
Vulnerability Index (VI) & Service Prioritization Decision Assistance Tool (SPDAT)

PRESCREEN ASSESSMENT FOR SINGLE ADULTS

**100,000
HOMES**

For 100,000 homeless
individuals and families

POWERED BY COMMUNITY SOLUTIONS



A Proven, Evidence-Based Tool for Pre-screening and Case Management

The *HEARTH Act* and federal regulations require communities to develop a mechanism for common assessment and coordinated access. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

About the VI-SPDAT

The VI-SPDAT is a “supertool,” that combines the strengths of two widely used existing assessments:

The Vulnerability Index, developed by Community Solutions, is a street outreach tool currently in use in more than 100 communities. Rooted in leading medical research, the VI helps determine the chronicity and medical vulnerability of homeless individuals.

The Service Prioritization Decision Assistance Tool, developed by OrgCode Consulting, is an intake and case management tool in use in more than 70 communities. Based on a wide body of social science research, the tool helps service providers allocate resources in a logical, targeted way.

Why We Need a “Supertool”

The average community currently allocates housing resources on a first come-first served basis. Individuals and families take their place at the bottom of endless waiting lists, regardless of their chronicity, medical vulnerability, acuity, or ability to address their own housing instability. The result is often akin to an emergency room devoting its costliest resources to a common cold patient while leaving a late-arriving heart attack victim to fend for him or herself.

By contrast, the VI-SPDAT allows communities to assess clients’ various health and social needs quickly and then match them to the most appropriate— rather than the most intensive— housing interventions available. In some cases, the VI-SPDAT may help make the case for Permanent Supportive Housing. In other cases, it may encourage practitioners to choose Rapid Rehousing or even to do nothing when clients are statistically likely to escape homelessness on their own. Because the tool is rooted in exhaustive research, service providers can be sure that the recommended intervention (or non-intervention) is the most appropriate path for the client in front of them.

The VI-SPDAT takes the pressure off of service providers making difficult, emotionally fraught decisions and reframes the moment of assistance as an opportunity to match each client with the best housing and service options for his or her individual needs. In an environment of increasingly limited resources, it also helps communities avoid “subsidy overkill” by targeting their most intensive supports toward those who research shows will not make effective use of a lesser subsidy.






**100,000
HOMES**

For 100,000 homeless
individuals and families

POWERED BY COMMUNITY SOLUTIONS



Using the Vulnerability Index and Service Prioritization Decision Assistance Tool to Improve Access and Service Alignment in Your Community

	<p>STEP 1 Homeless Individual or Family - Approached during a Registry Week or by Street Outreach - or encountered by Coordinated Intake and Common Assessment staff.</p>
	<p>STEP 2 A Combined Vulnerability Index and Service Prioritization Decision Assistant Tool (SPDAT) Prescreen Survey completed (with consent) to understand initial presenting issues and whether a full assessment is warranted.</p>
	<p>STEP 3 Based upon prescreen result, assessors complete full SPDAT assessment. Individuals/families are prioritized for Rapid Re-Housing or Housing First/PSH supports and housing based upon assessment result, and are notified accordingly.</p>
	<p>STEP 4 Individuals/families that are prioritized for service are provided assistance accessing housing and receiving supports to help them stay housed. Supports are directly related to areas of higher need as identified by the SPDAT.</p>
	<p>STEP 5 Individuals/families receive specially catered supports to improve housing and life stability. Assessments are followed up at regular, predetermined intervals to track life improvements and improved acuity.</p>

CONSENT

Interviewer's Name		Team # <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer	
Date	Time	Location	
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Date of Birth	
Social Security Number		Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	

[Scoring Instructions in Red]

A. HISTORY OF HOUSING & HOMELESSNESS

Questions			Prescreen Score
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.			
	RESPONSE	REFUSED	
1. What is the total length of time you have lived on the streets or shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you been homeless and then housed again?		<input type="checkbox"/>	
PRE-SCREEN SUBTOTAL			

B. RISKS

I am going to ask you some questions about your interaction with emergency and health services. Some questions have a different time frame and if you need me to help you figure out when in the past it started, let me know.

Questions			Prescreen Score
If the total number of interactions equals 4 or more across categories, then score 1.			
	RESPONSE	REFUSED	
3. In the past three months, how many times have you been to the emergency department/room?		<input type="checkbox"/>	
4. In the past six months, how many times have you interacted with police?		<input type="checkbox"/>	
5. In the past six months, how many times have you taken an ambulance to the hospital?		<input type="checkbox"/>	
6. In the past six months, how many times have you used a crisis service, including distress centers and suicide prevention hotlines?		<input type="checkbox"/>	
7. In the past year, how many times have you been hospitalized as an inpatient?		<input type="checkbox"/>	
Have you:... If "YES" to either question 8 or 9, then score 1.	YES	NO	REFUSED
8. Been attacked or beaten up since you've become homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines? If "YES", then score 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRESCREEN ASSESSMENT FOR SINGLE ADULTS

If "YES" to either question 11 or 12, or anyplace other than "shelters" in question 13, score 1				
11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Streets <input type="checkbox"/> Car/Van/RV <input type="checkbox"/> Subway/Bus <input type="checkbox"/> Beach/Riverbed <input type="checkbox"/> Other (specify) _____			
PRE-SCREEN SUBTOTAL				

C. SOCIALIZATION & DAILY FUNCTIONING

Questions [Scoring Instructions in Red]				Prescreen Score
If "YES" to question 14, or "NO" to either 15 or 16, score 1.				
	YES	NO	REFUSED	
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to cover all of your expenses each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment? If "NO" then score 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If "YES" to either question 18 or 19, then score 1.				
18. Do you have any friends, family or other people in your life out of convenience or necessity, but that you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any of the friends, family or other people in your life ever take your money, constantly borrow cigarettes, use your drugs, drink your alcohol, or get you to do things that you don't really want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY -DO NOT ASK:				
20. Surveyor, do you detect signs of poor hygiene or daily living skills? If "YES" then score 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRE-SCREEN SUBTOTAL				

D. WELLNESS

Questions [Scoring Instructions in Red]			Prescreen Score
Does not go for care" score 1, and also score 1 for each "YES" response in questions 22 to 34		RESPONSE	REFUSED
21. Where do you usually go for healthcare or when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Does not go for care		
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:	YES	NO	REFUSED
22. Kidney disease/ End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY -DO NOT ASK:			
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you... If "YES" to any, then score 1.	YES	NO	REFUSED
35. Ever have problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY -DO NOT ASK:			
41. Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you... If "YES" to any, then score 1.			
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY -DO NOT ASK:			
47. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>	

PRESCREEN ASSESSMENT FOR SINGLE ADULTS

48. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions was never filled? <i>If "YES" then score 1.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness? <i>If "YES" then score 1.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRE-SCREEN SUBTOTAL				

SCORING SUMMARY

DOMAIN	SUBTOTAL
A. HISTORY OF HOUSING & HOMELESSNESS	
B. RISKS	
C. SOCIALIZATION & DAILY FUNCTIONS	
D. WELLNESS	
TOTAL	
Recommend Permanent Supportive Housing/Housing First Assessment	>10
Recommend Rapid Re-Housing Assessment	5 - 9
DO NOT Recommend Housing & Support Assessment at this time	0 - 4

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

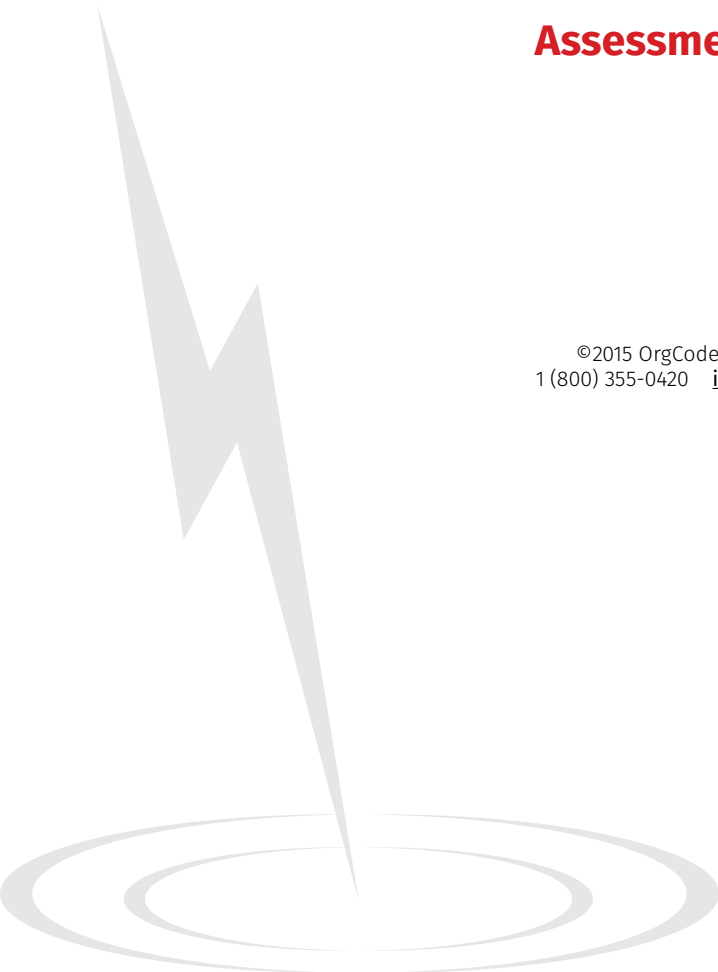
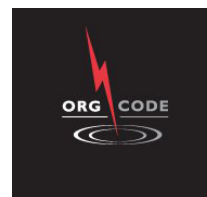
What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Decline to State
Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>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

Family Service Prioritization Decision Assistance Tool (F-SPDAT)

Assessment Tool for Families

VERSION 2.01

©2015 OrgCode Consulting Inc. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com



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 service delivery contexts. 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 may 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
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

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

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is 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
- SPDAT V 2.0 for Families
- 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, 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/>

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.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Has anyone in your family ever received any help with their mental wellness? • Do you feel that every member in your family is getting all the help they need for their mental health or stress? • Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that? • Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally? • Does anyone in your family have trouble learning or paying attention, or 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? What about when you were pregnant? • Has anyone in your family ever hurt their brain or head? • Do you have any documents or papers about your family's mental health or brain functioning? • Are there other professionals we could speak with that have knowledge of your family's mental health? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following among any family member:</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 among any family member:</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 the family's 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 any member of the family to be screened 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"/> All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and are 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

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How is your family's health? • Are you getting any help with your health? How often? • Do you feel you are getting all the care you need for your family's health? • Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family? • Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that? • When was the last time anyone in your family 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 family's health that you think would prevent them from living a full, healthy, happy life? • Are there other professionals we could speak with that have knowledge of your family's health? • Do you have any documents or papers about your family's health or past stays in hospital because of your health? 	NOTES

SCORING	
4	<p>Any of the following for any member of the family:</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 among any family member 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 in a family member, 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 <input type="checkbox"/> If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Has anyone in your family recently been prescribed any medications by a health care professional? • Does anyone in your family take any medication, prescribed to them by a doctor? • Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take? • Were any of your family's medications changed in the last month? Whose? How did that make them feel? • Do other people ever steal your family's medications? • Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to? • How does your family store their medication and make sure they take the right medication at the right time each day? • What do you do if you realize someone has forgotten to take their medications? • Do you have any papers or documents about the medications your family takes? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following for any family member:</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 for any family member:</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 for any family member:</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 is true for every family member:</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

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • When was the last time you had a drink or used drugs? What about the other members of your family? • 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? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px;"></div>

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING

4	<input type="checkbox"/> An adult is in a life-threatening health situation as a direct result of substance use, or , <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 3+, or , <input type="checkbox"/> Any family member is under 15 and would score a 2+, or who first used drugs prior to age 12, or , In the past 30 days, any of the following are true for any adult in the family... <ul style="list-style-type: none"> <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"/> An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or , <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 2, or , <input type="checkbox"/> Any family member is under 15 and would score a 1, or who first used drugs at age 13-15, or , In the past 30 days, any of the following are true for any adult in the family... <ul style="list-style-type: none"> <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	<input type="checkbox"/> Any family member is under the legal age but over 15 and would otherwise score 1, or , In the past 30 days, any of the following are true for any adult in the family... <ul style="list-style-type: none"> <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 of Parents

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<p>*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.</p> <p>*Because this section is self-reported, if there are more than one parent present, they should each be asked individually.</p> <ul style="list-style-type: none"> • “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 family?” • “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?” 	<p style="text-align: center;">NOTES</p> <div style="border: 1px solid #c00000; height: 200px;"></div>

SCORING	
4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
Any of the following:	
2	<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

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened? • Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themselves or others? How long ago was that? Does that happen often? • Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that? • Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights? 	NOTES

SCORING	
4	<p>Any of the following for any family member:</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 for any family member:</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 for any family member:</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	<input type="checkbox"/> 366+ days ago, a family member had 1-3 involvements in physical alterations
0	<input type="checkbox"/> Whole family reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abcesses or track marks from injection substance use?</i> • <i>Does anybody force or trick people in your family to do things that they don't want to do?</i> • <i>Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i> • <i>Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?</i> • <i>Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	<div style="background-color: #c00000; color: white; text-align: center; padding: 5px;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px; width: 100%;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, any member of the family 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, family engaged in a total of 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, any member of the family 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, family engaged in a total of 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, any member of the family left an abusive situation
1	<ul style="list-style-type: none"> <input type="checkbox"/> Any involvement in higher risk and/or exploitive situations by any member of the family 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 by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How often does your family go to emergency rooms? • How many times have you had the police speak to members of your family over the past 180 days? • Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days? • How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days? • How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay? 	NOTES

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

SCORING	
4	<input type="checkbox"/> In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services by family members 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

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Does your family have any “legal stuff” going on? • Has anyone in your family had a lawyer assigned to them by a court? • Does anyone in your family have any upcoming court dates? Do you think there’s a chance someone in your family will do time? • Any outstanding fines? • Has anyone in your family paid any fines in the last 12 months for anything? • Has anyone in your family done any community service in the last 12 months? • Is anybody expecting someone in your family to do community service for anything right now? • Did your family have any legal stuff in the last year that got dismissed? • Is your family’s housing at risk in any way right now because of legal issues? 	<p style="text-align: center; font-weight: bold;">NOTES</p> <div style="border: 1px solid #d9534f; height: 200px;"></div>

SCORING	
4	<p>Any of the following among any family member:</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 among any family member:</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 among any family member:</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 among family members, 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 family member has had any legal issues within the past 365 days, and currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Is your family currently homeless? • [If the family is housed] Does your family have an eviction notice? • [If the family is housed] Do you think that your family's housing is at risk? • How is your family's relationship with your neighbors? • How does your family normally get along with landlords? • How has your family been doing with taking care of your place? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #c00000; height: 150px; width: 100%;"></div>

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless <input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> In the past 365 days, was re-housed 6+ times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 2 times <input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> 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

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How are you and your family with taking care of money? • How are you and your family with paying bills on time and taking care of other financial stuff? • Does anyone in your family have any street debts or drug or gambling debts? • Is there anybody that thinks anyone in your family owes them money? • Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs? • Does your family try to pay your rent before paying for anything else? • Is anyone in your family behind in any payments like child support or student loans or anything like that? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No family income (including formal and informal sources) <input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments <p>Or, for the person who normally handles the household's finances, 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"/> Not aware of the full amount spent on substances, if the household includes a substance user
3	<p><input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments, or</p> <p>For the person who normally handles the household's finances, 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 the household includes a substance user
2	<p><input type="checkbox"/> In the past 365 days, source of family income has changed 2+ times, or</p> <p>For the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <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"/> Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days</p>
0	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days</p>

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Tell me about your family’s friends, extended family or other people in your life. • How often do you get together or chat with family friends? • When your family 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, or someone else in your family? • Are there any of your family’s 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 extended family did in your apartment? • Have you ever been concerned about not following your lease agreement because of friends or extended family? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless and would classify most of friends and family as homeless <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"/> In the past 90 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> No friends or family and any family member demonstrates an inability to follow social norms
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify some of friends as housed, while some are homeless <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 all family members demonstrate ability to follow social norms <input type="checkbox"/> Any family member is meeting new people with an intention of forming friendships <input type="checkbox"/> Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify friends and family as being housed <input type="checkbox"/> More than 180 days ago, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Any family member is developing relationships with new people but not yet fully trusting them
1	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for less than 180 days, and family 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 family is engaged with friends or family, who are having no negative consequences on the individual’s housing stability

M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Do you have any worries about taking care of yourself or your family? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Does anyone in your family ever need reminders to do things like shower or clean up? • Describe your family's last apartment. • 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 family's 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? 	NOTES

SCORING	
4	<p>Any of the following for head(s) of household:</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 for head(s) of household:</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 for head(s) of household:</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, family accessed community resources 4 or fewer times, and head of household is fully taking care of all the family's daily needs
0	<ul style="list-style-type: none"> <input type="checkbox"/> For the past 365+ days, fully taking care of all the family's daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How does your family spend their days? • How does your family spend their free time? • Do these things make your family feel happy/fulfilled? • How many days a week would you say members of your family have things to do that make them feel happy/fulfilled? • How much time in a week would you or members of your family say they are totally bored? • When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day? • How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love? • Are there any things that get in the way of your family doing the sorts of activities they would like to be doing? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; margin-top: 5px;"></div>

SCORING	
4	<input type="checkbox"/> Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	<input type="checkbox"/> Any member of the family is 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"/> Some members of the family are 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 they are not fully committed to continuing the activities.
1	<input type="checkbox"/> Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	<input type="checkbox"/> Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How long has your family been homeless? • How many times has your family experienced homelessness other than this most recent time? • Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address? • Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that? • Has your family ever spent time sleeping in an abandoned building? • Was anyone in your family 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? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #c00000; height: 150px;"></div>

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of family homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

P. Parental Engagement

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Walk me through a typical evening after school in your family. • Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed? • Does your family have play time together? What kinds of things do you do and how often do you do it? • Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

Note: In this section, a child is considered “supervised” when the parent has knowledge of the child’s whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. “Caretaking tasks” are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

SCORING	
4	<input type="checkbox"/> No sense of parental attachment and responsibility <input type="checkbox"/> No meaningful family time together <input type="checkbox"/> Children 12 and younger are unsupervised 3+ hours each day <input type="checkbox"/> Children 13 and older are unsupervised 4+ hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	<input type="checkbox"/> Weak sense of parental attachment and responsibility <input type="checkbox"/> Meaningful family activities occur 1-4 times in a month <input type="checkbox"/> Children 12 and younger are unsupervised 1-3 hours each day <input type="checkbox"/> Children 13 and older are unsupervised 2-4 hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	<input type="checkbox"/> Sense of parental attachment and responsibility, but not consistently applied <input type="checkbox"/> Meaningful family activities occur 1-2 days per week <input type="checkbox"/> Children 12 and younger are unsupervised fewer than 1 hour each day <input type="checkbox"/> Children 13 and older are unsupervised 1-2 hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	<input type="checkbox"/> Strong sense of parental attachment and responsibility towards their children <input type="checkbox"/> Meaningful family activities occur 3-6 days of the week <input type="checkbox"/> Children 12 and younger are never unsupervised <input type="checkbox"/> Children 13 and older are unsupervised no more than an hour each day
0	<input type="checkbox"/> Strong sense of attachment and responsibility towards their children <input type="checkbox"/> Meaningful family activities occur daily <input type="checkbox"/> Children are never unsupervised

Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?</i> • <i>Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?</i> 	NOTES <div style="border: 1px solid #c00000; height: 150px; width: 100%;"></div>

SCORING	
4	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relative within the family have changed 4+ times <input type="checkbox"/> Children have left or returned to the family 4+ times
3	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 3 times <input type="checkbox"/> Children have left or returned to the family 3 times
2	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 2 times <input type="checkbox"/> Children have left or returned to the family 2 times
1	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 1 time <input type="checkbox"/> Children have left or returned to the family 1 time
0	In the past 365 days, any of the following have occurred: <input type="checkbox"/> No change in parental arrangements and/or other adult relatives within the family <input type="checkbox"/> Children have not left or returned to the family

R. Needs of Children

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Please tell me about the attendance at school of your school-aged children. • Any health issues with your children? • Any times of separation between your children and parents? • Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse? • Have your children ever accessed professional assistance to address that abuse? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 15+ days in any month <input type="checkbox"/> School-aged children are not currently enrolled in school <input type="checkbox"/> Any member of the family, including children, is currently escaping an abusive situation <input type="checkbox"/> The family is homeless
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 7-14 days in any month <input type="checkbox"/> School-aged children typically miss 3+ days of school per week for reasons other than illness <input type="checkbox"/> In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 1-6 days in any month <input type="checkbox"/> School-aged children typically miss 2 days of school per week for reasons other than illness <input type="checkbox"/> In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days <input type="checkbox"/> School-aged children typically miss 1 day of school per week for reasons other than illness
0	<p>All of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month <input type="checkbox"/> School-aged children maintain consistent attendance at school <input type="checkbox"/> There is no evidence of children in the home having experienced or witnessed abuse <input type="checkbox"/> The family is housed

S. Size of Family Unit

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?</i> • <i>Is anyone in the family currently pregnant?</i> 	NOTES <div style="border: 1px solid #c00000; height: 200px; width: 100%;"></div>

SCORING		
	FOR ONE-PARENT FAMILIES:	FOR TWO-PARENT FAMILIES:
4	Any of the following: <input type="checkbox"/> A pregnancy in the family <input type="checkbox"/> At least one child aged 0-6 <input type="checkbox"/> Three or more children of any age	Any of the following: <input type="checkbox"/> A pregnancy in the family <input type="checkbox"/> Four or more children of any age
3	Any of the following: <input type="checkbox"/> At least one child aged 7-11 <input type="checkbox"/> Two children of any age	Any of the following: <input type="checkbox"/> At least one child aged 0-6 <input type="checkbox"/> Three children of any age
2	<input type="checkbox"/> At least one child aged 12–15.	Any of the following: <input type="checkbox"/> At least one child aged 7-11 <input type="checkbox"/> Two children of any age
1	<input type="checkbox"/> At least one child aged 16 or older.	<input type="checkbox"/> At least one child aged 12 or older
0	<input type="checkbox"/> Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

T. Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Any matters being considered by a judge right now as it pertains to any member of your family? • Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back? • Has there ever been an investigation by someone in child welfare into the matters of your family? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, interactions with child protective services have occurred <input type="checkbox"/> In the past 365 days, one or more children have been removed from parent’s custody that have not been reunited with the family at least four days per week <input type="checkbox"/> There are issues still be decided or considered within family court
3	<p>In the past 180 days, any of the following have occurred:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Interactions with child protective services have occurred, but not within the past 90 days <input type="checkbox"/> One or more children have been removed from parent’s custody through child protective services (non-voluntary) and the child(ren) has been reunited with the family four or more days per week; <input type="checkbox"/> Issues have been resolved in family court
2	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	<ul style="list-style-type: none"> <input type="checkbox"/> No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	<ul style="list-style-type: none"> <input type="checkbox"/> There have been no serious interactions with child protective services because of parenting concerns

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

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

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT		
STABILITY/RESILIENCY OF THE FAMILY UNIT		
NEEDS OF CHILDREN		
SIZE OF FAMILY		
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/ OR FAMILY COURT		
TOTAL		<p>Score: Recommendation:</p> <p>0-26: No housing intervention</p> <p>27-53: Rapid Re-Housing</p> <p>54-80: Permanent Supportive Housing/Housing First</p>

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). 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.

Family SPDAT

Upon the release of SPDAT Version 3, a special version was released - the Family SPDAT Version 1. This tool introduced five new components that specifically address the unique challenges to housing stability faced by homeless families. In addition, the tool has a focus on households throughout.

SPDAT Version 4/Family SPDAT Version 2

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, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4 and F-SPDAT v2, 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 have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review 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.

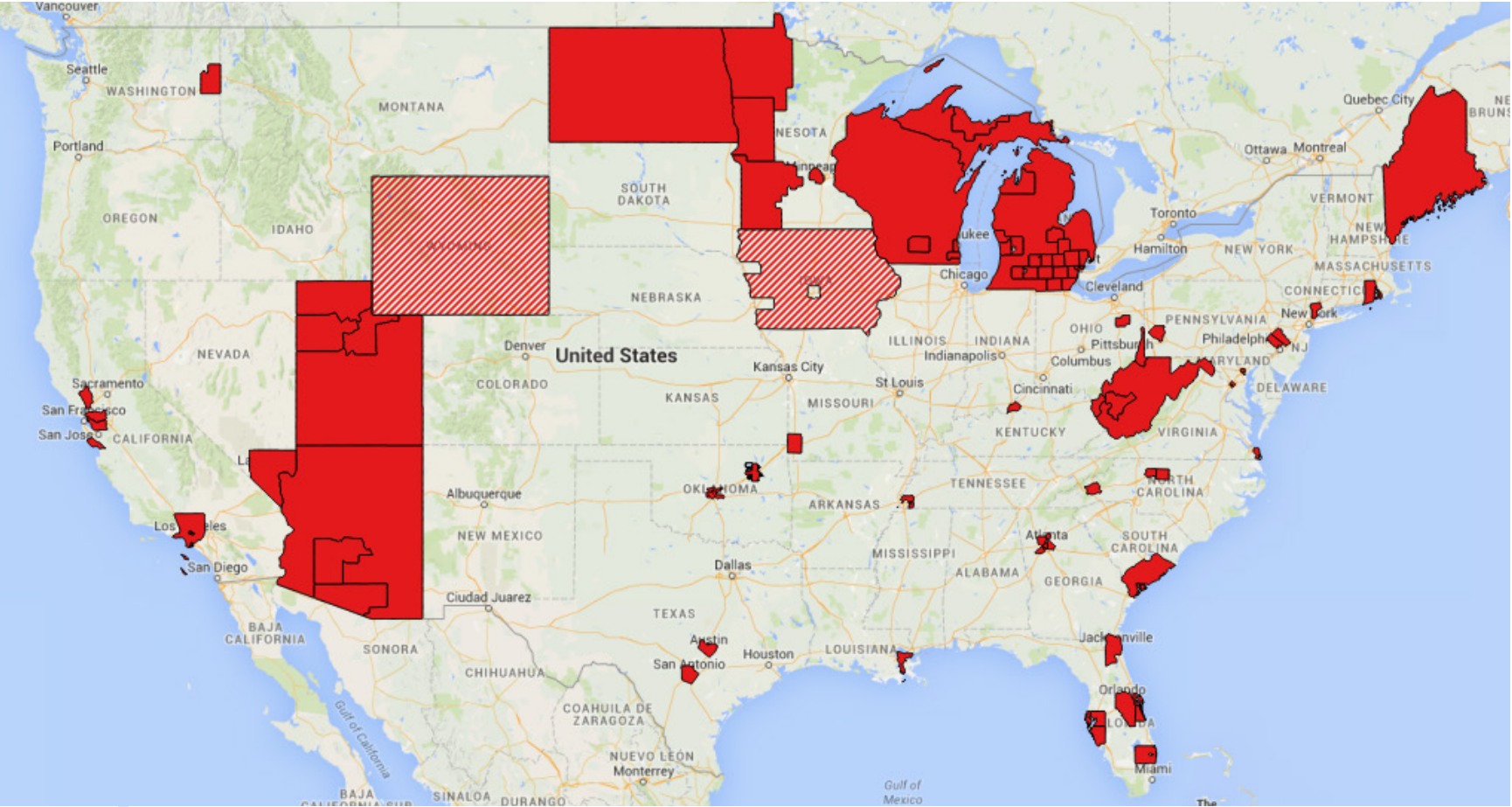
The new versions build upon the success of previous versions of the SPDAT products with some refinements. Starting in August 2014, a survey was launched of existing SPDAT and F-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from F-SPDAT Version 1 to Version 2 include:

- The structure of the tools is the same: four domains (five for families) 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 families.
- 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.

Appendix B: 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

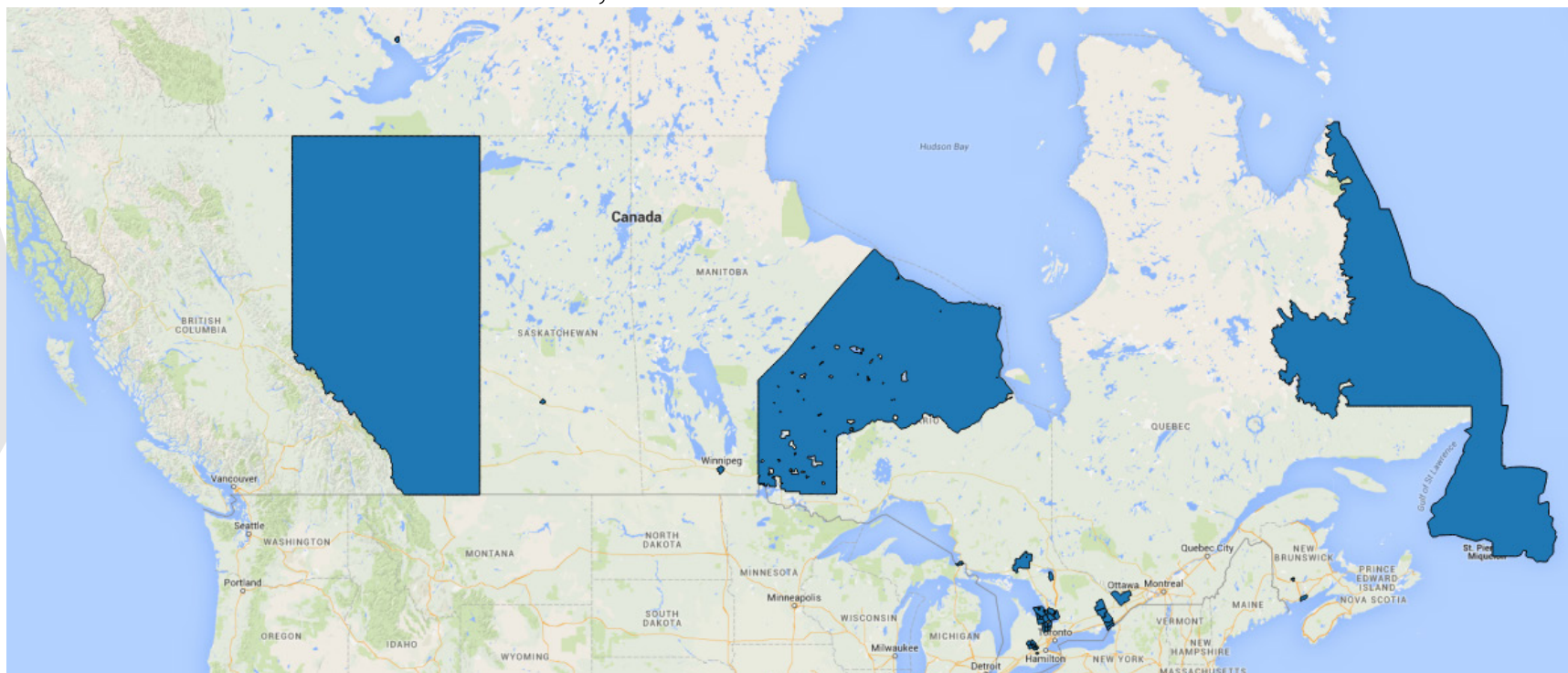
Ontario

- 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

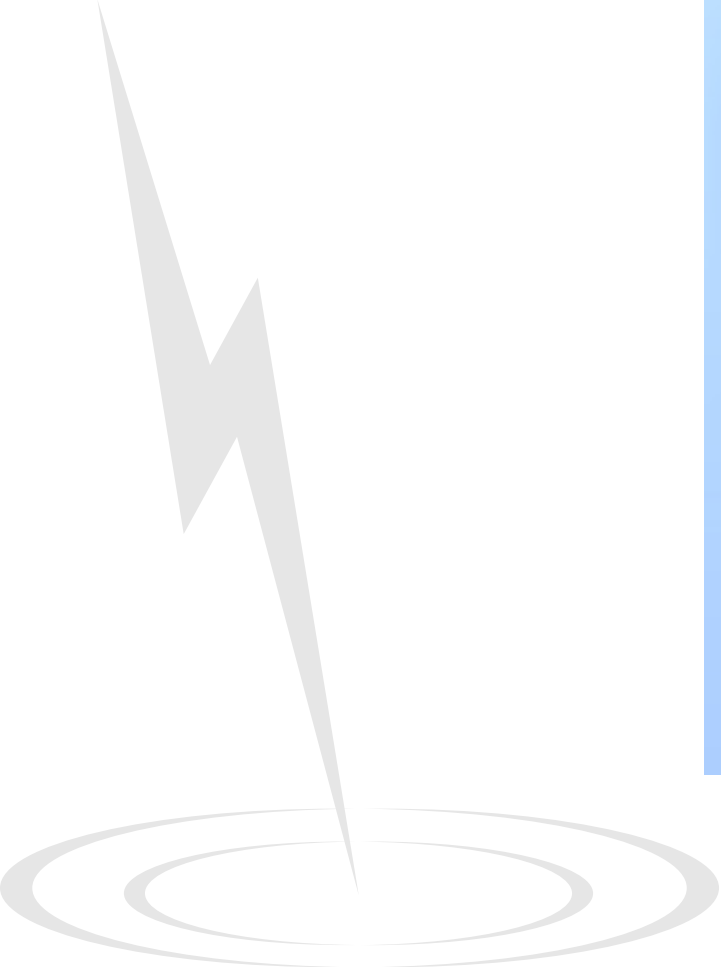
- Saskatoon



Australia

Queensland

- Brisbane



Youth

Service Prioritization Decision Assistance Tool (Y-SPDAT)

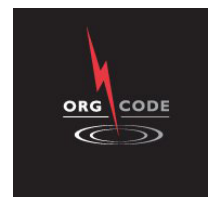
Assessment Tool for Single Youth

VERSION 1.0

©2015 OrgCode Consulting Inc. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

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.



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
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

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/>

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.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Have you ever had a conversation with a psychiatrist, psychologist, or school counsellor? When was that? • Do you feel you are getting all the help you might need with whatever mental health stress you might have? • Have you ever hurt your brain or head? • Do you have trouble learning or paying attention? • Has anyone ever told you you might have ADD or ADHD? • Was there ever any special testing done to identify learning disabilities? • Has any doctor ever prescribed you pills for anxiety, depression, or anything like that? • Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? • Are there any professionals we could speak with that have knowledge of your mental health? 	NOTES

SCORING		
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability 	
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability 	
2	<p>While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity 	<p style="text-align: center; margin: 0;">FOR YOUTH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 16 or under and would not otherwise score higher
1	<ul style="list-style-type: none"> <input type="checkbox"/> In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and is engaged with mental health supports as necessary. 	<ul style="list-style-type: none"> <input type="checkbox"/> Age 17-23 and would not otherwise score higher
0	<ul style="list-style-type: none"> <input type="checkbox"/> Age 24+ and no mental health or cognitive functioning issues disclosed, suspected or observed 	

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How is your health? • Do you feel you are getting all the care you need for your health? 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? • Any illness like diabetes, HIV, Hep C or anything like that going on? • Do you have any reason to suspect you might be pregnant? Is that impacting your health in any way? Have you talked with a doctor about your pregnancy? Are you following the doctor's advice? • Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life? • Are there other professionals we could speak with that have knowledge of your health? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

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

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-occurring chronic health conditions <input type="checkbox"/> Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> Palliative health condition
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 <input type="checkbox"/> If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Have you recently been prescribed any medications by a health care professional? • Do you take any medications prescribed to you by a doctor? • Have you ever sold some or all of your prescription? • Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take? • Were any of your medications changed in the last month? If yes: How did that make you feel? • Do other people ever steal your medications? • Do you ever share your medications with other people? • How do you store your medications and make sure you take the right medication at the right time each day? • What do you do if you realize you've forgotten to take your medications? • Do you have any papers or documents about the medications you take? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
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 night-time medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and distributed by a third-party
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

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • When was the last time you had a drink or used drugs? • Is there anything we should keep in mind related to drugs or alcohol? • [If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week? • Ever get into fights, fall down and bang your head, 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 end up doing things you later regret after you have gotten really hammered? • Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that? • Have you engaged with anyone professionally related to your substance use that we could speak with? 	<p>NOTES</p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

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

SCORING		FOR YOUTH
4	<input type="checkbox"/> In a life-threatening health situation as a direct result of substance use, or , In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in passing out 2+ times 	<input type="checkbox"/> First used drugs before age 12 <input type="checkbox"/> Scores a 2-3 and is under age 15 <input type="checkbox"/> Scores a 3 and is under legal age
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... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times 	<input type="checkbox"/> First used drugs aged 12-15 <input type="checkbox"/> Scores a 1 and is under age 15 <input type="checkbox"/> Scores a 2 and is under legal age
2	In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times 	<input type="checkbox"/> Scores a 1 and is under legal age
1	<input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or , <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days	
0	<input type="checkbox"/> In the past 365 days, no substance use	

E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<p>*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.</p> <ul style="list-style-type: none"> • “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 family?” • “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?” 	<p style="text-align: center;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
Any of the following:	
2	<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

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time? • What was occurring when you had these feelings or took these actions? • 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 you started it or someone else did? How long ago was that? How often do you get into fights? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px;"></div>

SCORING

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

G. Involvement in High Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abcesses or track marks from injection substance use?</i> • <i>Does anybody force or trick you to do something that you don't want to do?</i> • <i>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?</i> • <i>Do you ever find yourself in situations that may be considered at a high risk for violence?</i> • <i>Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	NOTES

SCORING		YOUTH PREGNANCY
4	Any of the following: <input type="checkbox"/> In the past 180 days, engaged in 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, left an abusive situation	<input type="checkbox"/> Under the age of 24, and has ever become pregnant
3	Any of the following: <input type="checkbox"/> In the past 180 days, engaged in 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, left an abusive situation, but not in the past 90 days	<input type="checkbox"/> Under the age of 24, and has ever gotten someone else pregnant, and wouldn't otherwise score a 4
2	Any of the following: <input type="checkbox"/> In the past 180 days, engaged in 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, left an abusive situation	
1	<input type="checkbox"/> In the past 365 days, any involvement in higher risk and/or exploitive events, but not in the past 180 days	
0	<input type="checkbox"/> In the past 365 days, no involvement in higher risk and/or exploitive events	

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • 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? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; margin-top: 5px;"></div>

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

SCORING	
4	<input type="checkbox"/> In the past 180 days, cumulative total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • 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 involvement with family court or child custody matters? • Any outstanding fines? • Have you paid any fines in the last 12 months for anything? • Have you done any community service in the last 12 months? • 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? • Is your housing at risk in any way right now because of legal issues? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px;"></div>

SCORING	
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"/> Has not had any legal issues within the past 365 days, and currently no conditions of release
	<div style="background-color: #c00000; color: white; padding: 5px; font-weight: bold;">JUVENILE DELINQUENCY</div> <ul style="list-style-type: none"> <input type="checkbox"/> The youth is under the age of 18 and has current outstanding legal issue(s) that are likely to result in incarceration <input type="checkbox"/> The youth is under the age of 24 and was ever incarcerated while still a minor, and would not otherwise score a 4

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Are you currently homeless? • Have you ever signed a lease? How did that go? • [If the person is housed] Do you have an eviction notice? • [If the person is housed] Do you think that your housing is at risk? • How is your relationship with your neighbors? • How do you normally get along with landlords (or your parents/guardian(s))? • How have you been doing with taking care of your place? 	NOTES

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.

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

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • 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? • Do you have any drug or gambling debts? • Is there anybody that thinks you owe them money? • Do you budget every single month for every single thing you need? 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? 	NOTES

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

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Tell me about your friends, family and other people in your life. How often do you get together or chat? • How do you get along with teachers, doctors, police officers, case workers, and other professionals? • 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 kicked out of where you were living because of something that friends or family did at your place? • Have you ever been concerned about not following your lease agreement because of your friends or family? 	NOTES <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

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

M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Do you have any worries about taking care of yourself? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Do you ever need reminders to do things like shower or clean up? • Describe your last apartment. • 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? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No insight into how to care for themselves, their apartment or their surroundings <input type="checkbox"/> Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis <input type="checkbox"/> Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period <input type="checkbox"/> Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, accessed community resources 4 or fewer times, and is fully taking care of all their daily needs
0	<ul style="list-style-type: none"> <input type="checkbox"/> For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • 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 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? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px; margin-top: 5px;"></div>

SCORING		SCHOOL-AGED YOUTH
4	<input type="checkbox"/> No planned, legal activities described as providing fulfillment or happiness	<input type="checkbox"/> Not enrolled in school and with no planned, legal activities described as providing fulfillment or happiness
3	<input type="checkbox"/> Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness	<input type="checkbox"/> Enrolled in school, but attending class fewer than 3 days per week
2	<input type="checkbox"/> Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, or the individual is not fully committed to continuing the activities.	<input type="checkbox"/> Enrolled in school, and attending class 3 days per week
1	<input type="checkbox"/> 1-3 days per week, has planned, legal activities described as providing fulfillment or happiness	<input type="checkbox"/> Enrolled in school and attending class 4 days per week
0	<input type="checkbox"/> 4+ days per week, has planned, legal activities described as providing fulfillment or happiness	<input type="checkbox"/> Enrolled in school and maintaining regular attendance

0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How long have they been homeless? • How many times have they been homeless in their life other than this most recent time? • Have they spent any time sleeping on a friend's couch or floor? And if so, during those times did they consider that to be their permanent address? • Have they ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that? • Have they ever spent time sleeping in an abandoned building? • Were they ever in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out? 	<div style="background-color: #c00000; color: white; text-align: center; padding: 5px;">NOTES</div> <div style="border: 1px solid #c00000; height: 150px; width: 100%;"></div>

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of homelessness

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE YOUTH

VERSION 1.0

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

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

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE YOUTH

VERSION 1.0

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

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

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). 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.

Version 4

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, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

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 have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review 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.

Version 4 builds upon the success of Version 3 of the SPDAT with some refinements. Starting in August 2014, a survey was launched of existing SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from Version 3 to Version 4 include:

- The structure of the tools is the same: four domains (five for families) 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 families.
- 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.

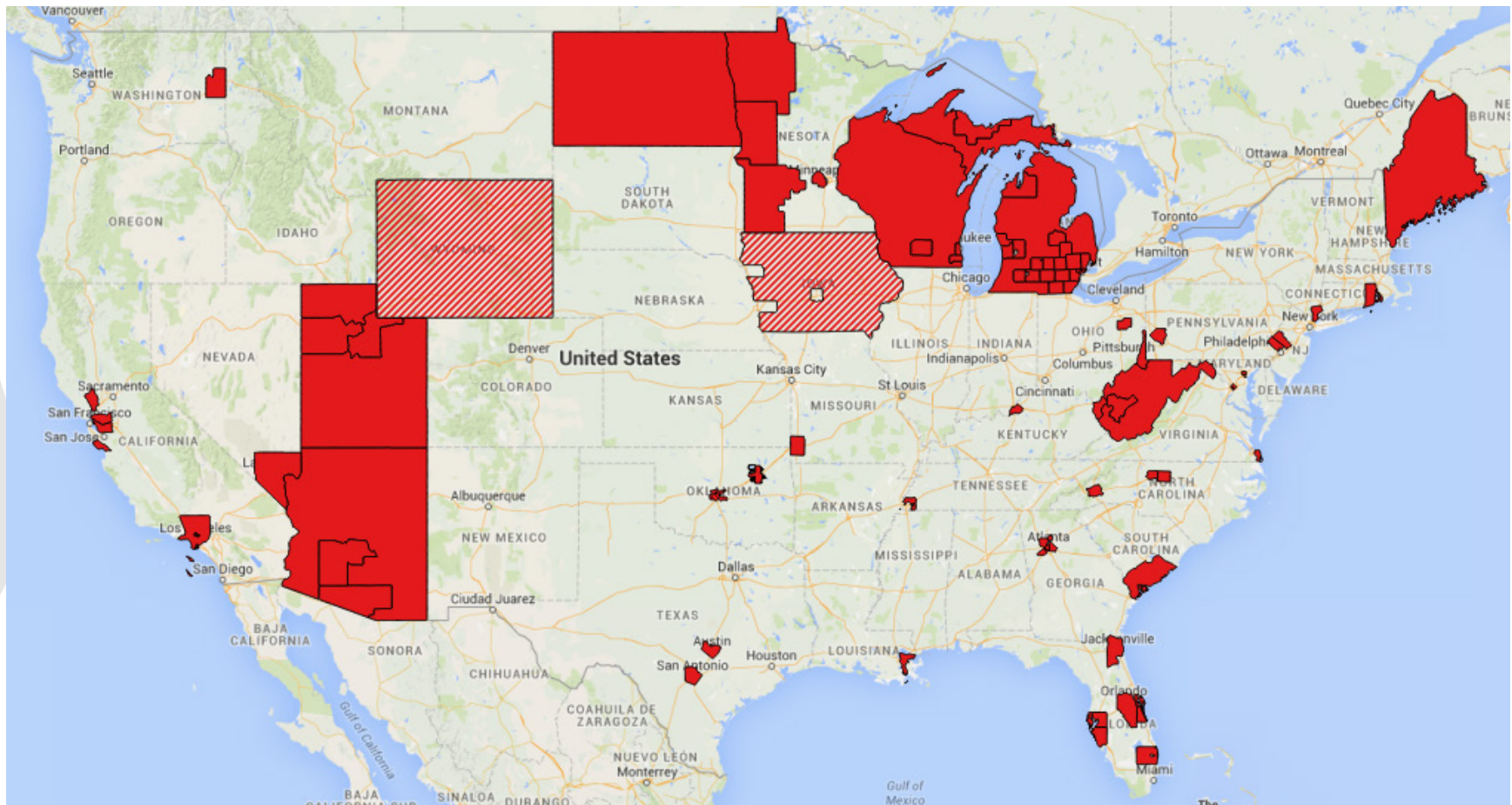
Youth SPDAT

To complement the launch of the Next Step Tool, OrgCode has also created a modified version of the Service Prioritization Decision Assistance Tool (SPDAT) for use specifically with youth.

The Youth SPDAT was developed based on feedback from many communities using the SPDAT who identified the need for a complete assessment tool that emphasized the unique issues faced by homeless youth.

Appendix B: 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

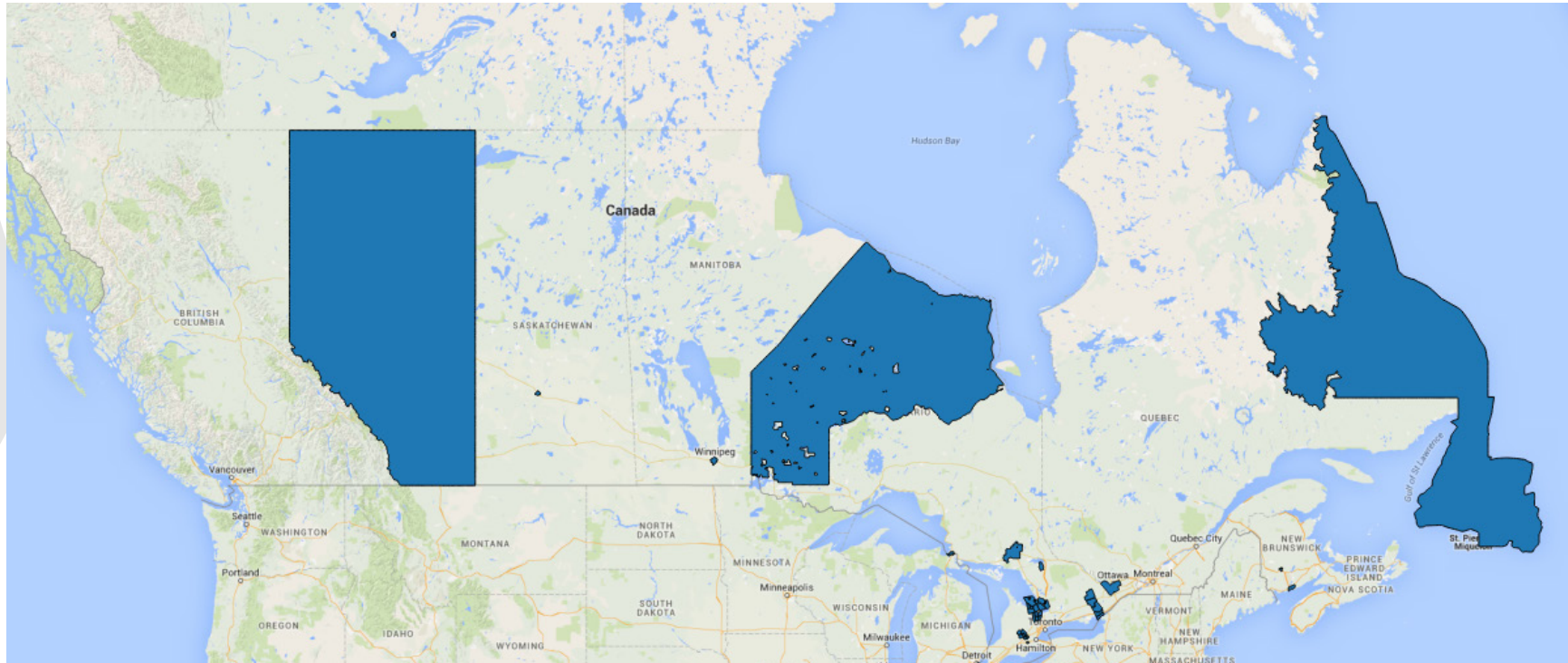
Ontario

- 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

