2014 VI-SPDAT Survey Results

BROWARD COUNTY FLORIDA

Broward Regional Health Planning Council

BRHPC

HEALTH & HUMAN SERVICE INNOVATIONS

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Table of Contents

List of Tables

List of Figures

Background

Beginning in 2003 all Continuum of Care Communities (those receiving Federal Grant Funds serving the homeless) have been required to report the number of people who are homeless at a particular time—also called the point-in-time-count (PIT).[1] In addition to the PIT, a needs assessment is encouraged. Therefore, in 2014 a needs assessment using the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) was conducted over a 72-hour period. The VI-SPDAT is a data collection instrument that combines two widely used existing assessments: (1) The Vulnerability Index, developed by Community Solutions (VI), the VI helps determine the chronicity and medical vulnerability of homeless individuals, and (2) the Service Prioritization Decision Assistance Tool, developed by OrgCode Consulting, is an intake and case management tool.

The VI-SPDAT is designed to help communities calibrate their response to homelessness based on the individual, not merely the general population category into which they may fall (e.g., vulnerable, chronically homeless, etc.).

The tool helps identify the best type of support and housing intervention for an individual by relying on three categories of recommendation:[2]

- **Permanent Supportive Housing:** Individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed.

[1] http://commongroundsb.org/vi2013_data_results_final.pdf
[2] http://100khomes.org/resources

- **Rapid Re-Housing:** Individuals or families with moderate health, mental health and/or behavioral health issues, but who are likely to be able to achieve housing stability over a short time period through a medium or short-term rent subsidy and access to support services.
- **Affordable Housing:** Individuals or families who do not require intensive supports but may still benefit from access to affordable housing. In these cases, the tool recommends affordable or subsidized housing but no specific intervention drawn uniquely from the homeless services world. (In most cases, this amounts to saying simply, "no case management.")

The VI-SPDAT helps identify who should be recommended for each housing and support intervention, moving the discussion from simply who is eligible for a service intervention to who is eligible and in greatest need of that intervention.

Survey Results

Six Hundred and sixty-eight people completed the VI-SPDAT. The average age of responders was 48 (±12) with the oldest person being 77 and the youngest 13. Seventy-five percent of respondents were male, 88% were non-Hispanic or non-Latino, 6% were once in foster care, 11% were veterans, and 44% were chronically homeless. A copy of the VI-SPDAT can be found at http://100khomes.org/resources/the-vi-spdat. Specific VI-SPDAT results are presented in the tables below.

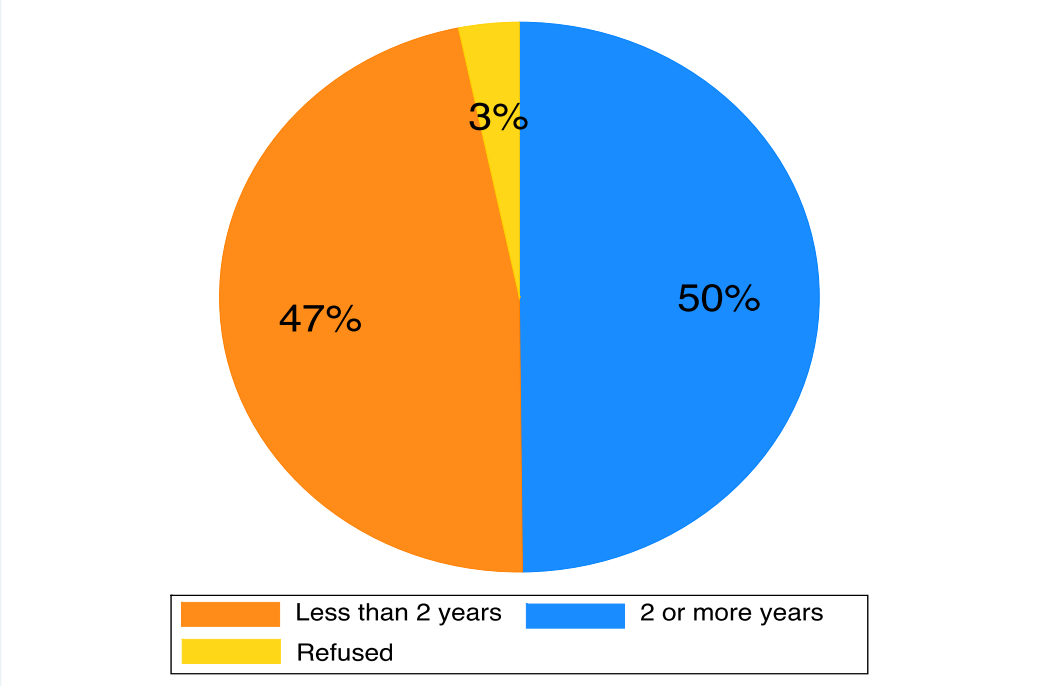
Demographics

Research examining the relationship between ethnicity, homelessness and immigration finds that recent homeless immigrants are a unique group, generally healthier from other homeless people[3]. For example, this group is less likely to have a chronic condition, mental health illness, alcohol or and drug problem, than non-recent immigrants.

Table 1. Frequency Table of Gender by Ethnicity

	Ethnicity				
Gender	Don't Know	Hispanic	Non-Hispanic	Refused	Total
Female (N=149)	1%	1%	22%	0%	24%
Male (N=462)	1%	7%	66%	1%	75%
Total	2%	8%	89%	1%	100%

Figure 1. Total Length of Time Homeless (N=614)



[3] Chiu S., et al. The health of homeless immigrants. *Epidemiol Community Health. 2009;63:943-948.*

A study published in 2013 described the needs and challenges encountered by older homeless veterans. The research found that compared with younger veterans, older veterans have less social support, greater employment and health challenges, and, perhaps greater motivation to change.[4]

Table 2. Frequency Table of Veteran Status by Chronic Homelessness

	Chronic Homeless		
Veteran	No (N = 124)	Yes (N = 91)	Total
Don't Know	1%	0%	1%
No	51%	39%	90%
Yes	4%	5%	9%
Total	56%	44%	100%

Table 3. Frequency Table of Age by Chronic Homelessness

	Chronic Homeless		
Age	No (N = 119)	Yes (N = 96)	Total
0-17	0%	.5%	1%
18-24	3%	.5%	4%
25-54	40%	31%	71%
55-64	10%	10%	20%
65+	2%	3%	5%
Total	55%	45%	100%

Table 4. Frequency Table of Sleep Location

	Beach, Riverbed or Park	Bus or Subway	Car, Van or RV	Shelter	Street, Sidewalk, Doorway	Other
Location most often used for sleep (N=639)	10%	1%	5%	28%	42%	15%

[4] Molinari et. al. Perceptions of homelessness in older homeless veterans, VA homeless program staff liaisons, and housing intervention providers. Journal of Health Care for the Poor and Underserved. 2013;24(2):487-4980.

Risk Factors and History of Housing

Research shows that a homeless person is more likely to use emergency services if they have unstable housing, are victims of violence, are arrested, possess physical and mental illness, or have a substance abuse disorder[5]. Prior research has also documented that homeless persons have high rates of physical illness, mental illness, substance abuse, and early mortality.[5] Additionally, the homeless are more likely to be admitted to the hospital, have increased length of hospitalization, and may present a substantial burden on the resources of safety-net hospitals and clinics.

To address this issue the VI-SPDAT was created, The VI-SPDAT is based on the premise called housing first; the idea that individuals who have stable housing will have reduced need for public resources, saving taxpayers money. Studies demonstrate that service use substantially abates when individuals have stable housing.[6] [7] For example in Chicago, compared with usual care participants, those in the housing first intervention had 2.7 fewer hospital days per person per year and 1.2 fewer emergency department visits per person per year.

In an effort to capture this information the IV-SPDAT asked questions about homeless risk factors and history of housing. Following are the responses:

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[5] Kushel MB, Perry S, Bangsberg D, Clark R, & Moss AR. Emergency department use among the homeless and marginally housed: Results from a community-based study.*American Journal of Public Health*; 2002:92(5): 778-784.

[6] Larimer ME, Malone DK, Garner MD, et al. Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA*. 2009;301(13):1349-1357

[7] Sadowski LS, Kee RA, VanderWeele TJ, Buchanan D. Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial. *JAMA*.2009;301(17):1771-1778

Table 5. Frequency Table of Risk Factors and History of Housing

Question	0	1-5	6-10	10+	Refused	Total
In the past three years, how many times have you been housed, then homeless? (N = 442)	17%	65%	5%	3%	10%	100%
In the past six months, how many times have you been to the emergency department/room (N=649)?	39%	47%	8%	2%	3%	100%
In the past six months, how many times have you had an interaction with the police (N=649)?	57%	31%	3%	5%	4%	100%
In the past six months, how many times have you been taken to the hospital in an ambulance (N=647)?	60%	33%	3%	1%	3%	100%
In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines (N=646)?	83%	12%	2%	0%	3%	100%
In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital (N=644)?	66%	36%	0%	1%	3%	100%

Table 5. Frequency Table of Risk Factors and History of Housing (Continued)

Question	Yes	No	Refused	Total
Have you been attacked or beaten up since becoming homeless (N=650)?	29%	70%	1%	100%
Threatened to or tried to harm yourself or anyone else in the last year (N=651)?	14%	85%	1%	100%
Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines (N=652)?	15%	83%	2%	100%
Does anybody force or trick you to do things that you do not want to do (N=650)?	8%	91%	1%	100%
Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that (N=650)?	12%	86%	2%	100%

Socialization and Daily Functioning

The homeless demographic oftentimes explain the variation in socialization and homelessness. Research examining women accompanied by dependent children, unaccompanied women, and unaccompanied men were compared regarding levels of affiliation, self-esteem, and locus of control.[8] . Women with children also had the lowest median number of days homeless and the highest average monthly incomes.

Research examining socialization and daily functioning of the homeless is ultimately focused on creating stable housing. A program intended to create stable housing for homeless persons who have a problem with socialization and/or daily function, was created and tested in Washington DC.[9] Over two years the program documented positive outcomes in terms housing retention, and reductions in co-morbidities and demand for intensive support services. The program also documented substantial cost savings.

To capture socialization and daily functioning data, the VI-SPDAT asked seven questions. Following are the responses:

[8] Morris, J. Affiliation, gender, and parental status among homeless persons. The Journal of Social Psychology. 1996:138:241-250.

[9] Henwood BF, Cabassa LJ, Carig CM, Padgett DK. Permanent supportive housing:Adressing homelessness and health disparities. *American Journal of Public Health*:2013;103(S2): S188-S192

Table 6. Socialization and Daily Functioning

Question	Yes	No	Refused	Total
Is there anybody that thinks you owe them money (N=653)?	19%	79%	2%	100%
Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that (N=532)?	29%	65%	6%	100%
Do you have enough money to meet all of your expenses on a monthly basis (N=630)?	14%	85%	1%	100%
Do you have planned activities each day other than just surviving that bring you happiness and fulfillment (N=646)?	50%	48%	2%	100%

Table 6. Socialization and Daily Functioning (Continued)

Question	Yes	No	Refused	Total
Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company (N=651)?	31%	68%	1%	100%
Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do (N=654)?	22%	77%	1%	100%
Surveyor, do you detect signs of poor hygiene or daily living skills (N=626)?	35%	65%	0%	100%

Wellness

Table 7. Health Care Access

	Clinic	Hospital	VA	None	Other	Total
Where do you usually go for healthcare or when you're not feeling well (N=631)	23%	55%	4%	11%	7%	100%

Relationships associated with wellness and the chronically homeless include access to a shower and control over one's physical and social environment. Additionally, the importance of spirituality and the varying roles faith plays in one's health is also an important health indicator.[10]

A meta-analysis that looked at health outcomes and the chronically homeless found: [11] (1) homeless persons have increased incidences of chronic infections, psychiatric, and substance abuse disorders; and (2) unsheltered homeless persons generally have worse outcomes and less access to medical care as compared to domiciled homeless. Research also shows that Emergency Department (ED) hospital visits by the homeless are related to chronic conditions, injuries and acute musculoskeletal conditions, and infections. Nevertheless, the primary factor associated

[10] Hamilton, J. Home is where the health is: Housing, health and wellness in a chronically homeless population. [master's thesis]. Thomas Jefferson University; 2011.
[11] Chant C. et. a. Critical Illness in homeless persons is poorly studied:A systematic review of the literature.

with ED visits is previous hospitalization.[12] Following are responses to the VI-SPDAT wellness questions.

Table 8. Wellness Responses

Question	Yes	No	Refused	Total
Kidney disease/End Stage Renal Disease or Dialysis (N= 646)	5%	94%	1%	100%
History of frostbite, Hypothermia, or Immersion Foot (N= 649)	5%	94%	1%	100%
Liver disease, Cirrhosis, or End-Stage Liver Disease (N= 649)	9%	90%	1%	100%
HIV+/AIDS (N= 570)	3%	95%	2%	100%
History of Heat Stroke/Heat Exhaustion (N= 644)	10%	88%	2%	100%
Heart disease, Arrhythmia, or Irregular Heartbeat (N= 645)	11%	87%	2%	100%
Emphysema (N= 646)	92%	7%	1%	100%
Diabetes (N= 648)	10%	89%	1%	100%
Asthma (N= 649)	14%	85%	1%	100%
Cancer (N= 647)	5%	94%	1%	100%
Hepatitis C (N= 646)	9%	90%	1%	100%
Tuberculosis (N= 640)	3%	96%	1%	100%

[12] Hastings N. et. al. Health Services Use of Older Veterans Treated and Released from Veterans Affairs Medical Center Emergency Departments. Amer Ger Soc:2013:1515-1521.

Table 8. Wellness Responses (Continued)

Question	Yes	No	Refused	Total
Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do (N= 649)?	50%	49%	1%	100%
Have you consumed alcohol and/or drugs almost every day or every day for the past month (N= 649)?	33%	66%	1%	100%
Have you ever used injection drugs or shots in the last six months (N= 646)?	34%	65%	1%	100%
Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs (N= 649)?	34%	65%	1%	100%
Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months (N= 648)?	12%	87%	1%	100%
Have you blacked out because of your alcohol or drug use in the past month (N= 619)?	22%	76%	2%	100%
Ever been taken to a hospital against your will for a mental health reason (N= 619)?	21%	78%	1%	100%
Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves (N= 645)?	33%	66%	1%	100%

Table 8. Wellness Responses (Continued)

Question	Yes	No	Refused	Total
Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so (N= 645)?	38%	61%	1%	100%
Had a serious brain injury or head trauma (N= 640)?	19%	80%	1%	100%
Ever been told you have a learning disability or developmental disability (N= 643)?	19%	80%	1%	100%
Do you have any problems concentrating and/or remembering things (N= 619)?	39%	60%	1%	100%
Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled (N= 638)?	29%	70%	1%	100%
Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness (N= 619)?	32%	67%	2%	100%

Results

The VI-SPDAT prioritizes homeless persons for re-housing based on a summative total in four areas: (1) History of Housing and Homelessness, (2) Risks, (3) Socialization and Daily Functioning and (4) Wellness. The criteria for prioritization is as follows:

1. If the prescreen total is equal to or greater than 10, the individual is recommended for a permanent supportive housing/housing first assessment – First Priority.
2. If the prescreen total is 5, 6, 7, 8 or 9, the individual is recommended for a rapid re-housing assessment – Second Priority.
3. If the prescreen total is 0, 1, 2, 3 or 4, the individual is not recommended for a housing and support assessment at this time – Third Priority.

Table 9. VI-SPDAT Prioritization

	Frequency	Percent	Total
Priority One	138	21%	21%
Priority Two	339	51%	72%
Priority Three	191	28%	100%

Based on this analysis 21% of the VI-SPDAT respondents are recommended for permanent supportive housing, while 51% are recommended for re-housing assessment. Additional comparisons between the VI-SPDAT and specific demographic characteristics are presented on the following pages.

Figure 2. IV-SPDAT Prioritization by Age Group (N=641)

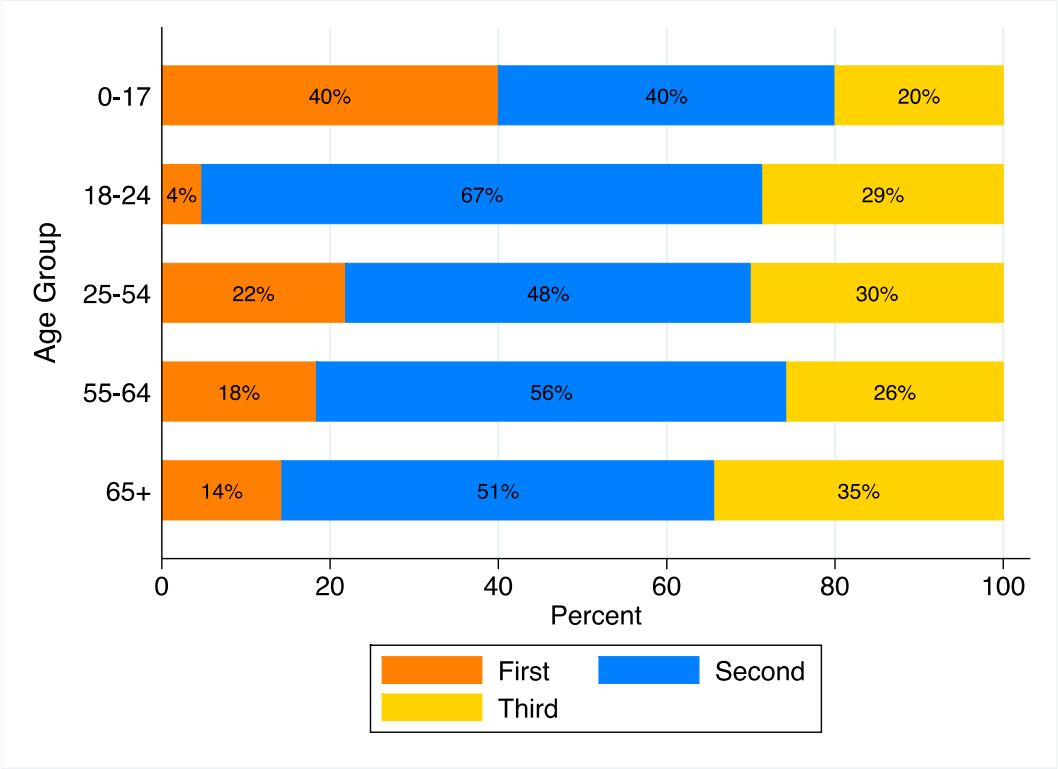

Figure 3. IV-SPDAT Prioritization by Age Group (N=300)

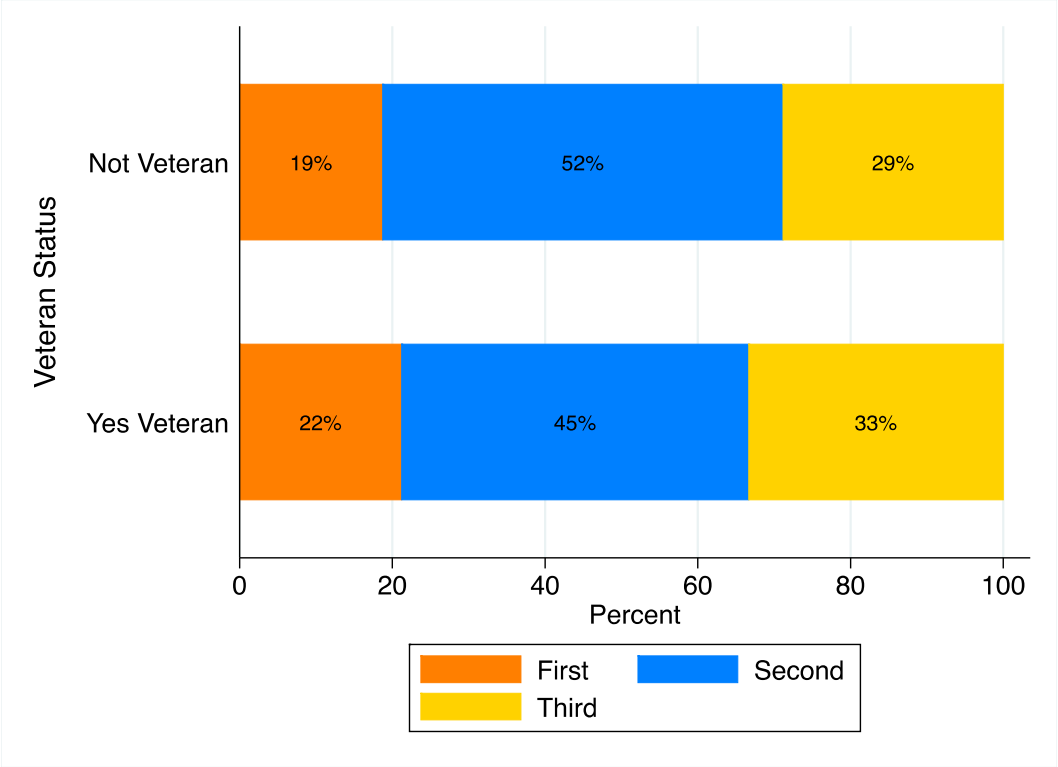

Figure 4. IV-SPDAT Prioritization by Foster Care (N=479)

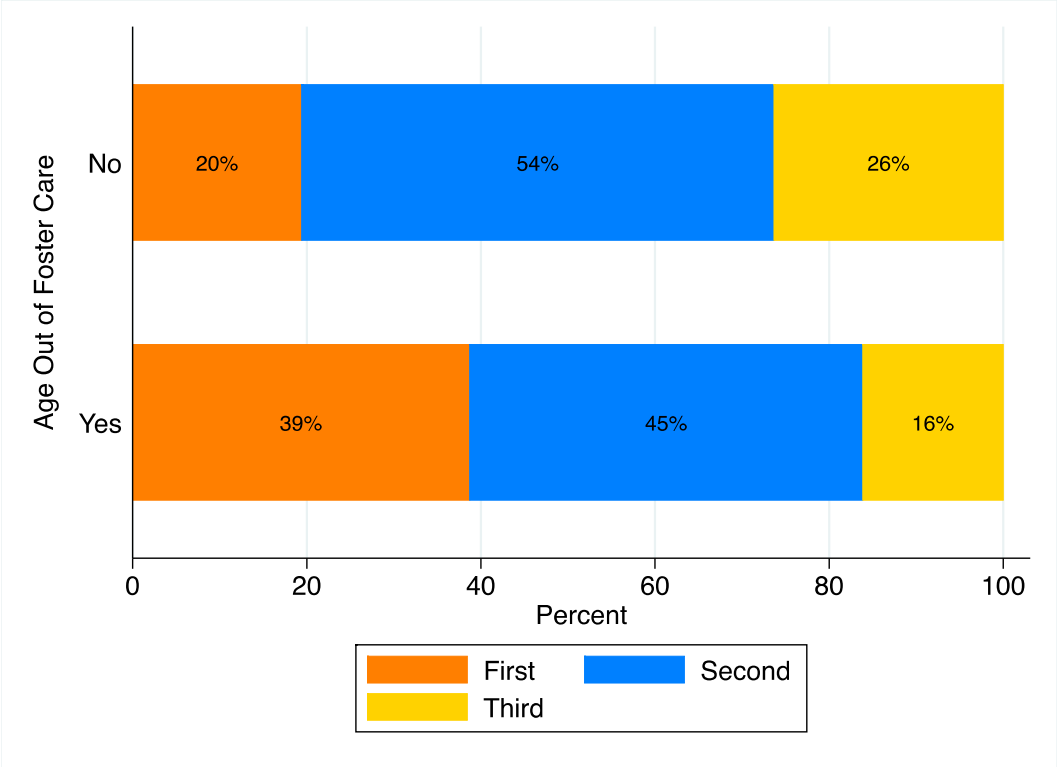

Figure 5. IV-SPDAT Prioritization by Gender (N=619)