



Vetting the VI-SPDAT

Housing First Charlotte-Mecklenburg Research & Evaluation Project

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Overview

- Housing First Charlotte-Mecklenburg (HFCM)
- VI-SPDAT in Charlotte-Mecklenburg
- HFCM Research & Evaluation Study
- VI-SPDAT
- Qualitative Findings
- Quantitative Findings
- Discussion



HOUSING FIRST

Charlotte–Mecklenburg

Ending Chronic Homelessness in 2016

Implementation Strategies:

1. Registry
2. Outreach
3. PSH Housing Units
4. Coordinate Moves
5. Housing First Training
6. Community Engagement
7. Leadership and Staffing
8. Evaluation



Housing First Fidelity Criteria:

- Maximize Choice in Housing
- Separate Housing from Service Compliance
- Ensure Voluntary & Person-Centered Services
- Provide a Range of Necessary Services
- Maintain a Program Structure to Support Above



End Chronic Homelessness



6.3 years
average length of
time homeless



56
reported serving in
the military



46
average age



gender breakdown
433 men
82 women
1 transgender

Registry completed
January 29 - 31, 2015



516

of chronically homeless
individuals met during the
3-day registry effort

Disabling conditions

of people who identified
mental health issues:

415

of people who identified
physical health issues:

313

of people who identified
substance abuse issues:

364

of people who identified all three:
(mental, substance abuse
and physical abuse)

77

Where people sleep most often

Outside



(street/camps/parks)

239

Shelter



182

Places unfit for
human habitation



(abandoned buildings,
storage units, stairwells)

76

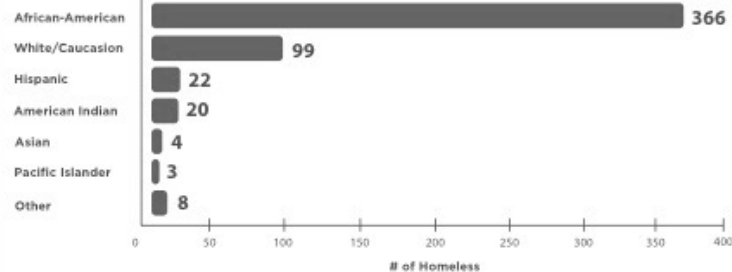
Other



7

* 12 individuals did not answer this question

Chronic Homelessness by race/ethnicity





VI-SPDAT in Charlotte-Mecklenburg

- January 2015 – VI-SPDAT 1.0
- June 2016 – VI-SPDAT 2.0
- Years homeless and age are additional criteria for prioritization
- Scoring Review Committee
- Score accessible on HMIS

Research Questions

Process Evaluation (n=119)

- Implemented as intended?
- Who was served? How were services delivered?
- Impact of project structure and management?
- Nature and role of collaboration?
- Problems encountered? How were they addressed?

Outcomes Evaluation (n=339)

- Improved housing, health, mental health, and social outcomes?
- Housing first PSH compared to homeless adults housed in non-housing first programs or usual services?
- How do consumers describe their experience before and after being housed?

Services Utilization (n=334)

- Impact on utilization of area health and human services?
- Housing first PSH compared to homeless adults housed in non-housing first programs or usual services?
- Cost savings or efficiencies using the housing first PSH?





Outcome Measures

Clinical

- Addiction Severity Index
- Life Events Checklist
- Making Decisions Empowerment Scale
- Modified Colorado Symptom Index
- PTSD Checklist - Civilian Version
- QOLI-20
- SF12 Version 2
- US Adult Food Security Survey

Social

- Community Integration Scale
- QOLI-20

Utilization

- Date/Type/Length of Visit or Service
- Primary/Secondary Diagnoses
- Amount Billed
- Amount Paid for Visit by Source
- Arrests
- Charges
- Nights Incarcerated





VI-SPDAT

Vulnerability Index



Service Prioritization
Decision Assistance
Tool



VI-SPDAT

- 40 states, 3 countries
- “Research Backbone” –
“almost 300 peer reviewed
published journal articles,
government reports, clinical
and quasi-clinical assessment
tools, and large data sets” (p. 9)
- Revised in 2016

OrgCode Consulting, Inc. and Community Solutions, 2015



VI-SPDAT Evidence

- “Research Backbone” – sources “reviewed and considered”
- Extensive expert involvement in instrument development & refinement
- Limited peer-reviewed literature on instrument reliability & validity

Instrument Validation

- Internal Consistency Reliability
- Inter-rater Reliability
- Test-Retest Reliability
- Factorial Validity
- Face/Content Validity
- Criterion Validity
- Construct Validity





Research Questions

- What does the VISPDAT measure?
- How does the VISPDAT correspond to other measures of vulnerable conditions?



Research Methods

- Qualitative
 - Interviews (indirect)
 - Focus Groups (indirect)
- Quantitative
 - Internal Structure - Factor Analysis
 - Validity - Correlations with other variables/measures
 - Validity - Correlations with utilization and diagnostic data
 - Internal Consistency
 - Inter-rater Reliability – Variations by assessor

Qualitative – Sample Demographics

	Individual Stakeholder Interviews (n=33)	Working Committee Focus Groups (n=9)	Direct Provider Focus Groups (n=43)
Gender/ Female	66%	67%	60%
Race* / White	78%	78%	40%
Black/African American	19%	22%	52%
Ethnicity/ Non-Latinx	100%	100%	85%
Age**/ Median	47	45.5	41.5
Education/ HS/Assoc	-	22%	10%
Bachelors	19%	-	38%
Masters	68%	78%	48%
Doctorate	13%	-	2%

*Race – Respondents could choose multiple categories, White only or Black only were most frequent choices

**Age – Missing data

Qualitative – Individual Stakeholders

Success: VISPDAT & Prioritization

“I think a big win is...having an evidence-based way of prioritizing people, which I’m sure there’s different philosophies about that but really being able to prioritize those that are most vulnerable, getting them connected to resources and housing.” [2830]

Qualitative – Direct Providers

Instrument Validity

“A few of the most vulnerable people in Charlotte, just through years of doing outreach, that would on the VI-SPDAT do score, like, 9 or 8 [...] but it just speaks to the flaws” [05]

“...and now there’s a whole process where all these people who are really vulnerable are...scoring low. We need to do something about this” [06]

“75 to 80 percent of the time, it’s pretty accurate, but there are definitely some times when somebody is in a very vulnerable state and they’re scoring very low” [06]

Qualitative – Direct Providers

Variations in Administration

“I think sometimes certain assessors are not as strong as others in terms of how much they’re going to dig, and how much they’re really going to take the time to get to know” [06]

“I’ve noticed that I think that, in terms of the social worker being male or female, my challenge is that the females will open up more to [female worker] ...And I think, as well, that may also have an impact on them getting a higher score...And the same thing with guys. They’ll open up more to men because what man wants to be perceived as not manage or take care of himself at a certain age” [08]

Qualitative – Direct Providers

Weighting of Score, Mental Illness

“...it doesn’t really address, like, how bad are their mental health problems? Maybe they don’t seek services” [05].

“ you don’t get the real score if a person has a mental illness, because you have to write down what you hear. You know, you could ask a person if they’ve ever been housed and they’ll say, “Well, I’m covered by the Lord every day,” you know. So to them that’s being, you know, covered, you know, and housed” [10].

Qualitative – Direct Providers

Weighting of Score, Service Utilization

“There’s a lot of people who could use to be housed who don’t use expensive services, so they get lower scores on the VI-SPDAT” [05].



Quantitative – Sample Demographics

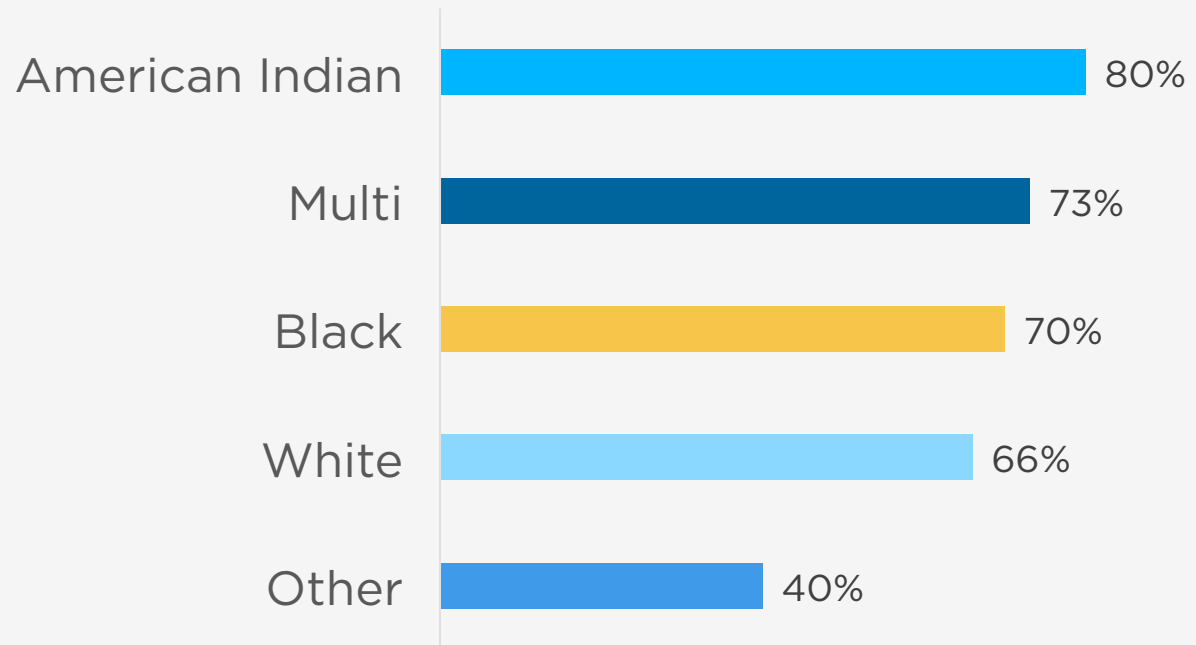
	Number (n=197)	Percentage
Gender/Male	152	78%
Race* /White	59	30%
Black/African American	110	57%
Multi	15	8%
American Indian	5	3%
Other	5	3%
Ethnicity/Non-Latinx	190	97%
Age**/Median	52	-
Education/HS	134	68%
Years Homeless/Mean	7.3	-
Range	1-40	-





Mean VISPDAT Score = 10.38

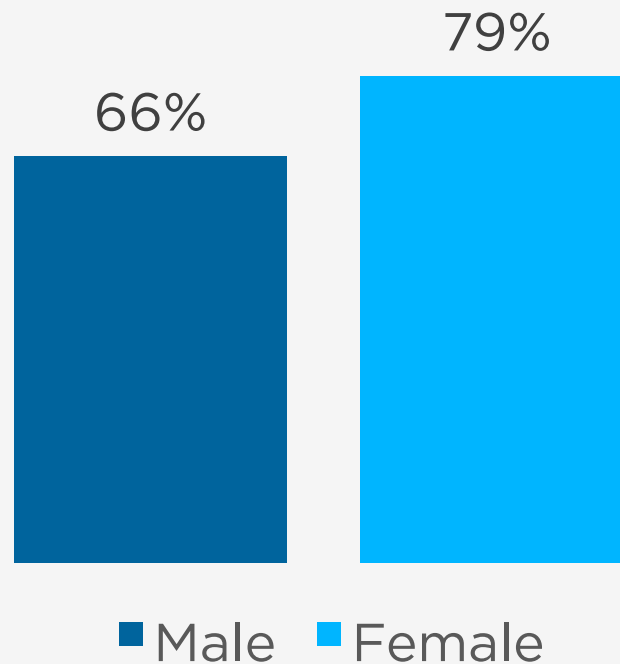
Percent scoring 9 or higher





Mean VISPDAT Score = 10.38

Percent scoring 9 or higher





What is a Correlation?

- Relationship between variables
- Value between -1 and 1
- 0 indicates no relationship



What is a Correlation?

Exactly -1 . A perfect downhill (negative) linear relationship

-0.70 . A strong (negative) linear relationship

-0.50 . A moderate (negative) relationship

-0.30 . A weak (negative) linear relationship

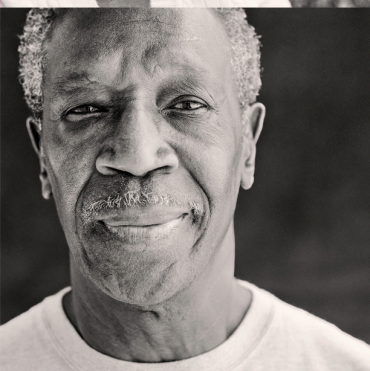
0 . No linear relationship

$+0.30$. A weak (positive) linear relationship

$+0.50$. A moderate (positive) relationship

$+0.70$. A strong (positive) linear relationship

Exactly $+1$. A perfect (positive) linear relationship



Findings – Health and Mental Health

Modified Colorado Symptom Index

- N=196
- Scale 0 – 56
- Mean = 23.92

0.227

Correlation with
VISPDAT score

Very weak correlation

PCL-5

- N=197
- Scale 17 – 85
- Mean = 46

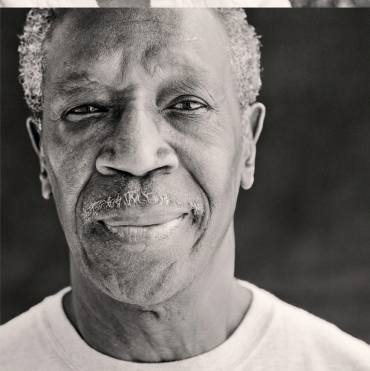
0.225

Correlation with
VISPDAT score

Very weak correlation



UNC CHARLOTTE



Findings – Health and Mental Health

Short Form Health - PCS

- N=194
- Scale 0 – 100
- Mean = 41.32

-0.055

Correlation with
VISPDAT score

Very weak correlation

Short Form Health - MCS

- N=194
- Scale 0 – 100
- Mean = 23.92

-0.175

Correlation with
VISPDAT score

Very weak correlation



UNC CHARLOTTE



Findings - Addiction Severity Index



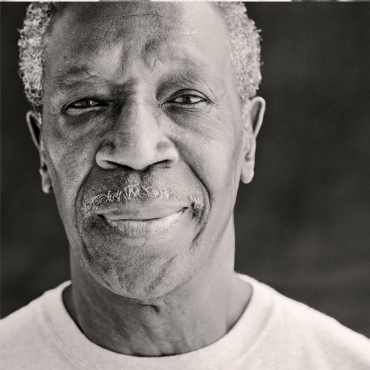
Alcohol Composite Score

- N=98
- Scale 0 – 1
- Mean = 0.34

0.158

Correlation with
VISPDAT score

Very weak correlation



Drug Composite Score

- N=185
- Scale 0 – 1
- Mean = 0.7

0.132

Correlation with
VISPDAT score

Very weak correlation





Limitations

- Initial/Tentative Analysis
- Correlated Measures are Self-Report
- Administrator differences by instrument
- Generalizability



Implications

- Impact on prioritization in local communities
- Confirmation of front line concerns about the instrument

What's Next

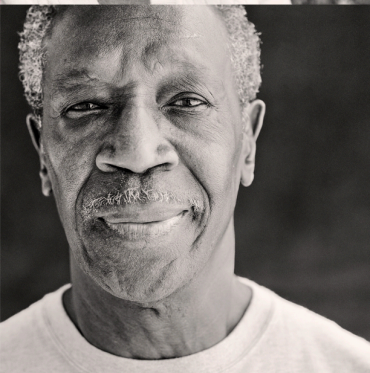
Reliability – Type of
Administrator
(n=722)

Reliability – Internal
Consistency
(n=722)

Convergent &
Discriminant Validity –
Service Utilization
(n=197)

Predictive Validity
(n=197)





Thank you

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