# Table of Homelessness-Specific Tools

**NAME OF TOOL:** VULNERABILITY INDEX  
**WHO DEVELOPED IT:** COMMON GROUND (U.S.)/100,000 HOMES CAMPAIGN  

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</table>
| 62 communities in the US  
1 in Australia  
1 in Canada (Calgary) | • 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)  
• No mention of housing preferences  
• Greater emphasis on physical health/age  
• Some individuals with serious health problems not recognized | Requires registration with the 100,000 Homes campaign | Based upon work of Dr. Jim O’Connell and Dr. Stephen Hwang (from 100,000 Homes website)  
Official hospitalization records significantly predicted overall VI scores, but they did not predict the subcomponents of the measure. Validity/reliability analyses not conducted |
**NAME OF TOOL:** REHOUSING, TRIAGE, AND ASSESSMENT SURVEY  
**WHO DEVELOPED IT:** CALGARY HOMELESS FOUNDATION (CANADA)

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| Alberta, Others? | • 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 | Appears to be free?  
A toolkit was developed through a grant from HPS in 2009 | Based upon work of Dr. Jim O’Connell and Dr. Stephen Hwang  
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  
**WHO DEVELOPED IT:** ORGCODE CONSULTING (CANADA)

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| Alberta, Newfoundland, Several communities in Ontario and New Brunswick, Several states and cities in the U.S. | • Administered survey (mainly self-report, some opportunity for interviewer to provide assessment)  
• Approximately 60 questions (including demographic questions) in 4 domains  
• Scored out 21. 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)  
• 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  
• Assumes people are aware of possible health conditions  
• Non-explicit mention of partner/dependant(s)  
• No mention of housing preferences  
• Demographic section weak  
• 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?)  
• Brings up trauma nonchalantly at the end of the survey.  
• Appears to require in-depth training  
• 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 | No cost, but in-person training required | Consultations have been conducted with individuals with lived experience, practitioners, and experts.  
In 2013, the SPDAT underwent an independent examination of inter-rater reliability. Four raters involving 469 different subjects were investigated. The model involved same-paired raters for subjects using a two-way model. The interclass correlation for single measures was .87 and the average measure was .97. The confidence interval for single measures was .96 and the average confidence interval measure was .99. |
### NAME OF TOOL: MEMPHIS/SHELBY COUNTY INTAKE/ASSESSMENT PACKET

### WHO DEVELOPED IT: TENNESSEE (U.S.)

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| Memphis/Shelby County (Available from the NAEH website) | • Administered survey (mainly self-report, some opportunity for interviewer to provide assessment)  
• Approximately 11 questions  
• 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 | • Lifetime housing assessments may be difficult for some individuals  
• Assumes people are aware of possible health conditions  
• 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 | Appears to be free | No evidence |
**NAME OF TOOL:** ALLIANCE COORDINATED ASSESSMENT TOOL SET  
**WHO DEVELOPED IT:** NATIONAL ALLIANCE TO END HOMELESSNESS (U.S.A.)

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| Charlotte, NC    | • 3 pre-screen questions  
|                  | • Followed by demographic questions  
|                  | • Followed by 5 prevention/diversion questions  
|                  | • Followed by 13 questions to determine housing prioritization  
|                  | • Followed by 3 questions determining whether individual requires population-specific services  
|                  | • Followed by the 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  
| Other communities may be using it – unable to monitor uptake since it is a free download on the NAEH website | | • Same limitations as Vulnerability Index  
|                  |                                           | • Questions about mental health, physical health, substance use, other markers are not included until the Vulnerability Index section  
|                  |                                           | • Housing prioritization section does not include chronic/episodic conditions. Main criteria is if individual has failed to be rehoused before.  
|                  |                                           | • No mention of housing preferences, but there is mention of specific programming requests | Appears to be free | No evidence |
**NAME OF TOOL:** DESC – VULNERABILITY ASSESSMENT TOOL  
**WHO DEVELOPED IT:** DOWNTOWN EMERGENCY SERVICE CENTER – SEATTLE (U.S.)

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</table>
| Unknown          | Assessment scale | • 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  
• Are domains all encompassing?  
• Some scoring categories are very robust | 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 | Inter-item reliability = .66  
Inter-rater reliability; kappa = .67  
Test-retest reliability = .89  
Validity  
A random set of narratives were coded and regressed upon the VAT items and total score to test concurrent convergent validity. The correlation matrix revealed consistently high relationships between each item on the VAT and its corresponding score on the coded narratives (.54-.83) as well as the total scaled scores (.83)  
Also consulted with local physicians, substance abuse specialists and Dr. O’Connell |

**Unkown**

- Assessment scale  
- Includes 10 domains:  
  - Survival Skills  
  - Basic Needs  
  - Indicated Mortality Risks  
  - Medical Risks  
  - Organization/Orientation  
  - Mental Health  
  - Substance Use  
  - Communication  
  - Social Behaviors  
  - Homelessness  
- Each domain serves as one question for a total of 10 questions.  
- Each domain is measured on a 1-5 scale, with a score of 1 indicating no evidence of vulnerability and a score of 5 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
### NAME OF TOOL: HOMELESSNESS ASSET AND RISK SCREENING TOOL (HART)

**WHO DEVELOPED IT:** CALGARY (CANADA)

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</table>
| Unknown          | • Administered survey  
|                  | • 21 main questions  
|                  | • Extra questions for four groups (youth, women, older adults, peoples of aboriginal origins)  
|                  | • Could not find how to score | • 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 question weak  
|                  |                           | • Adult female specialized group questions could be asked of males as well | Unsure |
|                  |                           | Tool has been assessed for content and construct validity by the authors of the document |

### NAME OF TOOL: LONDONCARES

**WHO DEVELOPED IT:** LONDON, ON (CANADA)

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| London           | • Administered survey  
|                  | • 14 questions | • Emphasis on service use (health, justice)  
<p>|                  |                           | • 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 | Unsure | No evidence |</p>
<table>
<thead>
<tr>
<th>WHO IS USING IT?</th>
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<th>COST?</th>
<th>SUPPORTING LITERATURE/VALIDITY/RELIABILITY</th>
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</thead>
<tbody>
<tr>
<td>Hennepin County</td>
<td>Administered survey</td>
<td>Relatively comprehensive questions</td>
<td>Substance use questions weak</td>
<td>Unsure</td>
<td>No evidence</td>
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<tr>
<td>Minnesota</td>
<td>Questions:</td>
<td>Includes chronic and episodic (1 continuous year or 4 times homeless in last 3 years)</td>
<td>Mental health questions primarily based upon whether individual is involved in treatment</td>
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<td></td>
<td>- Vocational History</td>
<td>From the NAEH website:</td>
<td>Physical health questions very narrow</td>
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<td></td>
<td>- Rent History</td>
<td>- assessing risk of continued homelessness</td>
<td>Difficult to follow</td>
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<td></td>
<td>- Credit History</td>
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<td>From the NAEH website:</td>
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<tr>
<td></td>
<td>- Substance Use</td>
<td>- assessing vulnerability</td>
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<td></td>
<td>- Mental Health</td>
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<td>- Physical Health</td>
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<td>- Legal Involvement</td>
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<td></td>
<td>- Relationships</td>
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<td>- Family of Origin</td>
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<tr>
<td></td>
<td>- Vulnerability based upon “barrier” codes</td>
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<td></td>
<td>- Unsure how to score</td>
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<th>NAME OF TOOL: RURAL ARIZONA SELF-SUFFICIENCY MATRIX</th>
<th>WHO DEVELOPED IT: ARIZONA</th>
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<tr>
<td>WHO IS USING IT?</td>
<td>HOW IS IT USED?</td>
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</tr>
<tr>
<td>Unsure</td>
<td>Questions:</td>
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<td></td>
<td>- Income</td>
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<tr>
<td></td>
<td>- Employment</td>
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<td></td>
<td>- Shelter</td>
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<td></td>
<td>- Food</td>
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<td></td>
<td>- Childcare</td>
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<tr>
<td></td>
<td>- Children’s Education</td>
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<td>- Adult Education</td>
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<td></td>
<td>- Legal</td>
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<td></td>
<td>- Health Care</td>
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<td></td>
<td>- Life Skills</td>
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<tr>
<td></td>
<td>- Mental Health</td>
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<tr>
<td></td>
<td>- Substance Abuse</td>
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<td></td>
<td>- Family Relations</td>
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<td></td>
<td>- Transportation/Mobility</td>
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<td></td>
<td>- Community Involvement</td>
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<td>- Safety</td>
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<td></td>
<td>- Parenting Skills</td>
</tr>
<tr>
<td></td>
<td>- Each question rated on five-point scale. 1=in crisis; 5=empowered</td>
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<tr>
<td></td>
<td>- Unsure how to achieve total score</td>
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</tbody>
</table>
**NAME OF TOOL:** HOMELESSNESS OUTCOMES STAR  
**WHO DEVELOPED IT:** TRIANGLE CONSULTING SOCIAL ENTERPRISE (U.K.)

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| Several agencies within the UK. Red Deer, AB | - Uses an “outcomes” based approach. It is a continuous cycle of enquiry and service improvement based on factual information about what is being achieved  
- Focuses on 10 areas:  
  - Motivation and taking responsibility  
  - Self-care and living skills  
  - Managing money and personal administration  
  - Social networks and relationships  
  - Drug and alcohol misuse  
  - Physical health  
  - Emotional and mental health  
  - Meaningful use of time  
  - Managing tenancy and accommodation  
  - Offending  
- Each domain has a rating scale from 1 to 10 | - Taps into important domains  
- Scale is completed with a caseworker  
- Easy to complete | - Measures change/outcomes. Not a screening tool.  
- Housing history not included | Licencing costs  
Requires training | Unsure |
**NAME OF TOOL:** CALGARY ACUITY SCALE  
**WHO DEVELOPED IT:** CALGARY HOMELESS FOUNDATION

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| Calgary          | • 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 a 4 scoring cut-offs  
  • Scales for single adults, youth, and families | • Easy to use  
• Taps into important domains  
• Weighting of particularly salient items  
• “Live” scoring  
• Different versions of tool depending upon client group  
• Focus on acuity opposed to vulnerability | • No mention of consent  
• No housing questions  
• Demographic questions lacking – problematic  
• Not necessarily an eligibility scale | Free? | Based upon Denver Acuity Scale  
Nothing on this specific tool |
### NAME OF TOOL: DENVER ACUITY SCALE

**WHO DEVELOPED IT:** DENVER

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</thead>
<tbody>
<tr>
<td>Unsure</td>
<td>• 8 domains</td>
<td>• Taps into important domains</td>
<td>• Not necessarily developed for use with a homeless population</td>
<td>Unsure</td>
<td>Intensity and duration of intensive case management services Sherman &amp; Ryan (1998)</td>
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<tr>
<td></td>
<td>• Treatment participation</td>
<td>• Easy to use</td>
<td>• Not an eligibility scale</td>
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<td></td>
<td>• Medication compliance</td>
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<td>• No mention of demographic questions</td>
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<td></td>
<td>• Housing</td>
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<td>• Basic needs</td>
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<td>• Benefits and income stream</td>
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<td></td>
<td>• Substance abuse</td>
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<td></td>
<td>• Danger to self or others</td>
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<tr>
<td></td>
<td>• Crisis incidents</td>
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<tr>
<td></td>
<td>• 5-point rating scale. 1 (low acuity) to 5 (high acuity)</td>
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### NAME OF TOOL: SWINBURNE STUDENT NEEDS SURVEY

**WHO DEVELOPED IT:** AUSTRALIA

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<tbody>
<tr>
<td>Australia</td>
<td>• Contains 17 main questions, with some questions having several sub-questions.</td>
<td>• Appropriate for youth population</td>
<td>• Not appropriate for adults</td>
<td>Unsure</td>
<td>Unsure</td>
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<tr>
<td></td>
<td>• Questions use more traditional likert rating scales (1 to 4 or 5)</td>
<td>• Taps into assets</td>
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<td>NAME OF TOOL: PIT COUNT</td>
<td>WHO DEVELOPED IT: CANADA</td>
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<tr>
<td>WHO IS USING IT?</td>
<td>HOW IS IT USED?</td>
<td>STRENGTHS</td>
<td>WEAKNESSES</td>
<td>COST?</td>
<td>SUPPORTING LITERATURE/VALIDITY/RELIABILITY</td>
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<tr>
<td>Being piloted in Canada</td>
<td>Contains approximately 29 questions (not all required to be answered)</td>
<td>Contains important demographic questions</td>
<td></td>
<td>Unsure</td>
<td>Being piloted</td>
</tr>
<tr>
<td></td>
<td>Allows for community specific questions to be added</td>
<td>Easy to use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scoring</td>
<td>Dropdown boxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure there is no missing data</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TOOL: MULTNOMAH COMMUNITY ABILITY SCALE</th>
<th>WHO DEVELOPED IT: OREGON</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO IS USING IT?</td>
<td>HOW IS IT USED?</td>
</tr>
<tr>
<td>Not applicable (clinical tool)</td>
<td>Contains 17 questions in 4 domains (Interference with functioning; adjustment to living; social competence; behavioural problems)</td>
</tr>
<tr>
<td></td>
<td>1 to 5 rating scale; higher scores indicate better community functioning</td>
</tr>
<tr>
<td></td>
<td>Observer completes rating scale</td>
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# Search History

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

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

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

3. SPDAT/VI-SPDAT (OrgCode)
   - Lengthy
   - Questions are poor quality at times
   - Requires in-depth training
   - Not trauma-informed
   - Informed by other questionnaires
   - Does have some reliability research behind it

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

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

6. Vulnerability Assessment Tool (DESC)
   - Has an evidence base
   - Short (10 questions)
   - Requires training and prefers few assessors
   - Includes the VI within it as one item

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

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

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

10. Rural Arizona Self-Sufficiency Matrix
    - Taps into domains the other scales do not
    - Lacks questioning on several domains
ADDITIONAL TOOLS AFTER CONSULTATION WITH TASK FORCE:

1. Homelessness Outcomes Star
   a. Focused on outcomes.
   b. Not appropriate for eligibility/screening

2. 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

3. Denver Acuity Scale
   a. Modified Canadian version available

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

5. PIT Count Questionnaire
   a. Being piloted

6. At Home/Chez Soi screener

7. 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.

8. 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.
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.