

Service Prioritization Decision Assistance Tool (SPDAT)

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Over 30 years assisting the non-profit, private, non-governmental and governmental sectors

3 member team led by Iain De Jong + 6 bench players

Blend of practitioners, researchers, educators, policy wonks, nerds, comics, analysts, advisors & leaders

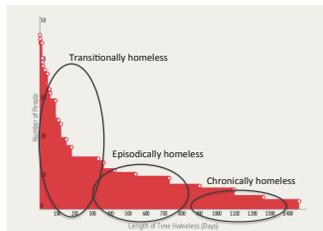
Driven towards working on complex social issues especially homelessness

Creators of the SPDAT

Working in Canada, USA & Australia

The Truth About Homelessness

- It is a VERY rare occurrence.
- In just about every North American community it represents less than 1% of the total population.
- It represents only a small fraction of people experiencing economic poverty.
- It represents a tiny percentage of people with a substance use disorder or mental illness.



How do we identify who needs what intervention?

Myths Impede Our Success

- Substance users need to achieve sobriety to be successful in housing.
- People with mental health issues need to take their meds and be connected to a psychiatrist to be successful in housing.
- People need to be “housing ready”.
- Chronically homeless people choose to be homeless.
- People need to hit “rock bottom” before they are ready to make important life changes.
- Shelters need a lot of programming to prepare people for success in housing.
- Social control equals a social service.



Service Orientation

1. Your job is to get people housed and help them stay housed.
2. You connect people to community resources.
3. You do not heal or fix people.
4. You believe in hope.
5. You use assessments to help guide opportunities to coach and support, not focus on barriers.

Service Orientation

6. The people you support do the hard work. You do the hard support.
7. People can and should be respectfully challenged to change.
8. Proactive planning and support beats reactionary crisis responses.
9. People can and do recover.
10. Housing stability is your primary objective.
11. Your work is guided by evidence.

Why the SPDAT?

- System-wide tool needed to help guide the right household to the right support intervention at the right time to end their homelessness
- Objective approach to assessing needs for housing and life stability based upon evidence
- Language and theoretical orientation appropriate for housing case managers

- Move away from luck or “first come, first served” approach to service delivery
- By understanding risks to housing stability we are better able to promote “homelessness proofing”
- Needed a tool that would work for initial assessment as well as help guide case management supports

The SPDAT doesn't...

- Make decisions. It assists with decision-making.
- Provide a diagnosis of any sort.
- Need to take the place of other clinical assessment tools.

What will the SPDAT do?

- Help prioritize who gets served next and why.
- Help provide a structured framework for case management delivery.
- Focus case management on ‘homelessness proofing’
- Help teams allocate their time.
- Measure changes in acuity over time.

Keep in mind...

- It is a TOOL!!! It doesn't have a brain.
- There will likely be circumstances where notwithstanding the SPDAT results you choose to do something different. Those should be rare and documented.
- The SPDAT results may be different than what you or your client thought.

SPDAT History

SPDAT...

- More than a decade in the making, Version 1 was released in June 2010.
- Content and language informed by service users, frontline staff, team leaders, professionals, academics, and published literature.
- Considerable testing goes into each version.

- Tested against other tools
- Feedback received from service users, frontline staff, team leaders, and communities; shadowing to see tool in practice
- Version 2 released in 2011
- F-SPDAT Version 1 released 2012
- Launch of SPDAT Version 3 in March 2013
- Launch of SPDAT Version 4 and F-SPDAT Version 2 in May 2015
- Launch of Youth SPDAT products in June 2015

SPDAT Effectiveness

- Reported to result in more informed case management by frontline workers and service users
- Service users preferred the tool 3 to 1 over other tools tested against, and visual graphing was their favorite part

- Independently reviewed and verified for reliability and validity along the way:
 - Inter-rater reliability (strong inter-rater correlation coefficient results)
 - Positive summative evaluation results
 - Positive outcome evaluation results

- Over 5% reduction in recidivism.
- 150% increase in case planning goal realization.
- 21% increase in positive housing destinations (from 57% to 78%).
- Improved housing stability (86% versus 62%)

Overall Comparison SPDAT (SCORE >19) vs No SPDAT - All Housing Types Combined		
	SPDAT*	NO SPDAT
Still Housed? (Yes)	87.1%	62.5%
Deceased? (Yes)	5.2%	5.6%
Rehoused 1 Time	1.8%	14.4%
Rehoused 2 Times	2.4%	7.5%
Rehoused 3 Times	1.8%	5.9%
Rehoused 4+ Times	0.9%	3.2%

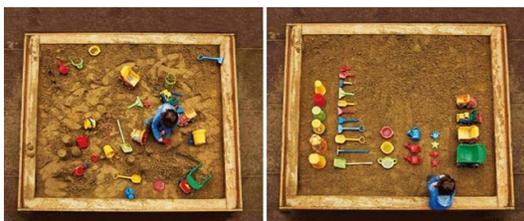
VI-SPDAT & SPDAT

- Most frequently used triage, assessment & case management tools in North America and Australia
- Only tools built from the experience of people that are homeless up to the academic level
- Tested by third parties
- The replacement tools of choice in communities that formerly used VI, DESC, HART, Camberwell, Denver Acuity Scale, Outcome Star
- Built into HMIS & HIFIS platforms
- Structured to ensure local sustainability
- Backbone to communities that are making great strides in ending homelessness
- Transcend population groups (youth, families, single adults, persons discharged)

SPDAT & Coordinated Access

- Same tool can be used centrally or in a decentralized manner
- Assessments are compared over a pre-determined period of time; highest acuity is prioritized for services based upon availability on caseloads

Coordinated Access & Prioritization

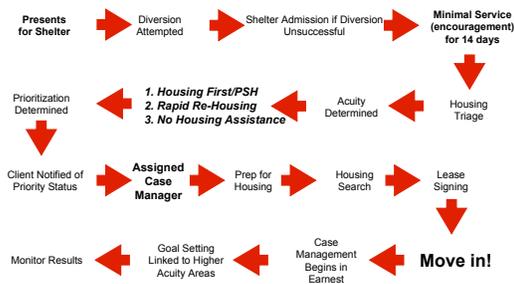


GETTING FROM HERE

TO THERE

SPDAT Training

Pathway to Housing



OrgCode Training Series

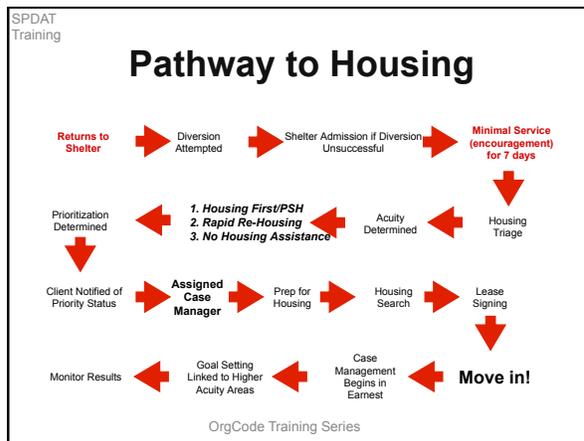
SPDAT Training

Pathway to Housing

WAIT!!!

What about people that *return* to shelter?

OrgCode Training Series



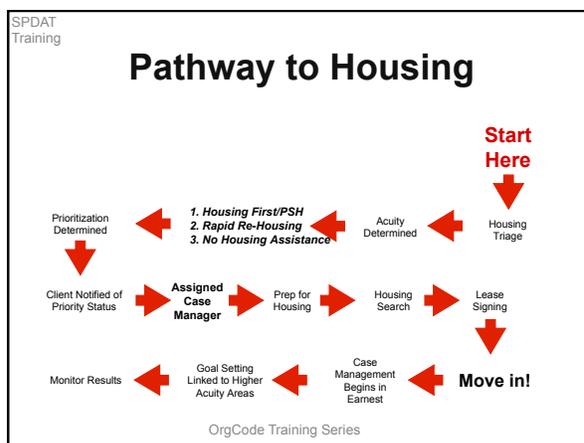
SPDAT Training

Pathway to Housing

WAIT!!!

What about *long-term shelter stayers* or people living *outdoors*?

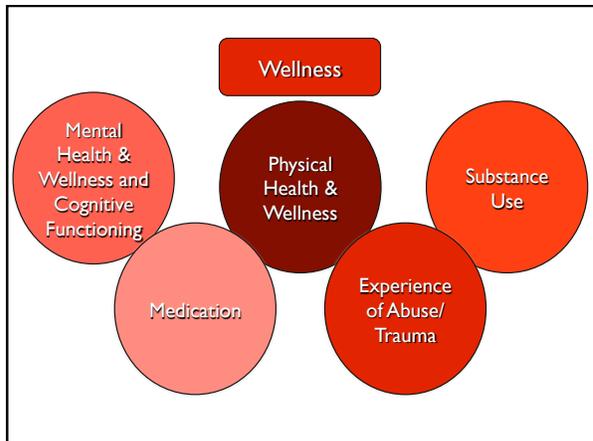
OrgCode Training Series

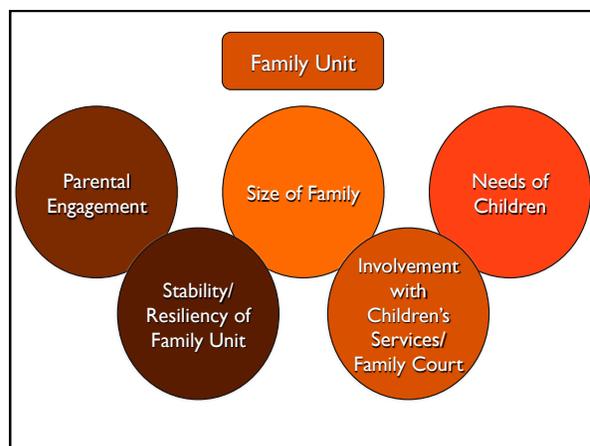
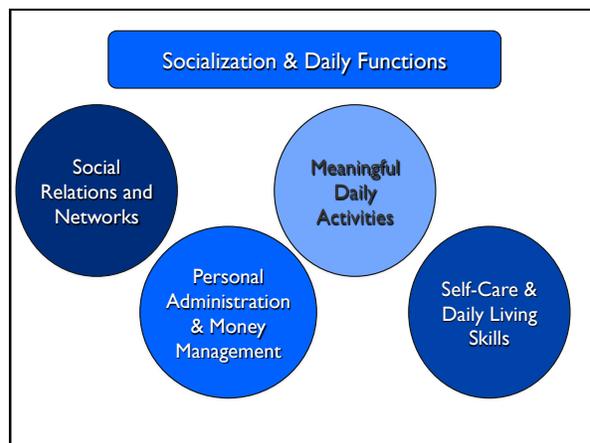
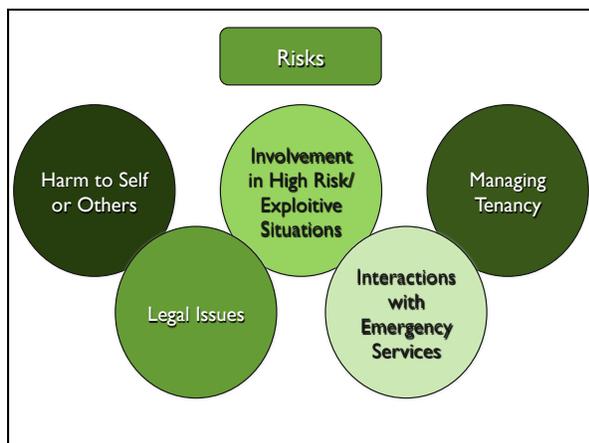


What's the Difference Between a Prescreen and A Full Assessment?

- A full assessment looks at the depth (acuity) of an issue.
- A prescreen looks for the presence of an issue.
- A prescreen can be a necessary first step in very busy environments.

Organized in Domains





VI-SPDAT v 2.0 for Singles

Canadian Version

Opening Script

- Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:
 - the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
 - the purpose of the VI-SPDAT being completed
 - that it usually takes less than 7 minutes to complete
 - that only "Yes," "No," or one-word answers are being sought
 - that any question can be skipped or refused
 - where the information is going to be stored
 - that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
 - the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Sample Script for VI-SPDAT Intro...

My name is [interviewer name] and I work for a group called [organization name]. I have a 10-minute survey that I would like to complete with you. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to [data privacy requirements].

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

Administration

Interviewer's Name	Agency	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/___	Survey Time ___:___ AM/PM	Survey Location

Basic Information

First Name	Nickname	Last Name
In what language do you feel best able to express yourself?		
Date of Birth	Age	Social Insurance Number
DD/MM/YYYY	___/___/___	___-___-___
Consent to participate		<input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one) Shelters Couch Surfing Outdoors Other (specify): _____
 Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE 1. SCORE:

2. How long has it been since you lived in permanent stable housing? _____ Refused

3. In the last year, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1. SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____ Refused

b) Taken an ambulance to the hospital? _____ Refused

c) Been hospitalized as an inpatient? _____ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES", THEN SCORE 1 FOR LEGAL ISSUES. SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused

17. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused

18. When you are sick or not feeling well, do you avoid getting help? Y N Refused

19. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. SCORE:

20. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused

21. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. SCORE:

22. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

23. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH. SCORE:

IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY. SCORE:

24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

25. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. SCORE:

26. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES," SCORE 1 FOR ABUSE AND TRAUMA. SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	Score: Recommendation:
B. RISKS	/4	0-3: no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-7: an assessment for Rapid Re-Housing
D. WELLNESS	/6	8+: an assessment for Permanent Supportive Housing/Housing First
GRAND TOTAL:	/17	

Family VI-SPDAT - Scoring is out of a Total of 22

Sample from TAY-VI-SPDAT...

15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home? Y N Refused

b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? Y N Refused

c) Because your family or friends caused you to become homeless? Y N Refused

d) Because of conflicts around gender identity or sexual orientation? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE:

e) Because of violence at home between family members? Y N Refused

f) Because of an unhealthy or abusive relationship, either at home or elsewhere? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA. SCORE:

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?
 place: _____
 time: ____ : ____ or Morning/Afternoon/Evening/Night

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?
 phone: (____) _____
 email: _____

OK, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?
 Yes No Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Gathering Information to Complete the SPDAT

Gathering Information...beyond a self-reporting prescreen

- What do you see with your own eyes?
- What do you hear with your own ears?
- What can you read from the documentation they are able to provide?
- With consent, what do other professionals have to contribute?

It is never appropriate to...

- Use hearsay
- Consult others for SPDAT info without consent
- Assess people based upon previous interactions with your organization
- Use SPDAT information judgmentally
- Rush through the SPDAT

Frequency of Undertaking the SPDAT

- Initial assessment Yes, initial full SPDAT will take the longest.
- At or near the day of move in
- Updates: After initial assessment, the rest are updates.
 - 30 days in housing Yes, up to 4 SPDATs could be completed with clients in first 90 days of their housing.
 - 90 days in housing
 - 180 days in housing
 - 270 days in housing
 - 365 days in housing
- If programming continues past 12 months, every 3 months after. Remember, HB Case Management is a Professional Service
- Any time there is re-housing or major case plan change

SPDAT Components or Dimensions

Singles (Version 4)

Wellness: Mental Health & Wellness and Cognitive Functioning (A)

There may be many reasons for an individual to have a compromised ability to communicate clearly or engage in socially appropriate behaviour and these may provide clues, along with delusions, hallucinations, incomprehensible dialogue, or apparent disconnect from reality. **YOU ARE NOT DIAGNOSING!!!**

Included in consideration of compromised cognitive functioning are barriers to daily functioning that result from the likes of: head injury, learning disabilities (as validated by neuropsychological or psycho-educational testing), and/or, developmental disorders.

Clinical disorders including major mental disorders and learning disorders. Examples: depression, schizophrenia, phobias, bipolar disorder, anxiety disorders, attention deficit hyperactive disorder, autism and spectrum disorders

Other disorders cover diminished mental capacity and personality disorders. Examples: obsessive compulsive personality disorder, antisocial personality disorder, paranoid personality disorder, dependent personality disorders, narcissistic personality disorder, borderline personality disorder and schizoid personality disorders.

Some considerations in making a determination of severe and persistent mental illness would include: whether they have been **hospitalized for psychiatric care two or more times in the last two years**; whether they have a diagnosed disorder; and, the severity of the impacts on their daily living.

A. Mental Health & Wellness & Cognitive Functioning

4	<input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	<input type="checkbox"/> Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	<input type="checkbox"/> While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true: <input type="checkbox"/> No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	<input type="checkbox"/> In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and is engaged with mental health supports as necessary.
0	<input type="checkbox"/> No mental health or cognitive functioning issues disclosed, suspected or observed.

SAMPLE from Youth SPDAT...

Mental Health & Wellness and Cognitive Functioning

SCORING	
4	Any of the following: <input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	Any of the following: <input type="checkbox"/> Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
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1	<input type="checkbox"/> In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and is engaged with mental health supports as necessary.
0	<input type="checkbox"/> Age 24+ and no mental health or cognitive functioning issues disclosed, suspected or observed

FOR YOUTH

Age 16 or under and would not otherwise score higher

Age 17-23 and would not otherwise score higher

Wellness: Physical Health & Wellness (B)

Minor physical health issues are those that can be treated without overly intensive care or through non-obtrusive, accessible interventions

The person's perception of wellness is also important.

Intensive health supports includes professional wound care, assistance with a colostomy bag, injection medications

Chronic health issues are those that require more attention and include heart disease, cancer, diabetes, immunological disorders

B. Physical Health & Wellness

Any of the following:

4 Co-occurring chronic health conditions

4 Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health

4 Palliative health condition

Presence of a health issue with any of the following:

3 Not connected with professional resources to assist with a real or perceived serious health issue, by choice

3 Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability)

3 Unable to follow the treatment plan as a direct result of homeless status

2 Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care

2 Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living

1 Single chronic or serious health condition, but all of the following are true:

1 Able to manage the health issue and live a relatively active and healthy life

1 Connected to appropriate health supports

1 Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.

0 No serious or chronic health condition disclosed, observed, or suspected

0 If any minor health condition, they are managed appropriately

Wellness: Medication (C)

Must be prescribed by a professional to the individual using the medication and used for the purpose it was prescribed.

Changes in medication are monitored because of the length of time it can take some medicines to "kick in" and the affects of changes in medicine.

Those who take over the counter medications are not included; if using an over the counter medication for a purpose other than intended, it may be considered as part of the component on substance use

Those who take medications that are not prescribed by a medical professional, even if it is for a mental health or physical ailment, should be considered in the component on substance use

C. Medication

Any of the following:

4 In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood

4 Shares or sells prescription, but keeps less than is sold or shared

4 Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high)

4 Has had a medication prescribed in the last 90 days that remains unfilled, for any reason

Any of the following:

3 In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood

3 Shares or sells prescription, but keeps more than is sold or shared

3 Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker)

3 Medications are stored and distributed by a third-party

Any of the following:

2 Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week

2 Self-manages medications except for requiring reminders or assistance for refills

2 Successfully self-managing medication for fewer than 30 consecutive days

1 Successfully self-managing medications for more than 30, but less than 180, consecutive days

Any of the following:

0 No medication prescribed to them

0 Successfully self-managing medication for 181+ consecutive days

Wellness: Substance Use (D)

Prescription drugs (including methadone) are not considered in this component unless they are used for a purpose other than for how they were prescribed

Weekly consumption thresholds: no more than usual consumption of 2 drinks per day and 14 total drinks in a week for men; no more than 2 drinks per day and 9 total drinks in a week for women.

Non-palatable alcohol (sometimes called non-beverage alcohol) includes any substance with an alcohol content that is not intended consumption, e.g., Listerine, cooking wine, rubbing alcohol, hand-sanitizers, etc.

Binge drinking is when a male consumes 5 or more drinks or a female consumes 4 or more drinks in a single hour or when 10 or more drinks are consumed in a single drinking episode.

Standard drink = 1 ounce of spirits, standard beer (5% or less),
6 ounce glass of wine

D. Substance Use

In a life-threatening health situation as a direct result of substance use, or, in the past 30 days, any of the following are true...

4 Substance use is almost daily (21+ times) and often to the point of complete inebriation

Binge drinking, non-beverage alcohol use, or inhalant use 4+ times

Substance use resulting in passing out 2+ times

Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or, in the past 30 days, any of the following are true...

3 Drug use reached the point of complete inebriation 12+ times

Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation

Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times

In the past 30 days, any of the following are true...

2 Drug use reached the point of complete inebriation fewer than 12 times

Alcohol use exceeded the consumption thresholds fewer than 5 times

In the past 365 days, no alcohol use beyond consumption thresholds, or,

1 If making claims to sobriety, no substance use in the past 30 days

0 In the past 365 days, no substance use

Wellness: Experience of Abuse/Trauma (E)

This component uses **self-reports** to assess the impact of abusive and traumatic experiences on day-to-day life, and to assess the state of recovery, if any. The purpose of this component is not to uncover what the traumatic events were/are, and care must be exercised to avoid exploring the traumatization through questioning.

Inter-generational impacts of abuse/trauma, as well as the experience as a child (even though the person being assessed as an adult), and institutional abuses are all within scope of this component.

Engaging with resources to assist with the experience of abuse/trauma can take many forms, from one-on-one to group; psychiatry to pastor; ongoing counselling to time-focused therapy; etc.

Traumatic events may be very recent or ongoing, and may be the cause of the current period of homelessness. Note that the experience of **homelessness, however, is not automatically considered to be a traumatic event for all people.**

E. Experience of Abuse/Trauma

- "I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"
- "Are you currently or have you ever received professional assistance to address that abuse?"
- "Does the experience of abuse or trauma impact your day to day living in any way?"
- "Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"
- "Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"
- "Have you ever become homeless as a direct result of experiencing abuse or trauma?"

E. Experience of Abuse/Trauma

- 4 A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
- 3 The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
- 2 Any of the following:
 - A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness
 - Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
- 1 A reported experience of abuse or trauma, and considers self to be recovered
- 0 No reported experience of abuse or trauma

Risks: Harm to Self or Others (F)

Takes into consideration the likelihood of risk and considers a number of indicators: the **history** of harming oneself or others, the **time since** the last action or threats, and, the individuals **ability to de-escalate**

Includes threats and actions.

Includes written and verbal threats.

Encompasses both being the one threatening/taking action - as well as the person to whom threats are made or action is taken against.

F. Risk of Harm to Self or Others

- 4 Any of the following:
 - In the past 90 days, left an abusive situation
 - In the past 30 days, attempted, threatened, or actually harmed self or others
 - In the past 30 days, involved in a physical altercation (instigator or participant)
- 3 Any of the following:
 - In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days
 - Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days
 - In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
- 2 Any of the following:
 - In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days
 - Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days
 - 366+ days ago, 4+ involvements in physical altercations
- 1 366+ days ago, 1-3 involvements in physical altercations
- 0 Reports no instance of harming self, being harmed, or harming others

Risks: Involvement in High-Risk/ Exploitive Situations (G)

Involvement on the part of the client may have been voluntary or involuntary; both what they have done as well as what has been done unto them

Sleeping rough may also be high risk depending on where they are sleeping & preparation.

Examples of high risk and exploitive situations include: sex work; injection substance use; slavery; drug mule; unprotected sexual engagement; binge drinking; sleeping outside as a result of blacking out; sleeping outside without protective clothing and appropriate sleeping gear; being directly or indirectly forced to work; being used for any activity against one's will, consent or knowledge; being short-changed for work undertaken; engaging in activity solely for the benefit of others without any personal gain or benefit.

Sometimes a situation may include more than one person, which will increase the count.

This component also includes those individuals leaving an abusive situation given the high risk the abuser presents. As the mental, emotional and/or physical abuse experienced by the victims is likely a daily occurrence, these victims are considered a **4** on the scale.

G. Involvement in Higher Risk and/or Exploitive Situations

4	Any of the following: <input type="checkbox"/> In the past 180 days, engaged in 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, left an abusive situation
3	Any of the following: <input type="checkbox"/> In the past 180 days, engaged in 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, left an abusive situation, but not in the past 90 days
2	Any of the following: <input type="checkbox"/> In the past 180 days, engaged in 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, left an abusive situation
1	<input type="checkbox"/> Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no involvement in higher risk and/or exploitive events

Risks: Interaction with Emergency Services (H)

Interactions have to be direct and deliberate. They are not casual encounters.	Within the SPDAT, a crisis service is considered an emergency service.
It can be important to help some individuals put a six month time frame into context.	Some events may result in more than one emergency service being involved. For example, a fight results in a call to the police. The injury from the fight resulted in an ambulance. The ambulance resulted in the person going to the emergency department. The injuries were serious enough to require hospitalization.

H. Interaction with Emergency Services

4	<input type="checkbox"/> In the past 180 days, cumulative total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no interaction with emergency services

Risks: Legal Issues (I)

Concerned with whether there are any current or historical legal issues	If the legal issue was disposed of, that is also important.
If there are current legal issues, attention is paid to whether there is a requirement to pay fines - and whether doing so may prevent or end tenancy because of affordability issues it creates.	If there are current legal issues, attention is paid to whether it may result in incarceration - which would prevent or end tenancy.

I. Legal

Any of the following:

4 Current outstanding legal issue(s), likely to result in fines of \$500+

4 Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand

Any of the following:

3 Current outstanding legal issue(s), likely to result in fines less than \$500

3 Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand

Any of the following:

2 In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s)

2 Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)

1 There are no current legal issues, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration

0 No legal issues within the past 365 days, and currently no conditions of release

Risks: Managing Tenancy (J)

Anybody homeless at the time of assessment has to be scored a 4 in this component, regardless how they profess they were as a tenant in the past.

Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full.

Payment of rent through a third party is NOT considered to be a short-coming or deficiency in the ability to pay rent.

Concerned fundamentally with payment of rent, relationship with the landlord, relationship with neighbors, and not damaging the unit. Day to day care of the unit is covered in Self-Care & Daily Functions.

J. Managing Tenancy

Any of the following:

4 Currently homeless

4 In the next 30 days, will be re-housed or return to homelessness

4 In the past 365 days, was re-housed 6+ times

4 In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters

Any of the following:

3 In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days

3 In the past 365 days, was re-housed 3-5 times

3 In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters

Any of the following:

2 In the past 365 days, was re-housed 2 times

2 In the past 180 days, was re-housed 1+ times, but not in the past 60 days

2 Continuously housed for at least 90 days but not more than 180 days

2 In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters

Any of the following:

1 In the past 365 days, was re-housed 1 time

1 Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days

0 Continuously housed, with no assistance on housing matters, for at least 365 days

Personal Administration & Money Management (K)

Client's ability to understand and manage their money and the associated administrative tasks such as filling out forms, completing a budget, submitting necessary paperwork or documentation, etc. This may be impacted by literacy and numeracy.

Some individuals will do a stellar job managing their money, but still have an insufficient amount to handle all monthly costs.

Income sources should be considered formal, (e.g., employment income, income support through welfare, etc.) as well as informal, (e.g., "working under the table"; proceeds from sex work, drug sales, etc.)

Consideration is given to those on and off income supports 2+ times in a 12 month period.

K. Personal Administration & Money Management

- Any of the following:
- 4 Cannot create or follow a budget, regardless of supports provided
 - Does not comprehend financial obligations
 - Does not have an income (including formal and informal sources)
 - Not aware of the full amount spent on substances, if they use substances
 - Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments
- Any of the following:
- 3 Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money)
 - Only understands their financial obligations with the assistance of a 3rd party
 - Not budgeting for substance use, if they are a substance user
 - Real or perceived debts of \$999 or less, past due or requiring monthly payments
- Any of the following:
- 2 In the past 365 days, source of income has changed 2+ times
 - Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs
 - Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship)
 - Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
- 1 Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
 - 0 Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

Socialization & Daily Functions: Social Relations & Networks (L)

Friends, family and others are all considered, in the context of housing concerns.

Interactions do NOT need to be face to face.

In some instances, the **capacity to trust** or make an informed decision about social interaction can be cause for concern; this is especially true of those who have a **history of victimization, engagement in dependent relationships, and those who are used for goods or services. These types of situations are 4 on the scale.**

The number of friends/family/professionals is not quantified for the scoring.

Anytime social relations are having a negative impact, they have to be a 3 or 4

L. Social Relationships & Networks

- Any of the following:
- 4 In the past 90 days, left an exploitive, abusive or dependent relationship
 - Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety
 - No friends or family and demonstrates no ability to follow social norms
 - Currently homeless and would classify most of friends and family as homeless
- Any of the following:
- 3 In the past 90-180 days, left an exploitive, abusive or dependent relationship
 - Friends, family or other people are having some negative consequences on wellness or housing stability
 - No friends or family but demonstrating ability to follow social norms
 - Meeting new people with an intention of forming friendships
 - Reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
 - Currently homeless, and would classify some of friends and family as being housed, while others are homeless
- Any of the following:
- 2 More than 180 days ago, left an exploitive, abusive or dependent relationship
 - Developing relationships with new people but not yet fully trusting them
 - Currently homeless, and would classify friends and family as being housed
- 1 Has been housed for less than 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability
 - 0 Has been housed for at least 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability

Self-Care & Daily Living Skills (M)

At most a person that is homeless can score is "2", and that is if they are an infrequent shelter user or couch surfing. All other homeless persons will either be a 3 or 4.

A person that hoards or collects can only be a 3 or a 4, depending on her/his insight into the issue.

Living independently does not have to mean living alone. "Independence" pertains to the degree of supports required to function each day and take care of personal needs.

Examines how a person takes care of themselves and their apartment...cleaning, laundry, cooking, shopping, bathing, etc.

M. Self Care & Daily Living Skills

- 4 Any of the following:
 - No insight into how to care for themselves, their apartment or their surroundings
 - Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis
 - Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
- 3 Any of the following:
 - Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight
 - In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period
 - Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
- 2 Any of the following:
 - Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis
 - In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
- 1 In the past 365 days, accessed community resources 4 or fewer times, and is fully taking care of all their daily needs
- 0 For the past 365+ days, fully taking care of all their daily needs independently

Meaningful Daily Activities (N)

- Activities should bring a sense of fulfillment and personal satisfaction, beyond case plan goals. Sense of fulfillment is self-reported.
- Activities should be informed by the service users own choices.
- Illegal activities are NOT considered to be meaningful daily activities.
- Activities should involve most days of the week (at least 3.5 days) and more waking hours than not.

N. Meaningful Daily Activity

- 4 No planned, legal activities described as providing fulfillment or happiness
- 3 Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
- 2 Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, or the individual is not fully committed to continuing the activities.
- 1 Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
- 0 Has planned, legal activities described as providing fulfillment or happiness 4+ days per week

History of Housing: History of Housing & Homelessness (0)

- The cumulative duration of homelessness is the total number of days that a person was homeless within the specified time period.
- What is most important is the client's own determination of what constituted their homelessness. Doing so may require prompts to assist with comprehension.
- The types of homelessness captured in this section include absolute homelessness (sleeping rough; staying in shelters) as well as relative homelessness (couch surfing; overcrowding).
- It acknowledges that a person may have been homeless for one or two days, housed, then homeless again. The total number of days homeless is the cumulative total.

O. History of Homelessness & Housing

- | | |
|---|--|
| 4 | <input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of homelessness |
| 3 | <input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness |
| 2 | <input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness |
| 1 | <input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness |
| 0 | <input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of homelessness |

Scoring & Prioritization

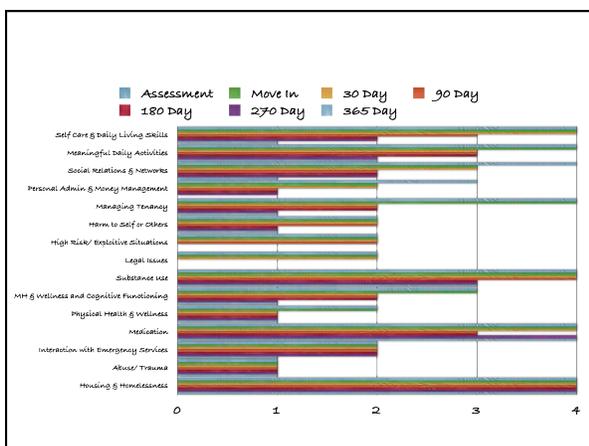
- All components must be completed prior to providing a score.
- When in doubt score higher, not lower.
- Recommended Acuity Threshold Ranges:
 - **Housing First/PSH:** 35-60; 54-80
 - **Rapid Re-Housing:** 20-34; 27-53

- Scores are neither good nor bad...completely without judgment.
- Scores will go up and down over time in individual components, but overall - over time - the aggregate score should go down if case management services are being provided effectively.
- Every time an assessment is completed, the client receives a Summary Sheet.

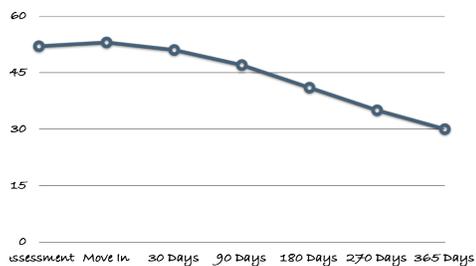
SPDAT Summary Sheet

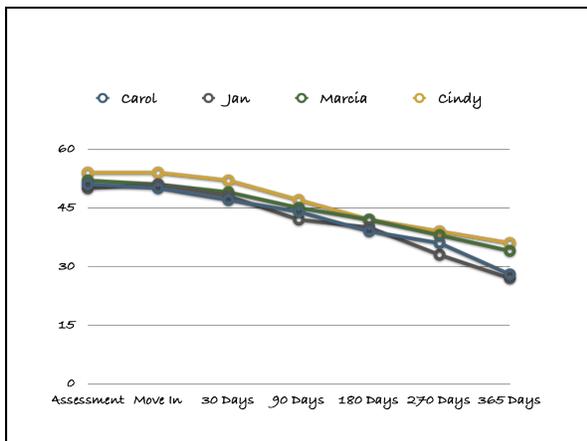
Component	Score	Rationale
Mental Health & Wellness and Cognitive Functioning		
Physical Health & Wellness		
Medication		
Substance Use		
Social Relations & Networks		
Meaningful Daily Activities		
Self-Care and Daily Functions		
Legal Issues		
Harm to Self or Others		
Abuse/Trauma		
History of Housing & Homelessness		
Involvement in High Risk/Exploitive Situations		
Personal Administration & Money Management		
Interaction with Emergency Services		
Managing Tenancy		
TOTAL		

Graphing Results



Aggregate Scores for a Client





SPDAT Tips From the Pros

- Take your time. The SPDAT is not a race.
- Use the language of the SPDAT as frequently as possible to reinforce what you are working on with them and why.
- Use the SPDAT to guide case management.
- Practice as a team.
- Use SPDAT data in your case reviews.
- Graph the data.
- Don't second guess the results.

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