

Vulnerability Assessment

Many communities are taking steps to identify people who experience chronic homelessness. Some are going further, developing tools to prioritize homeless people who are most at risk. The Vulnerability Index is a tool for identifying and prioritizing the street homeless population for housing according to the fragility of their health. It is a practical application of research into the causes of death of homeless individuals living on the street conducted by Boston's Healthcare for the Homeless organization, led by Dr. Jim O'Connell. The Boston research identified the specific health conditions that cause homeless individuals to be most at risk for dying on the street. They are:

- survival skills,
- ability to meet basic needs,
- indicated mortality risks,
- medical risks,
- personal organizational capacity,
- mental health status,
- substance use,
- ability to communicate,
- social behaviors,
- length of time homeless

Background

The Vulnerability Assessment tool allows staff to distinguish more objectively the relative vulnerability of the homeless men and women who comes to our shelters or whom we otherwise encounter in the community through outreach or referrals. This tool, which has gone through rigorous study and several modifications, is comprised of a set of scales, each rating the individual's level of functioning, health, and other specific characteristics relevant to their personal health and safety.

The tool has been used in various cities and for purpose of illustration, the tool was first put to use by the Downtown Emergency Service Center in, Seattle Washington in 2003 as a way to determine The tool was first put to use in the DESC main shelter program in 2003 as a way to determine who among the many would receive one of the limited beds available each night. By identifying a vulnerability rating for each client, staff was able to assign beds to those individuals who were most at risk of being victimized or injured, of harming themselves, of coming to harm simply because they could not take care of their basic needs, or of being unable to make progress without substantial support. Following the VAT's success in the shelter program, the Vulnerability Assessment Tool was implemented in the DESC supportive housing program to better allocate our limited housing resources to those clients with the greatest need.

In March of 2010, the University of Washington concluded a research evaluation of DESC's Vulnerability Assessment Tool and concluded that it held strong properties of both reliability and validity.

In 2015, a new evaluation by the Canadian Housing First Assessment Taskforce, a taskforce created by the Canadian Observatory on Homelessness, determined DESC's Vulnerability Assessment Tool to be the best brief screening tool available to facilitate the screening and prioritization of homeless individuals into Housing First services. For more information about that study, [click here](#).

At this time, DESC's Vulnerability Assessment Tool has become widely recognized by other homeless service providers regionally and nationally, as a viable instrument for determining placement of chronically homeless people into supportive housing. DESC offers training in the use of the VAT to other public and private homeless service agencies

How is the Vulnerability Assessment best used?

In some cities the tool is used to assist in identifying chronically homeless individuals who are at risk. The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

(a) An individual who:

- i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
- iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

On November 18, 2015, HUD sent notice CPD-15-010 – titled: Notice for Housing Inventory Count (HIC) and Point in time (PIT) data Collection for Continuum of care (CoC) and the emergency Solutions Grants (ESG) Program was sent to the CoC’s informing them of the upcoming Point –in time annual survey.

Under section 578.7 of the CoC Program interim rule, CoCs must plan and conduct, at least biennially, a PIT count of homeless persons within the geographic area. Section 578.3 of the CoC Program interim rule states that PIT counts are “carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.” HUD has historically, through Notices of Funding Availability, required CoCs to conduct an annual HIC and anticipates continuing this practice for the indefinite future. The 2016 HIC and PIT count data will provide critical updates on national and local progress towards preventing and ending homelessness

<https://www.hudexchange.info/resources/documents/Notice-CPD-15-010-2016-HIC-PIT-Data-Collection-Notice.pdf>

Since the timing of the Point-in-Time survey, and the training of persons to collect the data was already in progress. It was almost impossible to conduct a Vulnerability assessment along with the HUD required Point-in-Time survey. The Point-in-Time survey is a HUD requirement.

Recommendation

1. Do not conduct a vulnerability Assessment instead of a Point-in-Time Survey

Alternate Recommendation

1. Direct staff to consider use of the Vulnerability Assessment as part of the criteria when the recently approved, jointly funded by the City and County, position for mental health outreach is hired.