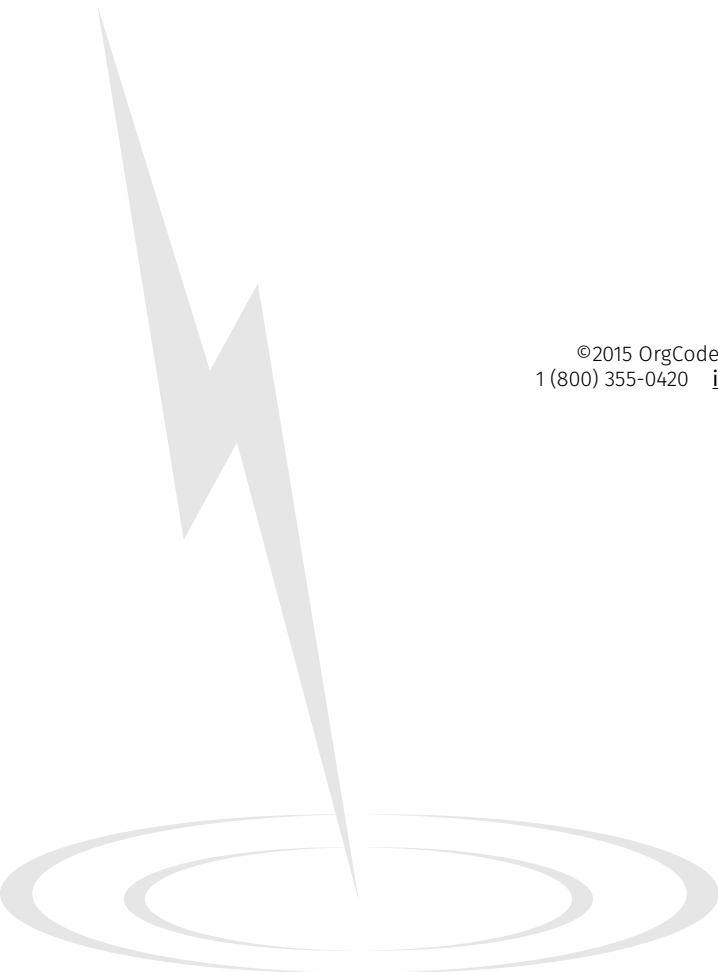


Service Prioritization Decision Assistance Tool (SPDAT)

Manual

VERSION 4.1

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Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- F-VI-SPDAT V 2.0 for Families
- TAY-VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Letter from Iain De Jong, President & CEO of OrgCode Consulting, Inc.

May 1, 2015

Welcome to the Next Version of SPDAT Products!

As the President & CEO of OrgCode Consulting, Inc. and the primary architect of the original SPDAT products, it gives me great pleasure to today announce the release of the Service Prioritization Decision Assistance Tool Version 4.0 and the client Service Prioritization Decision Assistance Tool Version 2.0. With our partner Community Solutions I am also pleased to release the Vulnerability Index-Service Prioritization Decision Assistance Tool 2.0 and the client Vulnerability Index-Service Prioritization Decision Assistance Tool 2.0.

For more than half a year we have been reviewing community feedback on the tools, refining questions, expanding our research, engaging with people experiencing homelessness, gathering input from case managers, and extensively and methodically testing what has become the next versions of the tools. We have worked with colleagues in various government departments and agencies to help ensure alignment with policy objectives. We have mined the data we have available, most extensively from our test site communities. We have every reason to believe that the next iterations of these tools represent improvements for clients experiencing homelessness, service providers, policy makers, funders, and the community at large.

SPDAT

For the latest SPDAT offerings, including:

- SPDAT Version 4.0 for Singles
- SPDAT Version 2.0 for Clients
- A backgrounder on the changes between the versions

[Visit the SPDAT product page](#)

VI-SPDAT

For the latest VI-SPDAT offerings, including:

- VI-SPDAT Version 2.0 for Singles
- VI-SPDAT Version 2.0 for Clients
- A backgrounder on the changes between the versions

[Visit the VI-SPDAT product page](#)

For the first time ever, we are also releasing data from 12 test communities that have been with us since the inception of the SPDAT in 2009. This data will be released on the SPDAT product page the middle of next week. This data was randomly sampled from the communities by a third party. In the data you will see two major groups: those for whom the SPDAT was used and those for whom the SPDAT was not used (the best guess of the service provider was used to match to a housing intervention). For the second group there is also a subset of people where a “Blind SPDAT” was completed. This means the person was selected for a housing intervention and then a SPDAT was done to compare how close the service provider’s assumption was to the actual level of acuity. The results of the Blind SPDAT did not change the housing intervention provided. In examining the results you will see rates of rehousing, as well as the type

of housing intervention provided. Altogether, the data set includes more than 3,200 people where the SPDAT has been used and 1,800 people where the SPDAT was not used (or was used as a Blind SPDAT). See for yourself in the middle of next week the overwhelming proof that the SPDAT works: people stay housed at a much higher rate, they are rehoused less frequently, and overall, their acuity goes down.

Over the next few months we look forward to introducing you to even more SPDAT products. First up will be the Transition Aged Youth (TAY) VI-SPDAT and Youth SPDAT. Following that it is our intention to release the Justice Discharge (JD) VI-SPDAT and the Hospital Discharge (HD) VI-SPDAT. We are optimistic that these specialized products for subpopulations will make the work in your community to prioritize and serve even easier. Each of these products is completely comparable to the other SPDAT products.

I want to personally express my gratitude to all of the communities that have helped us get to a place where we have improved versions of the tools. I will forever be grateful to men, women, youth and clients that are experiencing homelessness or recently experienced homelessness, for helping refine language and craft questions, as well as providing honest feedback. To the frontline staff that took time to assist us, I am also very thankful. To our partners at Community Solutions, a huge high five for your leadership in the sector and for helping make the next versions of the VI-SPDATs a reality.

It is also critically important to me to take a moment and thank the OrgCode team for all of their hard work in making it possible for us to upgrade, test, format, and release these products. To Jeff, Tracy and Ali, I salute you. This started as my idea and hard work a handful of years ago, but only gets better and evolves because of your ideas and hard work, and passionate dedication to ending homelessness.

Regards,



Iain De Jong

President & CEO

OrgCode Consulting, Inc.

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Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool (“SPDAT”) and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

Foreword

OrgCode Consulting Inc. is pleased to announce the release of the Service Prioritization Delivery Assistance Tool (SPDAT) version 4. Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT for singles has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT, and the SPDAT, to meet local needs.

In preparing SPDAT v4, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff has observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics reviews enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

Part 1: About the Tool

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is **NOT** designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, SPDAT v4 includes an initial screening tool to assess eligibility - the [Vulnerability Index Service Prioritization Decision Assistance Tool \(VI-SPDAT\)](#).

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale and the Camberwell Assessment of Needs.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services. This matter is discussed in further detail at the end of this guide.

SPDAT Disclosure

The client should be informed that you are using SPDAT. It is best to explain SPDAT as a tool to help guide them to the right services, as well as assist with the case planning process and track changes over time (for those clients that are referred to a case management team as a result of their SPDAT score). At intake or first assessment, it is also prudent to explain to the prospective client that the SPDAT helps to determine the priority with which they will get services and housing. It is important to let the client know that the final determination of a score for any component is a combination of conversation,

documentation reviewed, observation and information from other sources. In other words, the outcome is not influenced solely by what they say.

Similar to transparency in case planning, the client should be offered a copy of the Summary Sheet of the SPDAT after it is completed, which they may accept or decline. A copy of each SPDAT should be kept in the client's file.

An evaluated best practice from Version 1 of the SPDAT for singles was the use of the SPDAT in the "warm transfer" between intake and the case manager for clients with higher acuity. In the warm transfer, the intake worker, client and case manager (meeting the client for the first time) met together and reviewed each of the 15 components of the SPDAT in detail. Through this process it was learned that:

- clients appreciated understanding the intake worker's assessment and transparency of their reasoning;
- clients appreciated the opportunity to provide commentary on the intake worker's assessment (even though the commentary did not have any further impact on the initial score);
- the receiving case managers appreciated the opportunity to learn more about the clients and ask questions of clarification from the intake worker with the client present;
- the receiving case managers were able to engage in the goal setting process of case planning quicker;
- there was greater continuity between intake and case management. As a result, fewer clients went "missing" between their initial intake and the beginning of the case management services;
- trust between the intake workers and case managers within the community was said to have improved; and,
- clients served through this approach achieved greater housing stability than those who did not.

Timing of SPDAT Implementation

It is recommended that the SPDAT begin at intake after the client has been screened for program eligibility. This can be accomplished at a central intake point for the entire community, at various intake points across community agencies and shelters, or upon specific program intake. Although any single organization will benefit from using the SPDAT, the value of the tool and the results it provides are improved as more organizations align in its use.

The SPDAT assessment – especially the first assessment done with the client – does not need to be completed in just one engagement with the client. Testing of the tool has demonstrated no discernible differences in those assessments conducted over several visits versus those completed in one visit. In the event that a client wishes to take additional time to consider their participation in a program, or in the event that the person conducting an assessment with the individual thinks it would be advantageous to take a break, they are encouraged to do so. Should the accuracy of the information seem suspect to the person conducting the interview based upon the client's self-report, keep in mind that with the client's consent information can be corroborated from other sources. This type of cross-referencing may be critical for ensuring the best possible assessment that reflects the highest degree of accuracy.

The early application of the tool is a baseline for subsequent SPDAT measurement. The suggested intervals following the baseline SPDAT assessment are as follows:

- Intake/Early in engagement, i.e., early stages of involvement of Housing Worker and client showing interest in being housed
- In the "warm transfer" between intake and case managers for those clients that are being recommended for supports based upon their SPDAT acuity
- At or very shortly after (within 2 days of) move in for those clients that are receiving supports

For those clients that are receiving supports, the SPDAT should also be used:

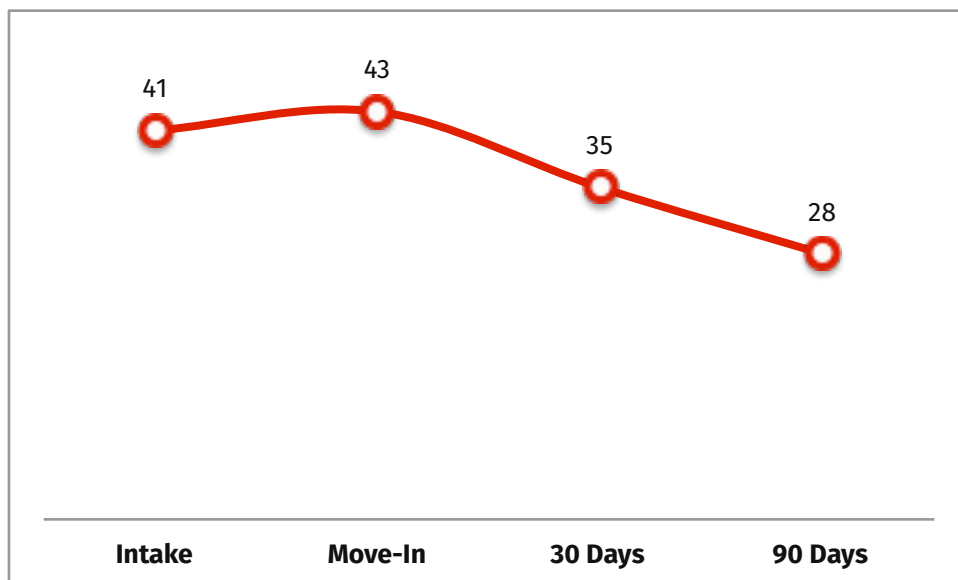
- On or about 30 days
- On or about 90 days
- On or about 180 days
- On or about 270 days
- On or about 365 days

In addition, the SPDAT should be completed any time a client is re-housed or experiences a significant shift in their case plan, either positive or negative. As discussed later, it is not recommended that the SPDAT be completed when a client is in crisis as the episode may misrepresent the overall acuity score. If a client is in crisis, the SPDAT should be completed after the episode has subsided. This may occur in between regularly scheduled applications of the SPDAT.

Graphing Changes

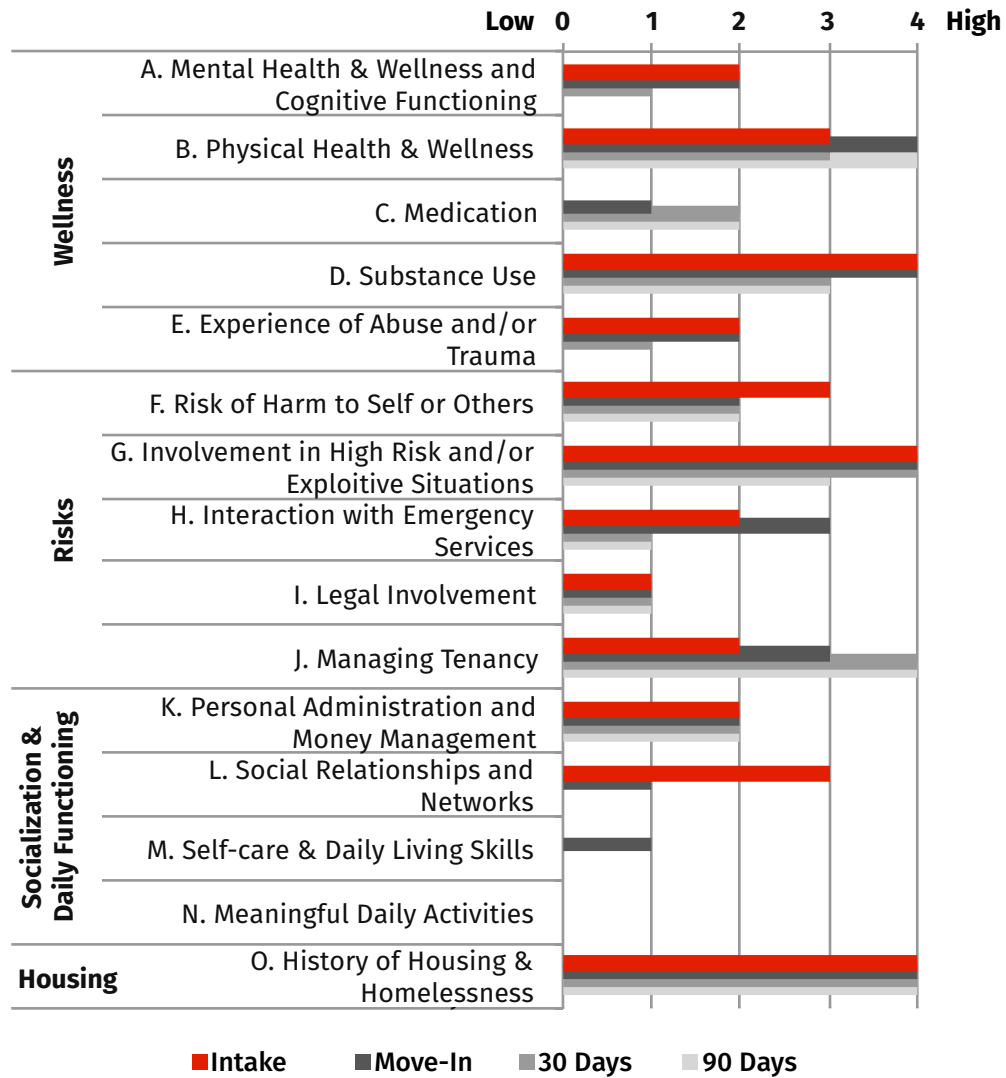
Visuals are an important adult learning strategy. Therefore, it is best practice to visually graph the client's transitions relative to the time intervals noted above. The two examples below illustrate graphing by component or by overall score.

Figure 1: Graphing by Overall Score Over Time



SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

Figure 2: Graphing by Component Over Time



Approaches to Completing the SPDAT

The SPDAT can be completed through observation, conversation, other documentation shared in the intake or case planning process and a client's self-report. Information can also come from the client's case plan, information gleaned from home visits and community accompaniment, or existing knowledge from the client engagement with your organization. While a conversational approach can be helpful when using the SPDAT, it is not mandatory.

The SPDAT can be completed as part of one conversation in the intake process, or through a series of visits in the early stages of the relationship. For some clients with complex needs, it may be necessary to have several conversations (sometimes in the form of multiple brief conversations) to gather enough accurate information to complete the tool. If you are uncertain of the accuracy of information received from the client, it is encouraged that you repeat the conversation to get clarity.

A guide is included at the end of this document to assist with communication when a conversational approach is used to gain information for completing the SPDAT. The conversation guide comes from practitioners with direct experience in administering the tool.

Using the SPDAT in Providing and Helping to Guide Supports

For those clients that are provided case management or other supports as a result of their SPDAT score, the SPDAT has proven to have great value in helping to guide case planning and support conversations.

Focusing attention on those areas of the SPDAT where the client has higher acuity has been successful in helping clients work through the Stages of Change. It has also proven to be helpful to case managers and other supports in guiding the conversation in client follow up, as well as in establishing objectives for each follow-up visit. Throughout its use, the SPDAT remains a tool that is client-centred and allows for strength-based approaches to service delivery.

Noting Discrepancies

With many client you will gather information or observe behavior that may be contradictory to their self-assessment. This can be a positive thing in the case management process in working towards change. Do not shy away from being transparent in your assessment, noting the discrepancies whenever they appear.

Components of the SPDAT

The SPDAT is divided into 15 components (20 for families using the SPDAT). Each component has a description that categorizes the scoring relative to each component. These components are further organized into 4 domains or thematic groups that link components together.

The domains and components within the SPDAT are as follows:

DOMAIN	COMPONENTS
WELLNESS	A. Mental Health & Wellness & Cognitive Functioning
	B. Physical Health & Wellness
	C. Medication
	D. Substance Use
	E. Experience of Abuse and/or Trauma
RISKS	F. Risk of Harm to Self or Others
	G. Involvement in High Risk and/or Exploitive Situations
	H. Interaction with Emergency Services
	I. Legal Involvement
	J. Managing Tenancy
SOCIALIZATION & DAILY FUNCTIONING	K. Personal Administration & Money Management
	L. Social Relationships & Networks
	M. Self-care & Daily Living Skills
	N. Meaningful Daily Activities
HOUSING HISTORY	O. History of Housing & Homelessness

The scoring begins with “0” that indicates higher functioning/non-issue. Level “4” indicates a more serious issue/situation. While a description is provided for each component complete with definitions, it is useful to include examples in conjunction with each score. Certain scenarios require careful consideration about which score to use when the scenario does not precisely match the descriptions. In these instances, it is important for staff to provide their rationale for the score indicated.

For each component, there is an opportunity to record what you observed or the comments that the individual disclosed that resulted in the score.

Part 2: SPDAT Components

Wellness

A. Mental Health & Wellness & Cognitive Functioning

What do I need to know to complete this component?

This component covers mental health and wellness, as well as cognitive functioning. The intent is not to provide a diagnosis.

While there may be many reasons for the client to have a compromised ability to communicate clearly or engage in socially appropriate behavior, these may be clues, along with the likes of delusions, hallucinations, incomprehensible dialogue, or apparent disconnect from reality. A suspected or untrained observation of mental illness or compromised cognitive functioning can be a prompt for further dialogue to have an appropriate professional engage.

There is a range of mental health conditions. Consideration should be given to the client who has a diagnosable mental health condition.

Caution should be exercised in considering whether the client qualifies as having a serious and persistent mental illness. Some considerations in making this determination would include such things as: whether they have been hospitalized for psychiatric care two or more times in the last two years 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 injuries, learning disabilities (as validated by neuropsychological or psycho-educational testing), and/or developmental disorders. In most instances barriers to daily functioning as a result of compromised cognitive functioning will include one or more of the following: diminished aptitude; issues with memory especially related to visual or verbal acquisition, retrieval, retention and/or recognition; attention issues such as decreased visual or auditory spans of attention; compromised executive functioning such as the ability to plan, prioritize, organize or sequence activities.

Key points:

- **Look for the presence of mental health issues**
- **Look for the impact of those health issues on daily functioning**
- **Does the individual have a diagnosis of poor mental health, or do you believe they could be hospitalized for their compromised mental health?**

How do I complete this component?

Observe

- Is the client trying to have a conversation with objects or people who aren't there?
- Is the client speaking in gibberish?
- Does the client often have trouble with memory or comprehension, more so than would be normal for a person with full mental facilities?
- Does the client exhibit signs of severe paranoia or otherwise act irrationally?

Ask

- Have you ever received any help with your mental wellness?
- Do you feel that you is getting all the help they need for your mental health or stress?
- Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that?

- Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally?
- Do you have trouble learning or paying attention, or have you been tested for learning disabilities?
- Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?
- Have you ever hurt your brain or head?

Documentation

- Do you have any documents or papers about your mental health or brain functioning?

Professionals

➔ **Remember to obtain informed consent before contacting professionals!**

- Are there other professionals we could speak with that have knowledge of your mental health?

How do I score this component?

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
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.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

What do I need to know to complete this component?

This component covers physical health and wellness of the client. Mental health and wellness is covered in “**A. Mental Health & Wellness & Cognitive Functioning**”, and is not included as a consideration in this component.

There are four considerations related to the client in this component: whether they have a physical health issue; the severity of the health issue; whether they are accessing care for that physical health issue (including those who may wish to access care but are unable to based upon insufficient health resources in the community); and, how the individual views wellness.

In this component, minor physical health issues are those that can be treated without overly intensive care or through non-obtrusive, accessible interventions. For example, an individual who breaks their arm and requires a cast, but does not require surgery or extensive physiotherapy may be considered to have a minor physical health issue. Another example might include an individual with an arthritic knee who routinely uses a mobility-assistance device.

Chronic health issues include, but are not limited to, conditions such as heart disease, cancer, diabetes, and immunological disorders.

Intensive health supports includes the provision of professional wound care, assistance with a colostomy bag, injection medications and similar interventions.

Key points:

- **Look for the presence of physical health issues**
- **Look for the impact of those health issues on daily functioning**
- **Does the individual have any chronic health problems that would impact their housing?**

How do I complete this component?

Observe

- Does the client have any professional wound dressings or open wounds, especially with blood or pus, or visibly rotting flesh?
- Does the client have an oxygen tank, colostomy bag, or other advanced medical apparatus?
- Does the client use crutches, a walker, or a wheelchair?
- Does the client have any amputated limbs?
- Does the client have any casts, slings, or splints?
- Does the client exhibit other signs of chronic illness, such as difficulty breathing, or a chronic cough?
- Does the client wear a bracelet from a recent hospital admission?

Ask

- How are your health?
- Are you getting any help with your health? How often?
- Do you feel you are getting all the care you need for your health?
- Any illnesses like diabetes, HIV, Hep C or anything like that going on with you?
- Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that?
- When was the last time you saw a doctor? What was that for?

- Do you have a clinic or doctor that you usually go to?
- Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?

Documentation

- Do you have any documents or papers about your health or past stays in hospital because of your health?

Professionals

→ **Remember to obtain informed consent before contacting professionals!**

- Are there other professionals we could speak with that have knowledge of your health?

How do I score this component?

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
3	<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
2	<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
1	<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.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No serious or chronic health condition disclosed, observed, or suspected <input type="checkbox"/> If any minor health condition, they are managed appropriately

C. Medication

What do I need to know to complete this component?

This component addresses medications that have been prescribed by a professional and that are being used in an amount and for a purpose that is consistent with the prescription.

Over the counter medications are not included here. If the client is using an over the counter medication for a purpose other than intended, it may be considered as part of **“D. 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 **“D. Substance Use”**.

Key points:

- **Look for prescribed medications.**
- **Do they follow the directions of the medication that's prescribed to them?**
- **Over-the-counter drugs are not part of this component (see “D. Substance Use”)**
- **Prescription medication not in the client's name are not part of this component (see “D. Substance Use”)**

How do I complete this component?

Observe

- Are there any prescription bottles in their bathroom/among their possessions?
 - Do the bottles have their name on it or someone else's?
 - What are the dates on prescription bottles?
- Do they have a pillbox or any other method to keep their medications organized and stored?
- Do they have visible reminders telling them to take their medication?
- Any scripts (indicating a prescribed but unfilled medication) in their possession?
- If you have completed **“A. Mental Health & Wellness & Cognitive Functioning”** and/or **“B. Physical Health & Wellness”**, have you identified the presence of any health issues that may require medication?

Ask

- Have you recently been prescribed any medications by a health care professional?
- Do you take any medication, prescribed to you by a doctor?
- Have you ever had a doctor prescribe you a medication that wasn't filled or you didn't take?
- Were any of your medications changed in the last month? How did that make you feel?
- Do other people ever steal your medications?
- Do you ever sell or share their medications with other people it wasn't prescribed to?
- How do you store your medication and make sure you take the right medication at the right time each day?
- What do you do if you realize you have forgotten to take your medications?

Documentation

- Do you have any papers or documents about the medications you take?

How do I score this component?

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
3	<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 nighttime medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and distributed by a third-party
2	<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
1	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	<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



D. Substance Use

What do I need to know to complete this component?

This component covers substance use, which is the use of alcohol (including non-palatable alcohol) and/or other drugs.

Prescription drugs, including methadone treatment, are not considered in this component unless they are used for a purpose other than for how they were prescribed. Otherwise, they are considered in “C. Medication”.

Information on usage thresholds has been drawn from leading addiction scholars and researchers. It is acknowledged that there can be differences in opinion amongst learned professionals in this field concerning the distinction between substance use and abuse, and in the amounts that can be safely consumed on a daily or weekly basis.

Key points:

- **Be familiar with acceptable consumption thresholds**
- **Look for the frequency with which they use drugs or alcohol beyond acceptable consumption thresholds**
- **Look for the consumption of non-palatable alcohol, inhalants, or injection drugs**
- **Look for frequency of using to the point of complete inebriation or blacking out**

“Acceptable consumption thresholds” for alcohol are: 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.

Non-palatable alcohol includes any substance with an alcohol content that is not intended for sipping or regular consumption. This would include substances such as Listerine, cooking wine and alcohol based hand-sanitizers.

Binge drinking is classified as any instance where 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 (for example, an evening of drinking).

How do I complete this component?

Observe

- Look for a significant amount empties where the person lives. Ask if the client was collecting them for recycling.
- Does the client have the shakes, especially in the morning?
- Is the client intoxicated in the morning?
- Does the client have puncture marks, track marks, inflammation or infection on arms, legs or other visibly places on the person where they have been punctured for injection substance use?
- Does the client have sores or blisters at the front of the lips, with co-occurring blackening of gums and teeth in one area of the mouth?
- Look for a visible rig, cooker or other drug-using apparatus

Ask

- When was the last time you had a drink or used drugs?
- Anything we should keep in mind related to drugs/alcohol?
- How often would you say you use [substance] in a week?
- Ever have a doctor tell you that your health may be at risk because you drink or use drugs?

- Have you engaged with anyone professionally related to your substance use that we could speak with?
- Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?
- Have you ever used alcohol or other drugs in a way that may be considered less than safe?
- Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?

Documentation

- Are there records of the client being enrolled in addictions treatment programs?
- Does any documentation cite substance use or lack of sobriety as a reason for the refusal or termination of services or housing (i.e. ineligibility for program, or eviction notice)?

How do I score this component?

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
3	<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
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
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

E. Experience of Abuse & Trauma

What do I need to know to complete this component?

This component is concerned with the impact of abuse or trauma. Included in this component are parents who are survivors of abuse or trauma as children. Additionally, 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 is not automatically considered to be a traumatic event for all people.

For the purpose of this component institutional abuse, including experience with the residential school system, is considered a history of abuse or trauma.

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.

In recognition that not all have access to professional counseling services, therapeutic recovery should be considered broadly. This is particularly pertinent when considering culturally significant healing practices.

Key points:

- **This section is entirely self-reported. If the individual says they have suffered no abuse, they get a 0.**
- **Look for the impact of abuse or trauma on housing stability**

How do I complete this component?

- **To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.**

Ask

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

How do I score this component?

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
2	<p>Any of the following:</p> <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

F. Risk of Harm to Self or Others

What do I need to know to complete this component?

This component is concerned with risk of personal harm and/or risk to others.

Included in this component are both actions and written or verbal statements. That is, the undertaking of harm as well as the threatening of harm.

There are no guaranteed ways in which someone can predict if another person will act in ways harmful to themselves or others.

The assessment for this component takes into consideration the likelihood of risk which considers a number of indicators, the history of harming oneself or others, the time since the last action or threats, and, the individual's ability to de-escalate.

The indicators that help inform the likelihood or risk include such things as:

- Severe depression
- Giving away personal possessions
- Expressing plans for a suicide attempt
- Sense of hopelessness
- Access to lethal means such as a weapon or toxic substance
- Previous suicide attempts
- Excessive substance use
- Social withdrawal and isolation
- History of incarceration for violent acts
- Specific threats of violence against specific people
- Strong feelings of being wronged by a specific person or group of people
- Expressing plans for a violent act against another person or group of people

Key points:

- **Look for evidence or risk of self-harm**
- **Look for violence or threats made by the individual towards others**

How do I complete this component?

Observe

- Does the client bear scars, especially on their wrists or arms, which could have come from self-harming?
- Does the client own any weapons, including firearms or knives?
- Is the client quick to anger?
- Has the client ever threatened you with physical harm, or anyone else while you were in their presence?

Ask

- Do you have thoughts about hurting themselves or anyone else?
 - Have you ever acted on these thoughts?
 - When was the last time?
 - What was occurring when that happened?

- Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others?
 - How long ago was that?
 - Does that happen often?
- Have you recently left a situation you felt was abusive or unsafe? How long ago was that?
- Have you been in any fights recently, whether they started it or someone else did?
 - How long ago was that?
 - How often do you get into fights?

Documentation

- Are there any restraining orders filed against the client?
- Has the client ever been involved in anger management?
- Has the client ever been on suicide watch?

How do I score this component?

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 alterations
1	<ul style="list-style-type: none"> <input type="checkbox"/> 366+ days ago, 1-3 involvements in physical alterations
0	<ul style="list-style-type: none"> <input type="checkbox"/> Reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

What do I need to know to complete this component?

This component is concerned with the client's involvement in high risk and/or exploitive situations.

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

While not an exhaustive list, examples of high risk and exploitive situations include:

- sex work;
- injection substance use;
- slavery;
- drug mule;
- unprotected sexual engagement (outside of a monogamous relationship);
- binge drinking;
- sleeping outside as a result of blacking out;
- 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;
- being in environments prone to violence;
- engaging in activity solely for the benefit of others without any personal gain or benefit.

Key points:

→ Look for instances of:

- ⇒ **Unprotected sex with multiple partners**
- ⇒ **Binge drinking**
- ⇒ **Sleeping outdoors**
- ⇒ **Injection drug use**
- ⇒ **Being taken advantage of/ exploited**
- ⇒ **Abusive relationships**

→ Count the total number of risky occasions in the past 6 months

This component also includes those individuals leaving an abusive situation given the high risk the abuser presents. As the mental or physical abuse experienced by the victims is a daily occurrence, these victims are considered a (4) rating.

People who have been sleeping rough may also be considered to be in a high-risk situation. Without protective clothing and appropriate sleeping gear they run the risk of exposure and temperature related ailments. Depending on where they are sleeping rough, they may be exposed to higher incidents of violence, sexual assault, and theft.

How do I complete this component?

Observe

- Do they have puncture marks, track marks, inflammation or infection on arms, legs or other visibly places on the person where they have been punctured for injection substance use (also see "**D. Substance Use**")?
- Did they report binge drinking in component "**D. Substance Use**"?
 - How many times has this happened in the past 6 months?
- Is the person currently living/sleeping outside?
- Does the individual have condoms readily available?
- Does the individual own any weapons, including firearms and knives?

Ask

- Does anybody force or trick you to do things that you don't want to do?
- Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?
- Do you ever find yourself in situations that may be considered at a high risk for violence?
- Do you ever sleep outside?
 - How do you dress and prepare for that?
 - Where do you tend to sleep?

How do I score this component?

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
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
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	<ul style="list-style-type: none"> <input type="checkbox"/> Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago
0	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, no involvement in higher risk and/or exploitive events



H. Interaction with Emergency Services

What do I need to know to complete this component?

This component is concerned with interactions with emergency services.

An interaction is not a casual encounter such as striking up a conversation with a police officer on the street, passing by a firefighter battling a blaze, seeing ambulance workers provide care on the street, or taking a friend to the emergency room. The interactions this component is interested in are deliberate and direct interactions between the client and staff from emergency rooms in hospitals, police officers, ambulance attendants and/or firefighters (including in the capacity of providing First Aid/ CPR – not solely in their function of fighting fire).

Also relevant to this component is the client’s interaction with crisis services, and their time spent in hospitals for overnight or long term care.

Key points:

→ **Look for:**

- ⇒ **Admittance to ER**
- ⇒ **Hospitalizations**
- ⇒ **Ambulance rides**
- ⇒ **Use of crisis services, distress centers, suicide prevention services, sexual assault crisis services, sex worker crisis services, or similar**
- ⇒ **Interactions with police**
- ⇒ **Interactions with firefighters**

→ **Count the total number of interactions in the past 6 months**

How do I complete this component?

Ask

- How often do you go to emergency rooms?
- How many times have you had the police speak to you over the past 180 days?
- Have you used an ambulance or needed the fire department at any time in the past 180 days?
- How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?
- How many times have you been admitted to hospital in the last 180 days? How long did you stay?

How do I score this component?

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

I. Legal

What do I need to know to complete this component?

This component is concerned with legal issues.

Legal issues pertain to any offences by any order of government or any area of law enforcement to which the person is subject to such things as paying a fine, undertaking community service, or being incarcerated.

The time frames references below pertain to the length of time since the most recent court appearance (not the time since the charge which may have occurred quite a bit of time before).

How do I complete this component?

Ask

- Do you have any “legal stuff” going on?
- Have you had a lawyer assigned to you by a court?
- Do you have any upcoming court dates?
 - Do you think there’s a chance you will do time?
- Any outstanding fines?
- Have you paid any fines or done community service in the last 12 months for anything?
 - Is anybody expecting you to do community service for anything right now?
- Did you have any legal stuff in the last year that got dismissed?
- Are your housing at risk in any way right now because of legal issues?

Key points:

- Any currently outstanding or recently resolved legal issues?
- What is the impact of these legal issues on the client’s housing?

Documentation

- Any documentation of arrests, warrants, or court dates?

How do I score this component?

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
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
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"/> No legal issues within the past 365 days, and currently no conditions of release

J. Managing Tenancy

What do I need to know to complete this component?

This component is concerned with a client's management of their apartment. The primary foci are payment of rent, not disrupting the enjoyment of other tenants, positive relations with the landlord/superintendent and avoiding unit damage.

Any client that is homeless at the time the SPDAT is completed shall be considered a 4.

This component is specifically concerned with the retention and implementation of skills necessary to care for one's apartment and manage their tenancy.

Third party payment of rent is not considered to be assistance in the payment of rent. That is an administrative function of how rent gets paid (not unlike a direct transfer for a mortgage payment), and not necessarily an indication of need for assistance.

Key points:

- **How often does the client have conflicts or disputes with landlords or neighbors?**
- **How often have they been evicted?**
- **Is there an impending eviction?**

How do I complete this component?

Ask

- Are you currently homeless?
- [If the client is housed] Do you have an eviction notice?
- [If the client is housed] Do you think that your housing is at risk?
- How are your relationship with your neighbors?
- How do you normally get along with landlords?
- How have you been doing with taking care of your place?

How do I score this component?

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"/> Continuously housed for at least 90 days but not 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"/> Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 365 days



Socialization & Daily Functioning

K. Personal Administration & Money Management

What do I need to know to complete this component?

This component is concerned with a client's ability to manage their money and the associated administrative tasks such as paying bills, filling out forms, completing a budget, and submitting necessary paperwork or documentation. These tasks can be performed by the client or another member of the client

A client may have multiple sources of income, including formal (for example, employment income; income support through welfare, etc.) as well as informal (for example, proceeds from sex work; "working under the table"; drug sales, etc.). All should be considered for this component.

It is understood that some clients may only have a small amount of income. It may be that they manage that small amount of income quite well, but still run out of money towards the end of the month in most, if not all, months. This shortfall of funds is not an issue with their ability. It is an issue with the amount of money they receive relative to their other expenses such as housing. These individuals are classified as a 2.

Key points:

- **Look for all sources of income**
- **Look for debts**
- **Look for ability to manage money**

How do I complete this component?

Ask

- How are you with taking care of money?
- How are you with paying bills on time and taking care of other financial stuff?
- Do you have any street debts or drug or gambling debts?
- Is there anybody that thinks you owe them money?
- Do you budget every single month for every single thing you needs? Including cigarettes? Booze? Drugs?
- Do you try to pay your rent before paying for anything else?
- Are you behind in any payments like child support or student loans or anything like that?

Documentation

- Do they have a bank account?
- Any records of debts, including credit card statements or letters of phone calls from collections agencies?
- Any records of a trustee or guardian who handles the financials?

How do I score this component?

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

L. Social Relationships & Networks

What do I need to know to complete this component?

This component is concerned with social relationships and networks. Covered in this component is the state of social relationships within the immediate client unit and beyond it, including engagement with friends, extended client, and to some degree their interaction and relationships with professionals.

There is no quantifiable measure of how many relationships the client should have, or the level of interaction that determines a relationship. More than one relationship involving fairly frequent interaction over several months is encouraged.

In some instances, the capacity of the client to trust or make an informed decision about social interaction can be a cause for concern. This is especially true of those clients who have a history of victimization, engagement in dependent relationships, and who are exploited for goods or services.

It is possible for a client to be satisfied with a relationship that is in fact detrimental to their own wellness. These types of situations are captured as a 4 on the scoring scale.

Key points:

- **Look for meaningful social connections**
- **Are any social connections having a negative impact on housing?**

How do I complete this component?

Observe

- Does the individual keep any photographs or memorabilia suggesting important relationships?
- Does the individual have any (visible) tattoos that contain a person's name?
- Do they frequently get calls or texts while you are meeting with them?

Ask

- Tell me about your friends, extended client or other people in your life.
- How often do you get together or chat with friends?
- When you goes to doctor's appointments or meet with other professionals like that, what is that like?
- Are there any people in your life that you feel are just using you?
- Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?
- Have you ever had people crash at your place that you did not want staying there?
- Have you ever been threatened with an eviction or lost a place because of something that friends or family did in your apartment?
- Have you ever been concerned about not following your lease agreement because of friends or family?

How do I score this component?

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 <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 <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 <input type="checkbox"/> 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 <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

M. Self Care & Daily Living Skills

What do I need to know to complete this component?

This component is concerned with the head of client's ability to take care of his or herself, meeting daily needs independently, and living autonomously. Behaviours of interest here include such things as taking care of one's own personal hygiene, as well as being able to cook, clean, and do laundry.

This component also gives consideration to those client heads that are collectors or hoarders. Crucial to this assessment is the degree to which they are aware that such behaviours are an issue that is negatively impacting their life.

Under the scoring scheme below, "lives independently" refers to the ability to live without permanent on-site supports. It does not include individuals living in couples or with roommates.

If the client is homeless at the time of assessment, the lowest score that they can receive is a 2.

Key points:

- **How is their personal hygiene?**
- **How often does the client use community resources like food banks, shelters, or things like public washrooms?**
- **Look for hoarding**

How do I complete this component?

Observe

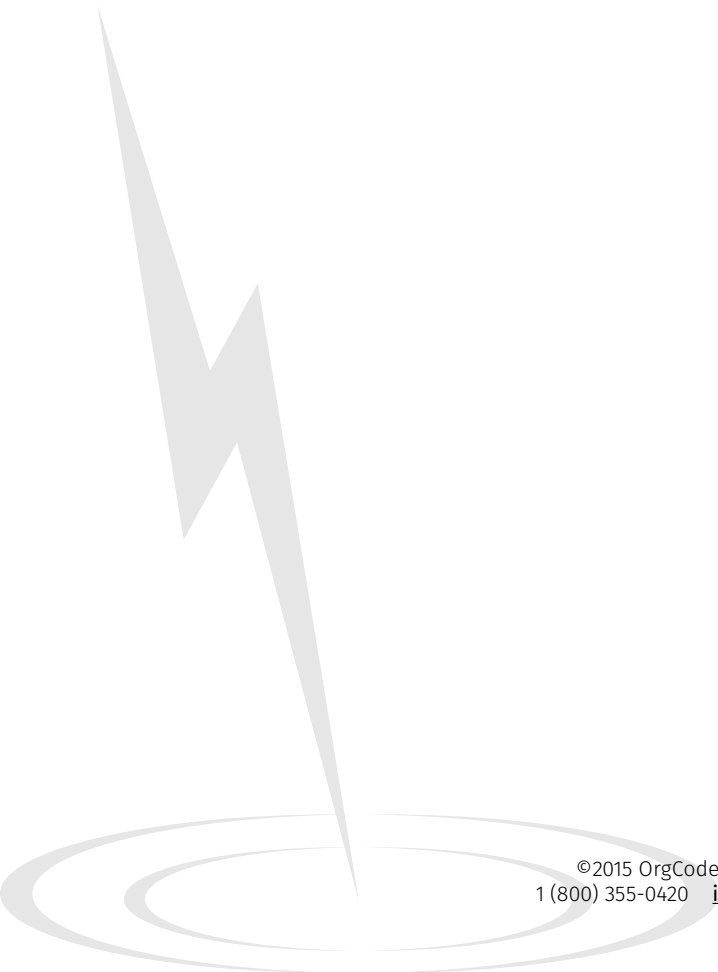
- Does the person have strong body odor, or ripped or dirty clothing?
- [If housed] Is the person's apartment relatively tidy, with clean dishes and laundry?
- [If housed] Any sign of pests?
- [If housed] What does the inside of their fridge/freezer look like?

Ask

- Do you have any worries about taking care of yourself?
- Do you have any concerns about looking after cooking, cleaning, laundry or anything like that?
- Do you ever need reminders to do things like shower or clean up?
- If I were to come over to your last apartment, what would it look like?
- Do you know how to shop for nutritious food on a budget?
- Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?
- Do you tend to keep all of your clothes clean?
- Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?
- When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?

How do I score this component?

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



N. Meaningful Daily Activity

What do I need to know to complete this component?

This component is concerned with the ways in which clients spend their days. These activities should extend beyond those pursuits that are informed solely by the requirements of the case plan. Meaningful daily activities should provide engagement for most, if not all, days of the week.

Examples of activities that are not considered to be meaningful daily activities include:

- Substance use, including:
 - Using substances for large portions of the day;
 - Spending large portions of the day finding/getting money to pay for substances;
 - Sleeping or being otherwise incapacitated as a result of their substance use and/or acquiring substances;
- Survival activities, such as:
 - Binning;
 - Bottle collecting;
 - Sex work;
- Therapy;
- Doctor's appointments and medical treatments;
- Seeking employment;
- Court mandated or ordered activities; and,
- Criminal activities.

Key points:

→ **How much time every day does the client spend doing things other than "just getting by"?**

→ **Do the daily activities provide personal satisfaction?**

A client's choice of meaningful daily activity is informed by personal and cultural preferences, as well as financial capacities. Of importance is not only that the client is engaged in meaningful daily activities, but that they also have a sense of fulfillment on some level from the participation in that activity. This usually is equated with intellectual, emotional, social, physical or spiritual fulfillment.

In addition, the activities and the sense of fulfillment should provide a sense of personal satisfaction to the participating clients. There is no specific metric for this satisfaction other than a personal feeling that can be attributed to feelings of self-esteem, contentment, confidence, recovery, etc.

While it is reasonable for an individual to enjoy solitary meaningful daily activities, there is an expectation that some activities will involve interacting with the community outside of their immediate housing situation.

How do I complete this component?

Observe

- Does the individual have a day planner, online calendar, or other tool for organizing their time?
- Do they keep flyers, brochures, or catalogues of activities from locations like community centers, churches, or libraries? If yes: do these materials look like they have ever been referenced?
- Does the individual have any memos reminding themselves to go to events?

Ask

- How do you spend your day?
- How do you spend your free time?

- Does that make you feel happy/fulfilled?
- How many days a week would you say you have things to do that make you feel happy/fulfilled?
- How much time in a week would you say that you are totally bored?
- When you wake up in the morning, do you tend to have an idea of what you plan to do that day?
- How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?
- Are there any things that get in the way of you doing the sorts of activities you would like to be doing?

How do I score this component?

4	<input type="checkbox"/> 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
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.
1	<input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	<input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 4+ days per week



History of Homelessness & Housing

O. History of Homelessness & Housing

What do I need to know to complete this component?

This component is concerned with the client's history of homelessness and housing.

The cumulative duration of homelessness is concerned with the total number of days that a person was homeless within the specified time period. It acknowledges that a person may have been homeless for one or two days, housed, then homeless again. The number of days spent homeless is added up to produce the cumulative total.

Key points:

→ **Look for total time the client has spent homeless**

The types of homelessness captured in this section include absolute homelessness (sleeping rough; staying in shelters; living in a car; squatting) as well as relative homelessness (couch surfing; overcrowding). What is most important is the client's own determination of what constituted their homelessness. Prompts may be necessary to assist clients in making a determination of when they considered themselves to be housed or homeless. This component will not change in later assessments of the SPDAT unless the client reveals new information.

How do I complete this component?

Ask

- How long have you been homeless?
- How many times have you experienced homelessness other than this most recent time?
- Have you spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your permanent address?
- Have you ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that?
- Have you ever spent time sleeping in an abandoned building?
- Were you ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?

How do I score this component?

- | | |
|----------|--|
| 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 |

Part 3: Scoring

Summarizing Scores

It is recommended that Frontline Workers, Team Leaders and Program Supervisors build familiarity with the descriptions of all of the components above. The objective is to achieve competence in applying the SPDAT without using the full SPDAT Manual. The most important tool is the Summary Sheet (see next page). The Summary Sheet should be the only documentation visible to the client(s) when using a conversational approach to gaining input for the SPDAT. As previously noted in the section about disclosure, the client(s) should be offered a copy of the Summary Sheet after the application of each SPDAT.

In the event of uncertainty between two possible scores for a component, i.e., if you are uncertain if the client is a “2” or a “3”, the higher score should be used.

The Comments section should be used throughout the Summary Sheet for five fundamental reasons:

- The Comments section should reveal the source of the information that led to the assessment: Self-Report, Observation, Case Notes, Conversation, Other Documentation.
- The Comments section should be used to note if there was uncertainty and a higher score for the component was used—as noted above.
- The Comments section can be used to note if any particular circumstances seem to be impacting the assessment score for an individual component.
- The Comments section can be used to make note of any relevant trends in the component for the client.
- The Comments section can be used to make any notes that will be helpful for subsequent SPDAT evaluations.

Practitioners should write comments factually. Comments should only be relevant to the context of the SPDAT and mindful of the fact that client head(s) will be offered a copy of the SPDAT Summary Sheet.

When summarizing the scores, it is important that a score is noted for every component. For example, noting a “0” is appropriate, leaving the component blank with an implied “0” is not appropriate. After there is a value for each component, a total score can be tallied for the client. This final score represents the client’s level of acuity out of a total possible rating of 80.

Scoring Summary Sheet

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 HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

MANUAL

VERSION 4.1

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		

Prioritizing Service Based Upon Score & Guiding Supports

The recommended intervention and approach to supports is linked to the level of acuity.

SCORING RANGE	INTERVENTION	COMMENTS
0-19	Housing Help Supports	Generally high functioning client with shorter periods of homelessness. Needs are not as complex in most of the SPDAT categories. Are most likely to solve their own homelessness, perhaps with very brief financial assistance, shallow subsidy, access to apartment listings and the like.
20-34	Rapid Re-Housing	With some supports, though not as intensive as Housing First, the client can access and maintain housing. The focus of the supports will more likely be on a smaller number of SPDAT components. Support services do not last as long as Housing First supports.
35-60	Housing First	These are clients with more complex needs who are likely to benefit from case management supports either through Intensive Case Management or Assertive Community Treatment. Scores in the SPDAT are likely to be higher (3s and 4s) in many of the components.

Within each category, those clients scoring closer to the top of the threshold are the first priority. For example, if two clients have undergone an intake and one scores a 73 and the other a 69, and there is only one opening on a caseload, the client with the highest score is served first.

For those clients who receive a Rapid Re-housing or Housing First service, it is expected that the overall SPDAT score is likely to decline over time during the period when a client is receiving supports even though there may be fluctuations in any of the 20 elements from one review to the next.

Consistently lower scores (which reflects overall life improvements and increased stability) can be used to focus on “graduation” from program supports, leading to decreased and then terminated service supports.

If a client is in crisis at the time of an SPDAT measurement, it may misrepresent overall acuity. To provide greater accuracy in the overall measurement, it is recommended that an additional SPDAT evaluation be taken once the crisis is resolved.

Regardless of the scoring and priority sequencing system outlined above, circumstances may that require additional information be considered in establishing the priority of clients to be served. This decision rests with the Team Leader and/or Senior Managers/Central Administrators within the community. It is incumbent upon these decision makers to justify exceptions in service delivery, acknowledging that there can be many reasons for an exception based upon local circumstances at any point in time. Known as the “notwithstanding” clause of SPDAT use, it is important that this approach is used infrequently, in limited circumstances and with sufficient justification.

System Navigation and Support for Clients Can Be Informed Using SPDAT Results

Individual communities as well as cross-agency partnerships can create specific processes to better assist clients relative to their SPDAT score.

For example, an SPDAT score of 72+ that includes higher scores related to mental health and wellness and/or physical health and/or substance use may trigger a referral or secondary assessment by a specialized health, mental health or addiction resource such as an ACT Team or another specialized service team.

Within individual teams, Team Leaders can use the SPDAT scores in each component to help inform which Follow-up Support Worker may have a skill set or expertise to best assist with a specific circumstance. The assigning of a Follow-up Support Worker to a particular client can be rationalized using SPDAT information.

There may also be instances where SPDAT scores are employed to enhance inter-agency partnership or overall caseload balance throughout the service system. For example, Team Leader and/or Senior Management meetings across agencies may result in client transfers among Housing First teams to ensure more balance across teams of clients with higher SPDAT scores.

Local Variations in SPDAT Use

Locally, system administrators can develop their own rules pertaining to priorities from scoring, system navigation, integration with a Homeless Management Information System and the use of the notwithstanding clause.

Individual organizations and communities may not adjust the scoring, ranking or descriptions of any of the 20 components.

Building Consistency in the Use of the SPDAT

The key to effectively and consistently using the SPDAT within a team and throughout a community is training, practice and sharing successes and mistakes.

Throughout a community of Housing Help, Rapid Re-housing and Housing First professionals, there should be a common understanding about each component of the SPDAT. It is common to most assessment tools for practitioners to have different perspectives about the score of a particular component. The sign of successful, consistent application of the SPDAT is when two people who have experience working with the same client in the same situation have SPDAT scores that vary by only a single point.

Staff members and organizations should not deviate from the current definitions or operational instructions for the SPDAT or create their own system. To ensure valid and reliable evaluation of outcomes, definitions and interpretations of information must be consistent within and across all organizations delivering Housing Help, Rapid Re-housing and Housing First within a community. Doing otherwise results in an inconsistent approach to prioritizing services and meeting the needs of clients. “Creaming” is unacceptable and counter-productive.

Infusing SPDAT into a standard practice will require the tool to be a part of the initial orientation or onboarding any new staff. Shadowing and coaching can be effective approaches for ensuring that new staff members apply the SPDAT consistently with other members of the team.

Appendices

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT) line of products, including Version 2 of the the Family SPDAT. Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Appendix B: About the SPDAT Version 4

OrgCode Consulting, Inc. is pleased to bring you Version 4 of the SPDAT, as well as Version 2 of the Family SPDAT. After a rigorous feedback cycle, research and testing, we believe this next evolution of the tools provide meaningful improvements to assist single adults and clients experiencing homelessness and service providers in your community.

- Dozens of communities using SPDAT and SPDAT provided input on how to improve the tools. We carefully considered each comment.
- We worked closely with various funders and policy makers to ensure that the tool aligned with their objectives.
- We expanded our research and our input from external experts, especially as it relates to child welfare, domestic and intimate partner violence, and trauma and abuse.
- Over 400 people with lived experience and more than 100 frontline staff worked with us to help improve this latest iteration of tools.
- You can now more clearly match the responses from the VI-SPDAT to the SPDAT.
- The document is a lot cleaner now, moving away from dense paragraph descriptions to simpler sentences and bullet points.
- Prompts are integrated directly onto the same sheet as the scoring scale, as is a place to keep notes during the assessment.
- All the background text and robust descriptions of each component of the SPDAT have been taken out of the assessment and scoring document itself.

What is the Same and What is Different?

- The structure of the tools is the same: four domains (five for clients) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for clients.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

HMIS

We will be making all of the new products available to the HMIS vendors that have legal permission to insert the tools. For all of these, it is up to the software vendor to decide when they will be programming the new products and latest versions into their products. Unlike the updated VI-SPDATs, the newer versions of the SPDAT and F-SPDAT can replace the older version within the HMIS without any major consequences because the components, domains and scoring are the same.

Appendix C: How the Update Happened

The feedback cycle used for the SPDAT is very similar to the feedback cycle that has been used with previous versions of the SPDAT. For communities that have been part of that cycle in the past, this was a very familiar process. For communities that had not previously been part of the SPDAT feedback cycle, this was a new experience. No SPDAT user had been through this before.

Starting in August 2014, OrgCode launched the feedback cycle. Through survey and written comments, dozens of communities provided thoughts on how the SPDAT and SPDAT could be improved. Shortly thereafter, OrgCode also brought on a third party to sample data from the 12 test communities that had been part of the SPDAT since 2009 or 2010. That data will be available by May 8th, 2015, and will be found on the [SPDAT product page](#).

Feedback was very rich. Communities sought greater clarity on the link between VI-SPDAT (or F-VI-SPDAT) and the SPDAT (or F-SPDAT). Some suggested peer reviewed literature, other government studies or data to review and consider for inclusion. Other feedback pertained to clarifying specific wording within components, the ordering of each table, and a desire to sort out some confusion on timelines.

As has been the case in previous review cycles with the SPDAT, all feedback was looked at in the context of how many communities were saying similar things (not that a single community could not have helpful feedback), as well as how long they had been using the SPDAT.

Research expanded for this latest version. The research for the SPDAT comes from peer reviewed published journal articles, government documents, and large data sources, and is informed in part by the broad range of academic disciplines. We have contacts in a range of disciplines that provide us direction on specific research to undertake. Staff on the OrgCode team also look to find relevant information and literature to inform refinements. We also have interns that help delve more deeply into the research required in specific subject areas. Over time OrgCode has, and will continue to, provide overviews on the research and thinking behind each component of the SPDAT in the form of Discussion Papers, one of which is available on the [SPDAT product page](#). We have also considered the feedback, validation and critiques of other external experts along the way, examples of which you can also see on the [SPDAT product page](#).

Like all previous versions, input from people experiencing homelessness and people that have previously experienced homeless was intentionally sought. This most often meant engaging with people in shelters, day centers, and, drop-ins. Like all previous versions, input was also sought from staff that work most intensely with people experiencing homelessness on a day to day basis.

With a sensitivity to decrease the likelihood of the tool being trauma inducing, we again contracted with independent experts in abuse and trauma to provide guidance. We also consulted with experts in domestic and intimate partner violence to have an independent review of the tool.

In the Canadian context, various aboriginal groups were specifically asked to provide a review and commentary on the tool and the language being used to ensure it would be culturally appropriate with First Nations and Metis people, as well as Inuit persons. In the American context, cultural sensitivity was reviewed through the engagement with persons with lived experience, and through commentary provided in the feedback survey. In both the Canadian and American context, input from organizations that specifically work with newcomers, immigrants and refugees was sought and received. Service providers that work with other populations like persons living with a mental illness and veterans were also consulted in the process. Furthermore, we sought input from youth service providers as part of the creation and testing of the Transition Aged Youth VI-SPDAT.

Appendix D: Frequently Asked Questions

Can we still use the previous version of the tool?

We would encourage this to be a community-wide decision, not an individual provider decision. Any community can decide that they would prefer to continue using a previous version.

If we want to use the new version, what is the timeframe we should consider for making the switch?

Again, we would encourage this to be a community-wide decision, not an individual provider decision. Another consideration may be the timeframe within which your HMIS vendor has the new versions inputted. The new version being available does not mean you need to change right away. Pick the timeframe that works best for your community.

How do we learn how to do the new version of the tool?

If you are already trained in SPDAT and/or SPDAT you do NOT need to be retrained. By reading through the new versions we are confident that the changes are evident and simple enough that you can implement without any new training from OrgCode.

If you have not been trained and want to learn how to do SPDAT or SPDAT contact info@orgcode.com and we can outline the training options and costs associated with each option.

Are there any new costs with using the updated versions?

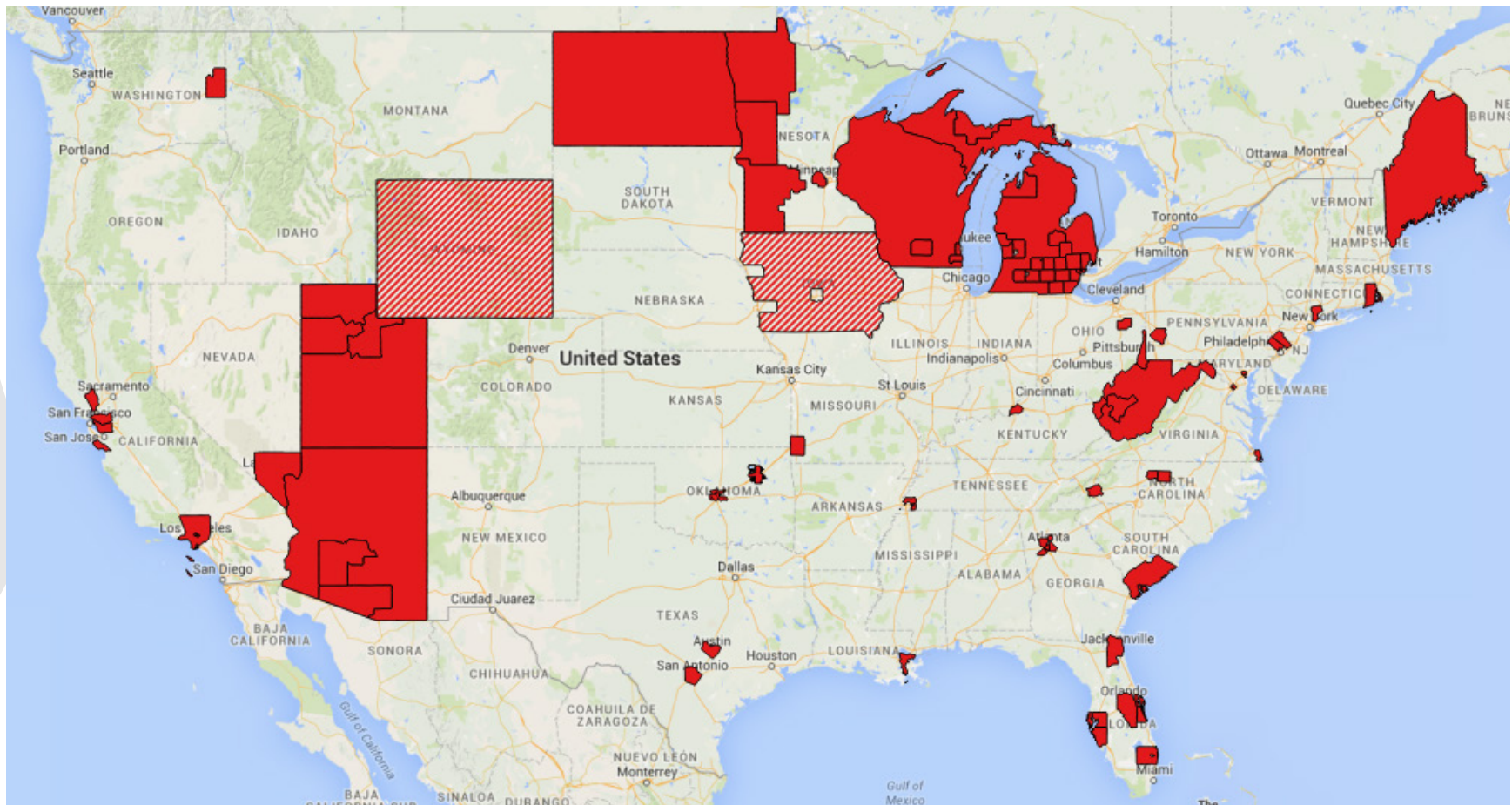
Nope. The tools remain free. Always will. All you pay for is the training. And if you are already trained on how to administer the SPDAT and/or SPDAT, you can start using the new versions without giving OrgCode a dime.

What do we do if we still have questions?

If you have questions, we welcome them and would encourage you to email info@orgcode.com where we will answer the questions in a timely fashion. If there are some common questions we will prepare an FAQ and put up the answers on our website.

Appendix E: Where the SPDAT is being used (as of May 2015)

United States of America



Arizona

- Statewide

California

- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia

- District of Columbia CoC

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia

- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa

- Parts of Iowa Balance of State CoC

Kentucky

- Louisville/Jefferson County CoC

Louisiana

- New Orleans/Jefferson Parish CoC

Maryland

- Baltimore City CoC

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County CoC
- Northwest Minnesota CoC
- Moorhead/West Central Minnesota CoC
- Southwest Minnesota CoC

Missouri

- Joplin/Jasper, Newton Counties CoC

North Carolina

- Winston Salem/Forsyth County CoC
- Asheville/Buncombe County CoC
- Greensboro/High Point CoC

North Dakota

- Statewide

Nevada

- Las Vegas/Clark County CoC

New York

- Yonkers/Mount Vernon/New Rochelle/Westchester County CoC

Ohio

- Canton/Massillon/Alliance/Stark County CoC
- Toledo/Lucas County CoC

Oklahoma

- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania

- Lower Marion/Norristown/Abington/Montgomery County CoC

- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country CoC

Tennessee

- Memphis/Shelby County CoC

Texas

- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah

- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia

- Virginia Beach CoC
- Arlington County CoC

Washington

- Spokane City & County CoC

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming is in the process of implementing statewide

Canada

Alberta

- Province-wide

Manitoba

- City of Winnipeg

New Brunswick

- City of Fredericton
- City of Saint John

Newfoundland and Labrador

- Province-wide

Northwest Territories

- City of Yellowknife

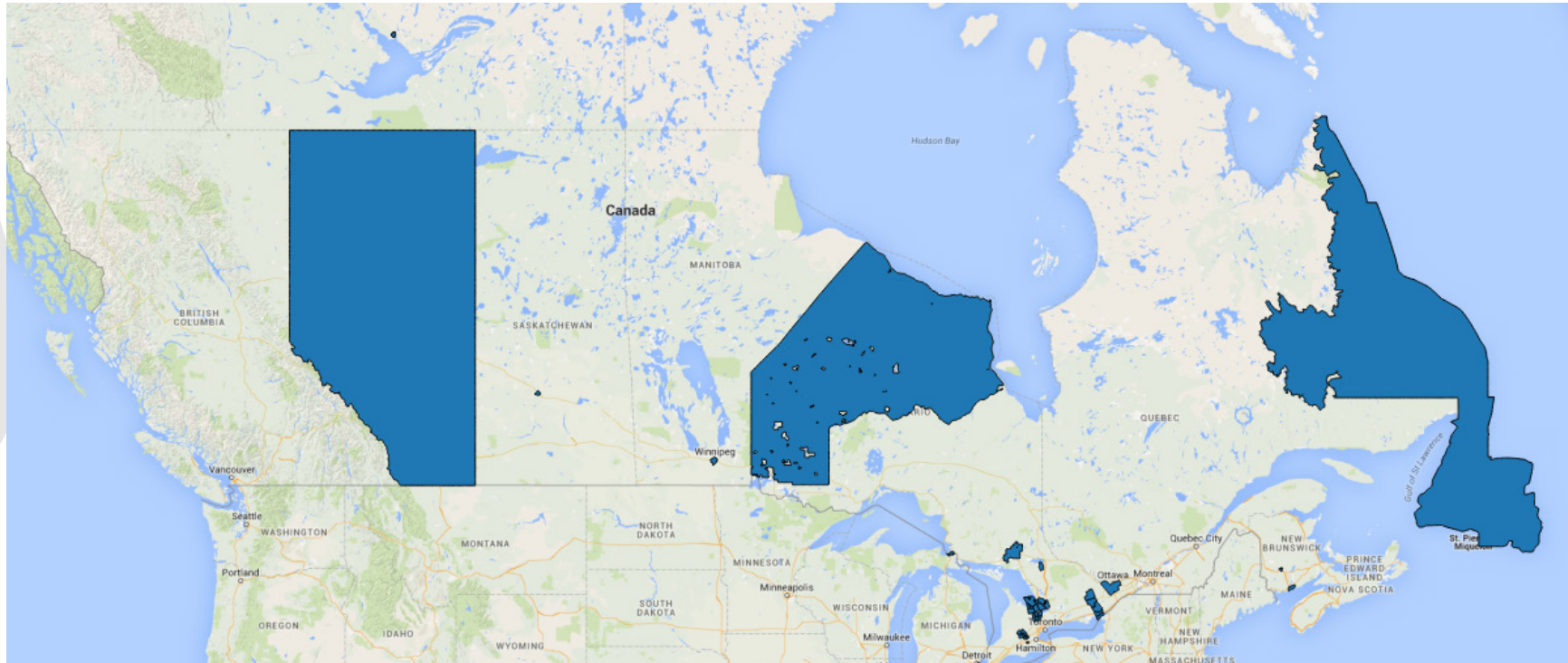
Ontario

- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor

- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan

- Saskatoon



Australia

Queensland

- Brisbane

