



SPDAT | Technical Abstract

OrgCode Consulting, Inc. has been formally testing and validating the Service Prioritization Decision Assistance Tool (SPDAT) in communities throughout North America since 2009. The constructs of the tool follow convention in that they are consistent with content, criterion and construct validity and, as Paul Meehl stated, “The best construct is the one around which we can build the greatest number of inferences, in the most direct fashion.”¹

SPDAT has passed rigorous testing for internal tool reliability and validity and so the challenge has been to ensure inter-rater consistency in observation and data capture by frontline workers since different workers will use the tool—or evaluate the data collected—with the same clients over a long period of time. OrgCode has responded to that challenge by providing SPDAT at no charge to organizations with the caveat that workers, supervisors and case managers are required to attend training and updates conducted in-person or via web conferencing. This ensures a common and consistent understanding of definitions, terminology and the methodology itself. As discussed below, there has also been rigorous testing with swaths of SPDAT users.

Measurement in human services [psychology] and physics are in no sense different (Reese, 1943, p. 49). OrgCode has proven that SPDAT can be relied upon to measure and track client acuity over time.

When measurement models such as the Rasch model are employed, numbers are not assigned based on a single rule. Instead, in keeping with Reese's statement above, specific criteria for measurement are stated, and the goal is to construct procedures or operations that provide data that meet the relevant criteria. Measurements are estimated based on the models, and tests are conducted to ascertain whether the relevant criteria have been met. Although this technical explanation is invisible to training participants, it is also the underlying premise and focus for OrgCode SPDAT training.

Inter-rater reliability has explicitly been explored by Durisin across two different communities using SPDAT, involving four different assessors and 469 service users over an 18 month period. Background health, justice and income data, along with case note documentation from other service providers, was used to confirm accuracy of assessed information from self-report to assessors, as well as to validate conclusions reached across different assessors with the same information. Overall the following was concluded:

¹ Meehl, Paul E., *Clinical vs. Statistical Prediction: A Theoretical Analysis and a Review of the Evidence*, 1954



Number of subjects	469	
Number of raters	4	
Model	Same raters for subjects Two-way model	
Type	Consistency	
	Interclass correlation	95% Confidence Interval
Single measures	.8748	.9551
Average measures	.9673	.9901

Wirzba conducted an outcome evaluation on the SPDAT involving 70 assessments across three communities. She concluded:

- the SPDAT provides baseline information that can be used to set reasonable indicators for years to come;
- the findings are reliable baseline data needed for Social Return on Investment Forecast and Analysis
- the SPDAT appropriately guides frontline workers and team leaders for an intensive case management approach to service delivery
- the SPDAT prioritizes which clients should receive which services and reliably tracks the needs and service response to clients over time.

Alberta Health Services conducted an independent evaluation of the SPDAT for use in discharge planning of homeless individuals from a psychiatric hospital. Over a six month period, 105 SPDAT assessments were completed, resulting in 78% discharges with housing and income in place and 13% referrals for ongoing assistance in locating housing with supports to appropriate homeless service agencies, of which 8 were housed not long after discharge.