

Service Prioritization Decision Assistance Tool (SPDAT)

Using the SPDAT to End Youth Homelessness

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

4 member team led by Iain De Jong

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

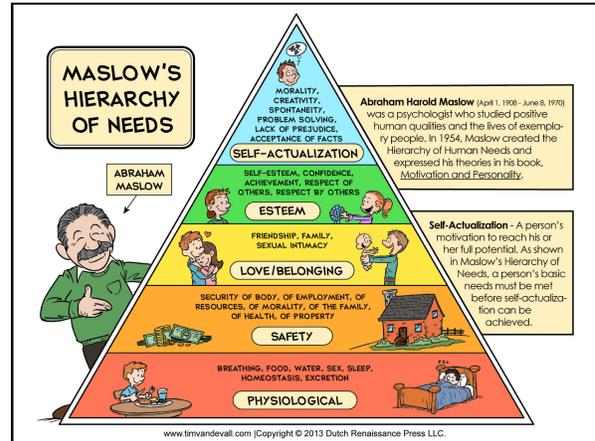
Our Responses to Youth Homelessness must be Grounded in Evidence

Some Stuff We Know

- Youth are not mini-adults.
- Most youth homelessness is short in duration.
- Street involved youth are likely to be first preyed upon within the first 90 minutes of arrival on the street.
- Youth can be successfully housed and supported in Housing First and Rapid Re-Housing programs.
- Coordinated outreach and entry outperforms traditional service processes.
- Family reunification is the dominant intervention.
- Trauma responsive services are essential.

Some Stats about Youth Experiencing Homelessness

- 1/2 experienced physical abuse before the age of 8
- 1/4 experienced sex before the age of 9
- 40% are LGBTQ
- Over 1/2 experience suicidal ideation
- 38% demonstrate mental health disorders
- Up to 75% disclose daily substance use
- Over-representation of learning disabilities and physical health concerns
- Sexual transactions for survival, safety and belonging



The Youth Brain & Brains in Transition

The Teenage Brain

The Brain in Transition

Frontal Lobe:
self-control,
judgment,
deferred gratification,
and emotional regulation
don't start developing
until around 16-17
and isn't completely developed until
the mid twenties.

We can postulate all we want about
what youth should be able to do, but
the fact is they can't do what their
brains aren't ready to do.



The Teenage Brain

The Brain in Transition

Corpus Callosum:
intelligence,
consciousness,
and self-awareness
do not reach full maturity
until the mid to late 20's

My sense of self is still mostly
externally defined. I am what my
friends think I am.



The Teenage Brain

The Brain in Transition

Parietal Lobes:
responsible for integrating
auditory, visual, and tactile
signals don't begin to mature
until the early 20s.

I can't decode emotional signals
because I am still using the amygdala
rather than the frontal cortex.



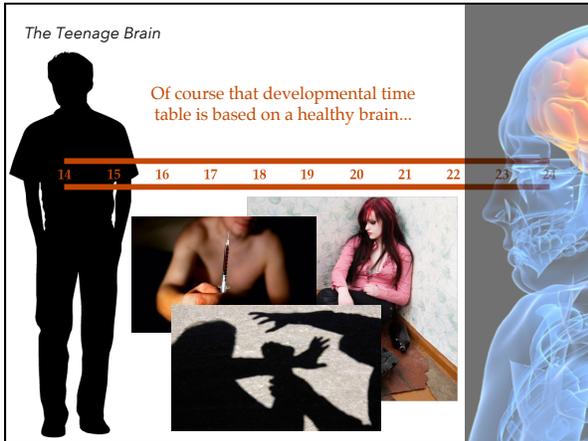
The Teenage Brain

The Brain in Transition

Temporal Lobes:
appropriate emotional response and
emotional maturity are still
developing between the ages
of 16 and 24

This is the part of the brain that let's
me take another person's
perspective. Until this region
develops, it won't come naturally.





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 teams allocate their time.
- Measure changes in acuity over time.
- Help provide a structured framework to case management delivery.

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

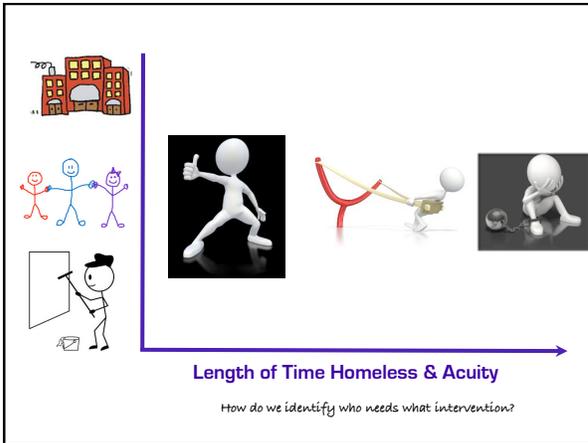
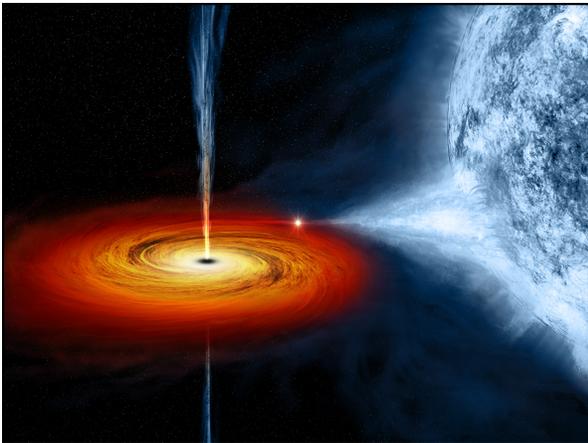
SPDAT Effectiveness

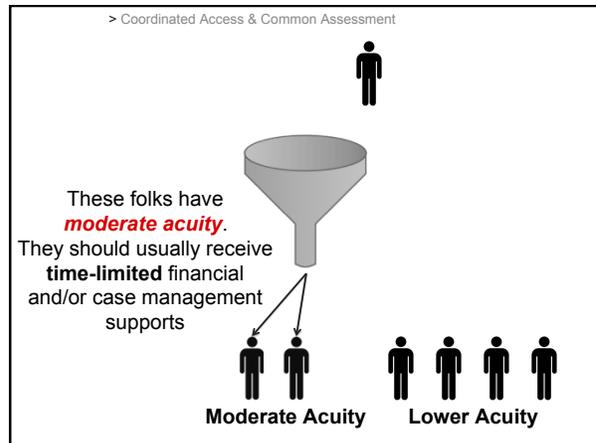
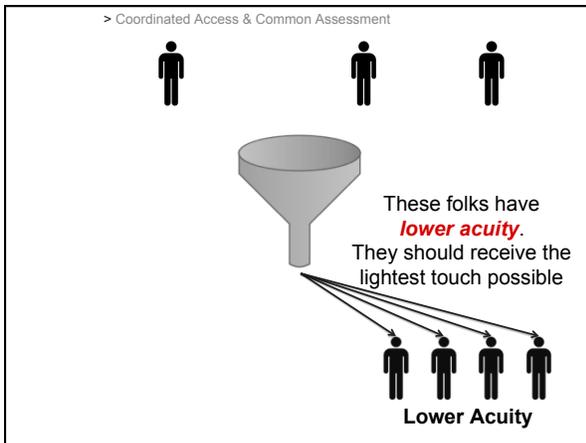
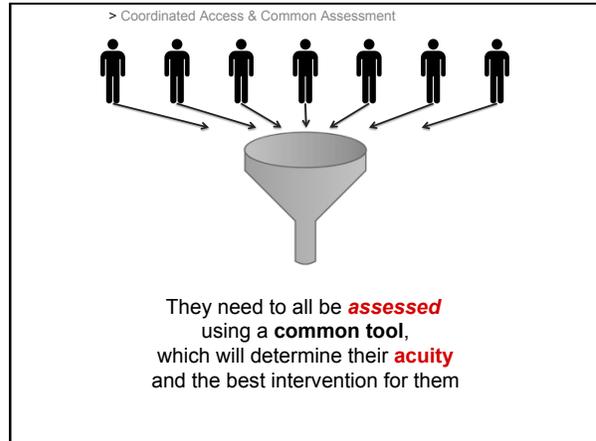
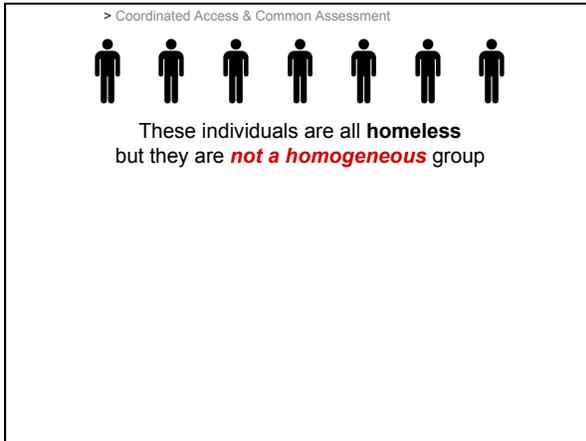
- Reported to result in more informed case management by frontline workers and service users
- Service users preferred the tool 3 to 1 over other tools tested against, and visual graphing was their favorite part

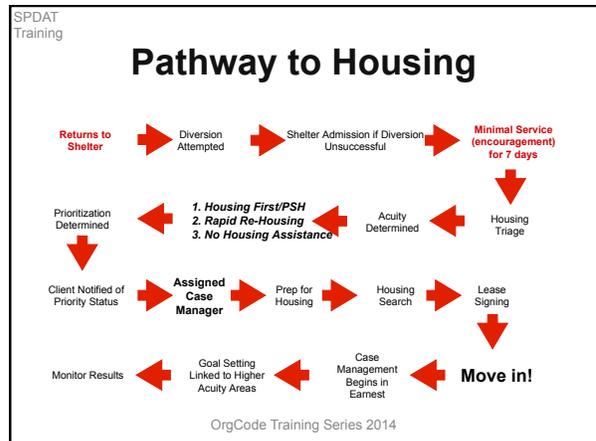
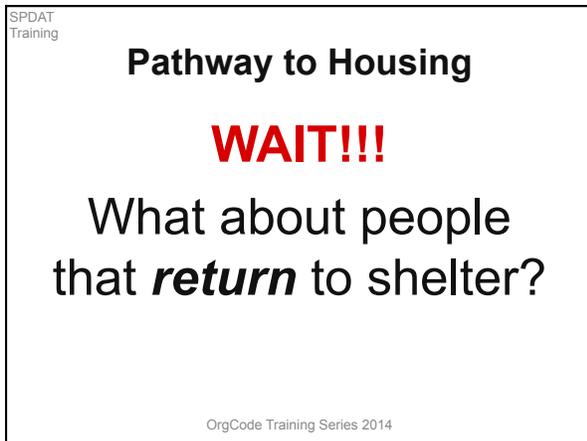
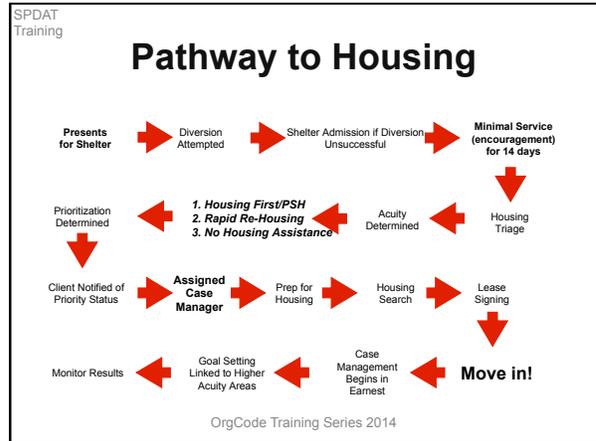
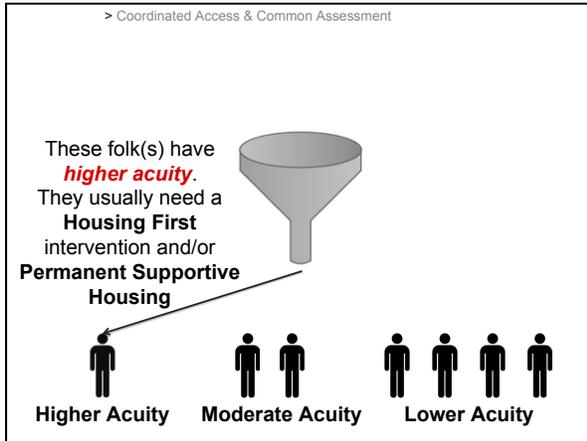
- Independently reviewed and verified for reliability and validity along the way:
 - Inter-rater reliability (strong inter-rater correlation coefficient results)
 - Positive summative evaluation results
 - Positive outcome evaluation results

- 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%)

- ### 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







SPDAT Training

Pathway to Housing

WAIT!!!

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

OrgCode Training Series 2014

SPDAT Training

Pathway to Housing

Start Here

Housing Triage

Acuity Determined

1. Housing First/PSH
2. Rapid Re-Housing
3. No Housing Assistance

Prioritization Determined

Client Notified of Priority Status

Assigned Case Manager

Prep for Housing

Housing Search

Lease Signing

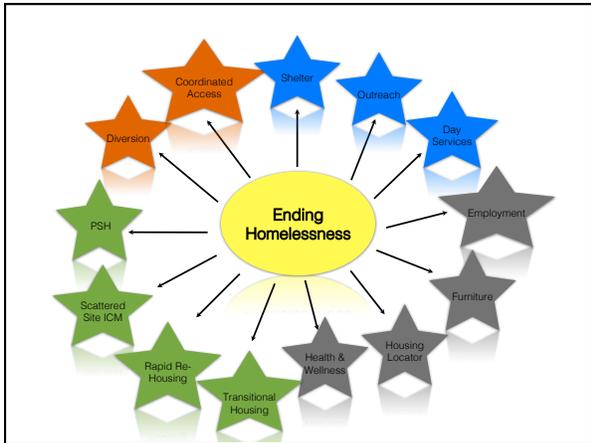
Move in!

Case Management Begins in Earnest

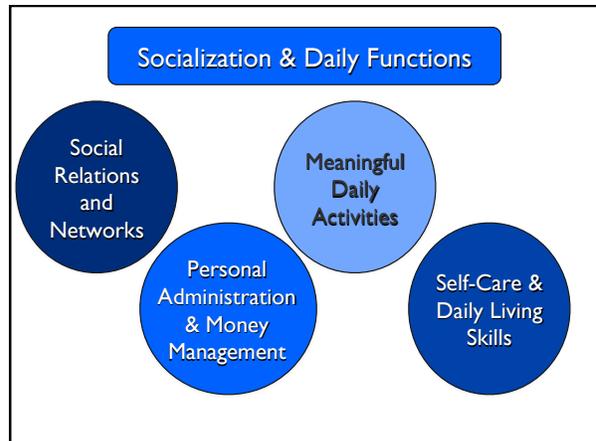
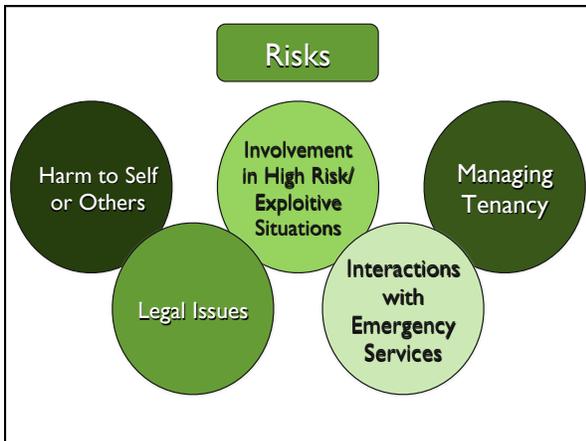
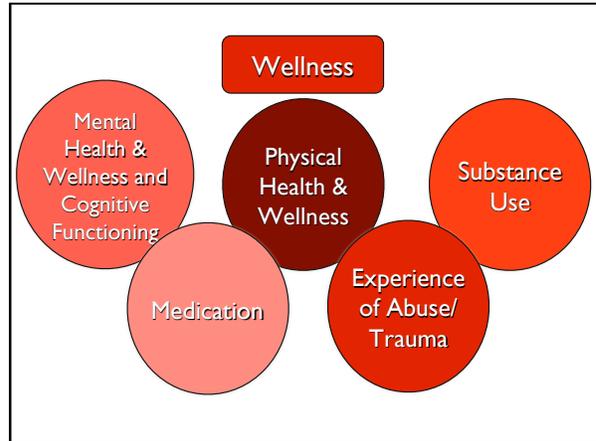
Goal Setting Linked to Higher Acuity Areas

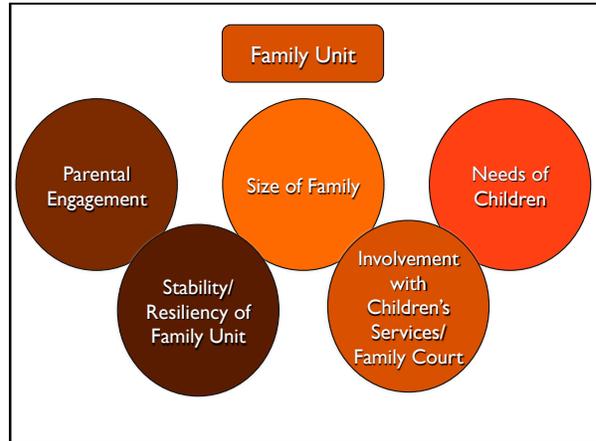
Monitor Results

OrgCode Training Series 2014



Organizing Life Areas that Impact Housing Stability in Domains





Triage Versus Assessment

- A prescreen looks for the presence of an issue
- A full assessment looks at the depth (acuity) of an issue
- A prescreen can be a necessary first step in very busy environments
- A Tool Is Just a Tool...What you do with it is most important.



Youth Specific Evidence to Impact Youth Assessment

- Transition Aged Youth (TAY) Triage Tool (CSH, 2013)
- Dr. Eric Rice developed a triage tool to target homeless and TAY youth for permanent supportive housing.
- Research included 626 TAY throughout LA County in 2011-12.
- Identified 6 primary indicators present in the lives of chronically homeless (5 + years) TAY (18-24 years of age).
- These 6 characteristics identified as indicators/predictors of long term homelessness.



Indicators of L-T Homelessness in TAY Research

- Have you ever become homeless because:
 - ran away from family home, group home or foster home
 - there was violence at home between family members
 - differences in religious beliefs with parents/caregivers
 - under the age of 12 the first time you used marijuana
 - before 18th birthday, spent time in jail or detention
- Have you ever been pregnant or gotten someone else pregnant



The TAY-VI-SPDAT: The Next Step Tool for Youth

- In 2015, OrgCode, Community Solutions and CSH joined to combine the best of the VI, the SPDAT and the TAY to create one streamlined triage tool designed specifically for youth 24 and under.



TAY-VI-SPDAT

- Opening Script:
- The triage tool should be explained using a standardized opening script. This script should explain:
 - the purpose of the tool;
 - how the information will be used;
 - questions only require "Yes", "No" or one word answers
 - if you do not understand a question, please ask for clarification
 - this tool is not used to judge or exclude you from services, honesty will be important so that we can match supports and services to your needs



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 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

Gathering Information to Complete the Youth SPDAT Assessment

Gathering Information for the Assessment...

- 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



Conversation Prompts

Help from the Pros...

- Conversation prompts are provided
- Only the questions for Abuse/Trauma need to be asked the way they are written
- All prompts come from practitioners
- You don't need to ask all of the questions - find your own style to get the information necessary
- You do not need to complete the SPDAT in a certain order nor do you need to finish it in one sitting



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

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!!!**

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 an Axis I or Axis II disorder; and, whether it is reasonable to believe they **would likely be hospitalized for psychiatric care according to a mental health professional.**

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.

Historically, Axis I disorder used to cover 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

Axis II disorder used to cover retardation of 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.

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <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	<p>Any of the following:</p> <ul style="list-style-type: none"> <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	<p>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:</p> <ul style="list-style-type: none"> <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 	<p>FOR YOUTH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 16 or under and would not otherwise score higher
1	<ul style="list-style-type: none"> <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. 	<ul style="list-style-type: none"> <input type="checkbox"/> Age 17-23 and would not otherwise score higher
0	<ul style="list-style-type: none"> <input type="checkbox"/> Age 24+ and no mental health or cognitive functioning issues disclosed, suspected or observed 	

Wellness: Physical Health & Wellness (F)

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

Note: In this section, a current pregnancy can be considered a health issue.

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-occurring chronic health conditions <input type="checkbox"/> Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> Palliative health condition
	<p>Presence of a health issue with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not connected with professional resources to assist with a real or perceived serious health issue, by choice <input type="checkbox"/> 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) <input type="checkbox"/> Unable to follow the treatment plan as a direct result of homeless status
3	<ul style="list-style-type: none"> <input type="checkbox"/> Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care <input type="checkbox"/> Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
	<p>Single chronic or serious health condition, but all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to manage the health issue and live a relatively active and healthy life <input type="checkbox"/> Connected to appropriate health supports <input type="checkbox"/> Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
2	<ul style="list-style-type: none"> <input type="checkbox"/> No serious or chronic health condition <input type="checkbox"/> If any minor health condition, they are managed appropriately

Wellness: Medication (H)

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

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps more than is sold or shared <input type="checkbox"/> 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 night-time medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and distributed by a third-party
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week <input type="checkbox"/> Self-manages medications except for requiring reminders or assistance for refills <input type="checkbox"/> Successfully self-managing medication for fewer than 30 consecutive days
	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medications for more than 30, but less than 180, consecutive days
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No medication prescribed to them <input type="checkbox"/> Successfully self-managing medication for 181+ consecutive days

Wellness: Substance Use (K)

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

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women. "Under legal age" refers to under the age at which it is legal to purchase and consume the substance in question.

SCORING		FOR YOUTH
4	<input type="checkbox"/> 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... <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in passing out 2+ times	<input type="checkbox"/> First used drugs before age 12 <input type="checkbox"/> Scores a 2-3 and is under age 15 <input type="checkbox"/> Scores a 3 and is under legal age
	<input type="checkbox"/> 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... <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times	<input type="checkbox"/> First used drugs aged 12-15 <input type="checkbox"/> Scores a 1 and is under age 15 <input type="checkbox"/> Scores a 2 and is under legal age
2	In the past 30 days, any of the following are true... <input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times	<input type="checkbox"/> Scores a 1 and is under legal age
1	<input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or , <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days	
0	<input type="checkbox"/> In the past 365 days, no substance use	

Wellness: Experience of Abuse/Trauma (L)

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.

SCORING	
4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> 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 Any of the following: <input type="checkbox"/> A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness <input type="checkbox"/> Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	<input type="checkbox"/> A reported experience of abuse or trauma, and considers self to be recovered
0	<input type="checkbox"/> No reported experience of abuse or trauma

Risks: Harm to Self or Others (M)

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.

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an abusive situation <input type="checkbox"/> In the past 30 days, attempted, threatened, or actually harmed self or others <input type="checkbox"/> In the past 30 days, involved in a physical altercation (instigator or participant)
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days <input type="checkbox"/> In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical altercations
1	<input type="checkbox"/> 366+ days ago, 1-3 involvements in physical altercations
0	<input type="checkbox"/> Reports no instance of harming self, being harmed, or harming others

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

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.

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.

SCORING		YOUTH PREGNANCY
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <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 	<input type="checkbox"/> Under the age of 24, and has ever become pregnant
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <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 	<input type="checkbox"/> Under the age of 24, and has ever gotten someone else pregnant, and wouldn't otherwise score a 4
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <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"/> In the past 365 days, any involvement in higher risk and/or exploitive events, but not in the past 180 days	
0	<input type="checkbox"/> In the past 365 days, no involvement in higher risk and/or exploitive events	

Risks: Interaction with Emergency Services (I)

Interactions have to be direct and deliberate. They are not casual encounters.

Within the SPDAT, a crisis service is considered an emergency service.

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.

It can be important to help some individuals put a six month time frame into context.

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
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 (N)

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.

SCORING		JUVENILE DELINQUENCY
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand 	<ul style="list-style-type: none"> <input type="checkbox"/> The youth is under the age of 18 and has current outstanding legal issue(s) that are likely to result in incarceration
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines less than \$500 <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand 	<ul style="list-style-type: none"> <input type="checkbox"/> The youth is under the age of 24 and was ever incarcerated while still a minor, and would not otherwise score a 4
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) <input type="checkbox"/> Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service) 	
1	<ul style="list-style-type: none"> <input type="checkbox"/> 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	<ul style="list-style-type: none"> <input type="checkbox"/> Has not had any legal issues within the past 365 days, and currently no conditions of release 	

Risks: Managing Tenancy (E)

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.

“Taking exception to an issue” and a situation requiring conflict mediation are considered to be substantively different.

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.

Note: 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.

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless <input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> In the past 365 days, was re-housed 6+ times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 2 times <input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> For the past 90 days, was continuously housed, but not for more than 180 days <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 1 time <input type="checkbox"/> For the past 180 days, was continuously housed, with no assistance with housing matters, but not for more than 365 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> For the past 365+ days, was continuously housed in same unit, with no assistance with housing matters

Socialization & Daily Functions: Personal Administration & Money Management (D)

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., proceeds from sex work, "working under the table"; drug sales, etc.)

Consideration is given to those on and off income supports two or more times in a 12 month period.

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot create or follow a budget, regardless of supports provided <input type="checkbox"/> Does not comprehend financial obligations <input type="checkbox"/> Does not have an income (including formal and informal sources) <input type="checkbox"/> Not aware of the full amount spent on substances, if they use substances <input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) <input type="checkbox"/> Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> Not budgeting for substance use, if they are a substance user <input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, source of income has changed 2+ times <input type="checkbox"/> Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs <input type="checkbox"/> Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<ul style="list-style-type: none"> <input type="checkbox"/> 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	<ul style="list-style-type: none"> <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

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

Friends, family and interactions with professionals are all considered. 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.

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an exploitive, abusive or dependent relationship, or left home due to family violence or conflict over religious or moral differences, including sexual orientation <input type="checkbox"/> Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety <input type="checkbox"/> No friends or family and demonstrates no ability to follow social norms <input type="checkbox"/> Currently homeless and would classify most of friends and family as homeless
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90-180 days, left an exploitive, abusive or dependent relationship, or left home due to family violence or conflict over religious or moral differences <input type="checkbox"/> Friends, family or other people are having some negative consequences on wellness or housing stability <input type="checkbox"/> No friends or family but demonstrating ability to follow social norms <input type="checkbox"/> Meeting new people with an intention of forming friendships, or reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship <input type="checkbox"/> Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 180 days ago, left an exploitive, abusive or dependent relationship, or left home due to family violence or conflict over religious or moral differences <input type="checkbox"/> Developing relationships with new people but not yet fully trusting them <input type="checkbox"/> Currently homeless, and would classify friends and family as being housed
1	<ul style="list-style-type: none"> <input type="checkbox"/> 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	<ul style="list-style-type: none"> <input type="checkbox"/> 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

Socialization & Daily Functions: Self-Care & Daily Living Skills (A)

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.

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

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.

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No insight into how to care for themselves, their apartment or their surroundings <input type="checkbox"/> 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 <input type="checkbox"/> Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> 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	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, accessed community resources 4 or fewer times, and is fully taking care of all their daily needs
0	<ul style="list-style-type: none"> <input type="checkbox"/> For the past 365+ days, fully taking care of all their daily needs independently

Socialization & Daily Functions: Meaningful Daily Activities (C)

Activities should bring a sense of fulfillment and personal satisfaction, beyond case plan goals.

Activities should be informed by the service users own choices.

Some activities (for example, hustling for drugs; job searching) 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.

SCORING		SCHOOL-AGED YOUTH
4	<input type="checkbox"/> No planned, legal activities described as providing fulfillment or happiness	<input type="checkbox"/> Not enrolled in school and with no planned, legal activities described as providing fulfillment or happiness
3	<input type="checkbox"/> 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	<input type="checkbox"/> Enrolled in school, but attending class fewer than 3 days per week
2	<input type="checkbox"/> 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.	<input type="checkbox"/> Enrolled in school, and attending class 3 days per week
1	<input type="checkbox"/> 1-3 days per week, has planned, legal activities described as providing fulfillment or happiness	<input type="checkbox"/> Enrolled in school and attending class 4 days per week
0	<input type="checkbox"/> 4+ days per week, has planned, legal activities described as providing fulfillment or happiness	<input type="checkbox"/> Enrolled in school and maintaining regular attendance

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

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.

SCORING	
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.

Client:	Worker:	Version:	Date:
COMPONENT	SCORE	COMMENTS	
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING			
PHYSICAL HEALTH & WELLNESS			
MEDICATION			
SUBSTANCE USE			
EXPERIENCE OF ABUSE AND/OR TRAUMA			
RISK OF HARM TO SELF OR OTHERS			
INVOLVEMENT IN HIGH RISK AND/OR EXPLOITIVE SITUATIONS			
INTERACTION WITH EMERGENCY SERVICES			

Client:	Worker:	Version:	Date:
COMPONENT	SCORE	COMMENTS	
LEGAL INVOLVEMENT			
MANAGING TENANCY			
PERSONAL ADMINISTRATION & MONEY MANAGEMENT			
SOCIAL RELATIONSHIPS & NETWORKS			
SELF-CARE & DAILY LIVING SKILLS			
MEANINGFUL DAILY ACTIVITIES			
HISTORY OF HOUSING & HOMELESSNESS			
TOTAL		Score: Recommendation: 0-19: No housing intervention 20-34: Rapid Re-Housing 35-60: Permanent Supportive Housing/Housing First	

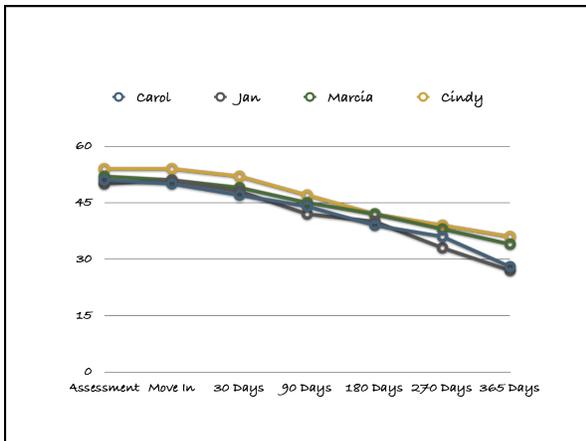
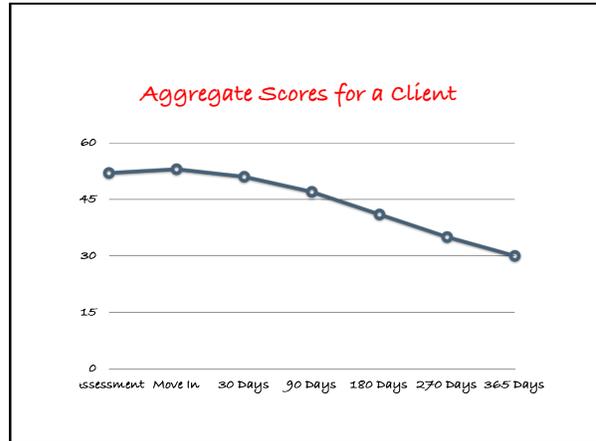
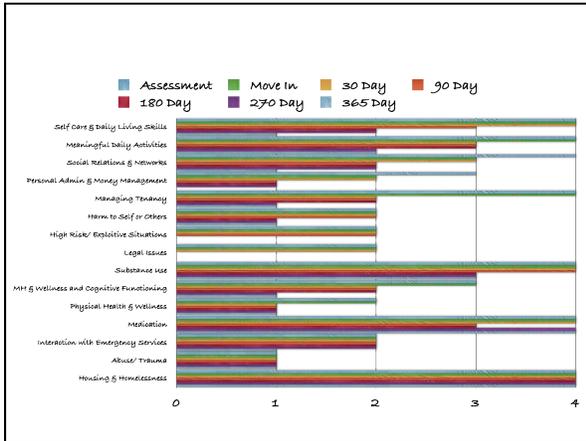
Service Prioritization & Matching

- All households assessed over a period of time are considered/prioritized at the same time.
- The prioritization process considers space on caseloads.
- Those not prioritized in one week are carried over to the next.

Frequency of Undertaking the SPDAT

- Initial assessment
- At or near the day of move in
- Updates:
 - 30 days in 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
- Anytime there is re-housing or major case plan change

Graphing Results



**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.

