

### ***Why the SPDAT?***

The SPDAT was created so that there can be a common assessment and intake tool in place specifically for housing programs, which could easily be understood and implemented by para-professionals and professionals delivering a housing and support intervention that did not require advanced medical training. The SPDAT builds upon a body of knowledge and evidence that has been amended to assist with the process of determining which individuals/families may be best served by the right type of intervention at the right time and in the right way. Furthermore, the SPDAT allows for continuity of service from intake through to case management without individuals/families having to re-tell their story or be reassessed by different tools along the way.

Unlike some tools that can provide a good baseline from which to work from, the SPDAT was specifically designed to not only provide a focus of attention throughout the case management process and help individuals and families work through the Stages of Change – but also provide assessment along the journey of support to understand progress along the way. At its core, the SPDAT helps providers focus on the outcomes of their support rather than the outputs of their supports. In other words, the SPDAT helps program staff and funders better appreciate that it is not the number of people that are housed that matters most, but the housing stability of those supported and the changes in their life as a result of the support. Grounded in adult learning principles that are effective for the client base that is supported in these types of housing interventions, the SPDAT allows for graphing of information to display progress.

In an era of limited resources, it is also important for program administrators and funders to better ensure that the people intended to be served by a program are, in fact, served by that program. This takes away from “creaming” just those individuals/families that do not require support to end their homelessness, and maximizes the investment in specialization within a community.

### ***What the SPDAT Does Not Do***

The SPDAT does not take the place of other clinical assessment tools that may be in use by a service provider or take the place of other types of self-sufficiency matrices, which may already be embedded within an HMIS. It can exist alongside those other types of tools without being in conflict with them.

The SPDAT does not provide a diagnosis of any kind, nor does it assess risk. While it can help gather information that is helpful for both, it doesn't pretend to do either one. The focus of attention of the SPDAT is clear and unambiguous.

### ***How is the SPDAT Different From Other Tools Used in Housing Program?***

From our experience, most of the tools used in housing programs are based upon the best of intentions, hunches and anecdotes – not evidence, peer reviewed studies or rigorous testing. Many of the other tools that are out there were developed using a “back of the envelope” approach rather than a more evidence-informed lens. Sometimes what people *think* and what they *know* end up being two different things. The SPDAT focuses on knowledge...defensible, helpful knowledge.

The SPDAT helps figure out how best to help people based upon their needs. It is not slanted solely for working with people that are medically frail. It does not focus solely on people that may be ideal candidates for Permanent Supportive Housing. The other well-known tools like the Vulnerability Index and Vulnerability Assessment Tool are also built on a body of evidence, like SPDAT, but are more tilted towards chronic, multi-issue clients. The SPDAT covers this group – and others.

## ***Development of the SPDAT***

The SPDAT was developed after careful review of 13 different intake and assessment tools. In total, 32 practitioners were consulted to provide input on what worked and did not work with those other 13 tools. These practitioners came from a wide range of practice and different communities across North America.

Twelve team leaders were selected from across North America to be more intimately involved in the development, testing and application of the early stages of the tool. They were asked to do things like brainstorm different elements that should be included, consult with their staff, engage with the clients they were serving (with special attention on those not yet housed or had been re-housed many times), and provide commentary on test-versions of the tool.

More than 60 peer reviewed journal articles addressing support structures, risk factors and barriers to housing and life stability were reviewed during the development of the tool. Four independent academics in the fields of social work and community nursing, and two practicing psychologists suggested articles and reviewed the synthesis of the articles reviewed.

Early versions of the tool were tested with some 350 clients and compared against control groups. The tool was also vetted by academics, frontline workers, other Team Leaders and many clients. The original roll out of Version 1 of the SPDAT was put in place in 11 communities in June 2010. In four of these communities they were asked to compare the housing stability results of the SPDAT against several other tools (HONOS, Camberwell Assessment of Needs, Denver Acuity Scale, VAT and Outcome Star). By the end of 2010 there were more than two dozen communities using the SPDAT.

Every community that uses SPDAT for three months or more is welcome to provide feedback on its use through a structured survey. Starting in October 2010, OrgCode began shadowing workers in their use of the SPDAT. A survey was sent out to all SPDAT users to gather input on their use of the tool. The tool was again compared to the original control groups and vetted again through the SPDAT advisory panel consisting of academics, Team Leaders and clients. Refinements for Version 2 began in October 2010 and testing of Version 2 began in January 2011. In March 2011 Version 2 was released.

As part of the testing for Version 2, the SPDAT was also tested to ensure that various sub-populations were not adversely affected by the SPDAT and to ensure consistency in scoring. For example, the SPDAT was tested for seniors versus other adults, youth versus adults, families versus singles or childless couples, women, transgendered people, persons with a diagnosed mental illness, persons with cognitive issues such as FASD and immigrants and newcomers. Only youth did not score consistently with other populations, and only in the component of the SPDAT on history of housing and homelessness. However, the SPDAT remained valid when youth were compared to other youth.

Throughout the summer of 2012, OrgCode selected six communities to further investigate and observe the use of the SPDAT. Three of the communities were part of Version 1, and three more came along with Version 2 of the tool. Over several weeks, interviews were conducted with a range of clients, frontline staff and Team Leaders, and direct observations were made of the tool in intake and case management service delivery. This experience helped shape the roll out of the SPDAT User survey, followed by the Beta-Testing of Version 3. Again the updated version was vetted with external experts. Full roll-out of Version 3 happened in October 2012.

Committed to continuous improvement, Version 4 of the tool will be considered in 18 months time.

### **Results of the SPDAT**

After three months of roll out of Version 1 of the SPDAT, SPDAT using clients had an 89% housing stability rate compared to 72% of non-SPDAT users. After nine months, SPDAT using clients had a housing stability rate of 86% compared to 61% of non-SPDAT users.

In a deeper examination of 43 clients where caseworkers already had an in-depth understanding of the client history, the SPDAT was tested to determine accuracy of findings compared to known information. The SPDAT was 96% accurate.

After three months roll out of Version 2 of the SPDAT, SPDAT using clients had a 92% housing stability rate compared to 74% of non-SPDAT users. After a full year of Version 2, SPDAT using clients had an 88% housing stability rate compared to 63% of non-SPDAT users. Housing stability rates were higher in those communities where there was the greatest investment in training. Other factors that were common (though not universal) in communities with higher housing stability rates using the SPDAT included: standard review during team meetings; minimal staff turnover; and, dedicated intake specialists.

A sample of clients where the tool has been used since June 2010 (incorporating Version 1 users and Version 2 users) shows an overall housing stability rate of 86% compared to 62% of non-SPDAT users.

Across six communities that had good pre- and post- community data, the results of the SPDAT are also illuminating. Across these communities – both rural and urban – the average recidivism rate prior to implementing the tool was 14.02%, which has been reduced to 9.12% since the tool was put into place. Clients exiting into permanent housing averaged 57% across these communities prior to implementing the tool, and has increased to 78%. Also, clients achieving case plan goals has increased 150% across these communities since the tool was introduced.

The prescreen function of the SPDAT and Family SPDAT was introduced with Version 3. The intent of the prescreen is to assist service providers in more rapidly determining for which type of program a full assessment should be done. In one community thus far the prescreen has been completed with almost 300 families in the shelter system. The results show that the prescreen tool is helping to efficiently steer households to the right intervention.

<b>Domain</b>	<b>Avg. PSH</b>	<b>Avg. RRH</b>	<b>Avg. No Assessment Required</b>	<b>Out of a Possible</b>
Wellness	3.82	2.08	0.83	5
Socialization & Daily Functioning	3.53	2.63	1.30	4
History of Housing & Homelessness	1.00	0.88	0.65	1
Risks	2.71	0.91	0.14	4
Family Unit	3.18	1.69	0.80	5
Total	14.24	8.18	3.73	19

By a margin of 3 to 1, clients preferred the SPDAT over other intake and assessment tools. Two-thirds of clients appreciated that the results of the SPDAT were graphed and that they could actually see results on a page. Clients also felt that they were not “lost in the system” after intake because the SPDAT was then used consistently in their housing support.

It must be noted that the review of the SPDAT results specifically related to housing stability amongst homeless individuals and families, and the development of the SPDAT has both been conducted by OrgCode, though different staff within OrgCode. To date there has not been fully independent review of these housing stability results over time for this population, though there has been independent vetting and endorsement of the tool and different types of assessment, as discussed below. Because the external review panel has access to sensitive information, they are bound by non-disclosure and confidentiality agreements. A separate process would likely need to be considered to set up this type of evaluation of the tool.

### ***Third Party Vetting and Consideration of SPDAT***

In 2012, the SPDAT became the discharge planning tool for homeless and precariously housed people by Alberta Health Services. This followed an extensive review by program evaluators, social workers, nurses, physicians, psychiatrists and health policy experts.

In 2012, the SPDAT also was vetted and approved for test implementation in welfare offices in Alberta. This process shared some of the findings from the Health Services review, as well as additional program evaluator comments.

In 2011, the Government of Newfoundland and Labrador undertook an extensive assessment of the tool by program evaluators, policy staff and senior administrators. It is now the standard tool for housing support work and permanent supportive housing in the province.

In 2011, a Consumer-Survivor Coalition in New Zealand also evaluated the tool and selected it for use amongst supports for persons with complex, co-occurring mental health issues.

Starting in 2011, Dr. Helene Wirzba began an evaluation of the use of the SPDAT with populations that experienced Fetal Alcohol Spectrum Disorder, and also experienced housing instability. Preliminary findings released in 2012 show the tool having considerably more positive results in housing stability and case management effectiveness. Her preliminary results recently were received for presentation at a peer-reviewed conference.