

Vulnerability Index: Prioritizing the Street Homeless Population by Mortality 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. For individuals who have been homeless for at least six months, one or more of the following markers place them at heightened risk of mortality:

- 1) more than three hospitalizations or emergency room visits in a year
- 2) more than three emergency room visits in the previous three months
- 3) aged 60 or older
- 4) cirrhosis of the liver
- 5) end-stage renal disease
- 6) history of frostbite, immersion foot, or hypothermia
- 7) HIV+/AIDS
- 8) tri-morbidity: co-occurring psychiatric, substance abuse, and chronic medical condition

In Boston, 40% of those with these conditions died prematurely, underscoring the need for housing and appropriate support for this group.

The Vulnerability Index is administered in a form of a survey, which captures a homeless individual's health and social status. It identifies the most vulnerable through a ranking system which takes into account risk factors and the duration of homelessness. This ranking allows those with the most severe health risks to be identified and prioritized for housing and other support.

Dr. Jim O'Connell said it best:

"The painfully obvious lesson for me has been the futility of solving this complex social problem solely with new approaches to medical or mental health care...I dream of writing a prescription for an apartment, a studio, an SRO, or any safe housing program, good for one month, with 12 refills."

From the early successes of its *Street to Home* program, Common Ground has consistently observed that putting names and faces on and now medical conditions on to formerly anonymous street homeless individuals inspires action. The commitment of housing resources and the expedited housing placement of the medically-fragile, have been the direct, concrete results of the use of the Vulnerability Index. The Vulnerability Index has been used in New York City, Los Angeles County's infamous Skid Row, Santa Monica, New Orleans, and Washington, DC, as a powerful force for change.

This simple and replicable tool, rooted in solid scientific research, helps mobilize communities to act decisively, organize around individuals' housing needs, and solve a seemingly intractable problem.

Impact of the Vulnerability Index in Communities

The Vulnerability Index process is a tool to help communities create a name and photograph registry of the homeless population, which is then rank-ordered from highest to lowest mortality risk. The most immediate impact of using the Vulnerability Index is to prioritize the efforts of outreach teams and housing resources. In some cases, the Vulnerability Index is used to successfully advocate for additional housing resources. In the first few months of 2008, over 2,000 people have been assessed and more than 100 of the most chronic and vulnerable people have been housed in several cities as a result of using the Vulnerability Index. Some highlights:

- In Los Angeles County, Project 50 used the Vulnerability Index to create a registry of 350 individuals living on Skid Row and expedite housing placement for the 50 most vulnerable. Since February, 2008, 41 of the most vulnerable and chronic have been placed into housing with an average of 14 days from the first outreach contact to the day the person moves into his apartment.
- In Brooklyn, Queens, and the Bronx in New York City, outreach teams routinely administer the Vulnerability Index to each new person they encounter on the streets. The results are entered into a common database and each week an updated priority client list is distributed to the outreach teams so that they can find the most vulnerable and expedite their placement into housing. The outreach teams place an average of 68 vulnerable street homeless into housing each month.
- In Santa Monica, the City Council pledged to prioritize housing for all 110 of the most chronic and vulnerable as a result of the City and providers using the Vulnerability Index and have used the findings to successfully advocate for an additional \$1 Million in funding from LA County for case management services to be matched with the City's housing vouchers for this cohort.
- UNITY of Greater New Orleans used the Vulnerability Index to advocate at the city level for 42 hotel vouchers and at the federal level for 3,000 permanent supportive housing vouchers. Since March, 2008, over 90 of the most vulnerable and chronic residents of a large encampment have moved into hotels pending permanent housing.
- In Washington, DC, the Department of Human Services convened 125 volunteers from the service provider and faith community to administer the Vulnerability Index to over 1,000 people in 2 weeks: 500 people who had been in their shelter system the longest and 500 individuals found sleeping on the streets. The 800 who are the most vulnerable and who have been homeless the longest will be prioritized for housing subsidies and case management slots this year.

How to Use the Vulnerability Index in Your Community

Common Ground uses these techniques to strip away the anonymity of street homelessness and reframe homelessness as a public health issue:

1. Assemble community stakeholders (service providers, housing providers, police, business improvement districts, political leadership) to educate on the use of the Vulnerability Index, gain support for the concept, and identify an area of focus

2. Conduct a count of those sleeping outside between the hours of 4:00 am and 6:00 am. The purpose of the count is to create a baseline understanding of the numbers of homeless individuals in an area, and to determine the number of surveys that the project should expect to complete. The average response rate is 83% of those counted.
3. Train volunteers on how to administer the survey (attached) and how to take a good digital photograph.
4. Administer the survey between 4:00 am and 6:00 am for at least three consecutive mornings.
5. Enter the data into a spreadsheet or database.
6. Analyze the surveys to calculate risk factors and establish housing priority list
7. Brief community on the findings.
8. Develop and implement a housing action plan based on results.

Prioritization of the Most Chronic and Vulnerable

Typically 40 to 50% of the street homeless population will have at least one health condition that puts them at a high mortality risk. Unfortunately, it is sometimes necessary to prioritize even further - among the vulnerable - for scarce housing resources. There is no one "correct" way to prioritize. The most important thing is to gain a better understanding of the mortality risk of your street homeless population and use that information to take action and advocate for the right housing resources to end their homelessness.

Common Ground prioritizes first by the number of co-occurring risk factors, then by length of homelessness. So the #1 most vulnerable person would have the most risk factors and report being homeless the longest. A standard profile of the most vulnerable person in a community using this approach is someone with 5 or 6 of the risk factors who has been homeless for 20+ years.

Just having any one of the eight risk factors places someone on the streets at a 40% chance of dying over the next 7 years, so any prioritization within that group will reflect the values and best judgment of the community. For example, one community was alarmed by how many elderly people slept on their streets, so they prioritized first by number of co-occurring risk factors, then by age. Another way to prioritize among the vulnerable would be to identify those who are also the most frequent users of the local hospital to achieve the dual aim of targeting the most vulnerable and cost reductions.

Common Ground staff can help your community implement the Vulnerability Index, including assistance on all or some of the key tasks mentioned above. Contact Becky Kanis, bkanis@commonground.org for more information.