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The Vulnerability Assessment Tool (VAT)



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- Who created the tool?
 - Created by the Downtown Emergency Service Center (DESC) in Seattle, WA in 2003
 - DESC
 - Opened in 1979 as an emergency shelter for vulnerable adults living with behavioural health disorders and chronic homelessness
 - Today, DESC also offers clinical services and permanent supportive housing



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- Why was it created?
 - DESC required a prioritization strategy once the number of individuals accessing their programming greatly surpassed the number of available service slots.
 - Needed a way to distinguish among individuals who were already flagged as being a high priority client.



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- How was the tool created?
 - Tool was originally developed by DESC staff familiar with the needs and characteristics of the chronically homeless population.
 - In 2009, the original tool was modified based upon user feedback and consultations with physicians and substance use specialists.



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- How is the tool intended to be used?
 - Measures a homeless individual's vulnerability to continued instability
 - Distinguishes vulnerability compared to other individuals who have been assessed by the VAT
 - Serves as one component in the prioritization process
- What does the tool not do?
 - Does not define level of need or type of support an individual may need
 - A high score on the VAT does not necessarily indicate a need for more intensive services. It means that the individual is at a greater risk of continued vulnerability



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- What does the tool look like?
 - Individuals are assessed on ten separate domains to measure vulnerability:
 - Survival skills
 - Basic needs
 - Indicated mortality risks
 - Medical risks
 - Organization/orientation
 - Mental health
 - Substance use
 - Communication
 - Social behaviours
 - Homelessness
 - Focuses on both strengths and potential problems



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- What does the assessment process consist of?
 - Each client assessment consists of two parts:
 1. A face-to-face interview with the client
 2. Scoring client responses and completing interview narrative



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- What is the interview process like?
 - Interviews typically last 30 to 40 minutes
 - A script is to be followed and all questions in the script should be asked
 - Interviewers are reminded to be objective and to maintain consistency across the assessments
 - Detailed notes should be taken throughout the interview in order to produce accurate assessments



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16. **Are you currently dealing with any mental health issues? *If no, Have you had mental health issues in the past? *If yes:****
 - **Have you been given a formal diagnosis? Do you agree with it? *(helps to determine insight).***
 - **What symptoms do you experience?**
 - **Are you taking any medications for these issues?**
 - **How long have you been dealing with these issues?**
 - **Do you work with a counselor or case manager for mental health issues? What about a psychiatrist? *If yes, Who, Where, When?***
 - **Have you ever gone to the hospital for mental health reasons? *If yes, How many times? What happened? When was this?***
17. **Do you have any legal issues? Any past issues? Have you been in jail or prison? *If yes, What for? Do you have to check in with anyone? *If yes, Who? Where? (get contact information if possible)****
18. **What are your plans for housing? Is anyone helping you apply for housing or other benefits?**
19. **Any other goals you want to work on? Anything else we should know to better understand your situation?**



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- What is the scoring process?
 - The scores on the tool are based solely on the client responses during the interview and interviewer observations during the interview (previous knowledge of the client should not influence the scoring process)
 - Each domain is scored on a 5-point rating scale.
 - 1= no issue; 2 = mild issue; 3 = moderate issue; 4 = high issue; 5 = severe issue
 - The anchors for each domain are detailed and behaviour-oriented
 - The narrative component serves as an opportunity to explain reasoning for the client's individual domain scores and the overall score



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Client Name _____ Staff Name _____

Organization/Orientation

Thinking, developmental disability, memory, awareness, cognitive abilities – how these present and affect functioning.

No impairment	Mild impairment	Moderate impairment	High impairment	Severe impairment
Good attention span; adequate self care; able to keep track of appointments	Occasional difficulty in staying organized; may require minimal prompting re: appointments; possible evidence of mild developmental disability; dementia or other organic brain disorder; some mild memory problems	Appearance is sometimes disorganized; has a significant amount of belongings making mobility challenging; occasional confusion w/ regard to orientation; moderate memory or developmental disability problems	Disorganized or disoriented; poor awareness of surroundings; memory impaired making simple follow-through difficult	Highly confused; disorientation in reference to time, place or person; evidence of serious developmental disability, dementia or other organic brain disorder; too many belongings to manage; memory fully or almost or absent / impaired
1	2	3	4	5

Comments or observations about organization/orientation:



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Communication

Ability to communicate with others, when asked questions, initiating conversations.

No communication barrier	Mild communication barrier	Moderate communication barrier	High level communication barrier	Severe communication barrier
Has strong and organized abilities; no language barriers; able to communicate clearly with staff about needs	Has occasional trouble communicating needs; language barrier may be an issue; occasionally reacts inappropriately when stressed	Poor attention span; withdrawn but will interact with staff/service providers when approached; pressured speech; very limited English	Physical impairment making communication very difficult (e.g. hearing impaired & unable to use ASL); unwilling/unable to communicate w/ staff (e.g. shy, poor or no eye contact); doesn't speak English at all	Significant difficulty communicating with others (e.g. mute, fragmented speech); draws attention to self (e.g. angry talk to self/others); refuses to talk to staff when approached; may leave to avoid talking to provider
1	2	3	4	5

Comments or observations about communication:



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<u>DOMAIN SCORE</u>	<u>COMMENTS</u>
Survival Skills:	
Basic Needs:	
Indicated Mortality Risks:	
Medical Risks:	
Organization/Orientation:	



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- How is it scored and how is it used?
 - The scores from each of the domains are summed to create a total score
 - The higher the score, the more vulnerable the individual is relative to other homeless adults in the community.
 - No cut-offs are used
 - The score DOES NOT define the level or type of support the individual may need

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- Training
 - Training is required before service providers can begin administering the VAT
 - Train-the-trainer model