

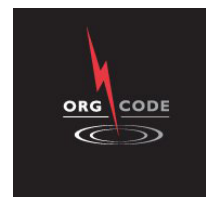
Justice Discharge -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(JD-VI-SPDAT)

Prescreen Triage Tool for Dischargees

AMERICAN VERSION 1.0.1

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**COMMUNITY
SOLUTIONS**



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/>

Administration

Interviewer's Name	Interviewer's Employer	
_____	_____	
Interview Date	Interview Time	Interview Location
DD/MM/YYYY ___/___/___	__ : __ AM/PM	_____

Opening Script

- [Placeholder]

Basic Information

First Name	Nickname	Last Name	
_____	_____	_____	
In what language do you feel best able to express yourself? _____			
Date of Birth	Age	Social Insurance Number	Consent to participate
DD/MM/YYYY ___/___/___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Length of Current Incarceration	Expected Release Date		
_____	DD/MM/YYYY ___/___/___		

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Prior to being incarcerated, where did you sleep most frequently? (check one)

- Shelters Own home Other (specify): _____
 Transitional Housing Refused
 Outdoors

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "OWN HOME", THEN SCORE 1.

SCORE:

2. Prior to being incarcerated, how long had it been since you lived in permanent stable housing? _____ Refused

3. Thinking back to the three years prior to your incarceration, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS PRIOR TO INCARCERATION, THEN SCORE 1.

SCORE:

B. Risks

4. During your incarceration, how many times have you...
- a) Received medical care at an infirmary/health clinic? _____ Refused
 - b) Been hospitalized? _____ Refused
 - c) Been placed on suicide watch? _____ Refused
5. Thinking back to the six months prior to your incarceration, how many times did you...
- a) Received health care at an emergency department/room? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 - e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

- 6. Have you been attacked or beaten up since becoming incarcerated? Y N Refused
- 7. Were you ever attacked or beaten up while homeless before your incarceration? Y N Refused
- 8. Have you threatened to or tried to harm yourself or anyone else since becoming incarcerated? Y N Refused
- 9. Did you ever try to harm yourself or anyone else while homeless before you were incarcerated? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

10. Do you anticipate any conditions being placed upon you upon your release such as where you are allowed to live, the people you are allowed to hang out with or speak to, registering your address with police, or checking in with a parole/probation officer? Y N Refused

IF "YES", THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

11. Considering both your time incarcerated and your time homeless prior to your incarceration, has anybody forced or tricked you into doing things that you did not want to do? Y N Refused

12. Considering both your time incarcerated and your time homeless prior to your incarceration, have you done things considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

13. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money? Y N Refused

14. When you get out, do you have a guaranteed source of income like a job waiting for you, a pension, or an inheritance? Y N Refused

IF "YES" TO QUESTION 13 OR "NO" TO QUESTION 14, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

15. Prior to your incarceration, did you have planned activities each day other than just surviving that brought you happiness and fulfillment? Y N Refused

16. Thinking about your release, at this point do you have activities planned that will bring you happiness and fulfillment? Y N Refused

IF "NO" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

17. Prior to your incarceration were you able to take care of your basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

18. Do you have any concerns about taking care of those basic needs upon your release? Y N Refused

IF "NO" TO QUESTION 17 OR "YES" TO QUESTION 18, THEN SCORE 1 FOR SELF-CARE.

SCORE:

19. Prior to your incarceration, was your homelessness in any way because of a relationship that broke down, an unhealthy or abusive relationship, or because family or friends cause you to become evicted? Y N Refused

20. Do you feel that you will have a positive network of family or friends that can provide you all the support you need with housing, income, and emotional support once you are released? Y N Refused

IF "YES" TO QUESTION 19 OR "NO" TO QUESTION 20, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

21. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
22. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
23. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
24. When you are sick or not feeling well, do you avoid getting medical help? Y N Refused
25. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

26. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
27. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

28. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
 - b) A past head injury? Y N Refused
 - c) A learning disability, developmental disability, or other impairment? Y N Refused
29. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

30. Are there any medications you are supposed to be taking that you have not been able to access while incarcerated? Y N Refused
31. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused
32. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. SCORE:

33. **YES OR NO:** Was your past homelessness caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	