Table of Homelessness-Specific Tools

NAME OF TOOL: VULNERABILITY INDEX[1]

WHO DEVELOPED IT: COMMON GROUND (U.S.)/100,000 HOMES CAMPAIGN

COST: REQUIRES REGISTRATION WITH THE 100,000 HOMES CAMPAIGN

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY

• Developed to identify mortality risks of homeless individuals and prioritization of those with the greatest risk
 	
• Administered survey (mainly self-report, some opportunity for interviewer to provide assessment)
 	
• Approximately 30 questions
 	
• Most vulnerable individuals are those with tri-morbid health issues (mentally ill, with co-occurring substance abuse and chronic medical problem) and have been homeless on the street for more than six months.
 	
• Vulnerability also rated upon being six months street homeless and having at least one of the following:
 	
  • end stage renal disease
  • history of cold weather injuries
  • liver disease or cirrhosis
  • HIV+/AIDS
  • Over 60 years old
  • 3 or more emergency visits in prior three months
  • 3 or more ER visits or hospitalizations in prior year
	• Includes informed consent
	
	• Questions focus on:
	  • Physical health
	  • Substance use
	  • Service use
	  • Victimization
	
	• Scoring targets chronically homeless individuals
	
	• Recognizes comorbidities
	
	• From the NAEH website:
	  • assessing vulnerability
	  • prioritizing for permanent supportive housing
		• Few questions about housing history /homelessness especially within the past year
		
		• Lifetime housing assessments may be difficult for some individuals
		
		• Few questions about mental health
		
		• Timeframes vary (e.g., past 3 months, past year, lifetime)
		
		• Assumes people are aware of possible health conditions
		
		• Non-explicit mention of partner/dependant(s)
		
		• Greater emphasis on physical health/age
		
		• Some individuals with serious health problems not recognized
		
		• From the NAEH website:
		
		  • assessing housing options outside of the homeless assistance system
		  • prioritizing for interventions other than permanent supportive housing
			Based upon work of Dr. Jim O'Connell and Dr. Stephen Hwang (researchers who focused on mortality risks of homeless individuals)
			
			Supporting literature:
			
			Do Official Hospitalizations Predict Medical Vulnerability among the homeless? A postdictive validity study of the Vulnerability Index. Cronely, Petrovich, Spence-Almageur, & Preble. (2013)
			
			Official hospitalization records significantly predicted overall VI scores, but they did not predict the subcomponents of the measure. Validity/reliability analyses not conducted

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1   Although this tool was once widely used, its creators are no longer supportive of its use.

NAME OF TOOL: REHOUSING, TRIAGE, AND ASSESSMENT SURVEY

WHO DEVELOPED IT: CALGARY HOMELESS FOUNDATION (CANADA)

COST: APPEARS TO BE FREE?
A TOOLKIT WAS DEVELOPED THROUGH A GRANT FROM HPS IN 2009

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
• Used to assess the health and vulnerability of homeless people. • Helps to prioritize and match resources with client needs. • Adapted from the Vulnerability Index to fit Canadian context • Survey • Approximately 45 questions • Most vulnerable individuals are those with tri-morbid health issues (mentally ill, with co-occurring substance abuse and chronic medical problem) and has been homeless on the street for more than six months. • Vulnerability also rated upon being six months street homeless and having at least one of the following: • *end stage renal disease* • *history of cold weather injuries* • *liver disease or cirrhosis* • *HIV+/AIDS* • *Over 60 years old* • *3 or more emergency visits in prior three months* • *3 or more ER visits or hospitalizations in prior year*	• Includes informed consent • Chronic homeless definition has longer criteria for being defined as chronic (1 year compared to 180 days), but includes episodic users (4 or more episodes in the past 3 years) • Demographic indicators include questions about Aboriginal identity • Includes questions about housing preferences, including qualitative components • Expands health conditions questions	• More in-depth housing questions, but focuses on life histories • Lifetime housing assessments may be difficult for some individuals • Few questions about mental health • Timeframes vary • Assumes people are aware of possible health conditions • Neglects social support questions	Based upon work of Dr. Jim O'Connell and Dr. Stephen Hwang (researchers who focused on mortality risks of homeless individuals and whose work influenced the development of the Vulnerability Index) Community consultations resulted in adaptation of scale to reflect Canadian context. Consultations with homeless individuals were conducted No formal evaluations completed

NAME OF TOOL: VI-SPDAT (VERSION 1)[2]

WHO DEVELOPED IT: ORGCODE (CANADA) & COMMUNITY SOLUTIONS (UNITED STATES)

COST: NO COST

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
• A triage tool that is designed to quickly assess the health and social service needs of homeless persons and match them with appropriate support and housing interventions • Administered survey (mainly self-report, some opportunity for interviewer to provide assessment) • Widely used throughout Canada and the United States • 50 questions in 4 domains • The demographic section is left intentionally short so communities can include their own demographic questions relevant to their own contexts • Total scores range from 0 to 20. Each domain has a subtotal. • A score of 10 or greater indicates individual is recommended for a Permanent Supportive Housing/Housing First Assessment • A score of 5-9 indicates individual is recommended for a Rapid Re-Housing Assessment • A score of 0-4 indicates individuals is not recommended for a Housing and Support Assessment at this time.	• Requires consent • Homelessness criteria includes chronic and episodic, albeit with different limits than HPS (2 years cumulatively homeless in lifetime and/or 4 or more episodes of homelessness in lifetime) • Included in information systems (i.e., HIFIS) • Questions focus on: • *Physical health* • *Substance use* • *Service use (health, legal)* • *Victimization* • *Risk behaviours* • *Income* • *Social Support* • *Expanded section on mental health* • *Trauma* • Ability for interviewer to provide some assessment • Evaluations have been conducted on the tool • From the NAEH website: • *assessing vulnerability* • *assessing service needs* • *prioritizing for permanent supportive housing* • *evaluating client progress*	• Lifetime housing assessments may be difficult for some individuals • Demographic section could be enhanced, however this information is often collected through HMIS or HIFIS • Some questions awkwardly worded (Do you have any friends, family, or other people in your life out of convenience or necessity, but you do not like their company?) • Scoring is deficit-based; lack of emphasis on the strengths of the individuals being surveyed • From the NAEH website: • *assessing housing options outside of the homeless assistance system* • *includes questions not necessary to determine what kind of assistance a person will receive*	Consultations have been conducted with individuals with lived experience, practitioners, and experts. Although research has tested some of the psychometric properties of the SPDAT, there is no reliability or validity data on the VI-SPDAT (version 1).

2   Although the VI-SPDAT (version 1) is still available online, the creators of the tool recommend the use of VI-SPDAT (version 2)

NAME OF TOOL: VI-SPDAT (VERSION 2)

WHO DEVELOPED IT: ORGCODE (CANADA) & COMMUNITY SOLUTIONS (UNITED STATES)

COST: FREE. TRAINING AVAILABLE ONLINE.

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY

• A triage tool that is designed to quickly assess the health and social service needs of homeless persons and match them with appropriate support and housing interventions
 	
• Widely used throughout Canada and the United States
 	
• Administered survey (all self-report; no longer includes observations from interviewer)
 	
• Includes 27 questions in 4 domains (History of Housing & Homelessness; Risks; Socialization & Daily Functions; Wellness)
 	
• The demographic section is left intentionally short so communities can include their own demographic questions relevant to their own contexts
 	
• Scored out 17
 	
• Total scores range from 0 to 17 (reduced from a high score of 20 in version 1). Each domain has a subtotal.
 	
• A score of 8 or greater indicates individual is recommended for a Permanent Supportive Housing/Housing First Assessment
 	
• A score of 4-7 indicates individual is recommended for a Rapid Re-Housing Assessment
 	
• A score of 0-3 indicates individuals are not recommended for a Housing and Support Assessment at this time.
	• Builds on the first version of the VI-SPDAT
	
	• Reduced the number of questions asked in version 1 of the VI-SPDAT
	
	• Included in information systems (i.e., HIFIS)
	
	• Requires consent
	
	• Questions focus on:
	
	   a) *Service use (health, legal)*
	   b) *Risk of harm*
	   c) *Legal issues*
	   d) *Risk of exploitation*
	   e) *Money management*
	   f) *Meaningful daily activities*
	   g) *Self-care*
	   h) *Social relationships*
	   i) *Physical health*
	   j) *Mental health*
	   k) *Substance use*
	   l) *Trauma*
	
	• Reduced focus on physical health
	
	• Some questions focus on how health and/or trauma impact housing losses
	
	• Tool was updated based upon feedback from funders, policy makers, frontline staff, and individuals with lived experience
	
	• Personal communication supplied by Community Solutions from the Department of Housing and Urban Development from the HUD exchange in response to a question:
	
	• "While HUD requires that CoCs (Continuum of Care programs) use a standardized assessment tool, it does not endorse any specific tool or approach. However, there are universal qualities that any tool used by a CoC for their coordinated assessment process should include. Appendix A of the Notice [the HUD criteria] outlines these universal qualities. HUD considers the VI-SPDAT … to meet this criteria."
		• Largely self-report (yes or no answers), but does allow for collateral information to be collected
		
		• Assumes people are aware of possible health conditions, particularly HIV/AIDS
		
		• Demographic section could be enhanced, however this information is often collected through HMIS or HIFIS
		
		• Scoring is deficit-based; lack of emphasis on the strengths of the individuals
			Tool was updated based upon feedback from funders, policy makers, frontline staff, and individuals with lived experience
			
			Although the SPDAT has some psychometric properties available, there is no reliability or validity data on the VI-SPDAT (version 2).

NAME OF TOOL: MEMPHIS/SHELBY COUNTY INTAKE/ASSESSMENT PACKET

WHO DEVELOPED IT: TENNESSEE (U.S.)

COST: APPEARS TO BE FREE

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY

• An intake and assessment tool
• Administered survey (mainly self-report, some opportunity for interviewer to provide assessment)
• Questions focus on housing, service use, criminal history, health status, substance use, and a monthly budget
• No mention of scoring
	• Military service question includes whether individual has served or if anyone else in household has
	• Includes composition of household questions (partner/dependent(s)/etc.)
	• Includes questions about :
	  • *Evictions*
	  • *Health conditions*
	  • *Detailed qualitative housing questions (any previous housing? Name on lease? Subsidized housing?)*
	  • *Types of health and social services*
	  • *Health conditions*
	  • *Legal involvement*
	  • *Consequences of substance use*
	  • *Detailed monthly budget*
		• Very basic demographics section
		• Hardly any mention of mental health
		• Substance use questions do not touch upon severity of use or patterns of usage; uses a "lifetime" timeframe; not attuned to possibility of recovery
		• No mention of housing preferences
		• No mention of victimization
		• Asks for contact information of friends/relatives but no questions about quality of these relationships
		• No mention of chronic/episodic homelessness
			No psychometric properties reported

NAME OF TOOL: HOMELESSNESS ASSET AND RISK SCREENING TOOL (HART)

WHO DEVELOPED IT: UNIVERSITY OF CALGARY, FACULTY OF SOCIAL WORK & CALGARY HOMELESS FOUNDATION

COST: UNSURE

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
• Identifies vulnerability to homelessness in at-risk populations in order to provide early interventions • Administered survey • 21 main questions • Extra questions for four groups (youth, women, older adults, peoples of Aboriginal origins) • Could not find how to score this measure	• Includes questions about housing post-hospital/corrections stay • Employment questions • Social support questions • Childhood/youth questions • Specialized group questions	• Homelessness questions are weak • For health questions, affirmative answers only if diagnosis has been given • Substance use questions weak • Adult female specialized group questions could be asked of males as well	Supporting literature: On the brink? A pilot study of the Homelessness Assets and Risk Tool (HART) to identify those at risk of becoming homeless. Tutty, Bradshaw, Hewson, MacLaurin, Waegemakers Schiff, Worthington et al. (2012). Tool has been assessed for content and construct validity by the authors of the tool. Tool successfully differentiated homeless individuals from individuals at-risk of homelessness. No reliability analyses were conducted.

NAME OF TOOL: ALLIANCE COORDINATED ASSESSMENT TOOL SET

WHO DEVELOPED IT: NATIONAL ALLIANCE TO END HOMELESSNESS (U.S.A.)

COST: APPEARS TO BE FREE

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
- An assessment and housing prioritization tool - Order of questions: *a) 3 pre-screen questions* *b) demographic questions* *c) 5 prevention/diversion questions* *d) 13 questions to determine housing prioritization* *e) 3 questions determining whether individual requires population-specific services* *f) Vulnerability Index* - Housing prioritization scored using numerical scores and color designations in a series of tables.	- Includes fleeing domestic violence as part of the pre-screen questions - Asks individual if they are an actual resident of their current location - Includes question about pregnancy - Asks about benefits currently being received - Prevention/diversion questions address if current housing could be continued with the right supports if housing is safe. - Prioritization questions ask if individual has received support before to help them move back into housing. - Asks about dependants and young parents - Asks about criminal involvement and if these charges could influence getting housing - Eviction history	- Includes fleeing domestic violence as part of the pre-screen questions - Asks individual if they are an actual resident of their current location - Includes question about pregnancy - Asks about current benefits - Prevention/diversion questions address if current housing could be continued with the right supports if housing is safe - Prioritization questions ask if individual has received support before to help them move back into housing. - Asks about dependants and young parents - Asks about criminal involvement and if these charges could influence getting housing - Eviction history	No psychometric properties reported

NAME OF TOOL: LONDONCARES

WHO DEVELOPED IT: LONDON, ON (CANADA)

COST: UNSURE

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
- Screening form for housing stability services - Administered survey 14 questions	- Emphasis on service use (health, justice) - Asks whether individual is mandated to live at a specific address or any legal conditions	No questions about mental health, physical health, substance use, social support	No psychometric properties reported

NAME OF TOOL: DESC – VULNERABILITY ASSESSMENT TOOL

WHO DEVELOPED IT: DOWNTOWN EMERGENCY SERVICE CENTER – SEATTLE (U.S.)

COST: REQUIRES TRAINING BY DESC
A LIMITED POOL OF ASSESSORS IS RECOMMENDED
DESC HAS TO BE CREDITED
FEEDBACK SHOULD BE PROVIDED TO DESC TO ASSIST WITH TOOL IMPROVEMENT

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
• Assessment scale for determining eligibility, allocation of services, and housing for homeless adults • Includes 10 domains: 　• *Survival Skills* 　• *Basic Needs* 　• *Indicated Mortality Risks* 　• *Medical Risks* 　• *Organization/Orientation* 　• *Mental Health* 　• *Substance Use* 　• *Communication* 　• *Social Behaviours* 　• *Homelessness* • Each domain serves as one question for a total of 10 questions. • Each domain is measured on a 1-5, with a score of "1" indicating no evidence of vulnerability and a score of "5" indicating severe vulnerability scale (with the exception of the last question that is measured on a 1-3 scale, with a score of "1" indicating reduced evidence of vulnerability and a score of "3" indicating severe vulnerability) • Allows for interviewer to add comments • Items are summed to find total score • No cut-offs provided • Those with highest scores are considered to be at highest risk and can be prioritized for services	• Psychometric properties have been analyzed • Relatively short • Includes chronic (homeless for 1+ years in past 3) and episodic (4 episodes in past 3 years) • Includes vulnerability index as one question	• Scoring based upon judgment of interviewer • Domains may not be all-encompassing • Some scoring categories are very robust	The Washington Institute for Mental Health Research and Training analyzed the psychometric properties of the VAT Inter-item reliability; Cronbach's alpha = .66 Inter-rater reliability; kappa = .67 Test-retest reliability = .89 Validity - A random set of assessor narratives based on VAT interviews were coded by an independent assessor on a three point scale on the domains of the VAT. The assessor's scores were correlated with scores on individual VAT items and the total score based on ratings of another assessor in order to test concurrent convergent validity. The correlation matrix revealed consistently high relationships between scores on each item of the VAT and its corresponding score on the coded narratives (.54-.83) as well as with the total scale scores (.83). These results mean that the conducted ratings of the narrative component of the VAT and the ratings of both individual items of the VAT scale and total score on the scale were significantly related to one another (convergent validity) and produced similar results (concurrent validity) Also consulted with local physicians, substance abuse specialists and Dr. Jim O'Connell (researcher who focused on mortality risks of homeless individuals and whose work influenced the development of the Vulnerability Index) regarding the the items making up the VAT

NAME OF TOOL: HENNEPIN COUNTY RAPID EXIT SCREENING
WHO DEVELOPED IT: HENNEPIN COUNTY, MINNESOTA
COST: UNSURE

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
• Assessment of housing barriers; referral and shelter diversion tool • Administered survey • Questions: • *Vocational History* • *Rent History* • *Credit History* • *Substance Use* • *Mental Health* • *Physical Health* • *Legal Involvement* • *Relationships* • *Family of Origin* • Vulnerability based upon "barrier" codes • Unsure how to score	• Relatively comprehensive questions • Includes chronic and episodic (1 continuous year or 4 times homeless in last 3 years) • From the NAEH website: • *assessing risk of continued homelessness*	• Substance use questions weak • Questions regarding sobriety – does not align with Housing First philosophy • Mental health questions primarily based upon whether individual is involved in treatment • Physical health questions very narrow • Difficult to follow • From the NAEH website: • From the NAEH website: • *assessing vulnerability*	No psychometric properties reported

NAME OF TOOL: DENVER ACUITY SCALE
WHO DEVELOPED IT: DENVER
COST: UNSURE

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
• Determines the intensity of case management needed • 8 domains • *Treatment participation* • *Medication compliance* • *Housing* • *Basic needs* • *Benefits and income stream* • *Substance abuse* • *Danger to self or others* • *Crisis incidents* • 5-point rating scale: 1 (low acuity) to 5 (high acuity)	• Taps into important domains • Easy to use	• Not necessarily developed for use with a homeless population • Not an eligibility scale • No mention of demographic questions • Evaluates treatment compliance – not compatible with a Housing First approach	Supporting Literature: Intensity and duration of intensive case management services. Sherman & Ryan (1998) However, no psychometric properties reported.

NAME OF TOOL: CALGARY ACUITY SCALE

WHO DEVELOPED IT: CALGARY HOMELESS FOUNDATION

COST: FREE?

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY

• Assessment tool to assess the level and intensity of services an individual requires, as well as progress and/or setbacks
 	
• Based upon the Denver Acuity Scale
 	
• Assessment completed by case manager
 	
• Uses an Excel spreadsheet. Scores automatically.
 	
• It assesses strengths and barriers in the following areas:
 	
  • *Economics*
  • *Demographics*
  • *Social and emotional indicators (domestic violence, employability, social networks, life skills)*
  • *Extreme vulnerability (mental health, substance abuse, medical concerns, cognitive abilities)*
 	
• Case managers assess the level of severity of issues in each section on a scale from 1 (no problem) to 5 (problem)
 	
• Extreme vulnerability scores are weighted more heavily
 	
• Higher scores indicate greater need
 	
• Has 4 scoring cut-offs indicating level of service provision required
 	
• Scales for single adults, youth, and families
	• Easy to use
	
	• Taps into important domains
	
	• Weighting of particularly salient items
	
	• Easy to score. "Live" scoring (e.g., total score is automatically calculated as the scale is filled out)
	
	• Different versions of tool depending upon client group
	
	• Focuses on acuity (the level of complexity of a person's experience) as opposed to vulnerability (e.g., risk of housing loss; health and/or mortality risks)
		• No mention of consent
		
		• No housing questions
		
		• Demographic questions lacking – problematic
		
		• Not necessarily an eligibility scale
		
		• Scores are weighted and the algorithm used to weigh the scores is not clear
			Based upon Denver Acuity Scale
			
			No psychometric properties reported for this specific tool

NAME OF TOOL: SWINBURNE STUDENT NEEDS SURVEY

WHO DEVELOPED IT: AUSTRALIA

COST: UNSURE

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
• Contains 17 main questions, with some questions having several sub-questions. • Questions use more traditional likert rating scales (1 to 4 or 5)	• Appropriate for youth population • Taps into assets	• Not appropriate for adults	Unsure

NAME OF TOOL: RURAL ARIZONA SELF-SUFFICIENCY MATRIX

WHO DEVELOPED IT: ARIZONA

COST: UNSURE

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY

• Assessment scale that measures the needs of homeless individuals, targets services, and evaluates service provision
• Questions:
  • *Income*
  • *Employment*
  • *Shelter*
  • *Food*
  • *Childcare*
  • *Children's Education*
  • *Adult Education*
  • *Legal*
  • *Health Care*
  • *Life Skills*
  • *Mental Health*
  • *Substance Abuse*
  • *Family Relations*
  • *Transportation/Mobility*
  • *Community Involvement*
  • *Safety*
  • *Parenting Skills*
• Each question rated on five-point scale. 1=in crisis; 5=empowered
• Unsure how to achieve total score
	• Includes important domains such as food, community involvement, and safety
	• From the NAEH website:
	  • *assessing risk of continued homelessness*
		• No mention of chronic/ episodic
		• No mention of service usage
		• No inclusion of physical health
		• From the NAEH website:
		  • *assessing vulnerability*
			Psychometric properties of the scale have been conducted, but cannot be located

NAME OF TOOL: PIT COUNT

WHO DEVELOPED IT: CANADA

COST: UNSURE

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
• Created for use in point-in-time counts • Contains approximately 29 questions (not all required to be answered) • Allows for community specific questions to be added • Scoring	• Contains important demographic questions • Easy to use • Dropdown boxes • Ensure there are no missing data		Being piloted

NAME OF TOOL: MULTNOMAH COMMUNITY ABILITY SCALE

WHO DEVELOPED IT: OREGON

COST: COST FOR MANUAL

HOW IS IT USED?	STRENGTHS	WEAKNESSES	SUPPORTING LITERATURE/ VALIDITY/RELIABILITY
• Assesses functioning of people with mental illness living in the community • Contains 17 questions in 4 domains (Interference with functioning; adjustment to living; social competence; behavioural problems) • 1 to 5 anchored rating scale; higher scores indicate better community functioning • Observer familiar with an individual completes the rating scale • Structured interview for use with the scale is also available	• Domains are comprehensive • Easy to use • Includes strength-based questions • Includes several mental health functioning questions	• Not necessarily developed for use with a homeless population • Not an eligibility scale • No mention of demographic questions • Questions about homelessness would need to be added • No script provided to gain information to answer some of the questions	Several articles have been published on its psychometric properties: • *Interrater reliability = .85; test-retest reliability = .83 (Barker et al., 1994)* • *Interrater reliability = .97 (Bassani et al., 2009)*

Search History

INITIAL SEARCH OF NON-CLINICAL TOOLS ALREADY IN USE (BOLD INDICATES SCALES WITH GREATEST POTENTIAL):

1. Vulnerability Index (Common Ground)
   a. Canadian version more salient
   b. Strong focus on physical health
   c. Vulnerability determined by time spent homeless and presence/absence of health conditions
   d. No inclusion of strengths/assets/support
   e. Not trauma-informed
   f. Does have some research behind it and limited validity research

2. **Rehousing, Triage, and Assessment Survey (Calgary Homeless Foundation)**
   a. Canadian Version of the Vulnerability Index
   b. Demonstrates the same weaknesses as the VI
   c. Includes questions about PTSD, residential schools, and foster care
   d. Includes questions about housing preferences

3. VI-SPDAT versions 1 & 2 (OrgCode & Community Solutions)
   a. Informed by other questionnaires
   b. Widely used
   c. Does not have psychometric data behind it
   d. Deficit-based

4. Memphis/Shelby County Intake /Assessment Packet
   a. No evidence behind it
   b. Questions are of poor quality at times
   c. Questions are not sensitive to circumstances of individuals

5. Alliance Coordinated Assessment Tool Set (National Alliance to End Homelessness)
   a. Relatively new scale
   b. No evidence behind it
   c. Lengthy
   d. Prioritization scale is detailed
   e. Attention to various subgroups
   f. A focus on prevention/diversion; perhaps not suited to street-based individuals

6. **Vulnerability Assessment Tool (DESC)**
   a. Has an evidence base
   b. Relatively short (10 questions)
   c. Requires training and prefers few assessors
   d. Includes the VI within it as one item

7. Homelessness Asset and Risk Screening Tool (HART) (Calgary)
   a. Questions based upon a literature review
   b. Attempts to include asset questions
   c. Scoring parameters not presented
   d. Appears tool requires further development

8. LondonCARes (London)
   a. Does not tap into important domains
   b. Only focuses on housing and service use
   c. Does not assess vulnerability
   d. No supporting evidence

9. Hennepin County Rapid Exit Screening
   a. Does not assess vulnerability
   b. No supporting evidence

10. Rural Arizona Self-Sufficiency Matrix
    a. Taps into domains the other scales do not
    b. Lacks questioning on several domains

1. Calgary Acuity Scale
   a. Easy to use with in-survey scoring
   b. Short
   c. Includes risks and assets/important domains
   d. Scoring categories provided
   e. Lacks demographic risk factors/not trauma informed

2. Denver Acuity Scale
   a. Modified Canadian version available

3. Swinburne Student Needs Survey
   a. Includes assets
   b. Good for youth only

4. PIT Count Questionnaire
   a. Being piloted

5. At Home/Chez Soi screener

6. FUSE
   a. Based upon frequent users of services. Individuals are deemed as frequent users if they have frequent access to the health system, criminal justice system, and shelter system.

7. Trauma Index

RESULTS

After a final review of the tools, it was concluded that the Vulnerability Assessment Tool was the best brief screening tool available that can assist with prioritization for Housing First programs.

APPENDIX A

Housing First is an approach that focuses on moving people who are chronically and episodically homeless as rapidly as possible from the street or emergency shelters into permanent housing with supports that vary according to client need. The supports are provided by a case management team and/or a case manager that serves as a main point of contact for the client from assessment to follow-up.

The focus is primarily on the chronically and episodically homeless:

- **Chronically homeless** refers to individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e. have spent more than 180 nights in a shelter or place not fit for human habitation).

    ** To the extent possible, communities should prioritize those chronic homeless who have been homeless the longest.

- **Episodically homeless** refers to individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year (of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation for a certain period, and after at least 30 days, would be back in the shelter or place).

Note that the population at imminent risk of homelessness is not the focus of HPS Housing First activities. The population at imminent risk of homelessness is defined as individuals or families whose current housing situation ends in the near future (i.e. within one to two months) and for which no subsequent residence has been identified. These individuals are unable to secure permanent housing because they do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or a public or private place not meant for human habitation.

APPENDIX B

RECOMMENDED QUALITIES OF A GOOD STANDARDIZED ASSESSMENT TOOL

While HUD requires that CoCs use a standardized assessment tool, it does not endorse any specific tool or approach, there are universal qualities that any tool used by a CoC for their coordinated assessment process should include:

1. **Valid**–Tools should be evidence-informed, criteria-driven, tested to ensure that they are appropriately matching people to the right interventions and levels of assistance, responsive to the needs presented by the individual or family being assessed, and should make meaningful recommendations for housing and services.

2. **Reliable**–The tool should produce consistent results, even when different staff members conduct the assessment or the assessment is done in different locations.

3. **Inclusive**–The tool should encompass the full range of housing and services interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.

4. **Person-centered**–Common assessment tools put people–not programs–at the center of offering the interventions that work best. Assessments should provide options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. High value and weight should be given to clients' goals and preferences.

5. **User-friendly**–The tool should be brief, easily administered by non-clinical staff including outreach workers and volunteers, worded in a way that is easily understood by those being assessed, and minimize the time required to utilize.

6. **Strengths-based**–The tool should assess both barriers and strengths to permanent housing attainment, incorporating a risk and protective factors perspective into understanding the diverse needs of people.

7. **Housing First orientation**–The tool should use a Housing First frame. The tool should not be used to determine "housing readiness" or screen people out for housing assistance, and therefore should not encompass an in-depth clinical assessment. A more in-depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service package.

8. **Sensitive to lived experiences**–Providers should recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions should be worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool should minimize risk and harm, and allow individuals or families to refuse to answer questions. Agencies administering the assessment should have and follow protocols to address any psychological impacts caused by the assessment and should administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool should be trained to recognize signs of trauma or anxiety. Additionally, the tool should link people to services that are culturally sensitive and appropriate and are accessible to them in view of their disabilities, e.g., deaf or hard of hearing, blind or low vision, mobility impairments

9. **Transparent**–The relationship between particular assessment questions and the recommended options should be easy to discern. The tool should not be a "black box" such that it is unclear why a question is asked and how it relates to the recommendations or options provided.

APPENDIX C

As the purpose of this review was to conduct a scan of existing practices and screening tools used in the homelessness sector, some tools that serve other functions were not included. One such tool, which is widely used within the homelessness sector, is the Service Prioritization Decision Assistance Tool (SPDAT). This tool was created by OrgCode Consulting, co-creators of the VI-SPDAT. The SPDAT is a multi-purpose tool which is designed to:

1. Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services;

2. Prioritize the sequence of clients receiving those services;

3. Help prioritize the time and resources of Frontline Workers;

4. Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team;

5. Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team;

6. Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan;

7. Track the depth of need and service responses to clients over time.

Since the goal of the taskforce was to focus exclusively on screening tools, we included the VI-SPDAT specifically designed for that function in our review. The multi-purpose nature of the SPDAT extended beyond the terms of our search so it was excluded.

APPENDIX D

REFERENCES FOR SUPPORTING LITERATURE

Barker, S., Barron, N., McFarland, B.H., & Bigelow, D.A. (1994). A community ability scale for chronically mentally ill consumers: Part I. Reliability and validity. *Community Mental Health Journal*, 30 (4), 363-383.

Bassani, D.G., Dewa, C.S., Krupa, T., Aubry, T., Gehrs, M., Goering, P.N., & Streiner, D.L. (2009). Factor structure of the Multnomah Community Ability Scale – longitudinal analysis. *Psychiatry Research*, 167, 178-189.

Cronley, C., Petrovich, J., Spence-Almaguer, E., & Preble, K. (2013). Do official hospitalizations predict medical vulnerability among the homeless?: A postdictive validity study of the Vulnerability Index. *Journal of Health Care for the Poor and Underserved*, 24 (2), 469-486.

OrgCode Consulting Inc. & Community Solutions. (2015). SPDAT brief: Changes in the VI-SPDAT v2.0.

Sherman, P.S. & Carey, C.S. (1998). Intensity and duration of intensive case management services. *Psychiatric Services*, 49, 1585-1589.

The Washington Institute for Mental Health Research and Training. (2010). DESC's Vulnerability Assessment Tool for individuals coping with chronic homelessness: A psychometric analysis. Report prepared for the Downtown Emergency Service Centre.

Tutty, L.M., Bradshaw, C., Hewson, J., MacLaurin, B., Waegemakers Schiff, J., & Worthington, C. (2012). On the brink? A pilot study of the Homelessness Assets and Risk Tool (HART) to identify those at risk of becoming homeless. Report prepared for the Calgary Homeless Foundation.