

Using the SPDAT to Improve Case Planning Outcomes & Impacts

SPDAT - Moving Beyond Service Prioritization

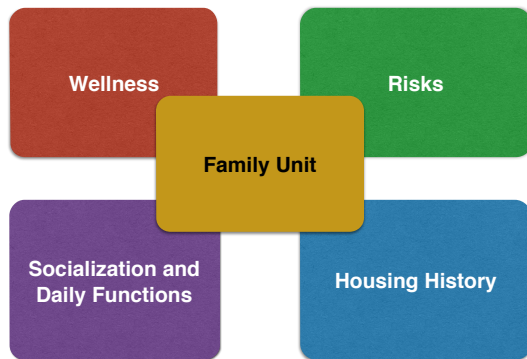
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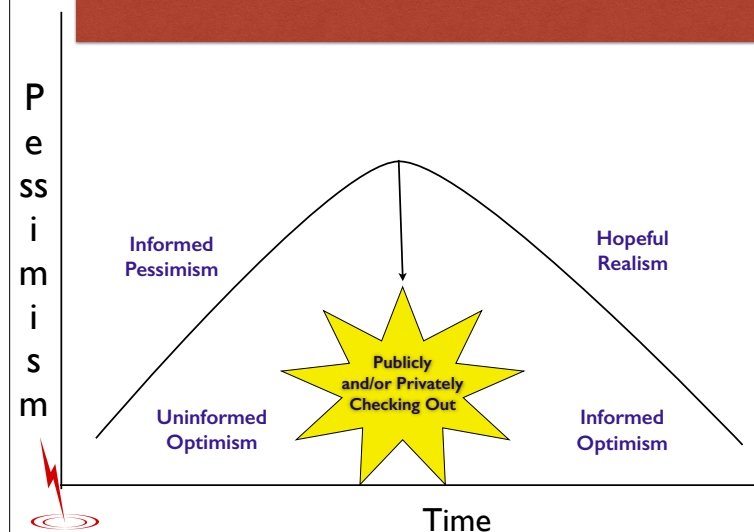
What the SPDAT Offers...

- Prioritizes who gets served next...by whom and why.
- Assesses current vulnerability to returning to/remaining in a state of homelessness.
- **Creates a road map for Individualized Service Planning.**
- **Focuses on "Homelessness Proofing".**
- Products that are written for and by housing professionals.
- Comprehensive in its view of long term housing stability.
- Has been supplemented with complementary client-centered tools dedicated to increasing self awareness, self management and long term housing stability

Organizes Life Areas Impacting Housing Stability in Domains



The Journey for SPDAT Implementation



A “Little Thing” Called Case Management

- A conceptual model of assistance
- Care structure
- Brokering and advocacy
- Assessment of needs
- Facilitation of resources
- Structured
- Supporting an individual’s needs holistically
- Active
- Accountable to end users of services



The Housing-Based Case Manager

- A housing-based case manager is an **organized** and **trained** professional that acts as a **positive change agent** in holistically assisting individuals/families in achieving and maintaining housing, while concurrently **promoting awareness** and **teaching strategies** that reduce the likelihood of a return to homelessness in the future.



Service Requirements

- Professional, trained staff.
- Not Monday to Friday, 9-5.
- Face to face interaction with individuals in their homes.
- Documented, planned, sequential, and strategic.
- Ensures fidelity to practice.



Service Requirements

- 15-20 clients per worker in Housing First; 25-30 in Rapid Re-Housing.
- Time spent with each client guided by acuity level.
- Structured case planning.
- Professional boundaries.



Things Case Management is NOT

- A crisis response; nor is it crisis driven.
- Doing things for clients. It is doing things with them.
- A dependent relationship.
- Without conflict.
- Friendship.
- A destination. It is a process.
- Perfect.

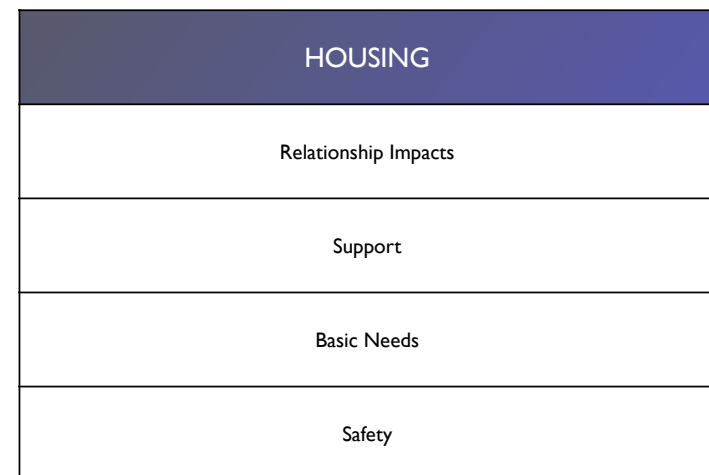


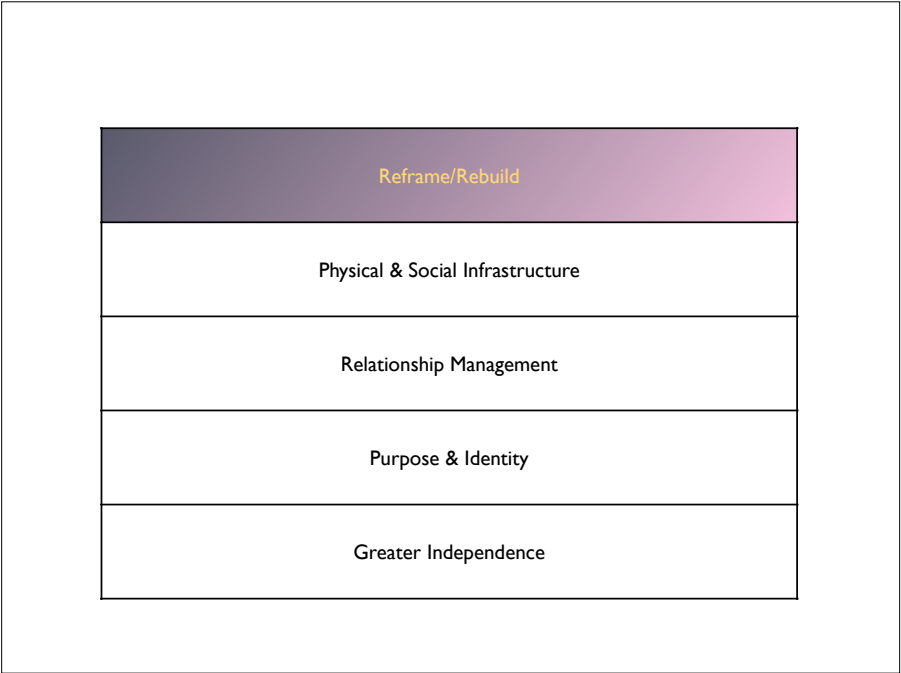
The Case Manager...

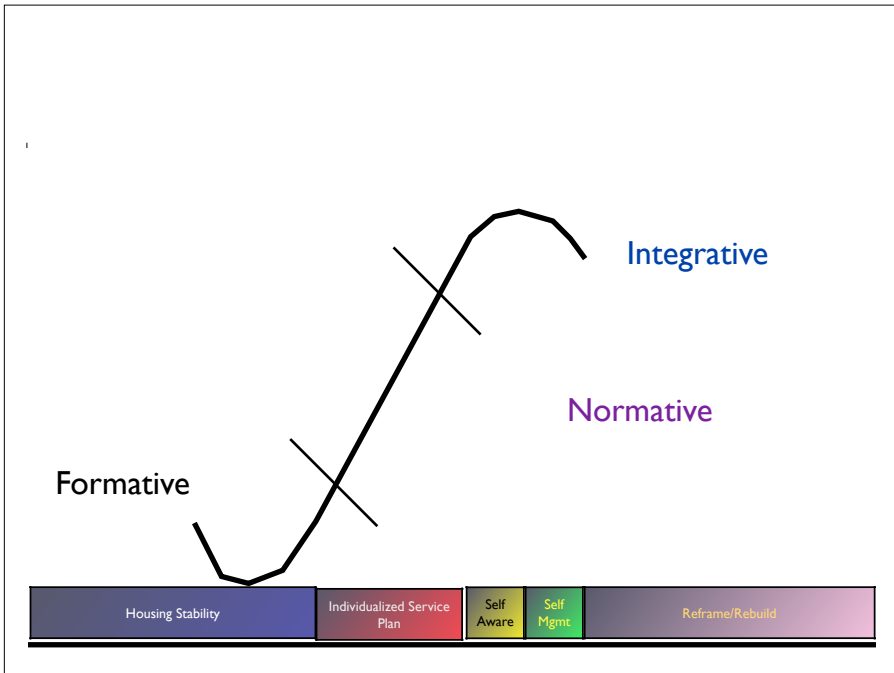
- Practices with judgment...people are never considered "non-compliant" or "bad".
- Accepts that reducing harm is a practical and necessary pursuit.
- Promotes hope, recovery and positive change.
- Is assertive and persistent as necessary.
- Does not sacrifice the important for the urgent.



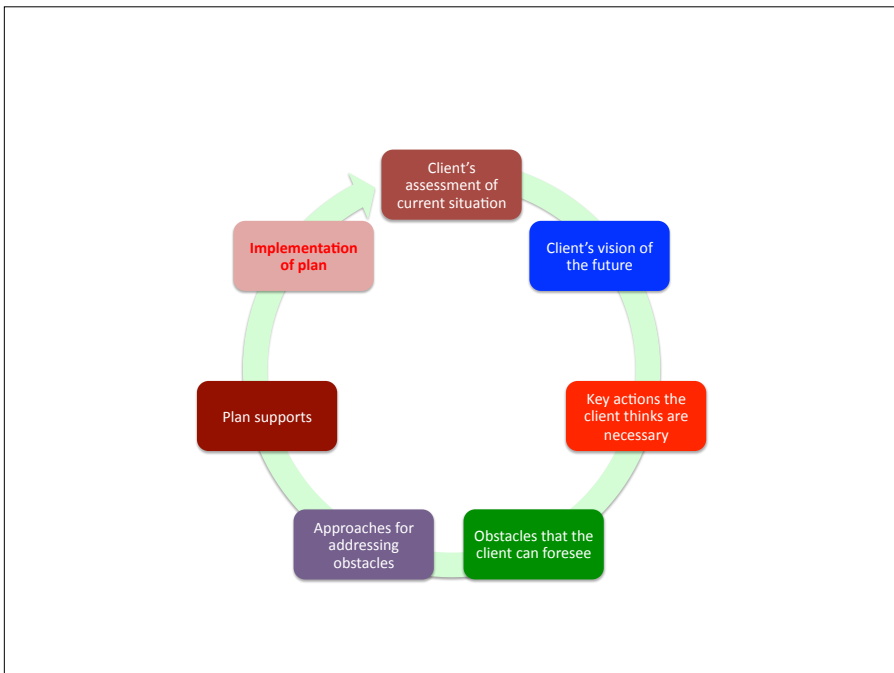
Understanding the Journey Towards Housing Stability







Establishing the Vision while Optimizing the SPDAT Findings



Flow of the Care Structure

	PLAN	DO	CHECK	ACT
CLIENT	Establish vision Set goals Identify activities Identify potential obstacles & mitigation strategies	Undertake activities relative to each goal Implement mitigation strategies	Reflect on progress of meeting goals Determine if activities are meeting needs Lessons learned	Note what is working well Refine goals, activities or mitigation strategies Adjust timelines
INTENSIVE CASE MANAGER	Facilitate discussion on vision, goals, activities & obstacles Document/structure case plan	Encourage Home visits Broker access to necessary services Make & accompany to appointments Document	Ask probing questions Case conference Acknowledge progress Facilitate problem-solving Document	Update case plan Update team Broker access to additional necessary resources

Optimizing the SPDAT's Impact...Warm Transfer

- Purpose: Assist in the transfer of service participant from referring agency or coordinated access to re-housing agency.
- This is a transition opportunity...maximize its potential.
- Review the purpose of the re-housing program - a support program that happen to come with housing.
- Describe why this program-service participant match was identified...SPDAT results can identify rationale.
- AND THEN...



Defining Your Role for Clients

- Individuals seeking housing support services need to know:
 - What the support intervention looks like, including case planning and home visits
 - That they must be able to make informed consent to participate
 - You will not duplicate service
 - They must freely choose to engage with the program and work with you
 - You will motivate change to help them stay stably housed
 - You work with them, not for them...shared responsibility
 - That they will feel challenged sometimes
 - You want them to succeed – overall & as responsible tenants



The Question You MUST Ask

- How do you think that will impact your housing?



Stage 1: Housing Stability

- 4 Functions Must be Completed in the 1st Month:
 - Crisis Plan
 - Honest Monthly Budget
 - Risk Assessment
 - Guest Policy
 - 1st Case Plan - Housing Related



The First Case Plan

- First time to demonstrate SMART goal-setting
- No more than 3 areas of attention
- All 3 areas related to housing stability



The First Case Plan

- Rules of thumb:
 - No advice
 - No compliance-based demands
 - Focus on housing stability
 - Keep it simple



SMARTER Goals

Be very Specific.

Make sure the goal is **Measurable**.

The goal must be **Attainable**. Not an aspiration. Not a dream.

Determine if what is being done is **Relevant**.

Timing is everything.

If you don't **Evaluate progress/success** at predetermined intervals, you are bound to miss opportunities to learn.

Revisit the goal and intents that you formed at the start.



**Using the SPDAT To Your Advantage
to Stimulate Positive Change**



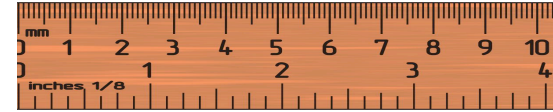
3 & 2

- Do not try to tackle all components of the SPDAT at once!
- Start with identifying 3 strengths (areas of lower acuity).
- What can you learn about their ability to have made those components of their lives strengths?
- Then create a list of all of the components where they scored 3 and 4. Ask them to pick 2 areas that they would like to work on improving first.

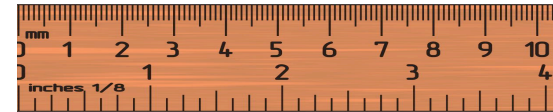


Narrowing Down Opportunity

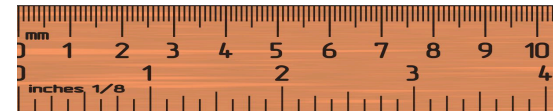
How important is it to you to make a change in this part of your life?



How ready are you to make a change in this part of your life?



How confident are you to make a change in this part of your life?



Structuring Objective-Based Interactions

Connecting with Purpose... an Objective-Based Approach

- Hi (name) good to see you today and we have xx minutes for our visit. As we talked about on (date of last visit) we agreed that we would talk about:
 - A.
 - B.
 - C.

At the end of dealing with those objectives for today we will select some objectives for our next visit.



Linking Objectives to Areas That Promote Housing Stability

- Understand strengths.
- Use strengths to promote conversation for improvements.



Self Care & Daily Living Skills

Primary Areas of Concern

- Hygiene
- Laundry
- Dishes
- Unclean apartment
- Hoarding
- Collecting
- Almost always or always needs prompts

Objective Based Home Visits

- Raising awareness
- Teaching/modelling
- Access to resources (soap, clothes, etc.)

Meaningful Daily Activity

Primary Areas of Concern

- Isolation
- Disinterested in suggestions
- Despondent
- No enjoyment
- Not many days of the week
- Early engagement
- Areas of interest not available in the community
- Participation requires resources

Objective Based Home Visits

- Accompany to new activities
- Introduce new opportunities
- Debrief pros and cons of recent experiences
- Readiness ruler on new activities

Social Relationships & Networks

Primary Areas of Concern

- Victimized or dependent relationships
- Only “friends” are still homeless – and like the friend’s apartment
- Friends/family compromising wellness/tenancy
- Lack trust
- Poor interaction with professionals

Objective Based Home Visits

- Interpersonal mapping & connections
- Personal guest policy
- Appointment strategies

Mental Health & Wellness

Primary Areas of Concern

- Difficulty communicating, performing daily living skills, engaging socially AND suspected mental illness
- Disclosed mental illness and not connected to supports and/or not taking medication
- Recent hospitalization for mental illness

Objective Based Home Visits

- Recovery education
- WRAP
- Crisis Plan review
- Feelings journal
- Trigger identification
- Mental Health Assessment
- Recovery Star
- Connecting to MH professional(s)
- Connecting to peer supports

Physical Health & Wellness

Primary Areas of Concern

- Unwell
- Chronic condition unmanaged
- Not connected to professionals
- Not following treatment protocols
- Palliative
- Not interested in addressing (potential) health issues

Objective Based Home Visits

- Doctor appointment
- Treatment protocol implementation strategy
- Raising awareness of health impacts

Substance Use

Primary Areas of Concern

- Using again after a period of sobriety
- Use resulting in behavior that is impacting tenancy
- Health issues emerging directly related to substance use
- Not meeting daily living requirements
- Debts
- Passing out outdoors
- Non-palatable alcohol

Objective Based Home Visits

- Strategies to reduce harm
- Budgeting for substance use
- Support network identification
- Meaningful daily activities during times of use

Medication

Primary Areas of Concern

- Not taking meds properly
- Not storing meds properly
- Selling meds
- Not filling prescription
- Taking too many meds
- Doesn't understand meds
- Mixing meds with other substances not prescribed
- Prompts to take meds

Objective Based Home Visits

- Pharmacist consult
- Blister packing
- Med management schedule
- Med storage strategy

Personal Admin & Money Mgmt

Primary Areas of Concern

- Street debts
- Not budgeting for substance use
- Non-payment of rent
- Unable to buy food
- Not understanding bills
- Insufficient funds to pay bills
- Literacy and numeracy

Objective Based Home Visits

- Tracking where \$ goes
- Monthly budget – formal and informal income
- Trusteeship
- 3rd party payment

Abuse & Trauma

Primary Areas of Concern

- Homelessness caused by abusive situation
- Becoming homeless traumatized the person
- Not connected to resources to address experience of abuse/trauma
- Compromised daily functioning

Objective Based Home Visits

- Small wins strategy
- Opportunity to meet peers
- Awareness of full range of trauma and abuse resources

Risk of Personal Harm/Harm to Others

Primary Areas of Concern

- Frequent fights
- Provoking behavior with others
- Severe depression
- Fixated on harming a specific person...expressed feelings of being wronged

Objective Based Home Visits

- WRAP
- Decision-scale on conflict behavior
- Conflict resolution
- Mental health assessment
- Avoidance strategy

Interaction with Emergency Services

Primary Areas of Concern

- Numerous ambulance calls
- Frequent interaction with police
- Fire starting
- Reliance on emergency room for primary health care needs

Objective Based Home Visits

- Positive reinforcement through community policing
- Health access plan
- GP appointment
- Safe places to engage with fire

Involvement in High Risk/ Exploitive Situations

Primary Areas of Concern

- Sex work
- Unprotected sex
- Drug running
- Drug dealing
- Taken advantage of for work (especially development delayed individuals)
- Used/dirty rigs

Objective Based Home Visits

- Access to harm reduction supplies
- Harm reduction
- Safety strategies

Legal

Primary Areas of Concern

- Unpaid fines
- Upcoming court date(s)
- Held on remand
- Outstanding warrants
- Tenancy at risk

Objective Based Home Visits

- Legal aid
- Checking on warrants
- Pardons for previous offences
- Budgeting to repay fines

Managing Tenancy

Primary Areas of Concern

- Damaging unit
- Conflict with neighbours
- Non-payment of rent
- Conflict with landlord

Objective Based Home Visits

- Meeting neighbours
- Informing landlord of damages
- Mediating conflict
- Responsible tenant discussion

A Solution-Focused Approach Presupposes

- People are generally resilient
- Most people (even those with compromised wellness) have the capacity to see an issue from multiple points of view if coached to do so
- Creativity lends itself to a better range of potential solutions



Transferring Existing Knowledge

- When you have been faced with the same problem/barrier in the past, how did you deal with it?
- When you were faced with a similar problem/barrier in the past, how did you deal with it?



Present & Future Focus

- Problems are best solved by focusing on what is already working, and how a client would like their life to be, rather than focusing on the past and the origin of problems.
 - *Example: "What will you be doing in the next week that would indicate to you that you are continuing to make progress?"*
 - *"Now that you have been successful in housing for x months, what do you expect from yourself in housing a year from now?"*



Approach #1: Scaling

- How important is the solution to you on a scale of 1-10?
- How ready are you to find/implement the solution on a scale of 1-10?
- How confident are you that you can find/implement the solution on a scale of 1-10?



Approach #2: The Ultimate & The Other

- In a perfect world, what would be the ultimate and *realistic* solution to this issue?
- Because we don't live in a perfect world, what can you live with even if it may not be the ultimate solution?



Approach #3: Coping

- What have you been able to do and keep doing so that things don't get worse?



Performance Management & SPDAT



Questions to Ask Yourself

- What is the average acuity of my clients at the time of successful program exit?
- What is the average acuity of my clients at the time of unsuccessful program exit?
- Are there any components of the SPDAT where my clients are not (generally) achieving lower acuity over time?
 - Do I need more professional development in this area?
- How is my performance relative to my peers?



Questions to Ask Your Team

- What is the average acuity of clients at the time of successful program exit?
- What is the average acuity of clients at the time of unsuccessful program exit?
- Are there any components of the SPDAT clients are not (generally) achieving lower acuity over time?
 - Do we need more professional development in this area?
- How is our performance relative to other similar programs?





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