

**Alpha House
and
Calgary Urban Project Society**

**Downtown Outreach Addiction
Partnership (DOAP Team)
and
Housing Program**

**Evaluation Report
April 2010**

Table of Contents

0.0	Background	3
	1.1 Program Objectives	3
1.0	The Need	4
3.0	The Approach	5
4.0	DOAP Team Outreach Services	6
	4.1 DOAP Team Service Demand	10
	4.2 DOAP Team Statistics	12
5.0	Alpha House Housing Program.	10
	5.1 Housing Program Service Delivery	11
	5.2 Housing Program Service Demand	12
	5.3 Housing Client Profiles	14
	5.4 Treatment Services Accessed	17
	5.5 Three Month Follow-up	17
	5.6 Assessed Intensity Level and Progress	18
	5.7 Emergency System Contacts	21
6.0	Client Stories	23
7.0	Client Feedback	24
8.0	Feedback from Partners	26
9.0	Social Return on Investment	28
10.0	Conclusions	28
11.0	Recommendations	29

1.0 Background

In September 2005, the **Downtown Outreach Addictions Partnership** (DOAP Team) program was initiated by **Calgary Alpha House Society** (Alpha House) in partnership with **Calgary Urban Projects Society** (CUPS). In 2009 a Housing case worker position was added. The DOAP team program is primarily funded through Alberta Housing and Urban Affairs, City of Calgary Crime Prevention Initiative and the Calgary Homeless Foundation. CUPS contributes a portion of the outreach personnel, including outreach nurse time to the project.

The DOAP Team offers a collective response to problematic substance use in Calgary's downtown communities. The program addresses the needs of individuals with multiple risk factors by coordinating access to a range of medical, shelter, housing and addiction programs. The DOAP Team offers an alternative and more appropriate response to substance abuse issues, resulting in reduced pressure on Calgary Police Services, Emergency Medical Services and local city hospitals.

During its first four years of operation, most of the DOAP team activity was focused on immediate response to crisis issues presented by street involved individuals, with some time allocated to more in-depth case management. The DOAP team members had limited time to focus on assisting these street involved individuals to find and sustain housing. With the addition of a **Housing Coordinator** position at Alpha House there has been a significantly increased focus on accessing housing and supporting clients to maintain long-term stable housing placements in the community. While DOAP team members still work on housing goals with a limited number of clients, the Alpha House Housing Coordinator is solely focused on housing.

Another addition to the DOAP team is the outreach nurse contributed by CUPS to support hospital discharge planning for those homeless individuals requiring hospital medical treatment. Prior to the assignment of the outreach nurse, DOAP team members were directly involved in supporting hospital discharge planning for their clients.

Program Objectives

1. To develop active partnerships between CUPS and Alpha House and the uniform services (police, EMS, by-law officers, transit security) in response to substance abuse issues in the downtown area.
2. To reduce utilization of emergency services by offering supportive resources to clients and partners thereby mitigating unnecessary transport to medical or correctional facilities.
3. To support clients in accessing and maintaining stable housing

DOAP Team Outreach

4. To connect with clients in a non-judgmental manner to build trusting relationships.
5. To facilitate client access and entry to local service systems of health care, treatment and/or housing including transportation to necessary services.
6. To provide education on the risks associated with alcohol and drug use and encourage safer behaviors through harm reduction.
7. To offer a wide range of basic needs support such as food, clothing, condoms, clean needles, etc.
8. To increase awareness and understanding of the larger community with respect to substance abuse issues and service alternatives.

DOAP Team Hospital Discharge

9. To support hospital discharge protocols with transportation, housing support and treatment assessment strategies to prevent discharge back into homelessness.
10. To provide advocacy for client needs

Alpha House Housing Program

11. To identify, engage and support clients in accessing and maintaining long-term housing in collaboration with CUPS Rapid Exit housing locator program.

2.0 The Need

In 2008 the City of Calgary counted 4,060 homeless individuals of which 569 were considered to be “living on the street”.¹ The Addiction Sector Report² of the 2002 Calgary Homeless Study reported the following findings that can be generalized to Calgary’s overall population of homeless persons:

- 26% of all homeless individuals had a mental health problem
- 69% of all homeless individuals surveyed had a history of substance abuse
- 80% of the homeless mentally ill who were interviewed for the 2002 Calgary Homelessness Study had been incarcerated at least once and averaging 26 times in jail – often for minor infractions like unpaid fines.

Researchers have found that in Canada, there is a particularly strong link between substance abuse and violent crime: 51% of physical assault, 48% of sexual assault, and 11% of homicides in Canada were found to be alcohol or

¹ Stroik, S. (2008). Biennial Count of Homeless Persons in Calgary: 2008. Retrieved at www.calgary.ca/cns

² Gardiner, H. Cairns, K. (2003). 2002 Calgary Homeless Study Secondary Data Analysis: Addictions Sector Report. Calgary Homeless Foundation. P. 9

Alpha House Housing Program and DOAP Team Evaluation

drug related.³ In Calgary, Centre City communities were the location for half of all personal and property crimes committed in 2005.”⁴

During the initial stages of the DOAP project, partners identified two general categories of behavior related to substance use in the downtown. One group is identified as “Users” who are often involved in minor Criminal Code/Bylaw offences. They are also victims of violence related to their addictions. The second group, “Street Level Dealers”, are also addicted, but exhibit more predatory behavior targeting users and involved in more serious Criminal Code offences. The DOAP Team and agencies experience considerable crossover between these groups and note that the underlying and distinguishing issue is problematic substance use and addiction. In effect, the usefulness of a legislative response (criminal code, provincial act or municipal bylaw), particularly with the former group, is limited at best and counter-productive at worst. For example, addicts with little money are fined, then default, and may then be jailed for non-compliance. This is a repeating cycle, costly and frustrating for all parties. As such, the focus and activities of the DOAP team is to offer an alternative and more meaningful response, one that acknowledges the underlying issue of addiction and is effective in improving the conditions under which individuals struggling with addiction are living, by providing immediate access to appropriate services.

The Calgary Addictions Sector report (2006) states that “according to several conservative estimates, every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone . . . When savings related to health care are included, total savings can exceed costs by a ratio of 12:1”.⁵

3.0 The Approach

The DOAP team and Housing case worker use a number of specific strategies to ensure both a proactive and responsive approach to dealing with addicted and street involved individuals. Both programs are based on a **relational approach** that reaches out and engages with individuals to build a strong supportive personal relationship. These personal relationships are very beneficial in assisting partner service providers to find and work with homeless and street involved clients. The positive supportive and trusting relationships developed with

³ Desjardins, N. Hotton, T. (2004). “Trends in Drug Offences and the Role of Alcohol and Drugs in Crime.” Juristat. Statistics Canada – Catalogue No. 85-002-XPE, Vol. 24, No. 1. Ottawa: Canadian Centre for Justice Statistics. <https://dsp-psd.pwgsc.gc.ca/Collection-R/Statcan/85-002-XIE/0010485-002-XIE.pdf>

⁴ City of Calgary, Community and Neighbourhood Services, Social Research Unit. (2007). Toot Causes of Social Issues: An Overview.

⁵ Gardiner, H. P., Cairns, K. Hoffart, I. (2006). Needs Assessment for the Addictions Sector Project Advisory Committee. Background Research for 3 Year (2007-2009) Strategic Plan. Calgary: Vista Evaluation and Research Services, Inc.

Alpha House Housing Program and DOAP Team Evaluation

clients are also helpful in being aware of the clients needs and issues, enabling team members to offer consistent and appropriate support services.

The DOAP team also uses a **diversion strategy** based on the understanding that in most cases the homeless and addicted clients seen by the DOAP team do not require police or emergency medical intervention. These clients are better served by a social service response in which clients are transported to shelter or detox as an alternative to being drunk, high or incapacitated on the street.

The diversion strategy intervenes with individuals at key points in their interaction with the system in order to move them away from police, by-law and emergency medical involvement where this involvement is not warranted, and to redirect them into more appropriate services such as shelter, detox or treatment. The diversion strategy provides a more appropriate response for clients and saves other service systems time and money.

For those individuals who do require medical attention, the CUPS outreach nurse works with DOAP team clients while they are hospitalized to assist with discharge planning in order to ensure that clients do not end up back on the street, but instead are placed in shelter or appropriate housing or treatment services. For some clients, the outreach nurse may provide additional follow-up in the community after hospital discharge. This supported discharge planning helps to reduce the likelihood that clients will be re-hospitalized.

Both the DOAP team and Housing case worker program use a **harm reduction** approach. Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behavior, while recognizing that the behavior may continue in spite of the risk.⁶ The harm reduction strategy is based on a “stages of change” theory which acknowledges that some clients are not ready to address their addiction. Harm reduction is intended to meet the client where they are at and support them to maintain their health and well being until they are ready to change.

4.0 DOAP Team Outreach

The DOAP team is a partnership between Alpha House and CUPS that provides a mobile response outreach team to manage situations that arise with homeless individuals on the street. The DOAP team provides an alternative response to help decrease use of police, EMS, and by-law services.

The DOAP team consists of 4 full-time and 2 part time staff who provide outreach and case management services for 16 hours on weekdays (from 08:30 am to 01:00 am Monday to Friday) and for 12 hours on weekends (from 13:00 pm to 01:00 am Saturday and Sunday).

⁶ British Columbia Ministry of Health. (date unknown). Harm Reduction. A British Columbia Community Guide. Retrieved January 2008 at www.health.gov.bc.ca/prevent/pdf/hrcommunityguide/.pdf

Alpha House Housing Program and DOAP Team Evaluation

01:00 am Saturday and Sunday). In addition the CUPS outreach nurse allocated several days per week to work on hospital discharge, as well as medical follow-up to clients who have been discharged or have medical issues that can be addressed to prevent hospitalization. During the daytime shift, DOAP team staff work on case management, transportation services and support to less intensive housed clients. Evening services typically focus on transporting homeless individuals and ensuring they are placed in a safe environment (i.e. out of the cold). Services are focused primarily in the downtown core but the team also visits other communities where there are known strolls and high drug use.

The team is manned by staff from the two partner organizations, Alpha House and CUPS. Alpha House provides 2 full time and 2 part time staff, while CUPS provides 2 full time staff and nurse outreach. In 2007 Alpha House purchased a van specifically for use of the DOAP team. Staff also have access to the CUPS van for transporting clients if needed. This ability to transport clients is a unique service that is highly valued by both clients and referring agencies. In addition to street outreach, the DOAP team provides transportation for clients who are housed or being housed, including assistance with moving furniture, delivering food hampers or supplies, and transport to some medical appointments.

4.1 DOAP Team Service Demand

During the period April 1, 2009 to March 31, 2010, the DOAP team provided service to an average of **319 clients per month**. About 55% of clients were caucasian, 40% were Aboriginal, and the other 5 % were immigrant. The team responded to a total of **8,757 requests** to transport individuals during this one-year period – an average of 730 transports per month, or **24 per day**. In addition, the DOAP team distributed condoms, mouthpieces, needle packs and food to **over 200 individuals per month**, on the street.

The number of individuals served and the number of transports provided by the DOAP team has more than doubled over the past year. Since the 2008 review of the DOAP team, transports have been growing steadily and have more than tripled from the high point of 315 transports reported in December 2007. Transport requests from CPS and EMS have also doubled over the past two years. The average monthly requests from CPS and EMS in 2007 was 22, compared with an average of **43 requests per month** in 2009/2010. DOAP team staff report that as they have become better known in the community, there has been an increase in requests from all sources including the clients themselves, other service providers and the community at large. In addition, the DOAP team is now providing light support and transportation assistance to those clients served through the Housing program.

DOAP Team Statistics – April 1, 2009 to March 31, 2010

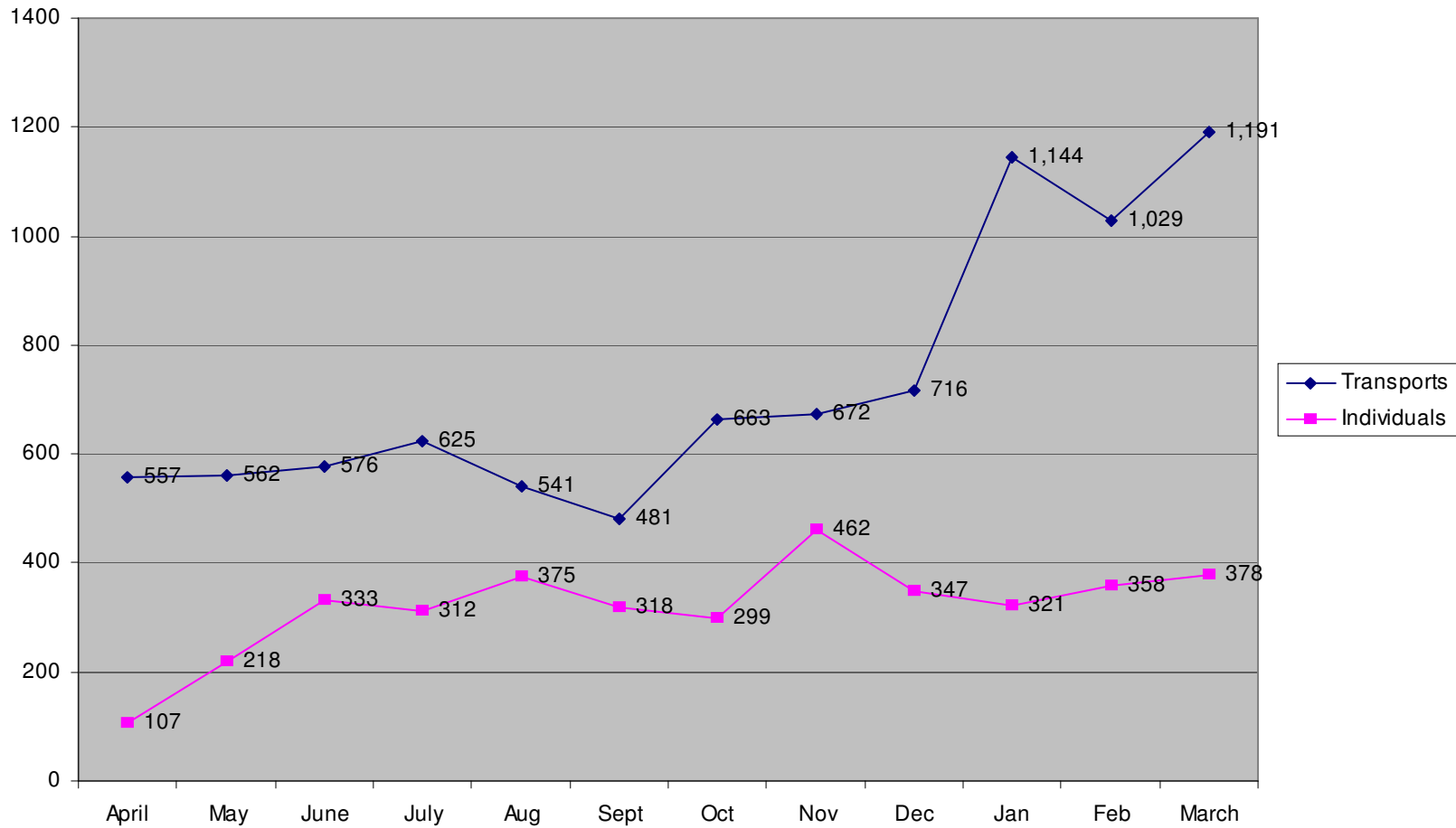
Referrals from the Community for DOAP Transportation													
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Referrals from CPS to DOAP Team for Transport	32	20	54	54	56	34	20	26	5	34	35	40	410
Referrals from EMS to DOAP Team for Transport	13	8	14	17	11	7	3	9	5	2	2	20	111
Referrals from social agencies, bylaw, business owners, private citizens, hospitals to DOAP Team for Transport	458	459	451	478	404	379	575	557	624	954	868	903	7,110
Outside pick-ups, home visits, other	54	75	57	76	70	61	65	80	82	154	124	228	1,126
Totals	557	562	576	625	541	481	663	672	716	1,144	1,029	1,191	8,757

DOAP Referrals or Transport to Other Agencies													
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Referred to Alpha House Shelters	287	179	165	196	162	149	196	255	225	360	365	442	2,981
Referred to health services (hospital, medical appointments, clinics)	127	128	87	108	97	75	129	115	124	153	134	160	1,437
Referred to other community services	204	227	245	209	190	182	265	214	248	444	406	454	3,288
Totals	618	534	497	513	449	406	590	584	597	957	905	1,056	7,706

Contacts Made by DOAP Team													
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
# of Individuals	107	218	333	312	375	318	299	462	347	321	358	378	-
Items Distributed													
Mouthpieces	8	4	7	2	2	10	4	4	0	6	0	3	50
Condoms	78	183	242	221	324	242	82	141	167	223	210	169	2,282
Needle Packs	25	39	72	59	54	28	22	64	37	43	40	54	537
Food	92	190	281	252	321	293	276	406	313	274	324	346	3,368

Alpha House Housing Program and DOAP Team Evaluation

**DOAP Team
Individuals Served and Transports Provided
April 2009 to March 2010**



4.2 Hospital Discharge Support

Another component of DOAP team service is support to client's in hospital to ensure an appropriate plan is in place prior to discharge. The outreach nurse from CUPS works with the DOAP team to visit DOAP clients who are in hospital and to work with the hospital nurses and social workers to prepare an appropriate discharge plan. Arranging for discharge to a shelter or other appropriate facility reduces the likelihood that the client will end up back in hospital. Clients can have their post discharge medical needs followed-up by a CUPS physician outreach service to Alpha House. The CUPS outreach nurse also provides some home visits to patients newly discharged from hospital.

The outreach nurse states "*I love the DOAP team and housing programs.*" Some clients the outreach nurse connects with in hospital are stable enough to go straight into housing, in which case the nurse will arrange for alternate accommodation (e.g. detox) for a brief period while housing is being arranged.

DOAP team statistics indicate that the outreach nurse typically works with between **10 and 15 hospitalized clients per month**, but has served as many as 20 clients in one month. The outreach nurse sees clients on average between 2 and 3 times each, with the total number of monthly visits ranging from 22 to 46.

5.0 Alpha House Housing Program

In 2009 a full time housing case worker position was added to allow Alpha House to provide housing support to individuals struggling with addictions. Due to the success and increasing demands of the housing program a second housing case worker was added in December 2009. Currently both positions are funded by the Calgary Homeless Foundation.

The Alpha House Housing program is primarily based on the "housing first" model. "Housing First", also known as "rapid re-housing" focuses on moving homeless individuals directly from the streets or homeless shelters into their own apartments. The Housing First model is based on the philosophy that a homeless individual's first and primary need is to obtain stable housing and that other issues that may impact the individual should be addressed once housing is obtained. The model is considered an alternative to "continuum of care" or "housing readiness" models that try to address the homeless individual's issues first and then gradually transition them from emergency shelter, sometimes through transitional housing options, and then into market housing.

The majority of clients who move into housing supported through the Alpha House Housing Program still have active addictions. The Housing program incorporates harm reduction strategies into the support work with those

individuals who have been housed, supporting the client where they are at and encouraging change as they are ready for it.

5.1 Housing Program – Service Delivery

Clients seeking housing are referred to the Housing case worker by other Alpha House staff (e.g. shelter, detox), the DOAP team, or through self referral. The Housing case worker then conducts an intake with the client in order to engage with the client, determine their needs (e.g. type of housing, preferred location, resource, supports), determine their stability (i.e. frequency of crises). The intake process also assesses the client's availability. For example, some clients want to complete a treatment program, or need to serve time for outstanding warrants prior to getting housed.

The process of preparing a client for housing can take some time. Most clients need I.D., Alberta Health Care number, and access to some type of financial support (e.g. AB Works, AISH, CPPD) before they can be placed in housing.

In most cases, the housing search is conducted by the Rapid Exit Singles program at CUPS, although the Alpha House Housing case worker may also assist with housing search. Once housing has been secured, the Alpha House Housing case worker provides intensive case management support. This support includes logistical support such as helping the client to access furniture and household supplies and to move in; life skills support (e.g. learning to budget, pay rent, cook and clean); building social networks (connecting with family, community resources and activities, friends); organizing social activities for groups of clients to combat social isolation; and providing individual emotional support and crisis intervention. In addition, the Housing case worker assists the client to access necessary resources and services such as addiction treatment, mental health services, health services, etc.

In most cases the level of case management required at first can be very high involving daily contact. Over time this may be reduced to worker initiated weekly contact. When clients reach some level of independence contact lessens further and is provided as initiated by the client (e.g. monthly phone contact). Clients who have reached a level of minimal support may be transferred to the DOAP team.

Alpha House Housing Program and DOAP Team Evaluation

5.2 Housing Program– Service Demand

During the one year period from April 1, 2009 to March 31, 2010 the housing case worker served **56 clients**. Of these, 34 clients were housed, and 11 clients are still in the preliminary intake stages of seeking housing (i.e. getting ID, financial resources, etc.). The DOAP team housed an **additional 7 clients** and provided ongoing support to 4 of these clients who remain housed. The DOAP team also provides light support as needed to those clients moving from the Housing Program to independence.

Client Housing Status	# of Clients
Housed – active	37
Housed & supported by DOAP team	4
Housed – now discharged	11
Intake – actively seeking housing	11
Total Clients	63

Most of the clients who were discharged from the program have successfully and independently maintained their housing. Two clients are managing independently at Peter Coyle, and 3 clients are independent but receiving light informal supports from the DOAP team.

Reason for Discharge	# of Clients
Independent	7
Moved to Winnipeg	2
Incarcerated	1
Deceased	1
Total Discharged Clients	11

Maintaining housing can be difficult initially for clients who are transitioning from street life. One client describes the transition as follows:

“It’s been hard to feel settled and not get isolated. You get used to living on the streets, so it took at least six months to get used to living in a house. Like, when I got out of jail after a year, it was hard to go back into society. When we got off the streets it was the same thing. It was hard to adjust to being back in society.”

Alpha House Housing Program and DOAP Team Evaluation

There can be a significant adjustment period as clients need to learn completely new skills and behaviors. Of the 51 clients who have been housed, 17 clients (33%) had to be re-housed.

The need to re-house clients has a significant impact on the Housing case worker's workload. In order to achieve 51 clients housed, 74 housing placements were required, increasing housing activity by 45%.

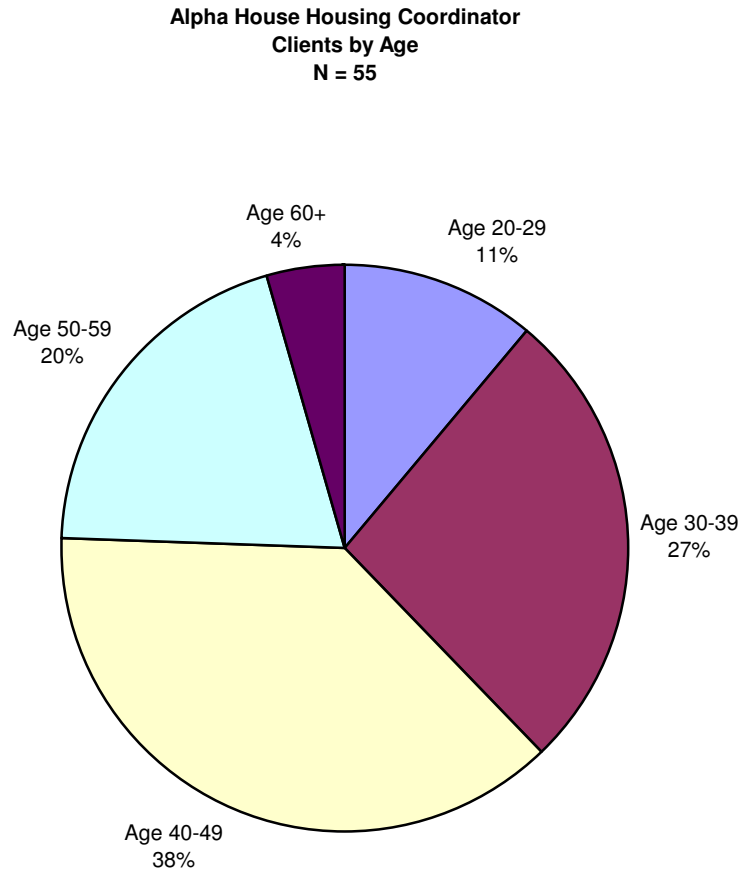
Number of Times Housed	# of Clients	Housing Placements
Housed once	27	27
Housed by DOAP team	7	7
Housed twice	12	24
Housed three times	4	12
Housed four times	1	4
Total	51	74

Reasons for needing to be re-housed are not always negative. While 38 % of clients were re-housed due to being evicted, another 52% were involved in positive moves to more suitable housing situations.

Reasons for Leaving Housing	# of Clients
Roommate Disagreement	4
Evicted for Behavior	6
Evicted for Nonpayment of rent	2
Left due to landlord behavior	1
Moved to more suitable housing	6
Incarcerated	2

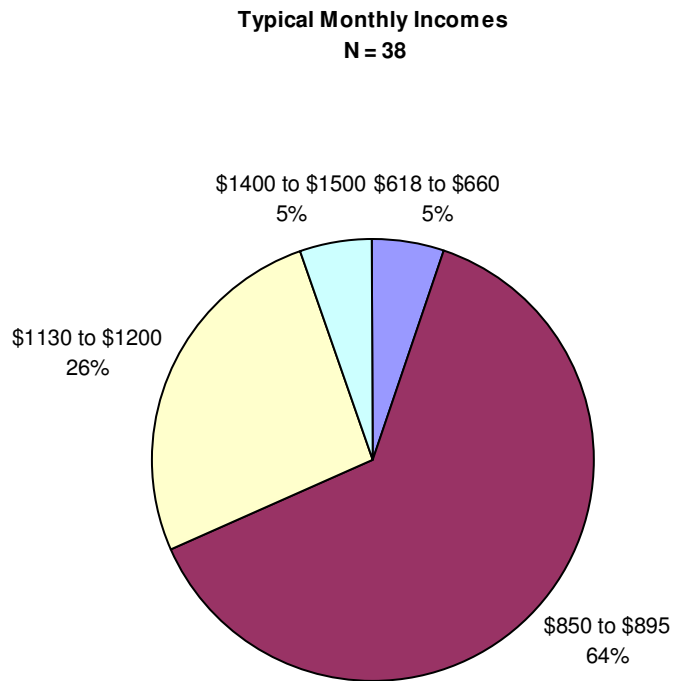
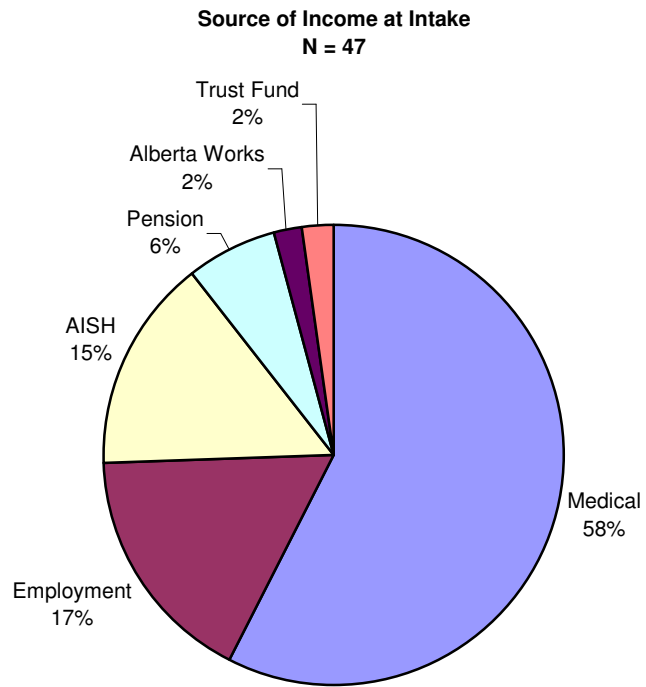
5.3 Housing Client Profiles

Three quarters of the Housing Coordinator’s clients were male (75%) and one quarter were female (25%). About 25% of the client group was of Aboriginal descent. Client ages ranged from 20 to 69.



The majority of clients (69%) live on less than \$900 per month. These extremely low incomes make it challenging for clients to maintain a stable lifestyle. One client describes the most challenging aspect of being housed as *“it’s expensive”*, indicating they need assistance with food – *“food problems because too much money is spent on rent”*, and they need *“bus passes to get to medical appointments”*.

Alpha House Housing Program and DOAP Team Evaluation



Alpha House Housing Program and DOAP Team Evaluation

All of the clients had active addictions at intake into the housing program. In addition, 81% had some previous criminal involvement and 80% had physical health issues. About two thirds (65%) had mental health issues, however this may have been higher than initially assessed at intake. Sometimes mental health issues are masked by the addiction and show up later when substance use decreases.

Presenting Issues At Intake N = 54	# of Clients	% of Client Group
Addictions	54	100%
Criminal Activity	44	81%
Physical Health	43	80%
Mental Health	35	65%
Disability	22	41%
Other (includes brain injury, stroke, pregnant)	6	11%

Data was available for 45 clients on their number of contacts with service partners during the 30 days prior to being housed. As is noted in the chart below, service usage is extremely high for this client group. Almost all of the clients (96%) had involvement with the police, and this involvement accounted for the highest frequency of contacts (average 20.5 per client). In addition, 84% of clients had used EMS. Almost a third of the client group (31%) had contact with the hospital during this period.

Services	# of Clients	% of Clients N = 45	Total Contacts	Average per Client
Police	43	96%	884	20.5
EMS	38	84%	399	10.5
Hospital	14	31%	81	5.8
DOAP	39	87%	830	21.3

Alpha House Housing Program and DOAP Team Evaluation

5.4 Treatment Services Accessed After Being Housed

Follow up interviews were completed with clients as they reached particular milestones. Since the project has only been in operation for one year, only about a third of clients have completed their 9 month follow-up survey. At three month follow-up, 37 clients were interviewed. At six-month follow-up, 22 clients were interviewed, and at nine month follow-up 14 clients were interviewed.

The follow-up reviews show a positive pattern of consistent improvement over time, especially in the areas of housing stability, addictions and physical health. The area of mental health is more volatile with conditions sometimes worsening and then improving again over time. Basic need support can also be up and down as various crises arise in the client's life. The Housing case worker is flexible in her work with clients, increasing support when needed until the client has had enough history of stability that they can manage independently.

5.5 Three-Month Follow Up

37 clients received a three-month follow-up and all were still housed at three months.

At three month, 21 clients (57%) reported decreased substance use. Of the clients who reported decreased substance use, 80% had accessed treatment.

Positive Changes at 3 Month Follow-Up N = 37	# of Clients	% of Client Group
Decreased substance use	21	57%
Employed	9	24%
Employment Search	5	14%
Addiction Treatment Accessed	19	49%
Mental Health Services Accessed	14	38%
Other Health Services Accessed	36	97%
Social Networks Improved	37	100%
Other Community Services Accessed	15	41%

Some of the other community services and resources accessed include:

Fine Options	Alberta Job Core
Parenting Support	Banking Services
Brain Injured Society	Identification
Counseling	Employment/training/volunteering
Methadone Clinic	Reconnecting with children or family
AISH	

Alpha House Housing Program and DOAP Team Evaluation

5.6 Assessed Intensity Level and Progress

Intensity level reflects the relative stability of the client and the amount of support required to keep that client stable. Intensity is rated from 1 to 5 with 5 being the highest level of instability requiring daily support, and 1 being the level where the client is most stable and requires the least support. At level 1 the client has no significant issues in the area assessed that cannot be managed by the client. Clients at level 1 are considered independent in their functioning for that area.

# of Clients at Various Intensity Levels in Specified Areas					
Intensity Level At Intake	Housing Stability	Addictions	Mental Health	Physical Health	Basic Needs
Level 5	27	31	6	13	13
Level 4	9	5	4	4	10
Level 3	1	1	4	4	11
Level 2	0	0	15	7	1
Level 1	0	0	6	7	0
Average Intensity Score	4.6	4.8	2.7	3.2	4

The following charts demonstrate how clients have improved over time, based on assessed intensity level in particular areas of their lives.

Progress on Housing Stability

Housing Stability	3 Months N = 37	6 Months N = 22	9 Months N = 14
New or Continued Improvements	47%	63%	79%
Maintained Previous Improvements	0	23%	7%
Same	54%	14%	0
Worse	0	0	14%
Average Intensity	4	3.3	2.8

For most clients, housing stability continued to improve over time and early improvements were maintained.

Alpha House Housing Program and DOAP Team Evaluation

Progress on Addictions

Addictions	3 Months N = 37	6 Months N = 22	9 Months N = 14
New or Continued Improvement	32%	73%	50%
Maintained Improvements	0	14%	21%
Same	68%	13%	29%
Worse	0	0	0
Average Intensity	4.4	3.2	3

Improvement in substance use takes time. During the first three month period, about one third of clients showed some decreased intensity in management of addictions, but by the six month point 87% of clients showed decreased intensity in addictions.

Note that although 57% of clients reported decreasing their substance use during their first three months of housing, workers reported only 32% had demonstrated a decrease in the intensity of service required related to addictions.

Progress on Physical Health

Physical Health	3 Months N = 31	6 Months N = 22	9 Months N = 14
New or Continued Improvement	32%	64%	50%
Maintained Improvements	0	23%	29%
Same	45%	9%	14%
Worse	23%	4%	7%
Average Intensity	3.1	2.5	3

Clients also show good progress on physical health improvements as their life becomes more stable and they are connected with appropriate health services.

Alpha House Housing Program and DOAP Team Evaluation

Progress on Mental Health

Mental Health	3 Months N = 31	6 Months N = 22	9 Months N = 14
New or Continued Improvement	35%	50%	36%
Maintained Improvements	0	0	22%
Same	35%	36%	14%
Worse	29%	14%	29%
Average Intensity	2.7	2.3	2.4

Progress on mental health was more volatile with some clients improving and then relapsing. In some cases, addictions appear to be masking mental health issues, so that as the substance use decreases, underlying mental health issues become more apparent.

Progress on Basic Needs Support

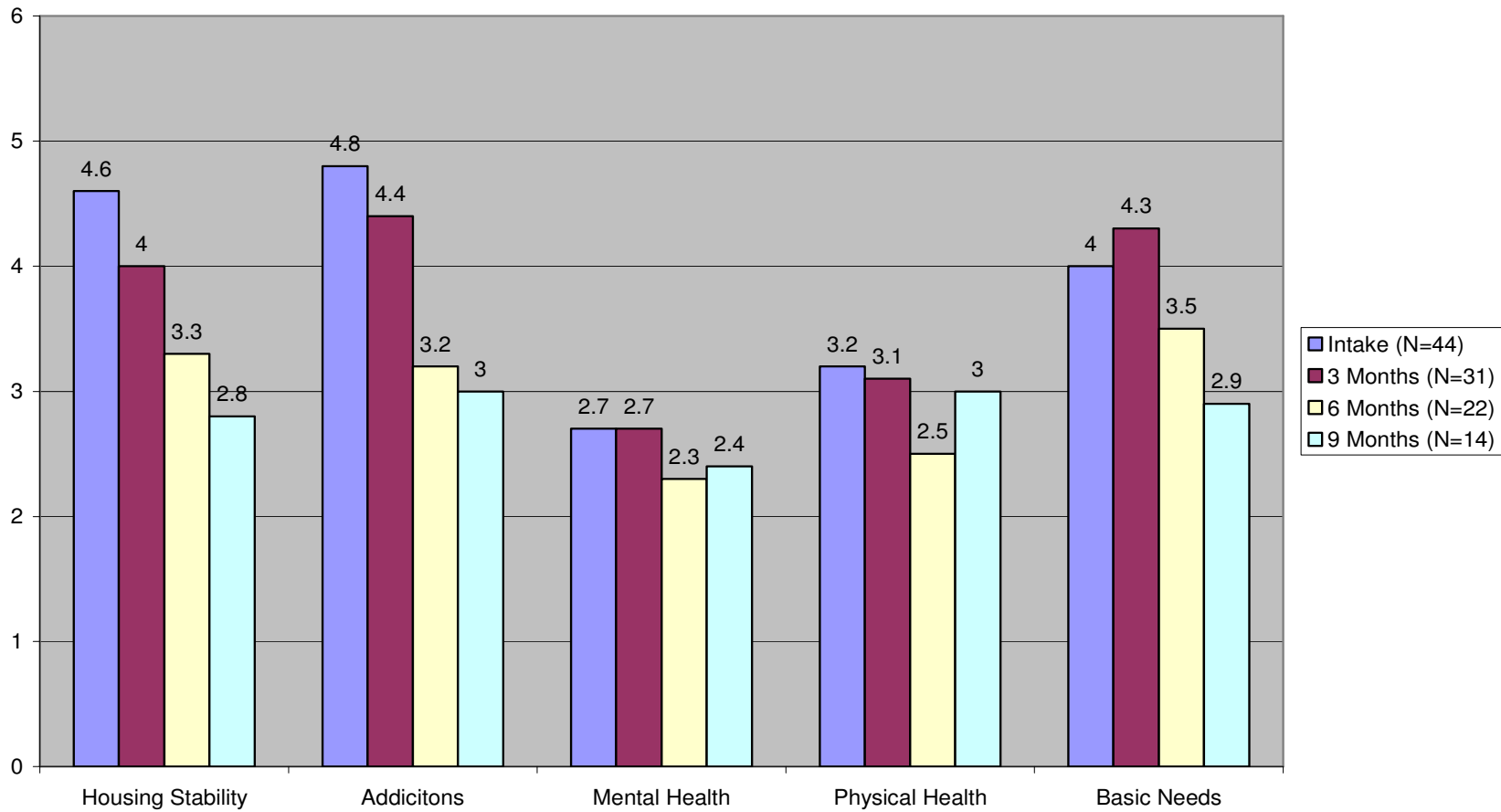
Basic needs support includes life skill development in areas such as budgeting, cooking, cleaning, being a good tenant and good neighbour, and managing relationships, as well as social/emotional support.

Basic Needs	3 Months N = 31	6 Months N = 22	9 Months N = 14
New or Continued Improvement	13%	82%	57%
Same	52%	23%	29%
Worse	35%	0	14%
Average Intensity	4.3	3.5	2.9

For more than one third of clients (35%) the intensity level for basic needs support actually increases in the first three month period as clients struggle with the transition from street life to housing. By six months, 82% of clients had shown some improvement in their need for support. About half of the clients showed a continuous decrease in basic needs support intensity over time. Two clients continued to require the highest level of support over the full nine-month period (i.e. the highest intensity level typically requires daily support).

Alpha House Housing Program and DOAP Team Evaluation

Average Client Intensity Level Over Time
Relative Stability of Client and Amount of Support Required
On a Scale of 1 to 5 - Lower Scores Indicate Improvement



Alpha House Housing Program and DOAP Team Evaluation

5.7 Emergency Systems Contacts

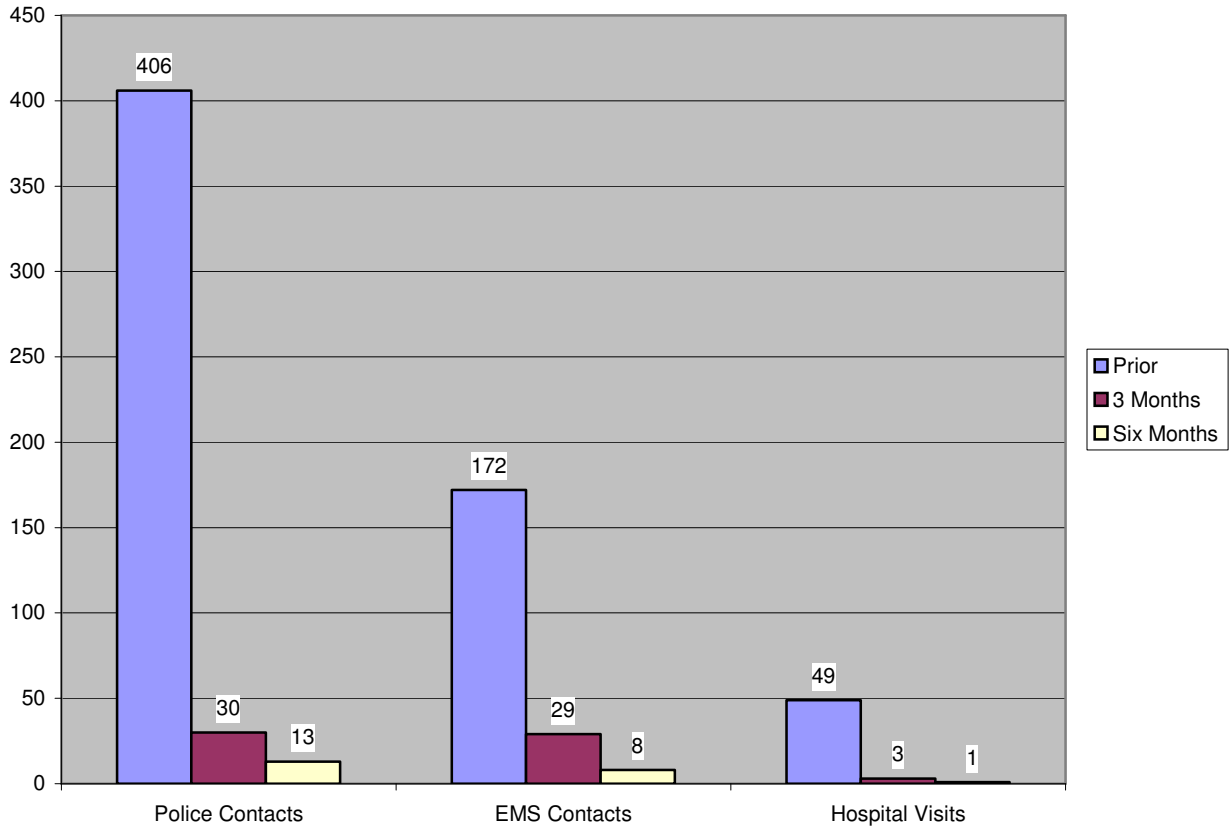
Review of a group of 23 clients who had been housed for six months shows the dramatic decrease in use of emergency services after clients are housed. Contact statistics indicate a 92% reduction in use of emergency services within the first three months of being housed, and during the next three month period usage drops even further (another 35% from the previous period).

Emergency Contacts for 23 Clients Housed for Six Months			
	3 month period prior to being housed	3 months after being housed	6 months after being housed
Police Contacts	406	30	13
EMS Contacts	172	29	8
Hospital Visits	49	3	1
Total Emergency Contacts	627	62	22

There are a small number of the overall client group who account for a large number of contacts. For example, almost half of the 49 hospital visits were made by one brain injured client who visited hospital 23 times in the 3 month period prior to being housed. In the three month period after being housed these visits dropped to zero.

Alpha House Housing Program and DOAP Team Evaluation

Emergency Service Contacts Before and After Housing N = 23 Clients



A review of the five clients who had the most contact with emergency services shows a significant decrease in contacts in the three months after being housed. Two of these clients were brain injured, and one a victim of a stroke, living on the street with no appropriate treatment services prior to being housed.

Emergency Contacts for 5 High Need Clients		
Period	3 month period prior to being housed	3 months after being housed
Police Contacts	186	16
EMS Contacts	132	25
Hospital Visits	23	1

5.8 Client Stories

Client #1:

Joe has a long history of addictions and extensive past with many services in the downtown core. Client is often barred from most if not all resources and shelters and has extensive history with police and by-law services. Since being housed, client has had no interactions with police or by-law services. He has also significantly reduced his drug use and rarely enters the downtown core.

Currently this client is volunteering on a regular basis for a non-profit furniture store. This client has never previously completed an addictions treatment program and he has registered in an outpatient program this time. Additionally, the client is looking into school and upgrading. He is expecting to start school in the fall.

Client #2:

Chris was a long term client of Alpha House who had been accessing shelter, detox and outreach services for many years. Chris struggled with an addiction to crack cocaine, which impeded his progress and kept on bringing him back to life on the streets despite completing several addictions treatment programs.

In May of 2009 Chris was housed in market level housing whilst receiving benefits from Alberta Employment and Immigration for medical disability. Chris took great pride in his apartment and began to address his health issues. Additionally, he was able to expand his social network and connect with members of his community and family members he had lost touch with. Throughout this time, Chris began to slowly decrease his using. He found that by having a safe and stable place to live he was less inclined to use drugs as a coping mechanism. Over time and without any formal treatment Chris has abstained from using crack cocaine for over 4 months.

Additionally, in October 2009 Chris began working full time for the first time in over 5 years. He has maintained this job up to this point. Chris has also moved in with his common law partner and now pays his rent independently and without assistance. Lastly, Chris is expecting a baby with his partner in September 2010 and is currently taking all the necessary steps and precautions to raise this child in a safe and healthy environment.

Chris claims that if he did not receive assistance getting a place that he would still be staying at Alpha House and succumbing to his addictions. He states that his place gave him a starting point to begin working on these issues in a natural manner and on his own terms.

Client #3

Andrea is a 26 year old woman who has been an addict since age 11 and has been living on the streets for about 10 years. In May of 2009 Andrea was housed in a market level apartment through the Calgary Alpha House.

Prior to being housed Andrea had several health issues, which she was disregarding. Additionally, she could often be found on the stroll downtown late at night.

Having an apartment changed Andrea's life dramatically. She has learned new life skills, is independent and has created a positive social network for herself. Andrea has at this time completed an addictions treatment program and attends meetings on a regular basis.

Andrea is taking care of all of her health concerns and makes all of her regular appointments and meetings. Andrea is also currently looking for part time work.

Andrea has made excellent progress over the past eight months. She is happy and independent and has learned some valuable life skills. In the New Year she is planning on participating in a 12 month life skills program for women. Andrea claims that having a home and the time to adjust to this new lifestyle was most beneficial to her success.

5.9 Client Feedback

Seven clients were interviewed by phone in order to get their feedback on how the Alpha House Housing case worker program is working for them. Here are their stories.

Before the housing case worker helped us get housed – *“We were both on the street. I was on drugs and not eating properly. It was miserable. Now we have stability and contact with family. I quit using crack. We're stable and settled. We're doing a whole lot better.”*

Before the housing case worker helped me get housed – *“I was homeless for almost a year, and spent several months in transitional housing and the step-up program a year ago. Now I have peace of mind knowing that Allison is backing me. There is less uncertainty in my life. I feel like I have support.”*

Since being housed – *“I am now in programming, go to community based meetings, have stability. Being housed gave me time to get centred.”*

Since being housed – *“I'm not downtown and don't bottle pick anymore. I get more sleep and I'm eating better.”*

Since being house – *“I'm not standing on the street corner any more.”*

Alpha House Housing Program and DOAP Team Evaluation

Since being housed – “*I’m sober, stable, taking care of myself, independent.*”

Since being housed – “*I’m not sleeping with 100 other people, or lining up to get food. But number one it has increased my security. Even though I’m a big guy, the streets are dangerous and they’re getting more dangerous. It has also given me the chance to have a life. It’s hard to have a girlfriend when your address is the Drop In Centre*”

When asked about what was most challenging in getting housed,

- *Stopping drinking*
- *Getting help and it’s expensive*
- *I was very sick, being homeless, waiting for help. No phone and no home.*
- *Landlords wouldn’t rent to someone on welfare. They were apprehensive to rent to someone who requires a lot of paperwork.*
- *Money*
- *Money, getting around (limited mobility)*

Market housing rental rates can create ongoing financial and personal stress for individuals living on marginal incomes. Ongoing financial stressors can potentially de-stabilize housing placements over the long term, especially when unanticipated expenses arise.

For example, in 2009 the typical rental rates for a one-bedroom apartment in Calgary ranged from \$650 to \$750 per month.⁷ This is double the single adult shelter allowance provided by Social Services (\$323) and represents 60% to 70% of AISH income (\$1,088). By comparison, Statistics Canada reports that the average family in 1992 spent 43% of its after-tax income on food, shelter and clothing.⁸

CMHC reports that in 2001, “households considered to have **serious housing affordability problems** had on average close to \$4,800 in before-tax income remaining after paying shelter costs. By comparison, households in *core housing need* averaged roughly \$9,700 remaining while Canadian households in general averaged close to \$52,000 remaining. Because of their limited resources, households that experience serious affordability problems are at higher risk of becoming homeless.”⁹ Most of the clients housed through Rapid Exit Singles program could be considered to have “serious housing affordability problems” that keep them at risk for future homelessness.

⁷ Simpson, B. (Dec. 2009) CUPS Rapid Exit Singles Evaluation Report.

⁸ Statistics Canada. (2008). Low Income Cuts Offs for 2008 and Low Income Measures for 2007. Income Statistics Division.

⁹ Human Resource and Skills Development Canada. (2007). Indicators of Well-Being in Canada. Housing – Housing Need. Retrieved at <http://www4.hrsdc.gc.ca>

Alpha House Housing Program and DOAP Team Evaluation

What was most helpful in getting housed?

- *Alpha House housing case worker. She gave me support all the way through the struggles from detox onwards. She doesn't give you false hope and comes through anytime.*
- *The housing case worker found people who were willing to work with us.*
- *The housing case worker being there. Took care of all my matters. Talked to other agencies. Helped me get furniture and helped me move.*
- *The housing case worker arranged for in-home caretaker position.*
- *She actually got me housed instead of just providing access to a phone and newspaper.*
- *Housing case worker got me furniture. She helps me all the time. Takes me places (appointments). She is always there for me.*
- *I just phone the housing coordintor if I need anything.*

What has been most challenging since being housed?

- *Staying sober*
- *It's hard being alone. I have personal problems with my girlfriend.*
- *Letting go of old friends in order to change my lifestyle.*
- *Dealing with the one roommate who can be a handful.*

Social isolation can be an issue for clients once they're housed. It's important for clients to build up their social network as they move into a new lifestyle. Most of the clients interviewed had been able to reconnect with family and a few have gotten to know their neighbours. The Alpha House Housing case worker occasionally organizes special group social events. Most of the clients interviewed had attended a social event (bowling, Christmas party) and said they enjoyed it. Some said they would like to have more group events such as a barbeque.

Clients talked about their goals for the future.

- *I would like to get a job and keep it for a whole year.*
- *I want to lose some weight and got to the gym because I gained weight when I quit drinking.*
- *I would like to be reunited with my family.*
- *The first goal was to be better by my birthday so that my daughter, who left home when she was 17, could come over with the grandkids. The next goal is to be stable enough for the grandkids to come and visit for a few days and to have my kids feel like it's safe to come home because we still have two in foster care.*
- *I want to go to college.*

All seven clients were very satisfied with the Housing case worker services. One client reported being "*super satisfied.*"

Alpha House Housing Program and DOAP Team Evaluation

They (housing case worker) don't give you false hope. They do everything they say they will and they have genuine concern. They've been fantastic.

The housing case worker has always been there when we needed someone to talk to. She also helped us to understand some of our problems that we didn't understand. She helped with the adjustment (to being housed).

They changed my life completely and I'm really grateful.

The housing case worker is there for me 150%.

6.0 Feedback from Partners

Several partners from police, EMS and by-laws were surveyed regarding their work with the DOAP team. Four partners responded to the survey. In addition, CUPS Rapid Exit housing locators provided verbal feedback on their experience in working with the Housing case worker.

"DOAP has been an excellent partner to our unit and service overall. We have appreciated the presentations and ride-alongs that they have allowed to participate in while we were setting up our team."

"I currently work as the patient advocate for Alberta Health Services, EMS. I work with members of the DOAP team on a Case Management Group. We meet once per month and have frequent contact via email and phone. The front line paramedics with EMS (most the Centre City Team) have frequent contact with the DOAP team. They are a great asset for assisting with patient care, consults and working collaboratively with EMS and other service providers."

"The DOAP team has the most front line contact with this population. They know lots of clients and are able to find people, build a rapport, and are aware of their needs. The DOAP team is interested in working together to best help the client. They are very accessible and flexible with what they can do operationally."

Partners rated the DOAP team as excellent in expertise with the population, and in their willingness to share their expertise with other service providers. The team was rated good to excellent in communication with partners, willingness to share their expertise with other service providers, being accessible and responsive when needed, their ability to address the situation when called on and their ability to connect clients with community services for follow-up.

Partner Rating of DOAP Team	Average Rating (on scale of 1 to 5)
Expertise with the population	5

Alpha House Housing Program and DOAP Team Evaluation

Communication with partners	4.75
Willingness to share expertise with partners	4.75
Connect clients to services	4.67
Accessible and Responsive when needed	4.5
Ability to Address the Situation when called	4.5

CUPS Rapid Exit Singles housing locators speak highly of the Alpha House Housing case workers' ability to support and sustain very high need clients with addictions in permanent housing. Rapid Exit Singles staff credit the strong positive relationships that Alpha House and DOAP team staff have with the clients, as making a significant positive difference in the clients' ability to maintain their housing.

7.0 Social Return on Investment

Every dollar invested in the DOAP team and Alpha House Housing program creates as **social return of \$5.38**.

The social value created by the DOAP team is approximately \$1,181,081 per year, and the social value created by the Alpha House housing program is approximately \$1,098,553. Total combined investment in the two programs is \$425,113.

The DOAP team creates social value by effectively diverting clients from unnecessary police, EMS and hospital involvement and redirecting clients to more appropriate intox/detox services at Alpha House and other emergency shelters. The DOAP team also plays a role in Hepatitis C and HIV/AIDS prevention through assertive street level harm reduction activities.

The Alpha House housing program creates social value by supporting previously homeless and addicted clients in permanent housing placements, effectively interrupting the continuous and high level use of police, EMS and hospital services. The housing case worker helps to stabilize high risk clients in their housing placement and helps them to access more appropriate treatment interventions (e.g. addiction treatment, brain injury services) that drastically improve the client's quality of life.

The following tables explain the Social Return on Investment assumptions and calculations.

Alpha House Housing Program and DOAP Team Evaluation

Social Value Calculation: DOAP Team and Outreach Nurse (over one year)		
SRIO Indicators Included	2009-10	Notes
Reduced police attendance at call outs	\$916,250	\$625*1,466 referrals to DOAP that would have required CPS
Reduced EMS attendance at call outs	\$51,948	\$468*111 EMS referrals to DOAP
Reduced use of hospital emergency for EMS call outs	\$12,705	Assuming 50% of EMS call-outs would have resulted in trip to hospital emergency \$231*55
Reduced return to hospital (for those previously hospitalized)	\$157,746	\$2,076*76 hospitalized clients assuming 40% of hospital clients return for at least two days(at \$1038/day) if no discharge plan in place
Reduced incidence of Hepatitis C/HIV	\$30,000	Assuming 1 case of HepC or HIV prevented @ \$30,00 for full course of treatment http://www.phac-aspc.gc.ca/hepc/pubs/psrprmidval-ppsrevalinter/i_problem-eng.php
Reduced incidence of HIV/AIDS	\$12,432	Assuming 1 case of AIDS prevented due to harm reduction @ \$12,432 per year health care costs http://www.leadingtogether.ca
Social Value Created (all clients)	\$1,181,081	

<p>Police call outs calculated as follows: 410 direct referrals from CPS 50 referrals by city by-law officers 201 direct referrals from citizens/business would have resulted in CPS 766 street contacts of which 25% would have resulted in CPS = 191 6,143 social agency referrals of which 10% would have resulted in CPS = 614</p>	<p>Incarceration rates calculated as follows: All 40 clients would have received approximately 5 to 10 tickets per month issued by by-law officers. These tickets go unpaid resulting in warrants, leading to incarceration of on average 10 days per client per year.</p>
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Alpha House Housing Program and DOAP Team Evaluation

Social Value Calculation: Housing Coordinator (over twelve months)		
SRIO Indicators Included	12 month period 2009-2010	Notes
Reduced police call outs for 40 housed clients	\$825,000	\$625*40*33 CPS average call outs per client before housing
Reduced EMS call outs for 40 housed clients	\$243,360	\$468*40*13 EMS average call outs per client before housing
Reduced hospital emergency room visits for 40 housed clients	\$36,960	\$231*40*4 average visits per client before housing
Reduced remand incarcerations due to warrants (from unpaid by-law tickets)	\$57,200	\$143*40 assuming 10 days incarceration per client due to breach of warrants
Reduced use of emergency shelters	\$457,200	\$1,200/mo x 381 months
CUPS Rapid Exit housing locator service	-\$28,000	\$700 per housing placement x 40 clients
Income support to housed clients	-\$392,430	Average \$1,030*381 months of income support for 40 clients
Addiction treatment programs accessed	-\$30,030	286 days of residential addiction treatment accessed @ \$105 per day
Brain Injured Day Treatment program	-\$70,707	Assuming 37 hours per week @ \$36.75/hr*
Social Value Created (40 housed clients)	\$1,098,553	

Alpha House Housing Program and DOAP Team Evaluation

Summary of Social Value	12 Month Period 2009 to 2010	Notes
Total Social Value Created for DOAP	\$1,181,081	
Total Social Value Created For Housing	\$1,098,553	
Total Social Value Created (for DOAP + Housing Program)	\$2,279,634	
Annual Program Investment	\$425,113	Alpha - \$300,538 CUPS - \$124,575 Includes DOAP team, housing case worker and program administration
SROI Ratio	1 : 5.36	

For every \$1 invested the social return on investment is \$5.36

Indicator Value Sources:

- Police Call Out: City of Calgary FCSS – YWCA Mary Dover House SROI
- EMS, Hospital Emergency, Hospital Stay, Incarceration: City of Calgary FCSS – SROI Indicator Project
- Hep C Costs: Public Health Agency of Canada
- HIV/AIDS Treatment Costs per year: Public Health Agency of Canada. Leading Together, Canada Takes Action on HIV/AIDS 2005 to 2010. p. 13
- Emergency Shelter Day Rate: Calgary Drop In Centre
- CUPS Rapid Exit: Estimated Cost based on 4 staff per 200 housed clients
- Income Support: average monthly income based on Alpha House actual client income data
- Residential Addiction Treatment: rates given by Fresh Start treatment program 2010
- Brain Injured Day Treatment program: Supported Lifestyles Fee Schedule 2010

8.0 Conclusions

The DOAP team and Alpha House Housing Program are highly effective in reducing the overall impact of homelessness and addiction for both individuals and partner service systems (i.e. CPS; EMS; by-law services; hospitals). With the addition of the Alpha House Housing case worker position, the DOAP team can provide a broad range of effective services that include engagement of clients on the street; harm reduction for those not ready, willing or able to leave street life; diversion from inappropriate use of emergency services; connection with appropriate support, treatment and housing services (e.g. shelters, detox, treatment); discharge planning and outreach medical support to reduce readmissions to hospital; accessing and maintaining stable housing.

Over the past year, the DOAP team provided 8,757 transports for street involved individuals, and provided food and harm reduction supplies to over 300 individuals per month. The CUPS outreach nurse provided support for hospital discharge planning to an average of 15 DOAP clients per month, reducing the likelihood of readmission to hospital. And the Housing case worker has worked with 56 homeless individuals with addictions, resulting in 41 successful and sustained housing placements including 7 who are now living independently. An additional 7 individuals have been housed and supported directly through the DOAP team, with 4 of these individuals remaining housed.

The Housing Program has demonstrated the ability to significantly reduce ongoing use of emergency services for those individuals who are moved from street and emergency shelter to permanent housing. Individuals who are housed show relatively consistent improvement over their first nine months of housing in areas of reduced substance abuse, improved connection with community services (e.g. mental health, addiction treatment), improved physical health and mental health, and increased life skills to maintain housing.

Not only are individual lives significantly improved, but the programs provide important savings in both costs and time for the city's emergency response service partners (i.e. CPS; EMS; hospitals). Every dollar invested in these two programs creates a social return of \$5.36.

The DOAP team, Outreach Nurse and Housing case worker provide a comprehensive and effective service to homeless individuals with addictions, a service that is both proactive in engaging and supporting clients, and responsive in meeting the emergent needs of clients, service partners and community.

9.0 Recommendations

1. Increase staff resources to the Housing Coordinator component of the program in order to increase the number of individuals supported in permanent housing.
2. Focus some case worker support on longer term proactive goals such as community integration in order to ensure long term sustainability of housing.
3. Continue to develop and offer group social activities for housed clients. Offer the activities in areas of the city other than the downtown core.
4. Monitor the increased demand on DOAP team services, as they expand their service reach to include light support for more independent housed clients. The number of transports provided have steadily increased to almost double over the past twelve months, placing added stress on DOAP team resources.
5. Continue to explore and invest in collaborative community partnership that enhance service to clients.
6. Advocate for increased subsidized housing options for single adults. Market housing rental rates can create ongoing financial and personal stress for individuals living on marginal incomes. Ongoing financial stressors can potentially de-stabilize housing placements over the long term, especially when unanticipated expenses arise.