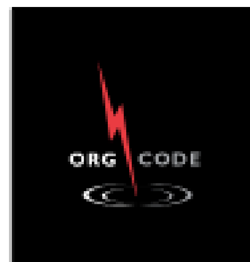
Service Prioritization Decision Assistance Tool

OrgCode Consulting, Inc.



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 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.

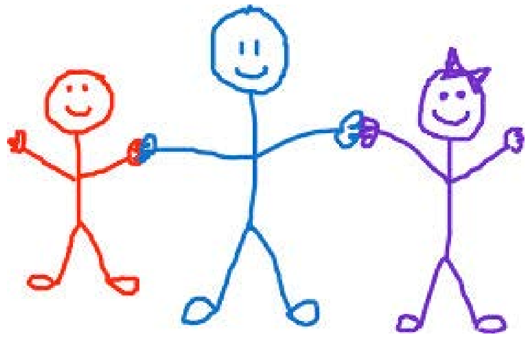
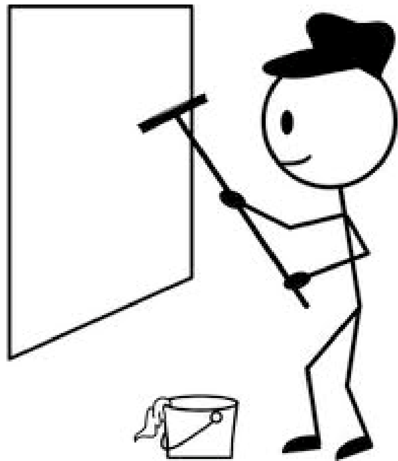
What will the SPDAT do?

- 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.

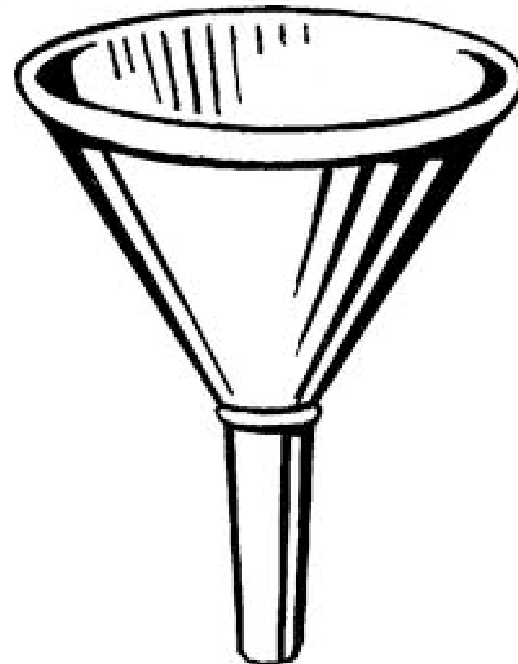
SPDAT & Coordinated Access
and Common Assessment

Length of Time Homeless

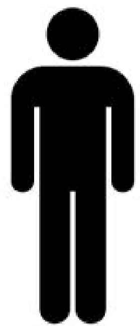
- Same tool and approach can be applied centrally or in a decentralized manner
- Assessments are compared over a pre-determined period of time; highest acuity is prioritized for service based upon availability on caseloads

Not homogeneous

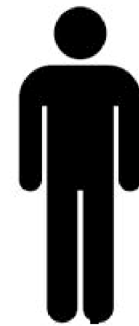


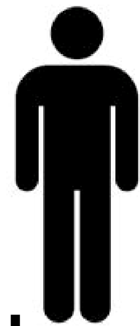
Funnel of homeless services

Acuity determined through assessment

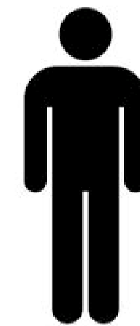


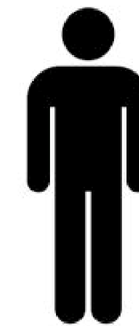
PSH/
Housing First

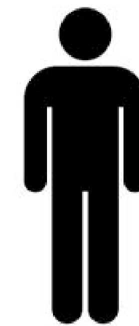


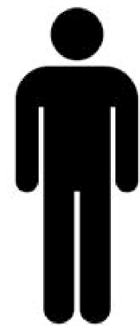


Rapid Re-Housing









General Housing Help

An Example...

The City of Super-Duper Good People has a Rapid Re-Housing & Housing First program for singles...

Last week there were 10 assessments completed amongst homeless persons

The scores (out of 60) were:

51
49
45
38
36

These would be good candidates for Housing First.

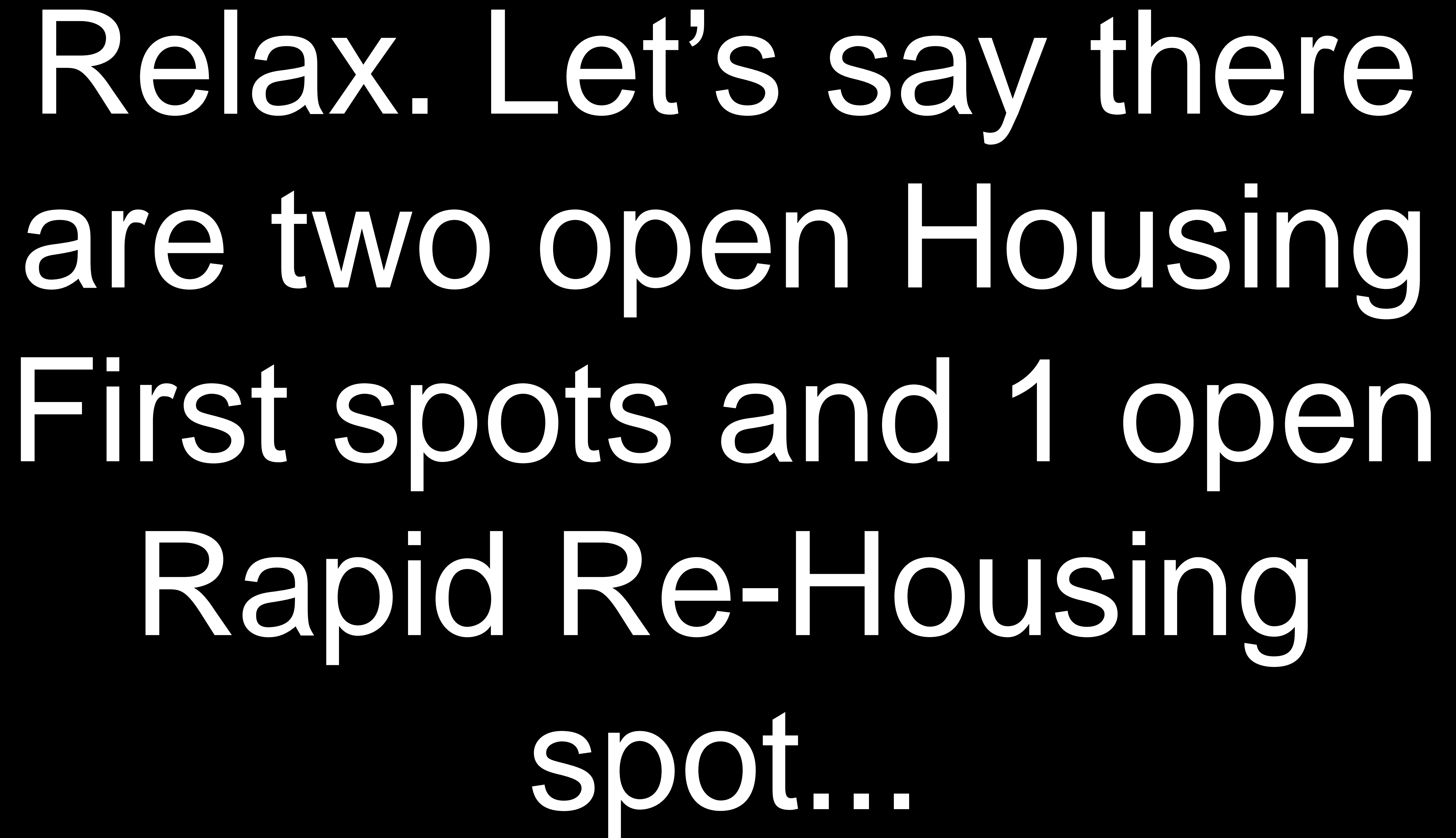
32
27
21

These would be good candidates for Rapid Re-Housing.

17
11

These folks should be encouraged to take care of themselves

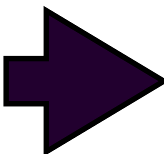
But wait! There aren’t
that many open spaces
on caseloads!!!


Relax. Let’s say there are two open Housing First spots and 1 open Rapid Re-Housing spot...

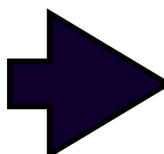
You'd take the 51 and 49...

The others will have to wait and be considered next week compared to any other new assessments...

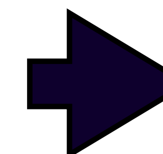
And you'd take on the 32, with the 27 and 21 waiting until next week and compared against other new assessments.



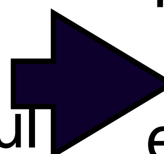
Presents for Shelter



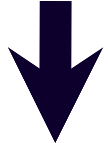
Diversion Attempted



Shelter Admission if Diversion Unsuccessful

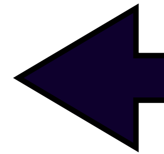


Minimal Service (housing encouragement) for 14 days

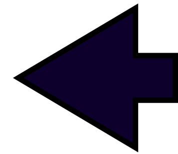


Housing Triage

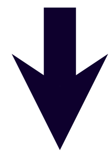
Acuity Determined



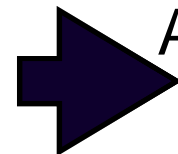
1. Housing First/PSH
2. Rapid Re-Housing
3. No Housing Assistance



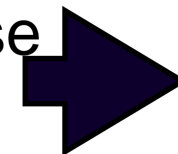
Prioritization Determined



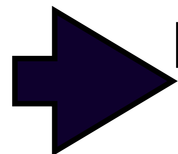
Client Notified of Priority Status



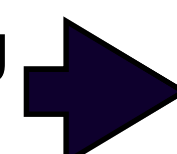
Assigned Case Manager



Prep for Housing

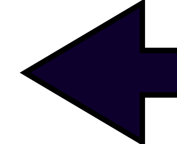


Housing Search

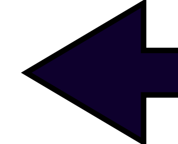


Lease Signing

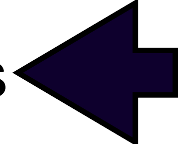
Move in



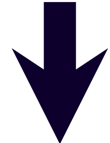
Case Management Begins in Earnest



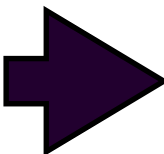
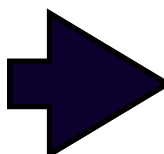
Goal Setting Linked to Higher Acuity Areas



Monitor Results



WHAT ABOUT PEOPLE THAT RETURN TO SHELTER?


Returns to Shelter

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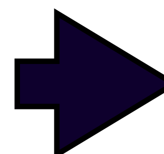
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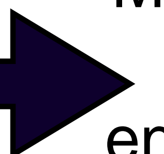
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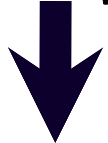
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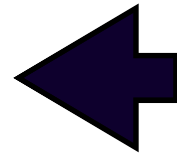
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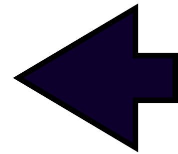
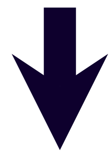

Prioritization Determined

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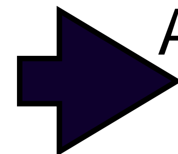
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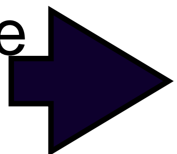
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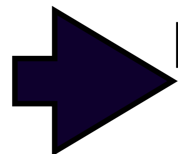
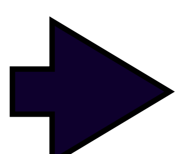
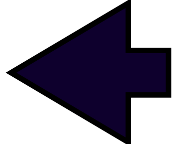

Housing Search

Lease Signing

Move in

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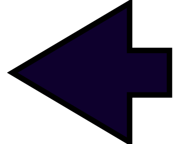
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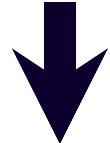


WHAT ABOUT LONG-TERM SHELTER STAYERS OR PEOPLE LIVING OUTDOORS?

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

↓

Gathering Information to
Complete the SPDAT

- 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

- Conversation prompts are provided in the manual
- 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

Organizing in Domains

Wellness

Risks

Socialization & Daily Functions

History of Housing

Wellness

Mental Health & Wellness and Cognitive Functioning

Physical Health & Wellness

Substance Use

Medication

Experience of Abuse/ Trauma

Risks

- Harm to Self or Others
- Involvement in High Risk/ Exploitive Situations
- Managing Tenancy
- Legal Issues
- Interactions with Emergency Services

Socialization & Daily Functions

Social Relations and Networks

Meaningful Daily Activities

Personal Administration & Money Management

Self-Care & Daily Living Skills

History of Housing

History of Housing & Homelessn ess

Prescreen

- 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.

Interviewer's Name		Agency ❑ TEAM ❑ STAFF ❑ VOLUNTEER
Date	Time	Location
In what language do you feel best able to express yourself?		
First Name		Last Name
Nickname		Social Security Number
How old are you?	What's your date of birth?	Has Consented to Participate ❑ YES ❑ NO

	Prescreen Score
If 60 years or older, then score 1.	
PRE-SCREEN GENERAL INFORMATION SUBTOTAL	

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	Prescreen Score
1. What is the total length of time you have lived on the streets or in shelters?		❑	
2. In the past three years, how many times have you been housed and then homeless again?		❑	
PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL			

B. RISKS

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you been to the emergency department/room?			❑	
4. In the past six months, how many times have you had an interaction with the police?			❑	
5. In the past six months, how many times have you been taken to the hospital in an ambulance?			❑	
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			❑	
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			❑	
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Have you been attacked or beaten up since becoming homeless?	❑	❑	❑	
9. Threatened to or tried to harm yourself or anyone else in the last year?	❑	❑	❑	

If YES to question 10, then score 1.	YES	NO	REFUSED	Prescreen Score
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	❑	❑	❑	
If YES to questions 11 or 12; OR if respondent provides any answer *OTHER THAN* "Shelter" in question 13, then score 1.	YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you to do things that you do not want to do?	❑	❑	❑	
12. 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 really know, share a needle, or anything like that?	❑	❑	❑	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	❑ Shelter ❑ Street, Sidewalk or Doorway ❑ Car, Van or RV ❑ Bus or Subway ❑ Beach, Riverbed or Park ❑ Other (SPECIFY):			
PRE-SCREEN RISKS SUBTOTAL				

C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	Prescreen Score
14. Is there anybody that thinks you owe them money?	❑	❑	❑	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	❑	❑	❑	
16. Do you have enough money to meet all of your expenses on a monthly basis?	❑	❑	❑	
If NO to question 17, score 1.	YES	NO	REFUSED	Prescreen Score
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	❑	❑	❑	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	Prescreen Score
18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	❑	❑	❑	
19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	❑	❑	❑	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
20. Surveyor, do you detect signs of poor hygiene or daily living skills?	❑	❑		
PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				

D. WELLNESS

QUESTIONS				
If Does Not Go For Care, score 1.	RESPONSE			Prescreen Score
21. Where do you usually go for healthcare or when you're not feeling well?	❑ Hospital ❑ Clinic ❑ VA ❑ Other (specify) ______ ❑ Does not go for care			
For *EACH* YES response in questions 22 through 25 (Medical Conditions), score 1.				
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:	YES	NO	REFUSED	Medical Conditions
22. Kidney disease/End Stage Renal Disease or Dialysis	❑	❑	❑	
23. History of frostbite, Hypothermia, or Immersion Foot	❑	❑	❑	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	❑	❑	❑	
25. HIV+/AIDS	❑	❑	❑	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.	YES	NO	REFUSED	Other Medical Conditions
26. History of Heat Stroke/Heat Exhaustion	❑	❑	❑	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	❑	❑	❑	
28. Emphysema	❑	❑	❑	
29. Diabetes	❑	❑	❑	
30. Asthma	❑	❑	❑	
31. Cancer	❑	❑	❑	
32. Hepatitis C	❑	❑	❑	
33. Tuberculosis	❑	❑	❑	
OBSERVATION ONLY – DO NOT ASK: 34. Surveyor, do you observe signs or symptoms of a serious health condition?	❑	❑		

If any response is YES in questions 35 through 41, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	❑	❑	❑	
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	❑	❑	❑	
37. Have you ever used injection drugs or shots in the last six months?	❑	❑	❑	
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	❑	❑	❑	
39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	❑	❑	❑	
40. Have you blacked out because of your alcohol or drug use in the past month?	❑	❑	❑	
OBSERVATION ONLY – DO NOT ASK: 41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	❑	❑		

If any response is YES in questions 42 through 48, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
42. Ever been taken to a hospital against your will for a mental health reason?	❑	❑	❑	
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	❑	❑	❑	
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	❑	❑	❑	
45. Had a serious brain injury or head trauma?	❑	❑	❑	
46. Ever been told you have a learning disability or developmental disability?	❑	❑	❑	
47. Do you have any problems concentrating and/or remembering things?	❑	❑	❑	
OBSERVATION ONLY – DO NOT ASK: 48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	❑	❑		
If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.				Tri-Morbidity

If YES to question 49, score 1.	YES	NO	REFUSED	Prescreen Score
49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	❑	❑	❑	

If YES to question 50, score 1.	YES	NO	REFUSED	Prescreen Score
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	❑	❑	❑	
PRE-SCREEN WELLNESS SUBTOTAL				

SCORING SUMMARY

<table>
<tr><th>DOMAIN</th><th>SUBTOTAL</th><td rowspan="8">If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.

If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.

If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.</td></tr>
<tr><td>GENERAL INFORMATION</td><td></td></tr>
<tr><td>A. HISTORY OF HOUSING AND HOMELESSNESS</td><td></td></tr>
<tr><td>B. RISKS</td><td></td></tr>
<tr><td>C. SOCIALIZATION AND DAILY FUNCTIONS</td><td></td></tr>
<tr><td>D. WELLNESS</td><td></td></tr>
<tr><td>PRE-SCREEN TOTAL</td><td></td></tr>
</table>

I'd like to ask you a handful of questions now that help us better understand homelessness and improve housing and support services:

What is your gender?	❑ Male ❑ Female ❑ Transgender ❑ Other ❑ Decline to State
Have you ever served in the US Military?	❑ Yes ❑ No ❑ Refused
If yes, which war/war era did you serve in?	❑ Korean War (June 1950-January 1955) ❑ Vietnam Era (August 1964-April 1975) ❑ Post Vietnam (May 1975-July 1991) ❑ Persian Gulf Era (August 1991-Present) ❑ Afghanistan (2001-Present) ❑ Iraq (2003-Present) ❑ Other (Specify) ❑ Refused
If yes, what was the character of your discharge?	❑ Honorable ❑ Other than Honorable ❑ Bad Conduct ❑ Dishonorable ❑ Refused
What is your citizenship status?	❑ Citizen ❑ Legal Resident ❑ Undocumented ❑ Refused
Where did you live prior to becoming homeless?	❑ This city ❑ This region ❑ Other part of the State ❑ Somewhere else (specify)____________________
Have you ever been in foster care?	❑ Yes ❑ No ❑ Refused
Have you ever been in jail?	❑ Yes ❑ No ❑ Refused
Have you ever been in prison?	❑ Yes ❑ No ❑ Refused
Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	❑ Yes ❑ No ❑ Refused
What kind of health insurance do you have, if any? (check all that apply)	❑ Medicaid ❑ Medicare ❑ VA ❑ Private Insurance ❑ None ❑ Other (specify): __________
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	
Ok, now I'd like to take your picture. May I do so?	❑ Yes ❑ No ❑ Refused

Components

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.

An Axis I disorder covers 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

An Axis II disorder covers 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.

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

0	**No mental health or cognitive functioning issues disclosed, suspected or observed.**
1	**The individual has disclosed that they have a mental health issue or diminished cognitive functioning, and are effectively engaged with professional assistance to manage the issue; or an individual is in a heightened state of recovery, fully aware of their symptoms and wellness and manages their mental health and wellness independently.**
2	**The individual has a disclosed, suspected or possibility of mental health issues and/or cognitive functioning issues based upon that which is observed or heard, but any impact on communication, daily living, social relationships, etc is minimal. Possibly without formal diagnosis. If diagnosed, may not require anything more than infrequent assistance.**
3	**The individual has a significant mental health issue disclosed, suspected or observed, or the individual has significantly diminished cognitive functions, most likely having an impact on communication, daily living, social relationships, etc. The individual may have supports but the mental health and/or cognitive functioning issues still have considerable impact on day-to-day living. Assistance is required, but the client has no consistent, ongoing assistance.**
4	**The individual has a serious and persistent mental health issue disclosed, suspected or observed and/or the individual has major barriers to daily functioning as a result of compromised cognitive functioning; most likely greatly impacting communication, daily living, social relationships, etc., While most often without ongoing assistance, it is possible that the individual does have supports, but their serious and persistent mental health issues or major cognitive functioning issues are still greatly impacting day to day living.**

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

Wellness: Physical Health & Wellness (F)

0	**No physical health issues. Completely well.**
1	**Physical health issues are relatively minor, or in the event of a chronic condition, the individual has considerable knowledge of their health needs and closely follows the treatment protocol. The individual is connected to appropriate professional resources.**
2	**Physical health issues present and while the individual is following treatment protocols, day to day functioning is still impacted.**
3	**Physical health issues present, which may be chronic in nature and/or requires intensive health supports, but the individual is not connected to appropriate professional resources either by choice or because of insufficient community resources. In some limited situations an individual may be connected to supports and following treatment protocols, but the treatment is having very little to no impact on improving day to day living and/or the individual cannot follow all parts of the treatment protocol (e.g., required to rest, but no place to rest 24/7 because of being homeless). The individual may not see the total value of wellness and getting better.**
4	**Serious health issues which are most frequently co-occurring, chronic and complex. In most instances the individual is not connected to appropriate professional resources, or the individual is involved in treatment that is having no impact on the condition and/or the individual cannot implement the treatment protocol; and/or, the individual is palliative.**

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

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

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.

Wellness: Substance Use (K)

0	**Has not used drugs or alcohol for 12 months or more.**
1	**Does not use drugs. Alcohol consumption does not exceed acceptable consumption thresholds. Substance use has no impact on daily functioning. If practicing abstinence, has achieved at least 14 days of sobriety.**
2	**Up to four incidents of using drugs and/or alcohol in a one month period, that may occasionally include non-palatable alcohol, and/or may occasionally include binge drinking. Any impact that the substance use has on daily functioning is infrequent. If there are health impacts as a result of substance use, the impacts are relatively minor.**
3	**More than four incidents of using drugs and/or alcohol in a one month period, that may include non-palatable alcohol, may include binge drinking, and is likely to exceed daily maximum acceptable consumption thresholds on a regular basis. Impacts of the substance use on daily functioning are frequent, even if the individual does not acknowledge these consequences. Health is likely compromised as a result of alcohol or drugs.**
4	**Use of drugs and/or alcohol is likely daily, frequently including non-palatable alcohol, most often including binge drinking, most often using to the point of complete inebriation (may include passing out). Impacts of the substance use on daily functioning are severe and may be life threatening.**

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

Wellness: Medication (H)

0	**Does not take any medications, or has demonstrated consistent self-management of medications for greater than 6 months.**
1	**Takes medications and has been self-managing the use of medications for less than 6 months. (Assumes at least 14 days of active management.)**
2	**Takes medications but requires some assistance from time to time, including prompts to take the medication, understanding what the medication is for and/or instruction on proper storage or use of the medication.**
3	**The individual takes medications, but may forget to take them regularly or may use them improperly from time to time. If the individual is selling their prescription drugs to others, they keep the majority of the prescription for themselves. Likely requires significant assistance to manage, including regular reminders, schedules or prompts, understanding what the medication is for and/or instruction on proper storage or use of the medication. May also include individuals who have had their prescription changed within the past month and the effects and routine of the new regime are not yet fully worked out, but are not having a debilitating impact on the person's health or daily activities.**
4	**The individual does not use medications as prescribed, which may include frequently failing to take the medication. This includes individuals with a prescription that is never filled (including those who did not fill the prescription because of financial restraints). If the individual is selling their prescription drugs, most or all of the prescription is sold. The individual may also demonstrate a lack of interest or understanding in how and when to take the medication, what it is for, or how it should be stored or used. May also include individuals who have had their prescription changed within the past month and the effects and routine of the new medication are significantly impacting day-to-day living, their health or daily activities.**

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.

Wellness: Abuse/Trauma (L)

0	**The individual does not report a past or present experience of abuse and/or trauma.**
1	**The individual has a history of abuse and/or traumatic events, but reports no serious consequences on present functioning and/or ability, or indicates resolution of past abuse through therapeutic means.**
2	**The individual has a history of abuse and/or traumatic events that are impacting present functioning and/or ability. The individual may currently be engaged in therapeutic attempts at recovery, but does not consider self to be recovered.**
3	**The individual has a history of abuse and/or traumatic events that are severely impacting present functioning and/or ability. The individual has not attempted therapeutic recovery.**
4	**The individual is currently experiencing abuse or a traumatic event that is causing the current period of homelessness. No attempt at therapeutic recovery has been made.**

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 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.

Includes threats and actions.

Risks: Harm to Self or Others (M)

0	**No perceived risk to self or others. No known history of harming self or others. No known threats or making of harmful statements.**
1	**Limited risk to self or others. No history of harming self or others within the past 12 months, though may have limited exposure from the past. No threats or making of harmful statements within the past 6 months.**
2	**Possible risk to self or others. No history of harming self or others within past 12 months, though may have exposure from the past. May have very infrequently made statements concerning potential harm to self or others within the past 6 months, but no action taken. Individual de-escalated after making statements.**
3	**Probable risk to self or others. Episode of attempting or actually harming self or others within past 12 months and likely verbal or written statements threatening harm to self or others within the past 6 months.**
4	**Imminent risk to self or others. Clear, strong threats of harming self or others, without de-escalation. Recent frequent episodes of attempting or actually harming self or 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

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.

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.

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

0	**Has not been involved in a high risk or exploitive situation for more than 6 months.**
1	**Has not been involved in a high risk or exploitive situation for less than 6 months. (Assumes 14 days of no involvement.)**
2	**Has been involved in one to three high risk or exploitive situations in the last 6 months.**
3	**Has been involved in four to nine high risk or exploitive situations in the last 6 months.**
4	**Has been involved in ten or more high risk or exploitive situations in the last 6 months.**

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.

Risks: Managing Tenancy (E)

0	**Has taken care of apartment unit for 6 months or more without any external support including such things as payment of rent, following lease agreement and physically maintaining unit in good shape.**
1	**Has taken care of apartment unit for less than 6 months (assumes at least 45 days) without any external support including such things as payment of rent, following lease agreement and physically maintaining unit in good shape.**
2	**Needs assistance in taking care of the apartment unit up to three times in any three month period or a maximum of once per month, which may include assistance paying rent, managing situations that the landlord has taken exception to, or in physically maintaining the unit in good shape. Has not needed to be re-housed within the past three months.**
3	**Needs assistance in taking care of the unit four to nine times in any three month period or two or more times per month, which may include assistance paying rent, conflict resolution and problem solving and mediation with the landlord, or in physically maintaining the unit in good shape. Has been re-housed as a result of these or similar issues within the past three months or will likely need to be re-housed within the next two months.**
4	**Needs assistance taking care of the unit ten or more times in any three month period or three or more times in any given month, which may include assistance paying rent, conflict resolution and problem solving and mediation with the landlord, or in physically maintaining the unit in good shape. Will need to be re-housed imminently or the re-housing process may be underway. This category also includes all clients that are not yet housed at time of baseline evaluation.**

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.

Risks: Legal Issues (N)

0	**No legal issues for 12 months or more.**
1	**At least one legal issue in the past 12 months, but it was discharged or resolved without community service, payment of fine or incarceration. No current legal issues.**
2	**At least one legal issue in the past 12 months and it was resolved through payment of fine or community service. It may also include current legal issues that are unlikely to result in loss of housing or incarceration.**
3	**At least one legal issue in the past 12 months that may result in fines that may put housing at risk and/or periods of incarceration of three months or less that may place housing at risk.**
4	**At least one legal issue in the past 12 months that resulted in fines that place housing at imminent risk and/or periods of incarceration greater than three months.**

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.

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.

Risks: Interaction with Emergency Services (I)

0	**No interaction with emergency rooms, hospital, crisis service, police, ambulance or fire for 6 months or more.**
1	**No interaction with emergency rooms, hospital, crisis service, police, ambulance or fire for less than 6 months.**
2	**One to three interactions with emergency rooms, hospital, crisis service, police, ambulance and/or fire in the last 6 months.**
3	**Four to nine interactions with emergency rooms, hospital, crisis service, police, ambulance and/or fire in the last 6 months.**
4	**Ten or more interactions with emergency rooms, hospital, crisis service, police, ambulance and/or fire in the last 6 months.**

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.

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

0	**Has friends and/or family supports as they would like them, and has maintained those relationships for greater than 6 months.**
1	**Has some friends and/or family supports, and/or working on relationships, and/or the relationship is how they would like, but for less than 6 months. (Assumes at least 45 days of relationships as they would like it.)**
2	**Engaged in relationships with friends and/or family, occasionally with some difficulties and/or still at the very early stages of relationship development.**
3	**Discussing or is in the early stages of establishing relationships with friends and/or family, but having difficulty maintaining contact or advancing the relationship; or client has relationship with friends or family but it is have some negative consequences on the client's wellness. May be talking to new people, but not at a stage of trusting or liking them yet. Meanwhile, the individual may maintain good relationships with professionals.**
4	**While may have acquaintances or relationships with people out of convenience or necessity – including co-dependent relationships or feelings of need for the relationship based upon past victimization or abuse, no meaningful social relationships and networks with people of their choosing that they like; or client has relationship with friends or family but it is having serious consequences on the client's wellness. While the individual may have relationships with professionals, they are not consistently good.**

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.

Socialization & Daily Functions: Meaningful Daily Activities (C)

0	**Has activities related to employment, volunteering, socio-recreation, etc. that provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc., occupying most times of day and most days of the week, and which provide a high degree of personal satisfaction.**
1	**Has some activities related to employment, volunteering, socio-recreation, etc. that provide some fulfillment intellectually, socially, physically, emotionally, spiritually, etc., occupying some times of the day and/or some days of the week, which provide a good degree of personal satisfaction.**
2	**Attempting activities that may provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. but not occupying most days or most parts of any given day, and not yet providing a good degree of personal satisfaction.**
3	**Discussing or in early stages of attempting activities that may provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. but not fully committed. At times disengaged from activities, and activities are not yet occupying most days, nor providing personal satisfaction.**
4	**Not engaged in any meaningful daily activities that provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. Very little to no personal satisfaction.**

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.

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

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.

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

0	**Has an income source and manages all personal finances and benefits independently. Can pay bills and fill out all appropriate paperwork and forms without assistance from others. Has been doing so for 6 months or more.**
1	**Has an income source and manages all personal finances and benefits independently, and can pay bills, and fill out all appropriate paperwork and forms without assistance from others. Has been doing so for less than 6 months. (Assumes at least 45 days of successful implementation.)**
2	**Has an income source and manages most personal finances and benefits with a little help from time to time, which may include help paying bills, filling out paperwork and forms or using a voluntary trusteeship program. Also includes those individuals that manage their money well with what they receive but require assistance from the likes of a food bank at the end of the month to make ends meet, as well as those that are on and off income support more than 2 times in any 12 month period.**
3	**Has an income source, but requires frequent assistance to manage personal finance and benefits, which may include the use of a guardian or trustee (which may be voluntary). Likely requires intensive supports to take care of paperwork and forms. Likely requires prompts, reminders and/or assistance paying bills and may not always budget appropriately for all bills. Likely requires intensive assistance budgeting. If a substance user, is likely not involved in accounting for substance use in budgeting. May have significant debt load, including "street debts" and/or gambling debts.**
4	**May or may not have an income. Requires intensive assistance with personal finances and benefits, which may include the use of a guardian or trustee (which may be voluntary). Almost always fails to appropriately fill out forms or complete paperwork. Cannot create or follow a monthly budget. Almost always needs prompts, reminders and/or assistance paying bills and almost always does not have enough income to cover all bills from the previous month (and may not comprehend this, thinking bills are consistently higher than they should be). Most likely not budgeting for substance use, if a substance user. Likely to have significant debt, including "street debts" and/or gambling debts.**

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.

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.

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

0	**Takes care of self and meets all daily living needs independently & lives independently.**
1	**Takes care of self and meets all daily living needs by infrequently accessing other community resources as needed.**
2	**Attempts to take care of self and meet all daily living needs, but has a few areas where assistance is sometimes required; may not be living independently (staying in a shelter).**
3	**Not always taking care of self and/or not always aware of what needs to be done to take care of self or daily needs; can require prompts; requires frequent assistance; may excessively acquire belongings (hoard or collect) but is aware that it is an issue.**
4	**Not taking care of self or meeting daily needs; often unaware and almost always needs prompts; requires intensive, frequent assistance; may excessively acquire belongings (hoard or collect) but is not fully aware or is not at all aware that it is an issue.**

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.

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

0	**Cumulative duration of homelessness was less than 7 days over the past four years, which may include being recently re-housed.**
1	**Cumulative duration of homelessness was between 8 and 30 days over the past four years, which may include being recently re-housed.**
2	**Cumulative duration of homelessness was between 30 days and 2 years over the past four years.**
3	**Cumulative duration of homelessness was between 2 years and 5 years over the past decade.**
4	**Cumulative duration of homelessness was greater than 5 years over the past decade.**

Let’s See How You Do

Now it’s gettin’ real!

From the people you know

Case Studies

Scoring & Prioritization

- All components must be completed prior to providing a score.
- When in doubt score higher, not lower.
- Recommended ranges:
  - Housing First/PSH: 35-60
  - Rapid Re-Housing: 20-34

- 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.

- 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.

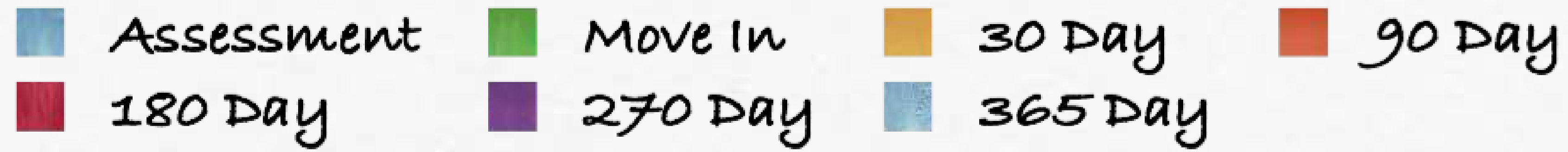
Component	Score	Rationale
Mental Health & Wellness and Cognitive Functioning		
Physical Health & Wellness		
Medication		
Substance Use		
Social Relations & Networks		
Meaningful Daily Activities		
Self-Care and Daily Functions		
Legal Issues		
Harm to Self or Others		
Abuse/ Trauma		
History of Housing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

Frequency of Undertaking the SPDAT

- Initial assessment
- At or near the day of move in
- 30 days in housing
- 90 days in housing
- 180 days in housing
- 270 days in housing
- 365 days in housing
- Anytime there is re-housing or major case plan change

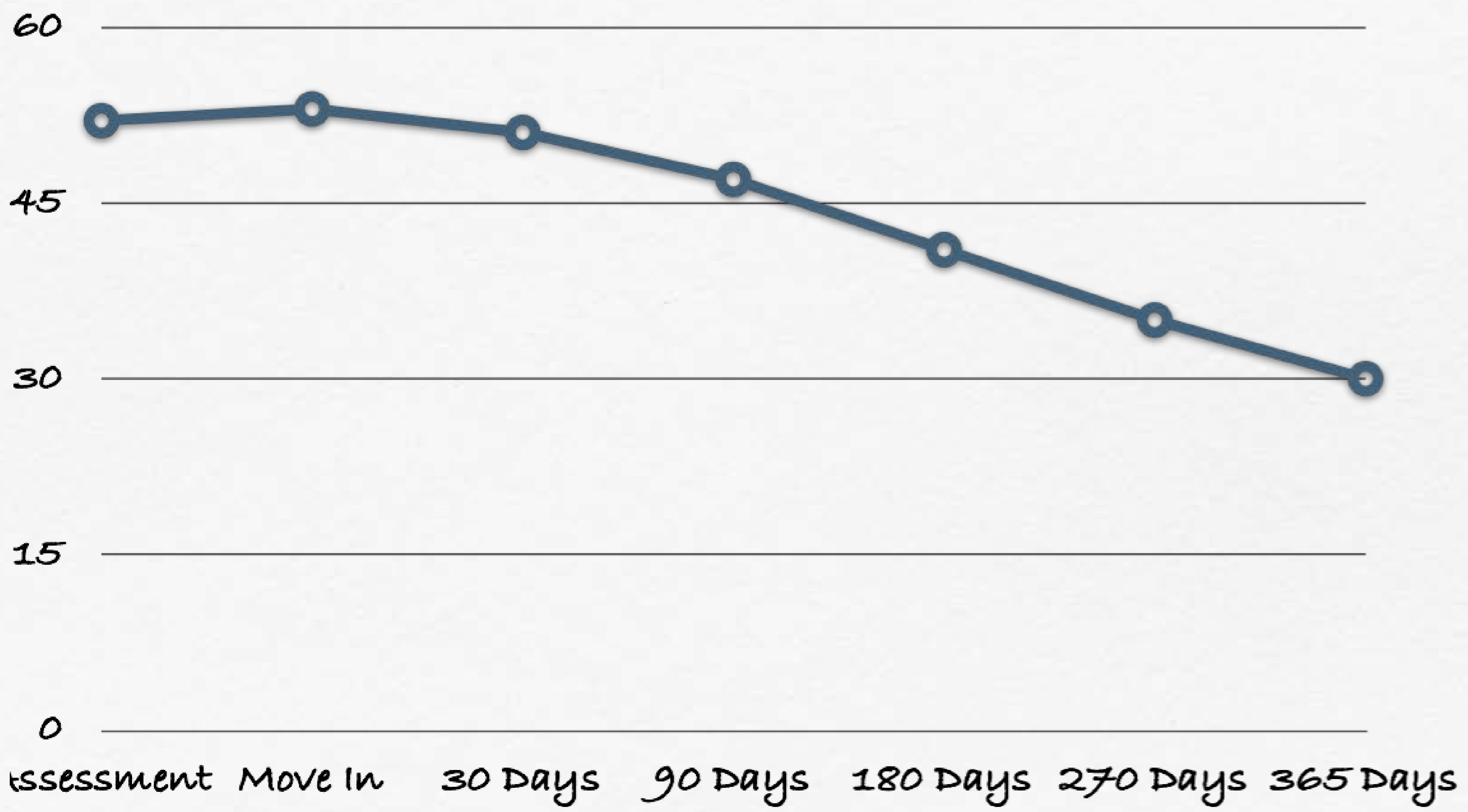
Graphing Results

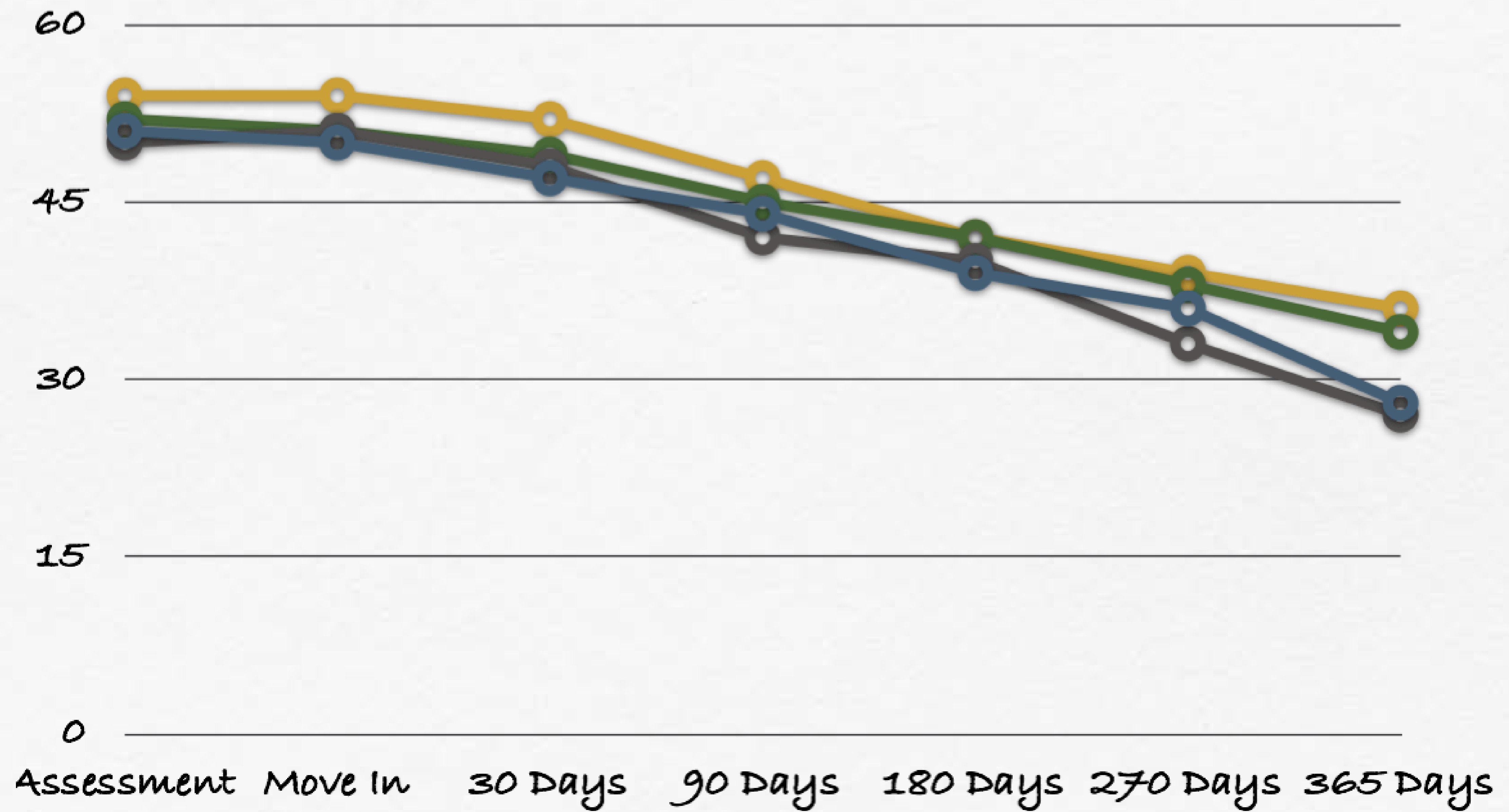
- Graphing is the part of the tool that service users like most - by a large margin
- Depending on situation, you may choose to show results going up or going down
- It is possible to graph component results or aggregate score
- Graphing can be very helpful for team excellence



Self Care & Daily Living Skills
Meaningful Daily Activities
Social Relations & Networks
Personal Admin & Money Management
Managing Tenancy
Harm to Self or Others
High Risk/ Exploitive Situations
Legal Issues
Substance Use
MH & Wellness and Cognitive Functioning
Physical Health & Wellness
Medication
Interaction with Emergency Services
Abuse/ Trauma
Housing & Homelessness

0 1 2 3 4


60
45
30
15
0
ssessment
Move In
30 Days
90 Days
180 Days
270 Days
365 Days


Carol
Jan
Marcia
Cindy
60
45
30
15
0
Assessment
Move In
30 Days
90 Days
180 Days
270 Days
365 Days

SPDAT &
Case Management

A pathway to change discussion...

Get out of the RETRIBUTION mindset:
- No coercion or threats
- No intimidation or undue pressure

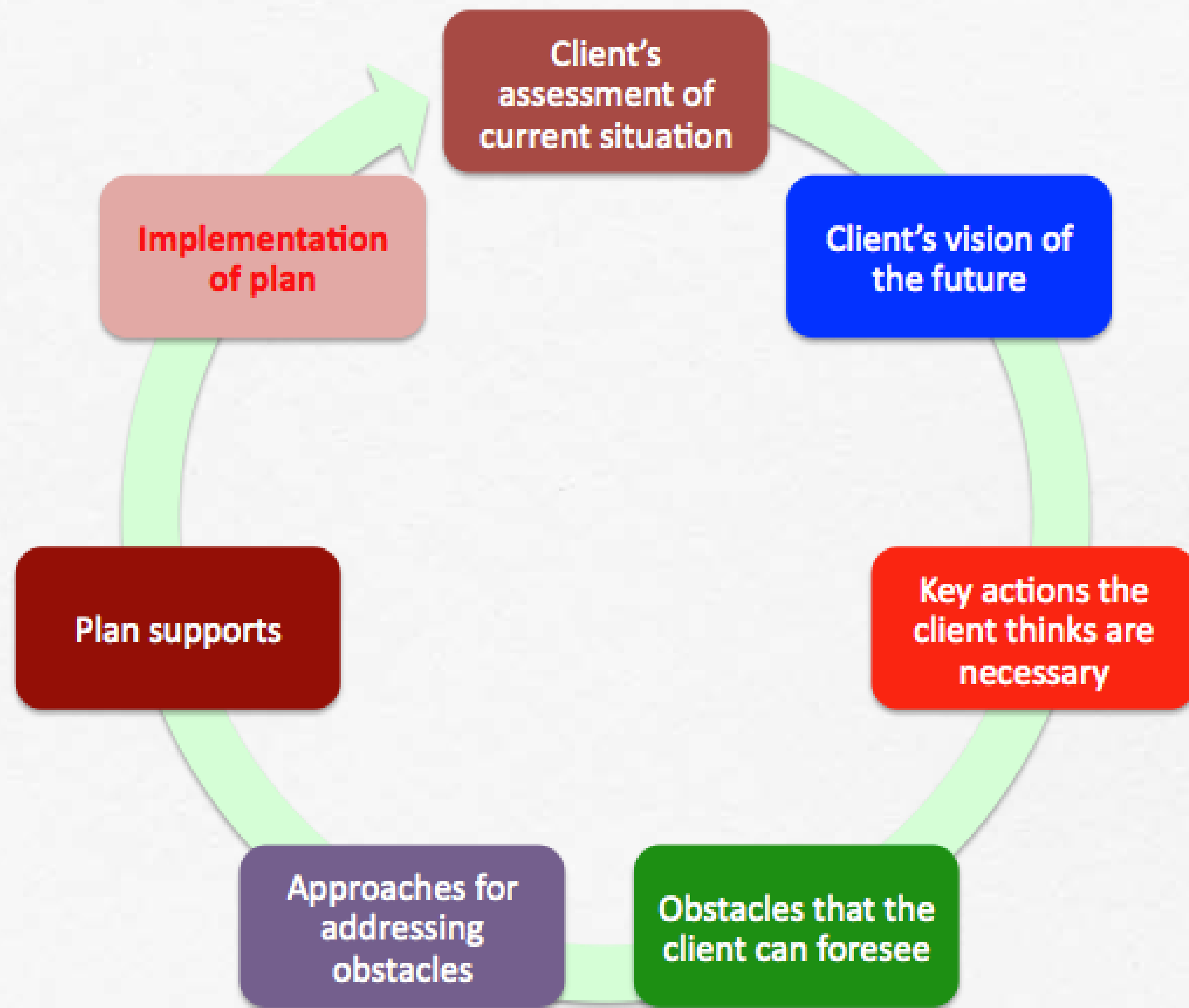
Get out of the RECIPROCITY mindset:
- No obligation through ingratiation
- No bargaining

Get into the REASONING mindset:
- Presentation of facts relative to needs
- Appeal to values
- Appreciate personal goals
- Assess needs

What are 3 areas of lower acuity/strengths that you can acknowledge with the individual?

3 and 2

How can you transfer those 3 areas of strengths to the 2 areas that have the highest acuity that the individual may be willing to work on to decrease the likelihood of housing instability?



Client's assessment of current situation
Client's vision of the future
Key actions the client thinks are necessary
Obstacles that the client can foresee
Approaches for addressing obstacles
Plan supports
Implementation of plan

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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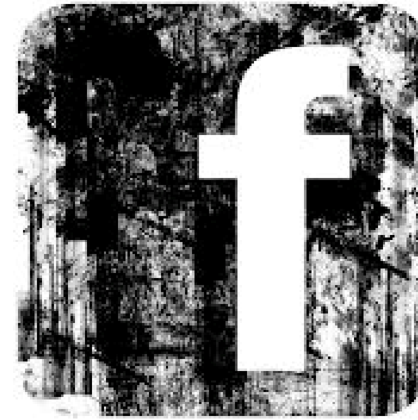

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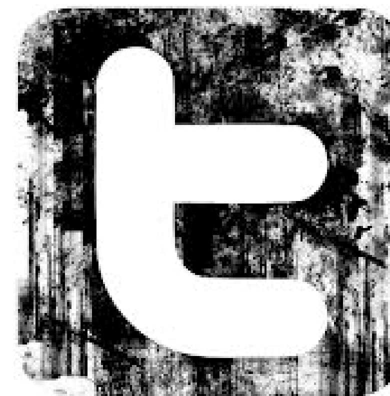

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