would like to ask you about your health. Hospital stays are part of your story and help me understand what you have had to manage. There is nothing to worry about in answering this question honestly."

Question 5.

In the last 6 months, how many times have you been hospitalized as an inpatient?

Calendar tip: open the calendar, point to today and say: **"***Today is [date]. 6 months back would be around [month] — the weather was [colder / hotter] then. It was near (or before or after) __ (event or holiday)"*

SCORING	Score recorded:
Score **7** if this occurred at least once in the last 6 months.	_____

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Question 6 of 10

Suggested opening script

"I am going to ask about medications. A lot of people have difficulty keeping up with prescriptions for all kinds of reasons, including access, cost, or side effects. This is not about judgment. It is about understanding what support you might need."

Question 6.

Are there medications that, for whatever reason, a doctor said you should be taking but you are not taking?

SCORING	Score recorded:
Score **2** if the answer is YES.	_____

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Question 7 of 10

Please note: this question may be sensitive

This question can be particularly difficult for individuals from communities that have experienced over-policing or criminalization. Pause before asking and make eye contact.

Suggested opening script

"I am going to ask you about contact with the justice system. I want to be clear: your answer will not be shared with police, courts, or anyone who could get you in trouble. This is only to help us understand your situation more fully."

Question 7.

In the last 6 months, how many times have you stayed one or more nights in jail, a holding cell, or prison?

Calendar tip: open the calendar, point to today and say: **"***Today is [date]. 6 months back would be around [month] — the weather was [colder / hotter] then. It was near (or before or after) __ (event or holiday)"*

SCORING	**Score recorded:**
Score **10** if this occurred at least once in the last 6 months.	_____

Check-in: ***"How are you doing? Would you like to take a moment before we continue?"***

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Question 8 of 10

Please note: this question may be sensitive

High potential for triggering. Be familiar with your organization's crisis protocol before asking. If the person shows signs of distress, pause.

Suggested opening script

"This question is about safety, and it is one that can feel difficult. Your answer stays between us. I am asking because your well-being matters, and I want to make sure you have the right support."

Question 8.

Have you threatened to or tried to harm yourself or anyone else in the last year?

SCORING	Score recorded:
Score **2** if the answer is YES.	_____

Check-in: *"How are you doing? Would you like to take a moment before we continue?"*

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Question 9 of 10

Please note: this question may be sensitive

This may feel sensitive for participants who fear legal consequences. The script covers confidentiality, your role here is simply to slow down and keep a calm, non-judgmental tone.

Suggested opening script

"This question is about how people sometimes use their medications in ways that differ from what was prescribed. People do this for many different reasons, and I am not here to make you feel bad about it. Your answer is confidential."

Question 9.

Are there medications that, for whatever reason:
(9a) ***you sell instead of taking, or***
(9b) ***you use in a way other than how they were prescribed?***

SCORING	Score recorded:
Score **2** if the answer is YES to 9a or to 9b.	_____

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Question 10 of 10

Please note: this question may be sensitive

This question carries a high risk of retraumatization. Wait until the person appears visibly settled before asking. Offer a pause if there is any sign of distress.

Suggested opening script

"This next question is more personal, and I want to prepare you for it. It is about situations some people find themselves in when they are going through very hard times. You do not need to explain anything. I am not here to judge. If you need a moment before you answer, please take it."

Question 10.

Have you ever had to do, felt you had to do, or considered doing something risky or harmful? For example: Do you use drugs? Do you share needles? Do you share a bottle? Have you ever found yourself in a situation where you felt you needed to exchange sex for something?

SCORING	Score recorded:
Score **2** if the answer is YES to any of the situations mentioned.	_____

Check-in: ***"How are you doing? Would you like to take a moment before we continue?"***

Notes: Comments and observations

How did it go? What did you notice as you asked the question? What did you notice as the participant answered?

Closing the Assessment

Suggested closing scripts

After the last question

"We have reached the end of the questions. Thank you so much for your time and for sharing with me today. I know some of these questions were not easy, and I genuinely appreciate your honesty."

"Before you go, I want to check in: how are you feeling right now? Is there anything you need, or anything you would like to talk about before we wrap up?"

"Is there anything we did not cover today that you feel is important for me to know?"

What to tell the participant about what happens next

"Completing this assessment is an important first step. It means you are moving toward getting the support you need."

"I want to be honest with you. I cannot tell you exactly how long it will take to be housed. That timeline depends on many factors outside of our control, including the number of people in the system and the availability of housing resources at any given time."

"Your responses place you on a prioritization list. We do not control that list on our own. Other people are being assessed every day, so your position may change over time."

"While you wait, please do not stop looking for other resources. We are not the only option. Keep exploring what is available to you and feel free to check back with us."

"If anything changes in your situation, such as your housing, safety, health, or income, please let me know immediately. That information can affect your assessment and the type of support you may be matched with."

"Even if nothing changes, in order for your name to stay on the prioritization list, you MUST check in with us at least once in the next 60 days. This helps us keep your information active and up to date."

"If we are not able to reach you for a longer period of time, you may be marked as inactive on the prioritization list. If that happens, you will need to reconnect with us so we can update your information so you can continue the process."

Share relevant resources before closing: shelter options, food assistance, case management referrals, mental health or substance use services, and benefits applications. Highlight only what is most relevant for this person.

*****END TIME:** _____ (Time of day you finish the assessment) *******

Note on Phone-Based Assessments

The guidance in this manual was developed primarily for in-person assessments. When conducting assessments by phone, keep the following in mind:

At the start of the call, ask: ***"Are you somewhere you can speak openly and privately?"***

Let the participant know how long the call will take and that they can ask to pause or reschedule at any time.

Pay close attention to tone of voice and pauses — these are your only behavioral cues without visual contact.

Some participants may be more candid on the phone than in person; others may feel less safe. Adjust your pacing accordingly.

For calendar-based questions, walk through the timeframe verbally: ***"Think back six months — that would have been around [month]..."***

Notes: Comments and observations

Assessor Self-Care (continued)

Self-care practices between assessments

1. Limit the number of assessments per day in line with your own capacity.
2. Take genuine breaks between interviews: step away from your desk, walk, breathe.
3. Drink water and eat something small throughout the day.
4. Debrief with a trusted colleague or supervisor after particularly intense conversations.
5. Before beginning a new assessment, pause and check in with how you are feeling.
6. At the end of your day, take a moment: How are you doing?

Trauma-informed care training is valuable for both participants and assessors. Seek out Mental Health First Aid courses, regular group supervision, and provider networks where training opportunities are shared.

Notes: Comments and observations

Score Sheet | Complete after the session

Complete this section after the participant has left. Scores are recorded for internal use and for placement on the prioritization list.

Q1	Debts owed to others	_____
Q2	Nights in jail / holding cell / prison (last 6 months)	_____
Q3	Inpatient hospitalizations (last 6 months)	_____
Q4	Length of time without stable housing (≥ 1 year)	_____
Q5	Risky or harmful behavior	_____
Q6	Threatened or tried to harm self or others (last year)	_____
Q7	Ambulance use (last 6 months)	_____
Q8	Prescribed medications not being taken	_____
Q9	Medications sold or used outside prescription	_____
Q10	No source of income	_____
TOTAL SCORE	**0–44: _____**	

NOTE: If you did not record the time of day you started and ended the assessment, please do so now.

Notes: Comments and observations

The University of North Carolina at Chapel Hill

This brief survey asks for your honest feedback on the revised 10-item refined VI-SPDAT you received training today. Your responses are confidential and will be used to improve the instrument and training. There are no right or wrong answers. It should take approximately 5 minutes.

The following questions ask about difficulties you experienced or anticipated during the role-play. Select all that apply and provide brief explanations where prompted.

Below are all 10 questions as they currently appear in the revised VI-SPDAT, in their current order. In the right-hand column, write the number (1–10) that reflects where you

think each question should ideally appear. If you are happy with a question's current position, simply write the same number. Each number should be used only once.

[ ] 1 - Is there anybody that thinks you owe them money, like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company, child support, or anyone like that?

[ ] 2 - In the last 6 months, how many times have you stayed one or more nights in jail, a holding cell, or prison?

[ ] 3 - In the last 6 months, how many times have you been hospitalized as an inpatient?

[ ] 4 - How long has it been since you lived in stable or permanent housing?

[ ] 5 - Have you ever had to do, felt you had to do, or considered doing something risky or harmful? (e.g., drug use, needle sharing, exchanging sex for something)

[ ] 6 - Have you threatened to or tried to harm yourself or anyone else in the last year?

[ ] 7 - In the last 6 months, how many times have you taken an ambulance?

[ ] 8 - Are there medications that, for whatever reason, a doctor said you should be taking but you are not taking?

[ ] 9 - Are there medications that you sell instead of taking, or use in a way other than how they were prescribed?

☐ 10 - Do you have any source of income, even if received informally or under the table?

Any parts of the assessment felt most challenging to administer? If yes, where and why?

Briefly describe the single most challenging moment during your role-play and how you handled it.

The training materials (opening scripts, transition cues, check-in prompts) gave me enough guidance to manage difficult moments.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree

○ Strongly agree

Please rate the revised version compared to the original on each dimension below.

	Much Worse than Original	Somewhat Worse than Original	About the Same	Somewhat Better than Original	Much Better than Original
Trauma-informed language and approach	○	○	○	○	○
Overall length and time to administer	○	○	○	○	○
Clarity of questions	○	○	○	○	○
Ease of introduction / transition scripts	○	○	○	○	○
Participant comfort during administration	○	○	○	○	○
Assessor confidence during administration	○	○	○	○	○

The following questions ask about your confidence in administering the revised instrument independently. Rate each item on the scale provided.

	Not at all Confident	Slightly Confident	Moderately Confident	Very confident	Fully confident
I feel confident I could administer the revised VI-SPDAT independently after this training.	○	○	○	○	○
I feel confident using the suggested opening and closing scripts without reading directly from the manual.	○	○	○	○	○
I feel confident using the suggested opening and closing scripts without reading directly from the manual.	○	○	○	○	○

The following questions ask about how natural it felt to administer the revised instrument independently. Please rate each item using the scale provided

	Not at all Natural	Slightly Natural	Moderately Natural	Mostly Natural	Completely Natural
The overall flow of the assessment (opening → questions → close) felt natural and easy to follow.	○	○	○	○	○

The following questions ask about how prepared you felt to administer the revised instrument independently. Please rate each item using the scale provided

	Not at all Prepared	Slightly Prepared	Moderately Prepared	Mostly Prepared	Completley Prepared
I feel adequately prepared to handle questions from participants about the purpose and process of the assessment.	○	○	○	○	○

The following statements ask about your experience administering the revised instrument independently. Please indicate your level of agreement with each statement using the scale provided

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Additional practice sessions would be helpful before administering this with real participants.	○	○	○	○	○

The following statements ask about your overall acceptability of the revised instrument. Please indicate your level of agreement with each statement using the scale provided

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The revised 10-item VI-SPDAT is acceptable for use in real assessments with single adults experiencing homelessness.	○	○	○	○	○
I would feel comfortable recommending this revised version to colleagues.	○	○	○	○	○

The following statements ask about your overall acceptability of the revised instrument. Please indicate your level of agreement with each statement using the scale provided

	Very Unfavorable	Unfavorable	Neutral	Favorable	Very Favorable
My overall impression of the revised 10-item VI-SPDAT is	○	○	○	○	○

Please take a few minutes to share your broader thoughts about the refined VI-SPDAT and the training. Is there anything else you would like the research team to know about your experience?

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The University of North Carolina at Chapel Hill

You just participated in a role-play as a mock client for the revised 10-item VI-SPDAT. This survey asks about your experience in terms of what the questions and prompts felt like to hear, which ones seemed unclear or uncomfortable, and how this version compares to the previous version. Your responses are confidential and will be used only to improve the instrument. There are no right or wrong answers. Please complete all sections. It should take approximately 10 minutes.

At the bottom of your screen you will find a list of the questions you were asked during the role-play, currently ordered in the order in which you heard them. Please rate your level of agreement with the following statement: “My

Assessor asked me the 10 questions in an order/sequence that felt like a natural and logical conversation”

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Was there any question that felt out of place or that caught you off guard in the sequence? If so, which one and why?

Below are the 10 questions exactly as you heard them, in their current order. In the right-hand column, write the number (1–10) that reflects where you think each question should ideally appear. If you are happy with a question's current position, write the same number. Each number should be used only once

[ ] 1 - Is there anybody that thinks you owe them money, like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company, child support, or anyone like that?

☐ 2 - In the last 6 months, how many times have you stayed one or more nights in jail, a holding cell, or prison?

☐ 3 - In the last 6 months, how many times have you been hospitalized as an inpatient?

☐ 4 - How long has it been since you lived in stable or permanent housing?

☐ 5 - Have you ever had to do, felt you had to do, or considered doing something risky or harmful? (e.g., drug use, needle sharing, exchanging sex for something)

☐ 6 - Have you threatened to or tried to harm yourself or anyone else in the last year?

☐ 7 - In the last 6 months, how many times have you taken an ambulance?

☐ 8 - Are there medications that, for whatever reason, a doctor said you should be taking but you are not taking?

☐ 9 - Are there medications that you sell instead of taking, or use in a way other than how they were prescribed?

☐ 10 - Do you have any source of income, even if received informally or under the table?

The following questions ask about moments during the role-play that felt uncomfortable, unclear, or hard to

respond to, even as a mock client. Select all that apply and elaborate where prompted.

During the role-play did any parts feel difficult or uncomfortable to continue, even in the role-play context? If so, please briefly share your experience and feedback.

For any moments during the role-play that felt uncomfortable or awkward: What would have made it better?

Overall, did the assessor's use of transition scripts and check-in prompts (i.e. what they said before or after the actual questions) help to ease any difficult moments?

- ○ Not at all
- ○ Slightly

- Somewhat
- Mostly
- Yes, very much so

Prior to this role play, did you have experience with the single adult VI-SPDAT (either as a client or provider)? (this could be any version of the single adult VI-SPDAT, e.g. 2.0 or 3.0)

	Yes, I have prior experience with the VI-SPDAT	No, I don't have prior experience with the VI-SPDAT
Prior experience	○	○

To which version of the single adult VI-SPDAT will you be comparing the revised version (i.e. with which previous version are you most familiar)?

- VI-SPDAT Single Adults American V. 3.0
- VI-SPDAT Single Adults American V. 2.0
- VI-SPDAT Single Adults American V. 1.0
- ○ [ ] Other (please explain)

Please rate the revised version compared to the previous version (the one with which you are most familiar, e.g. 2.0 or 3.0) on each dimension below, from your perspective in the role play as the person being assessed.

	Much Worse than Original	Somewhat Worse than Original	About the Same	Somewhat Better than Original	Much Better than Original
The language used felt respectful and non-judgmental	○	○	○	○	○
The length of the assessment was appropriate	○	○	○	○	○
The questions were easy to understand	○	○	○	○	○
The topics felt relevant to your situation	○	○	○	○	○
You felt comfortable answering the questions	○	○	○	○	○
The opening and closing of the session felt natural	○	○	○	○	○

Compared to the previous version of the VI-SPDAT:

	Much Less Trauma-Informed	Somewhat Less Trauma-Informed	About the Sama	Somewhat More Trauma-Informed	Much More Trauma-Informed
The revised version (overall) felt:	○	○	○	○	○

Compared to the previous version of the VI-SPDAT:

	Much Too Short	Slightly Too Short	About the Same	Sightly Too Long	Much Too Long
The length of the revised version (overall) felt:	○	○	○	○	○

What, if anything, felt missing or underdeveloped in the revised version compared to the previous version?

This section focuses on your emotional experience during the role-play: not your performance, but how it felt to be on the receiving end of these questions. Please answer based

on your actual reactions, even in a simulated context. There are no right or wrong responses.

For each feeling below, rate how strongly you experienced it during the role-play (as the mock client).

	None at all	Somewhat	Neutral	A lot	Extremely
Respected	○	○	○	○	○
Comfortable	○	○	○	○	○
Anxious or nervous	○	○	○	○	○
Embarrassed	○	○	○	○	○
Rushed	○	○	○	○	○
Defensive	○	○	○	○	○
Heard / listened to	○	○	○	○	○
Safe	○	○	○	○	○
Judged or Evaluated	○	○	○	○	○
Confused by questions	○	○	○	○	○
Understood	○	○	○	○	○
Supported / cared for	○	○	○	○	○

Overall, I felt:

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
That the revised VI-SPDAT and the process reated me with dignity and respect	○	○	○	○	○
That the pacing of the assessment gave me enough time to think before answering	○	○	○	○	○
That the prompts and check-ins the assessor introduced and used to frame the questions helped me feel at ease.	○	○	○	○	○

Overall Acceptability

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicabble
I find the revised 10-item version acceptable for use with people experiencing homelessness	○	○	○	○	○	○

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicabble
In my opinion, the revised version would be less harmful or retraumatizing to real participants than the original.	○	○	○	○	○	○

Overall Acceptability contd.

	Very Unfavorable	Unfavorable	Neutral	Favorable	Very Favorable
My overall impression of the revised 10-item VI-SPDAT, from the perspective of someone being assessed, is:	○	○	○	○	○

Your narrative feedback is the most valuable part of this survey. Please take a few minutes to share your honest perspective.

From the perspective of being assessed, what worked well in the revised VI-SPDAT that you want to preserve?

Is there anything else the research team should know about how it felt to be on the receiving end of this assessment?

Thank you! Your perspective is invaluable to improving this tool.

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The University of North Carolina at Chapel Hill

Thank you for your contributions to this project over the past 30 months. This survey is not about satisfaction. It is about understanding your experience: what felt meaningful, what was hard, and what you think should be carried forward. Your honest reflections will help us learn and improve how community-engaged research is done. This survey takes approximately 10 to 13 minutes. All responses are confidential.

This survey takes approximately 10 to 13 minutes. All responses are confidential.

Section A: Influence and Power

These questions get at whether you felt your voice actually shaped the work, not just whether you felt heard.

Think about a specific moment during the project when you believe that your input, or the CAB's collective input, directly changed something in the project (for example, a tool item, a process

decision, or a data science choice).

Briefly describe what happened.

How often did you feel the research team genuinely acted on CAB feedback, rather than just noting it?

- ○ Almost always
- ○ More often than not
- ○ Sometimes
- ○ Rarely
- ○ Almost never

Were there moments when you felt the CAB's input was overlooked or overridden?

If yes, what happened and how did it affect your experience?

Section B: Understanding and Access to Information

This section is about whether you had what you needed to contribute meaningfully, especially on

technical topics.

The project involved complex data science concepts (for example, predictive modeling, fairness metrics, and scoring systems).

How would you rate your overall understanding of the data science work as it was explained to you?

- ○ I understood it well enough to give informed feedback
- ○ I understood most of it, but had some confusion
- ○ I understood parts of it, but often felt uncertain
- ○ I rarely felt I understood enough to contribute confidently

When you did not understand something presented by the research team, what did you do?

How responsive was the research team when you had questions or needed clarification?

Section C: The Work Itself

Which area of the project felt most meaningful to you personally?

- [ ] Defining what vulnerability should mean for housing prioritization
- [ ] Reviewing and rewording VI-SPDAT items
- [ ] Discussing fairness and who the tool works for
- [ ] Developing best practices for how the tool is administered
- [ ] Helping ensure the tool reflects the real experiences of people experiencing homelessness
- [ ] Other (please explain)

What was the most difficult or uncomfortable part of participating in the CAB?

This could be about the content, the process, the dynamics, or anything else.

Section D: Process and Structure

Monthly virtual meetings were the primary format for CAB engagement. How well did this structure work for your participation?

- ○ It worked well for me
- ○ It worked okay, but there were occasional barriers
- ○ It was often difficult to participate fully in this format
- ○ It did not work well for me

If you could change one thing about how the CAB meetings were structured or facilitated, what would it be?

Section E:Looking Forward

How confident are you that the final tool genuinely reflects the CAB's guidance and the needs of people experiencing homelessness in Missouri?

- ○ Very confident
- ○ Mostly confident
- ○ Somewhat confident
- ○ Not very confident
- ○ I am not sure / I do not have enough information to say

What would you want future CAB members, in this or another community, to know before joining a project like this?

Is there anything about your experience on this CAB that we have not asked about, something important that you want the research team to understand?

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