



Art: Vulnerability and urban life, H. Obana, 2005



**National
Healthcare for
the Homeless
Conference
March 16,
2013**

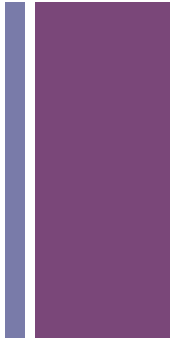
The reliability and validity of the Vulnerability Index and a community-based revised version from Fort Worth, TX

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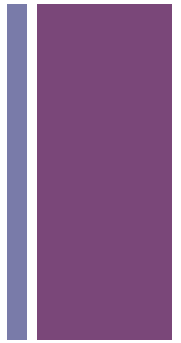
Background

- In 2008, the City of Fort Worth adopted **Directions Home (DH)**: a 10 year plan to make homelessness rare, short-term and non-recurring
- 2009: Municipal funding created 200 new **Permanent Supportive Housing (PSH)** units
- Paradigm shift: **housing readiness approach** to a **Housing First model** (Stefancic & Tsemberis, 2007)





The Vulnerability Index as a housing prioritization tool



- **Vulnerability Index** (VI; 100khomes.org.) created by NYC-based Common Ground, based on mortality research by Boston's Healthcare for the Homeless program (Hwang et al, 1998)
- As of March 2013, more than **40,000 VI's** have been collected in a national database (100khomes.org, 2013); to date there has been **minimal psychometric evaluation** of this tool (Cronley, et.al, in press)



A closer look at the Vulnerability Index

People who take the Vulnerability Index receive a score **from 0 (not scored at all or no vulnerability) to 8 (highest level of vulnerability).**

- To receive a score of 1 or higher, a person must be homeless for a **minimum of 6 months.**
- Additionally, each of the following is worth 1 point:
 - 1. Kidney/renal disease
 - 2. Frostbite, hypothermia, immersion foot
 - 3. Liver disease
 - 4. HIV+ or AIDS
 - 5. Over 60 years
 - 6. Three or more emergency room visits in previous 90 days
 - 7. Three or more ER or hospitalizations in prior year
 - 8. Tri-morbidity: psychiatric disorder, substance abuse & chronic health condition



Initial Fort Worth Community Response to the Vulnerability Index (2008)

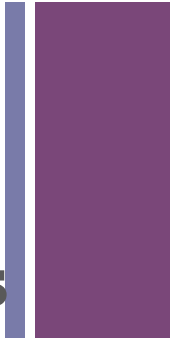


- Initial pushback- no more agency level control
- Items were added, but not included in scoring criteria
- **Does Boston translate to Fort Worth?**
 - Cold weather injuries
 - Self-report versus health records



2009: More local concerns with VI

- Some people **with serious health concerns** received a score of zero
- **Confidential data** about health status was uploaded into a national database
- Some questions were **overly broad** (e.g., mobility and vision impairment) or **subjective**
- Hundreds received scores of 1 and 2
- Sole focus on **mortality**



+ “The Fort Worth Way”*

- Concerns were raised routinely in quarterly evaluation interviews with Directions Home (DH) staff and monthly DH consumer advisory meetings
- **The DH continuous improvement process** led to the creation of a task force in the spring of 2010
- **The Fort Worth Vulnerability Task Force** met 4 times and included two Delphi Surveys in between meetings

* A phrase coined by *Former Fort Worth Mayor Mike Moncrief* referring to the uniqueness of our community as well as sense of compassion for one another



Task Force process & Delphi method

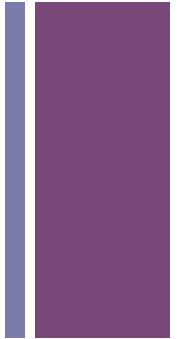


- Meeting 1: Introduction to process and literature
- Interim Survey 1: Assessment of preferred solutions
- Meeting 2: Reviewed survey findings, discussed literature
- Interim Survey 2: Identification of vulnerability characteristics
- Meeting 3: Reviewed survey findings, compared proxy versions
- Interim questionnaire development
- Meeting 4: Refined conceptual definition of vulnerability, developed weighting criterion and new scoring system



Key Task Force process findings

- Of the 12 participants, 8 responded to the initial survey:
 - 50% agreed that the VI should be used in some capacity but only 12.5% wanted it as 1st method
 - 50% agreed that we should create a new way to score the VI
 - 37.5% agreed we should use the VI scores and another method
 - 87.5% agreed that agencies should participate in the decisions
- Voted to establish a committee to review case manager recommendations and special circumstances





Revising the VI



- Second survey resulted in the suggestion of new items or modifications:
 - Sexual assault while homeless
 - Heart surgery
 - Being blind or deaf
 - Requiring assistive devices for mobility
 - Having an 8th grade or less level of education
 - Having swollen, infected or open wounds
 - Difficulty controlling body functions
 - Congestive heart failure
 - Chronic obstructive pulmonary disease (COPD)
- The task force reached a consensus agreement on an expanded definition of vulnerability

+ The Fort Worth Vulnerability Assessment (FWVAS)

- **Triple weighted items** appear to be urgently life limiting or a threat to public health
 - Kidney disease, liver disease, heart disease or arrhythmia, cancer, heart surgery, HIV/AIDS
- **Double weighted items** increase risk of harm or injury, or represent a condition that may be exacerbated if an individual remains homeless
 - Over age 60, diabetes, physical mobility problems, homeless 6+ months, Hepatitis C, COPD, congestive heart failure, stroke, legally blind or deaf
- **Single weighted items** represent general health concerns or more serious concerns that one would expect to be managed closely by health professionals

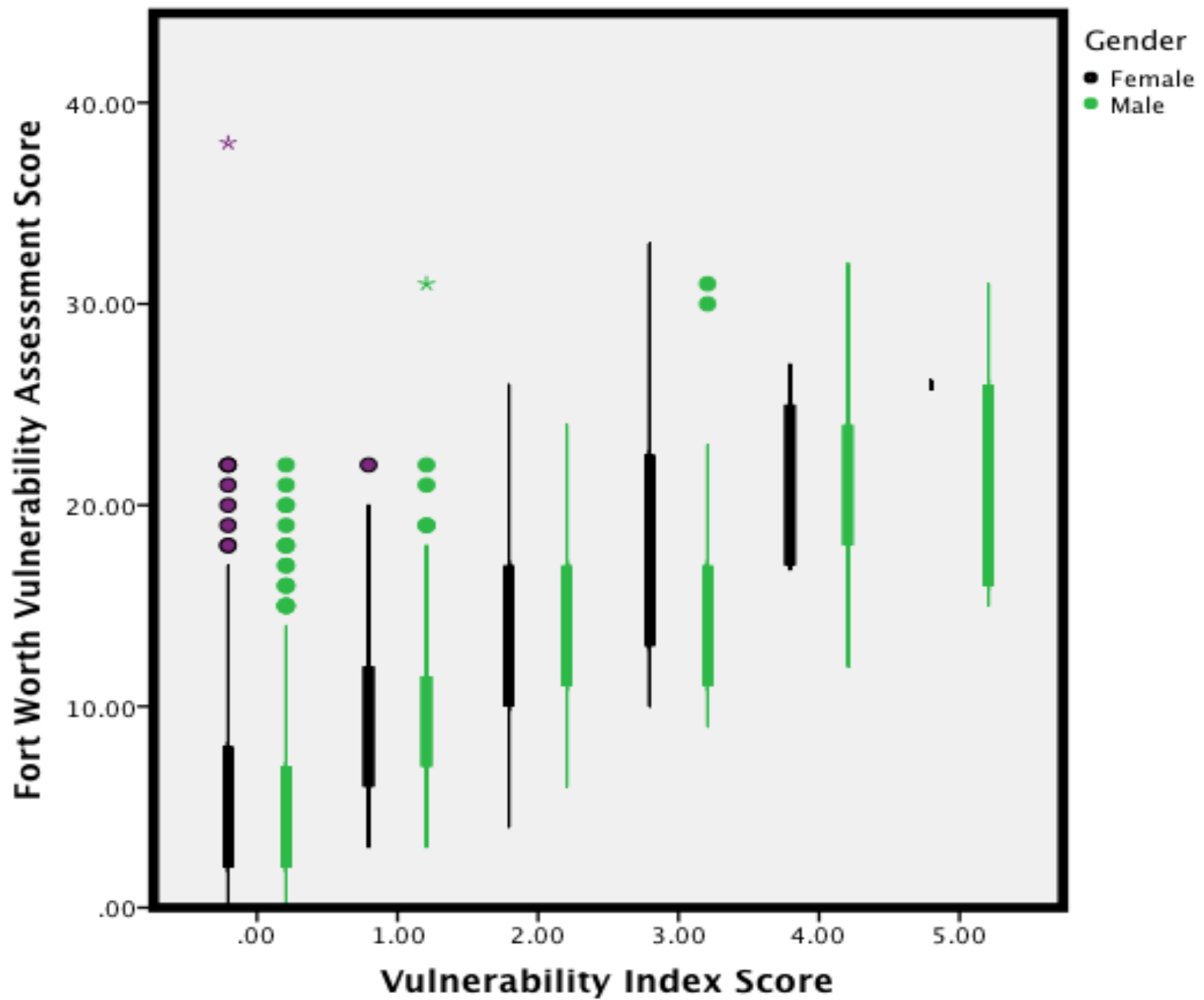


FWVAS cont.



■ Single point items:

- Tuberculosis
- Mental health warrant, mental health tx
- Emphysema, asthma
- 3 or more hospital admissions in 1 yr, 3 or more ER visits in 3 mos
- IV drug use, substance abuse tx, substance abuse problem
- 8th grade education
- Injured in an attack while homeless, sexually assaulted while homeless
- Swollen or infected wounds, control over bodily functions,
- Frost bite or immersion foot
- Trimorbidity (health/mental health/substance abuse)

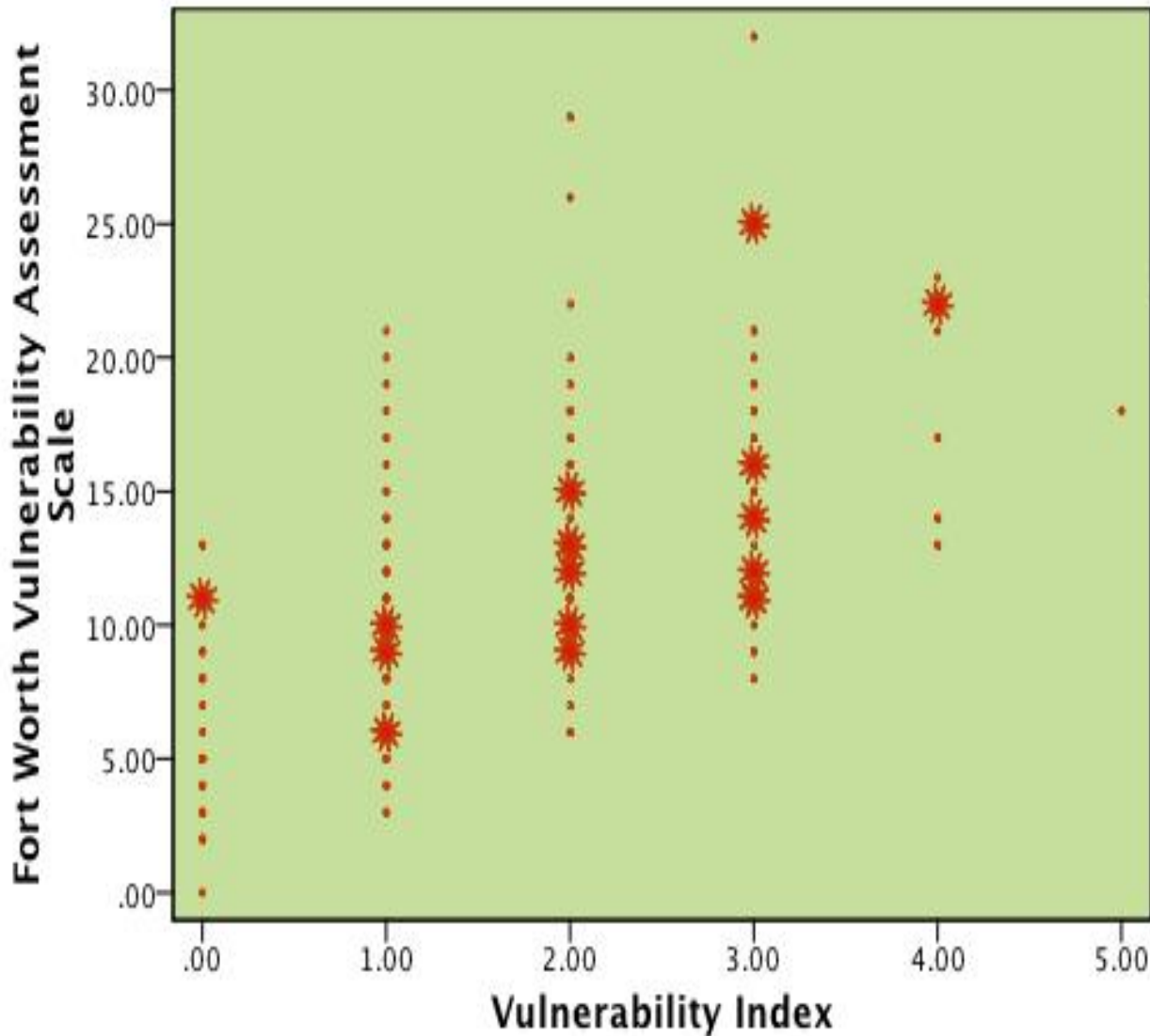




Correlates between VI & FWVAS



- Enrolled PSH clients ($n = 271$):
 - **.549** ($p < 0.001$)
- All assessments ($n = 1519$):
 - **.658** ($p < 0.001$)



Deceased, not housed or disenrolled due to health problems

- Not deceased or disenrolled due to health
- Deceased or disenrolled due to health

*Sample only includes clients enrolled in voucher program (n=271 w/17 deaths/health disenrollments)



Basic psychometric comparisons



	Vulnerability Index (<i>N</i> = 1483)	Fort Worth Vulnerability Assessment Scale (<i>N</i> = 962)
Description	25 measured and 8 scored items with a possible score of 0 to 8	32 scored items with a possible score of 0 to 52
Mean	.66	7.9
SD	.89	5.6
Actual Range	0 to 5	0 to 38
Reliability/Internal Consistency: Cronbach's alpha	.35	.74



Conclusions

- More psychometric work on the Vulnerability Index is needed
- Fort Worth was able to address some key local concerns:
 - Greater variability provided guidance on who should be “next in line” for an open housing voucher
 - Content validity was increased by expanding the operational definition of vulnerability
 - Supported a mechanism to respond to those with high needs but less than 6 months of homelessness
 - The creation of a “tenant solutions committee” provides an inter-agency context to review concerns



Additional Concerns About Housing Placement and Prioritization

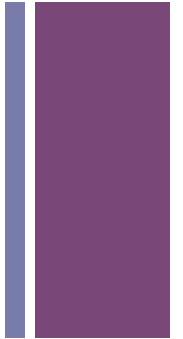
- Some high-scoring individuals are not appropriate for Permanent Supportive Housing
 - Need more/better assisted living options
 - Medical respite
 - Group homes
- Vulnerability may increase for victims of domestic violence after housing



THANK YOU!!!

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