

Service Prioritization Decision Assistance Tool (SPDAT) Fact Sheet

What is SPDAT?

1. A System-wide tool needed to help guide the right household to the right support intervention at the right time to end homelessness.
2. An Objective approach to assessing needs for housing and life stability based upon evidence.
3. Language and theoretical orientation appropriate for housing case manager.
4. Move away from “first come, first serve” or luck to service delivery.
5. By understanding risks to housing stability we are to promote homelessness proofing.

What is the difference between a Full Assessment and Pre-Screening?

1. Final Assessment looks at the depth (acuity) of an issue.
2. A pre-screen looks for the presence of an issue.
3. A pre-screen can be a necessary first step in being assessed.
4. A full assessment is done if you are going to provide any housing assistance.

Note:

- You can do a full assessment without the pre-screen, but you cannot do the pre-screen without doing the full assessment.
- It is expected there will be more pre-screens than full assessments.

SPDAT Will:

1. Form the foundation.
2. Prioritize who will get served and why.
3. Help teams allocate their time.
4. Measure changes in acuity over time.
5. Help provide a structural framework to case management delivery.
6. Determine the number of people with certain acuity levels that can receive a certain type of service.
7. Be a tool of objectivity. SPDAT will totally disrupt a case manager’s thought pattern.

Note:

- Each component has its own research body.

Things to Know:

1. What service providers say they do on paper is what they do in practice...No Exception!
2. Access to shelter is coordinated.
3. All housing types (TH, PSH, PBV, etc.) are centralized. You must know all the eligibility requirements for each program. No secondary assessments should be done.
4. As many rules/compliance requirements that can be eliminated are eliminated.
5. Assessment tool should be grounded on evidence.
6. People are people - not a number, and not a conclusion of an assessment. (What are the interventions - not the assessment?) Coordination and assessment inform choices that people can make, not make choices for people.
7. Operates with transparency decision making process. Not dependent on case manager knowing how to skirt around the system.

SPDAT: starts with skills you should already have:

1. Get clients housed and stay housed;
2. Connections to community resource;

3. You believe in hope;
4. Don't need to heal or fix people;
5. Guide opportunities to coach and support, not focus on the clients behaviors;
6. The people you support do the hard work;
7. People can and should be respectfully challenged to change;
8. Proactive planning and support prevents reactionary crisis responses.
9. People can and do recover.

SPDAT Doesn't

1. Assists with decision-making.
2. Provide a diagnosis.
3. Does not take place of any other Clinical Assessment.

CoC Bodies should have Consistent Tools & Procedures

1. How to have consistent referral procedures and get people where they need to go.
2. Must have written procedures, explaining how and why people are being referred and prioritized.
3. No side doors for access to housing-provide some sort of instruction. Map out and coordinate access to PSH projects.
4. Provider, funder and consumer understand the process.
5. Diversion is a service-not the absence of a service. (Research has found that 30% of people who are seeking shelter can be diverted.)
6. Programs should focus on getting those with the deepest need served instead of getting the person who has been on the waiting list the longest housed.
7. Under what conditions should a client be re-assessed? Set up procedures and guidelines around this.

Note:

- Rental and utility assistance are part of the diversion system. You are providing assistance to keep the person from becoming homeless.

Criteria for Train the Trainers

1. Have the supervisor send a letter to MSHDA asking for training.
2. The individual must be comfortable using the SPDAT tool.
3. The individual must have experience in explaining SPDAT concepts.
4. Attend full day training.
5. Must be able to attend Quarterly CoC Performance Meetings.
6. OrgCode (Iain) will send a letter verifying those who are qualified as Train the Trainers.

Other:

The SPDAT vs VI-SPDAT: As most of you know MSHDA is actively auditing the use of the SPDAT in your Coordinated Assessment Process. It is important to recognize that the SPDAT and the VI SPDAT (hence forth known as the "VI") are not interchangeable. They are two distinct tools used for different purposes. Many CoC's are using the VI SPDAT as a pre-screening tool to identify those clients that need a full SPDAT. HARA contractual obligations are for the SPDAT – not the VI. Shelter contractual obligations are for the VI to identify clients that need to be referred for a full SPDAT. The SPDAT is used to qualify households for deep resources such as RRH or PH.

Some additional facts about the two tools:

The total score for the SPDAT is 80 points. The total for the VI is 20 points. Certification to use the SPDAT is achieved by completing full day training with Iain De Jong. You may be certified for the VI by completing video training and passing the test on the MCAH Certification Site.

The SPDAT is completed on the "Measurement Tab" in ClientPoint. You must be on the Measurement Tab to complete the SPDAT. If you do not have access to it, please call Christine Corbett at MCAH and she will help you set it up. The VI is completed as a sub-assessment like the SSM on many of the Intake Assessments.

There are Data Quality Reports for both Tools in ART>Data Quality>SPDAT Referral for the SPDAT is usually a score of 5+ on the VI.

Eventually, funding organizations for RRH and PH will want validation of the SPDAT score for those clients for whom you have issued vouchers. Currently DCH PH is requiring 40+ and RRH 25+ on the SPDAT. These thresholds may move around a bit as we go forward but it should be consistent.