Downtown Outreach Addiction Partnership

(DOAP Team)

Evaluation Report

January 2008

Acknowledgements

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The DOAP Team is funded by:

- City of Calgary Crime Prevention Initiative
- AADAC
- Alberta Municipal Affairs

The DOAP Team is operated in partnership by:

- Calgary Alpha House Society
- Calgary Urban Projects Society

Other key partners include:

- Calgary Police Service
- Emergency Medical Services
- Peter Lougheed Hospital
- Foothills Hospital
- Rockyview Hospital

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EXECUTIVE SUMMARY

The **Downtown Outreach Addictions Partnership** (DOAP Team) has been operating since September 2005, through a partnership between **Calgary Alpha House Society** (Alpha House) and **Calgary Urban Projects Society** (CUPS), and in close collaboration with **Calgary Police Services** and **Emergency Medical Services** in the Calgary downtown core.

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.

Key strategies used by the DOAP team are based on "meeting the client where they are at" and include diversion, harm reduction, hospital discharge planning, case management and support. The DOAP team van is a welcome sight on the streets of downtown Calgary and provides immediate response and transportation for both intoxicated and sober individuals.

Over the past year the DOAP team served approximately **1,500 different street involved individuals with addictions**, including 36 individuals specifically identified as high users of EMS services. Some of these individuals use EMS once a week or more.

The DOAP team responded to

- **118 calls from Calgary Police Service**
- **154 calls from EMS**

The DOAP Team provided

- **800 hospital visits**
- **518 transports from hospital**
- **2,506 downtown transports** (to intox, detox, shelters, etc.) an average of 7 transports per day

A review of 38 cases indicated that

- **77% improved their housing situation**
- **59% showed some improvement in dealing with their addiction**
- **40% showed some improvement in their physical health**
- **52% showed some improvement in their mental health**
- **67% improved their basic needs situation**

The DOAP team service clearly increases the immediate safety and longer term well-being of clients. Through engagement, encouragement and goal setting, the team supports clients to improve their lives through placement in appropriate treatment and/or housing.

The DOAP team is effective in helping to **reduce the time and cost burden for Calgary Police Services (CPS) and Emergency Medical Services (EMS)** by diverting clients into more appropriate services. Both the Calgary Police Service and Emergency Medical Service systems, and the clients benefit significantly from DOAP team support and intervention.

It is recommended that **sustainable funding** be provided for this vital service. Longer-term recommendations include planning for flexible and appropriate harm reduction **housing options** for this complex population.

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). The DOAP team program receives funding in the amount of $50,000 from the City of Calgary Crime Prevention Investment Plan and a small amount of additional funding from AADAC. Alberta Municipal Affairs contributed an additional $11,000 for the Winter Response extended evening hours. CUPS donates outreach personnel time to the project. Remaining project costs are covered through fundraising.

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.

Program Objectives

1. To develop active partnerships between CUPS and Alpha House and the two uniform services (police & EMS) 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.

Outreach

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

Hospital Discharge

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

Housing and Treatment Referrals

10. To provide advocacy and support for accessing and maintaining housing

2.0 The Need

In 2006 the City of Calgary counted 3,400 homeless individuals of which 2,800 were staying in homeless shelters on any given night. The Addiction Sector Report of the 2002 Calgary Homeless Study reported that 73% of the homeless individuals included in the study had present or past substance abuse issues, and 74% of those identified with an addiction also had a mental illness.[1] Alpha House provides intox and detox services to 2,700 different individuals per year. The **DOAP team** estimates contact with over **1,500 different individuals per year**.

In some instances, EMS or the Calgary police may be called several times in one day to deal with an intoxicated person on the street. EMS has identified 36 of the highest users of emergency service in the downtown core as a specially targeted population for case management services through the DOAP team. Of this identified group, **24 individuals used EMS 1,600 times over the past year, an average of 66 uses per individual,** more than one EMS call per week.

During the initial stages of the project, CPS and the DOAP Team together 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 and introduce immediate access to appropriate services.

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

3.0 DOAP Team Program

The DOAP team consists of 4 full-time and 4 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 4 hours on weekends (from 19:00 to 23:00 Saturday and Sunday). During the daytime shift, DOAP team staff work on case management, transportation services and hospital discharge. The evening outreach services (17:00 to 01:00) is funded only to the end of April 2008 as part of the winter response. Evening services typically focus on transporting homeless individuals and ensuring they are placed in a safe environment (i.e. out of the cold). During the first week of evening operations (Nov. 2007) the DOAP team transported 50 intoxicated people to shelters.

The team is manned by staff from the two partner organizations, Alpha House and CUPS. Alpha House provides 2 full time and 3 part time staff, while CUPS provides 2 full time and 1 part time staff. 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. This ability to transport clients is a unique service that is highly valued by both clients and referring agencies.

Services are focused primarily in the downtown core but the team also visits other communities where there are known strolls and high drug use. During 2006, the DOAP team reported visiting clients established in camps in over 20 communities across the city. Police report that *the majority of complaints come from the downtown.* CPS survey feedback

Every year the DOAP team has a poster campaign that targets high use areas such as downtown, East Village, Victoria Park, Forest Lawn and Bowness. The goal of the poster campaign is to increase awareness of potential clients of the services offered by the outreach team. In the 2007 poster campaign the team had more than 20 calls (i.e. self referrals) from people all over the city asking about services and treatment options. Another poster campaign is planned for February 2008.

4.0 Approach

The DOAP team uses two key strategies: diversion and harm reduction.

The **diversion** strategy provides an intervention 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 into more appropriate services such as shelter, detox or treatment. DOAP team staff are able to provide an immediate social connection for people with addictions. For those individuals who do require medical attention, the DOAP team intervenes at the point of hospital discharge to ensure that clients do not end up back on the street, but instead are placed in shelter or appropriate housing or treatment services. The diversion strategy provides a more appropriate response for clients and saves other service systems time and money.

The DOAP team uses a **harm reduction** model to meet clients where they are at and encourage positive change. 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.[2]

Alcoholism treatment works for many people. But just like any chronic disease, there are varying levels of success when it comes to treatment. Some people stop drinking and remain sober. Others have long periods of sobriety with bouts of relapse. And still others cannot stop drinking for any length of time. With treatment, one thing is clear, however: the longer a person abstains from alcohol, the more likely he or she will be able to stay sober.[3]

For those addicted to drugs, only two thirds will ever stop harming themselves. One third will stop using drugs, one third will decrease drug use and one third will never stop.[4]

Abstinence has been the traditional goal for people with addictions and most treatment and support models are based on that. However, for some people, abstinence may be so far out of reach that it becomes an ineffective strategy. People with complex problems and needs may benefit more from a harm reduction approach, which sets smaller, more achievable goals such as reducing the use of substances. Even if they don't want to, or can't stop using alcohol or drugs, people still have the right to get information about how to take care of themselves.

[2] 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
[3] Alcohol Treatment. Retrieved January 2008 at www.emedicinehealth.com/alcoholism/article
[4] National Institute on Drug Abuse. InfoFacts. (2003). Drug Addiction Treatment Methods.

The harm reduction strategy attempts to limit the vulnerability of people who engage in high risk behaviour and improve their health and well being by increasing access to appropriate information, supplies (e.g. needles, condoms), treatment, housing, and other supports. Harm reduction recognizes that people with addictions benefit from a number of different approaches. These approaches include a variety of strategies that range from **safer use** (e.g. needle exchange), to **managed use** (e.g. Methadone clinic) to **abstinence**. Harm reduction meets the person "where they are at" and builds on incremental gains.

In Canada, some harm reduction programs actually help addicts manage their addiction. Examples of these programs include the Vancouver Safe Injection Site[5], the "managed alcohol" program[6] offered by Shepherds of Good Hope hostel in Ottawa (tenants are allowed managed amounts of alcohol at specified intervals during the day), and local accommodations such as the Peter Coyle program managed by Trinity Place Foundation where some level of alcohol use is accepted.

Partners report that the DOAP team staff *"have a good reputation with their clients. They provide what they say they will. They are keen, assertive, and truly advocate for the client ."*

"I am very pleased with the services the team have provided. We are always happy to see them and the clients here are very respectful of the team. I have never seen any client being mistreated or hassled by the team. The team strives to place themselves in the client's situation, and this really shows that they are trying their best. The teams has a very caring attitude towards the clients, and the clients pick up on this right away." Service provider feedback.

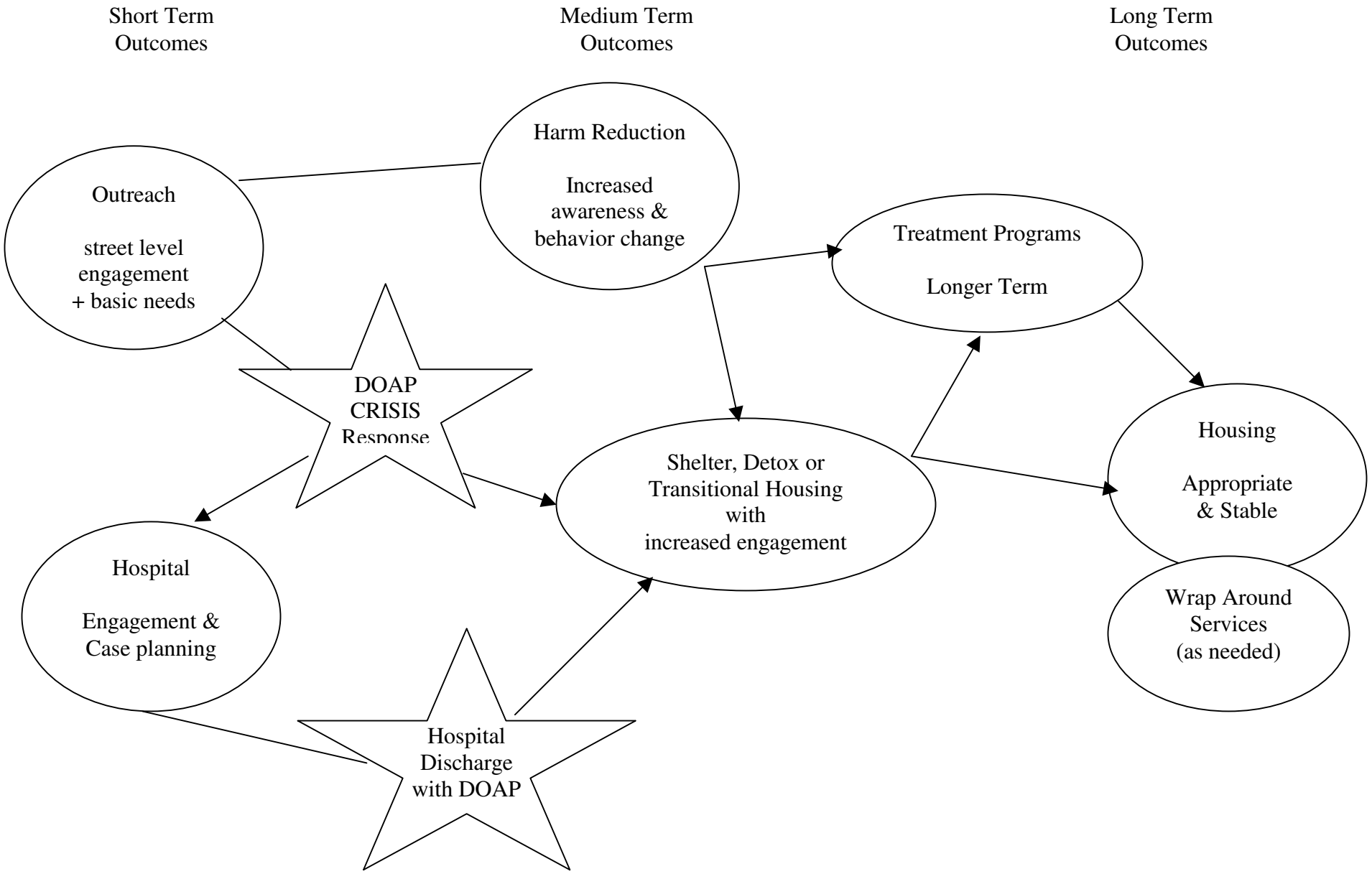
5.0 DOAP Team Process and Outcomes

The following map illustrates the typical engagement process and targeted short, medium and long term outcomes. Typically the two key points of initial contact with clients is either through the street level outreach or at the hospital. The stars represent system diversion points, where the DOAP team intervenes with other service systems (e.g. police, EMS, hospitals) to redirect clients to more appropriate services.

[5] Wood, E., Tyndall, M.W., Zhang, R., Montaner, J.S.G., Kerr, T. (2007) Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction,* 102(6): 916-919; doi: 10.1111/j.1360-0443.2007.01818.x

[6] Podymow, T. Turnbull, J, Coyle, D. Yetisir, E. and Wells, G. (2006). Shelter-based Managed Alcohol Administration to Chronically Homeless People Addicted To Alcohol. Canadian Medical Association Journal. 174 (1).

Downtown Outreach Addictions Partnership Evaluation – DOAP Team



6.0 DOAP Team Service Activity

The DOAP team provides a high volume of interactive services to individuals with addictions who typically frequent the downtown core. Most of the clients are homeless and present with complex needs that include active addictions, often serious physical and mental health problems, isolation (disconnected from family and other social supports) and inability to consistently provide for their own basic needs (food, clothing, shelter).

6.1 Street Outreach

One of the primary goals of outreach services is to make contact, engage and interact with individuals who are on the streets of downtown Calgary. In particular the team connects with those individuals who are experiencing drug or alcohol addictions as well as other high-risk situations (e.g. homeless, mental health or physical health issues, prostitution, etc.). Through outreach contact and engagement, team members are able to deliver key services such a basic need support, encourage harm reduction (e.g. condoms, needles), transportation to shelters or detox, etc. As staff build a relationship with individuals on the street, it becomes more possible to help the individual identify short and longer term goals that will help improve and stabilize their lives. Most goals are targeted to immediate shelter and longer-term housing, detox and/or treatment, and addressing physical or mental health issues. Client situations are extremely high-need, complex and challenging.

6.2 Basic Needs

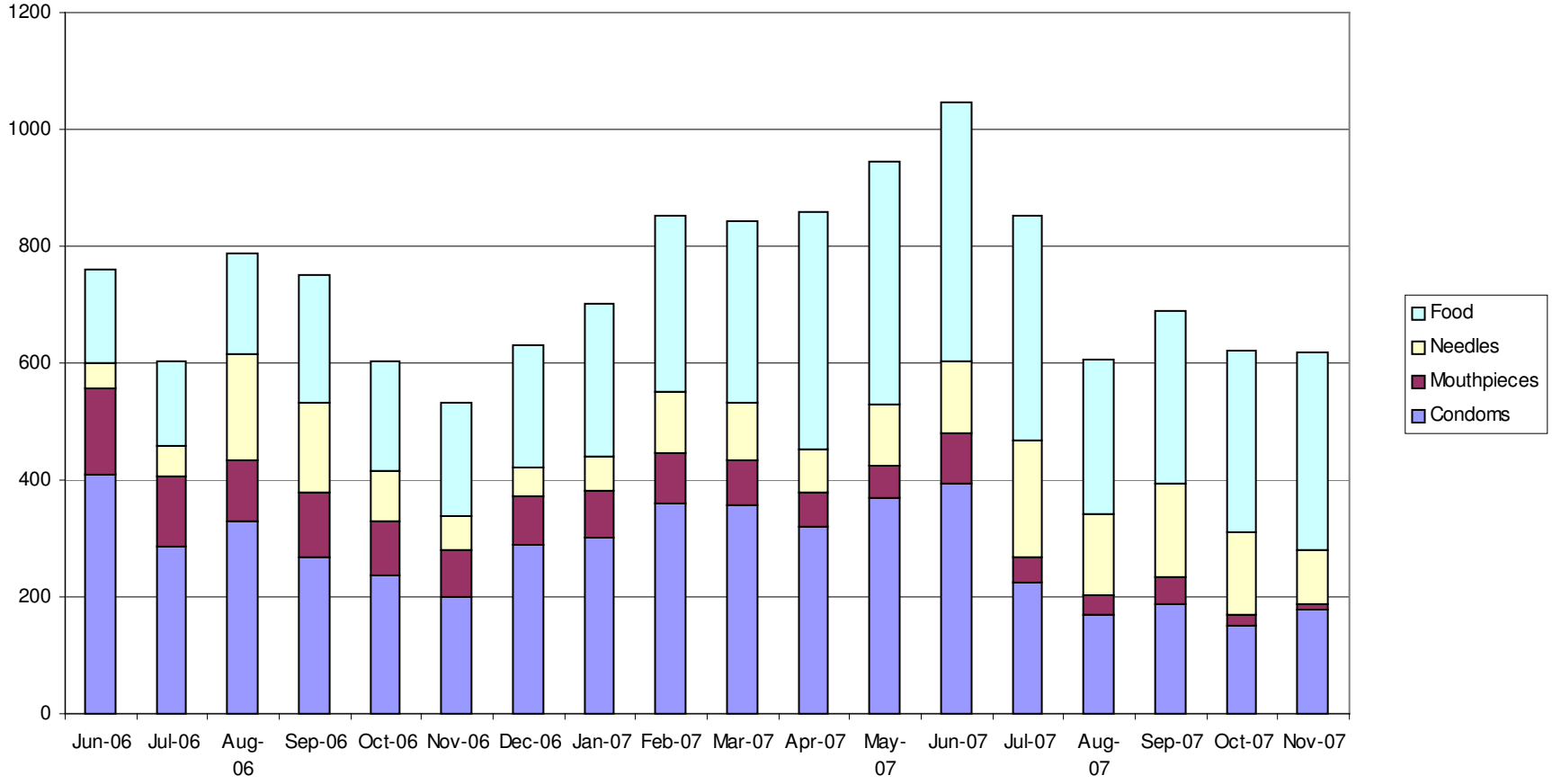
Through outreach contact the DOAP team frequently provide basic needs support to clients. Resources include food, clothing, socks, etc. The DOAP team **gives out food on average 273 times** per month.

6.3 Harm Reduction

In keeping with the harm reduction philosophy, the DOAP team engages with clients on the street to provide information about risks associated with their lifestyle and harm reduction strategies that encourage clients to take better care of themselves. Using a Stages of Change approach, staff attempt to move clients from pre-contemplation (not fully aware of risks, options) to contemplation (increased awareness of risks, harm reduction strategies and service options) to preparation (setting goals to improve their life) and finally into action (willingness to move forward into detox, treatment and/or housing).

During the past eighteen months the DOAP team has distributed to clients an average of **279 condoms**, **107 needle packs** and **75 mouthpieces** per month.

Harm Reduction and Basic Needs Resources Distributed
June 2006 to November 2007



6.4 Transportation

One of the key functions of the DOAP team is to transport clients (often under the influence of drugs or alcohol) to more appropriate services and settings, such as shelters, detox, health or treatment services. DOAP team staff not only transport the client, but have the expertise to work with clients under the influence of their addiction. Clients are also transported to appointments which greatly improves service access and helps clients actually connect with services they need. When clients get housing, DOAP team staff may assist with the move. Team mobility is essential for visiting clients at local hospitals and meeting clients wherever they may require assistance. The transportation service offered by the DOAP team is highly valued by referring agencies and clients alike.

Partners report that DOAP team staff "*are reliable and helpful. They have access to shelter and food. Their* ***ability to transport individuals*** *is an asset to the community."*

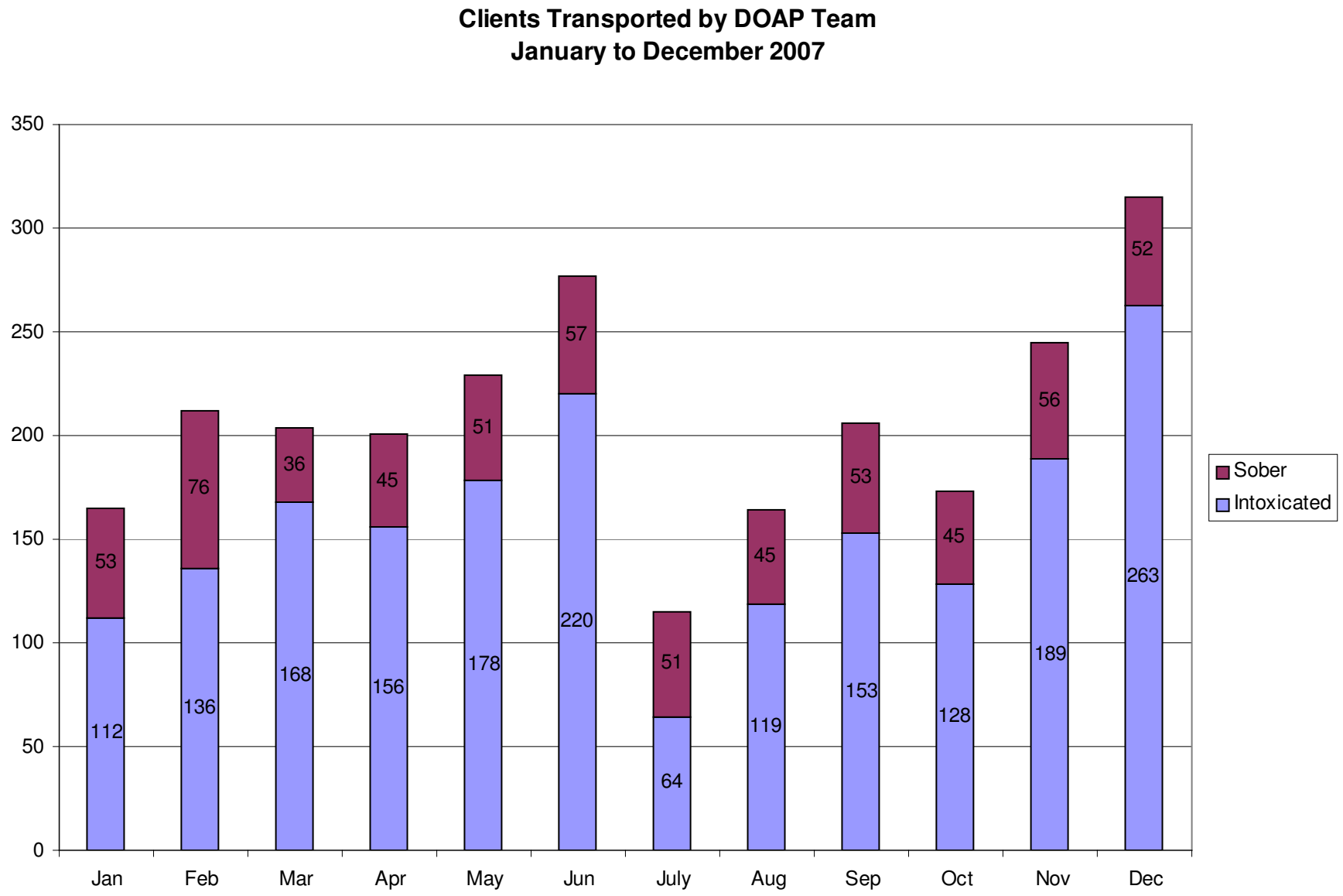
During the past twelve month period, the DOAP team has provided **2,506 transports** averaging 7 transports per day. Of these, 1,886 transports were for intoxicated persons and 620 transports were for sober individuals.

The number of individuals transported increased significantly with the initiation of the evening hours service in November 2007, as part of the Winter Response. Clients are more likely to have encounters with Calgary police during these hours. During the first week of the Winter Response expanded service hours, the DOAP team transported 50 intoxicated individuals to shelters or other safe places during evening hours. This service helps to keep client out of jail and safe from serious cold weather injuries.

6.5 Response Services for Community and Business

The DOAP team has attempted to educate the public about more appropriate alternatives to dealing with intoxicated or drug affected individuals. DOAP team staff respond to calls from concerned citizens and local businesses.

Since Oct 2006, the DOAP team has responded to **89 calls from concerned citizens** and **12 calls** from the Downtown Business Association.


Clients Transported by DOAP Team
January to December 2007
350
300
250
200
150
100
50
0
Jan
Feb
Mar
Apr
May
Jun
July
Aug
Sep
Oct
Nov
Dec
53
112
76
136
36
168
45
156
51
178
57
220
51
64
45
119
53
153
45
128
56
189
52
263
Sober
Intoxicated

6.6 CPS and EMS Diversion

A primary goal and rationale for the DOAP team is to alleviate pressures on Calgary Police Service and Emergency Medical Services by intervening with the client to divert them into more appropriate service options such as detox or emergency shelter. DOAP team staff maintain daily contact with EMS and regular weekly contact with CPS in order to facilitate an effective partnership that benefits clients and service providers.

During the twelve months from January to December 2007 the DOAP team received **118 calls from CPS** and **154 calls from EMS**. Referrals from CPS and EMS have increased significantly over the course of the year. By the last three months of 2007, referrals were **averaging 32 calls per month** with a high of 47 calls during the month of November 2007. DOAP team staff report that the number of calls from CPS increased significantly after DOAP team staff began attending weekly "parades" with police in District One, as a strategy to improve service coordination and case management coordination for well-known high use individuals.

A service call by the Calgary Police costs approximately $40 per hour for a single officer response and $80 per hour for a two person response (which is the most common). A response can take from one to one and a half hours.

"The DOAP team saves us thousands of hours in District One alone. " CPS

Estimated cost savings to CPS for the past year (last 12 month period) due to DOAP team diversions are between $4,700 (for one person response) and $9,400 (for two person response) assuming a one hour intervention.

A service call by EMS results in average costs similar to those for police. Based on a best case scenerio of a one hour intervention, estimated cost savings to EMS for the past year (last 12 month period) due to DOAP team diversions could be estimated at between $6,160 (one person response) and $12,320 (two persons response. EMS staff note that while their average response takes one hour, working with this population is much more time consuming due the complex nature of their needs. If EMS transports a homeless individual with addictions and or mental health issues to emergency the wait there can be extensive (i.e. many hours).

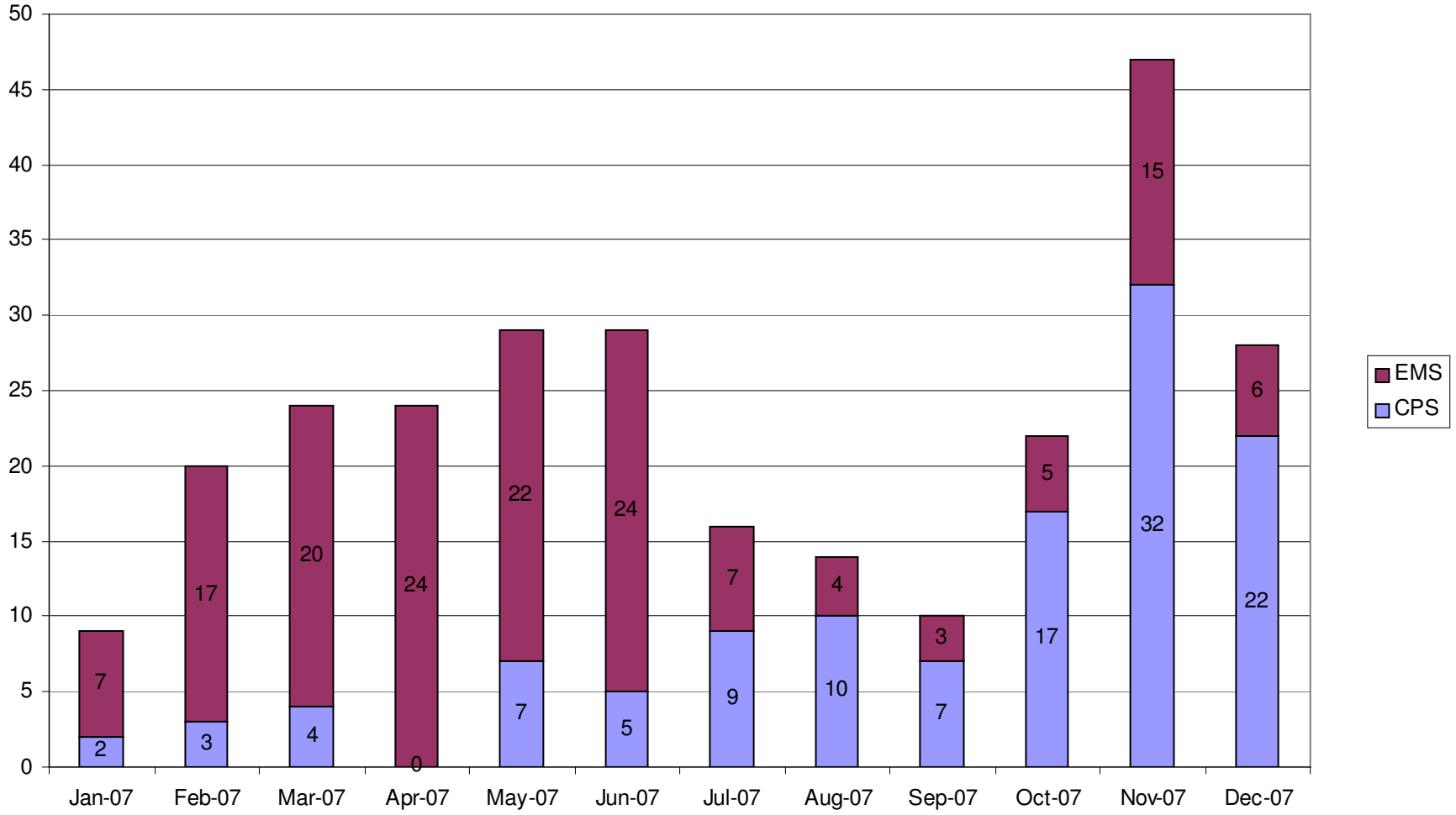
A conservative estimate of total savings to CPS and EMS could be between $10,860 and $21,720. But the real value is in freeing up these public services to deal with other legitimate crime situations and medical emergencies, as well as providing a much more appropriate and helpful service to the clients.

Police report that *"persons suffering from addictions relate much better to the DOAP team offer of assistance than they do to the Police. These people will further benefit from professional counseling rather than possibly spending the night in jail or getting further tickets."* CPS survey respondent

Ticketing this population is particularly ineffective. Some individuals are too intoxicated to even realize they have a ticket. Homeless individuals have no money to pay the fine. And DOAP team staff point out that ticketing does not change behaviour with this group. For example, one individual received five tickets in one day and another received seven tickets over a two day period. It is much more effective to deal with these individuals by calling on the DOAP team to remove the offending person to a more appropriate service (e.g. Alpha House).

By-law enforcement finds the DOAP team service helpful. Feedback from the by-law officers reports that, "*the DOAP team are available for police or by-law people to call as an alternative instead of jail or fines. As an enforcement officer I would prefer to see people getting help than having to issue a ticket. This service allows me to assist in connecting the people to the appropriate service."* By-Law Officer

DOAP TEAM
Calls From CPS and EMS
January 2007 to December 2007



6.7 Hospital Support and Discharge Planning

DOAP team staff provide support to clients in hospital by visiting the client, encouraging clients to continue their medical treatment until ready for discharge, advocating for health assessments and medical services, assisting with discharge planning to ensure the client does not return from hospital to the street, and providing transportation to shelter, housing or treatment services after discharge.

DOAP Team receives
- **263 calls per month** from hospitals and health care facilities

DOAP Team provides
- **66 hospital visits per month**
- **42 transports per month** from hospital

"When the DOAP team is able to offer the patient a discharge destination and plan, the patient is more likely to stay in hospital as they are less stressed about where they will end up upon discharge. A lot of patients get distressed that their bed where they were staying will be given up and they will have nowhere to go." Hospital survey feedback

The DOAP team supports hospital staff as well, by providing insight and expertise in dealing with individuals who have serious long-standing addictions and those coming from high-risk street-life situations. The DOAP team can support a client's move from hospital to detox or addiction treatment services.

Hospital partners report that "*the DOAP team can offer assistance with discharge planning in getting meds, transportation, housing, medical follow-up. It has tremendously impacted our work and has helped the social workers in hospital to do their job better and make sure that this population gets what they need."* Hospital survey feedback.

Staff on the Trauma Unit say *"we use the DOAP team for clients at no fixed address - those who are not ready to be on the street but not sick enough for hospital. They will take patients to discharge destinations such as Alpha House and help clients get to appointments (e.g. at Dream Centre) or help client get to appointments* for medical follow-up." survey feedback

The volume of support provided by the DOAP team at local hospitals is very high. Over the past 18 months the DOAP team recorded 1,184 hospital visits at three local hospitals. This is an average of **66 hospital visits per month**. The highest activity occurs at the Peter Lougheed Hospital with a total of 775 visits or 42 visits per month, followed by the Foothills Hospital with 326 visits or 18 visits per month.

During the first seven months of the program (June 2006 to January 2007), the DOAP team averaged **265 calls per month** from hospital social workers and health care providers. Due to the high volume of calls, the team stopped tracking this statistic.

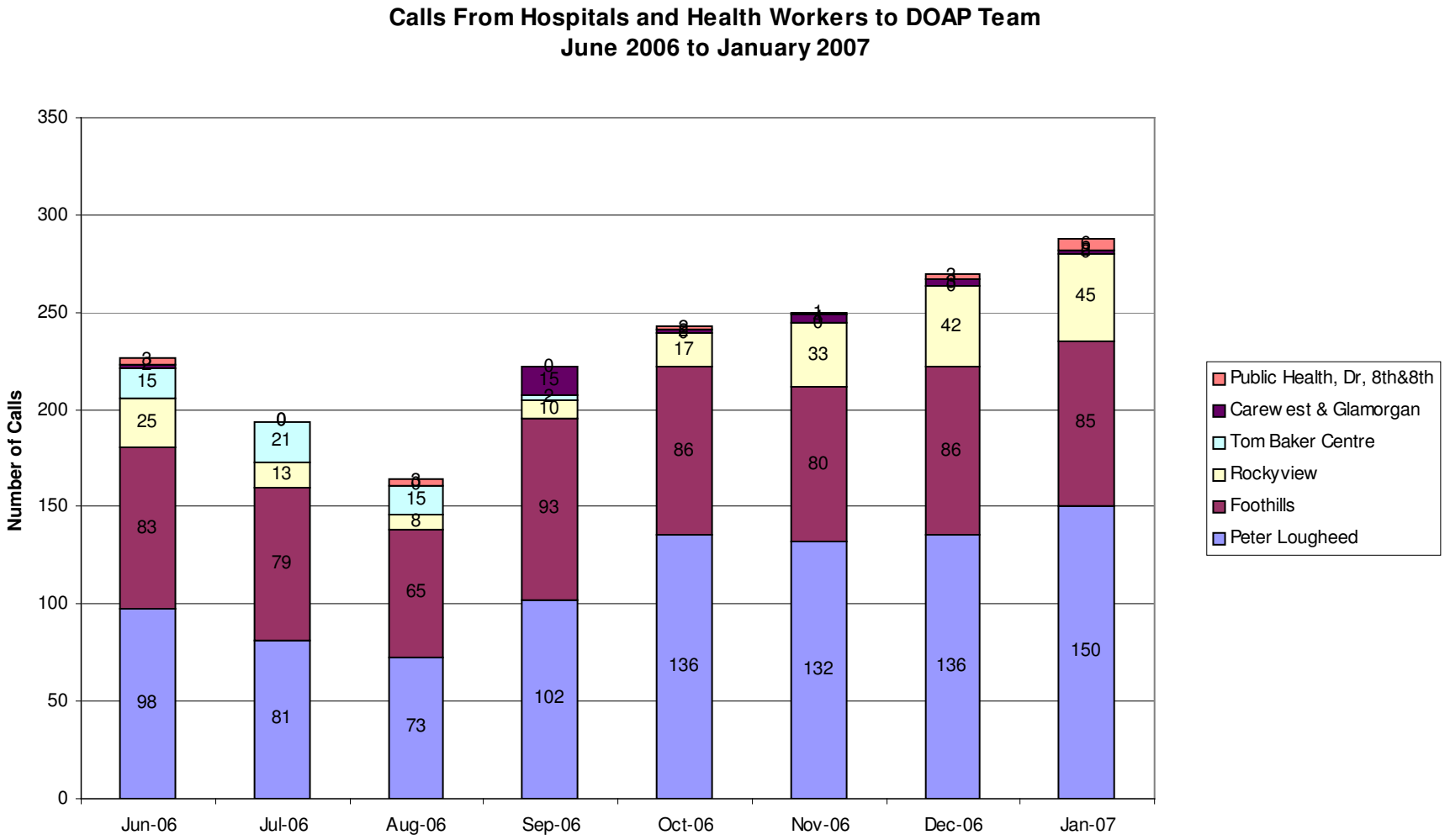
Over the past 18 months, the DOAP team has provided 762 transports for clients referred from hospitals, an **average of 42 transports per month.**

6.8 Advocacy

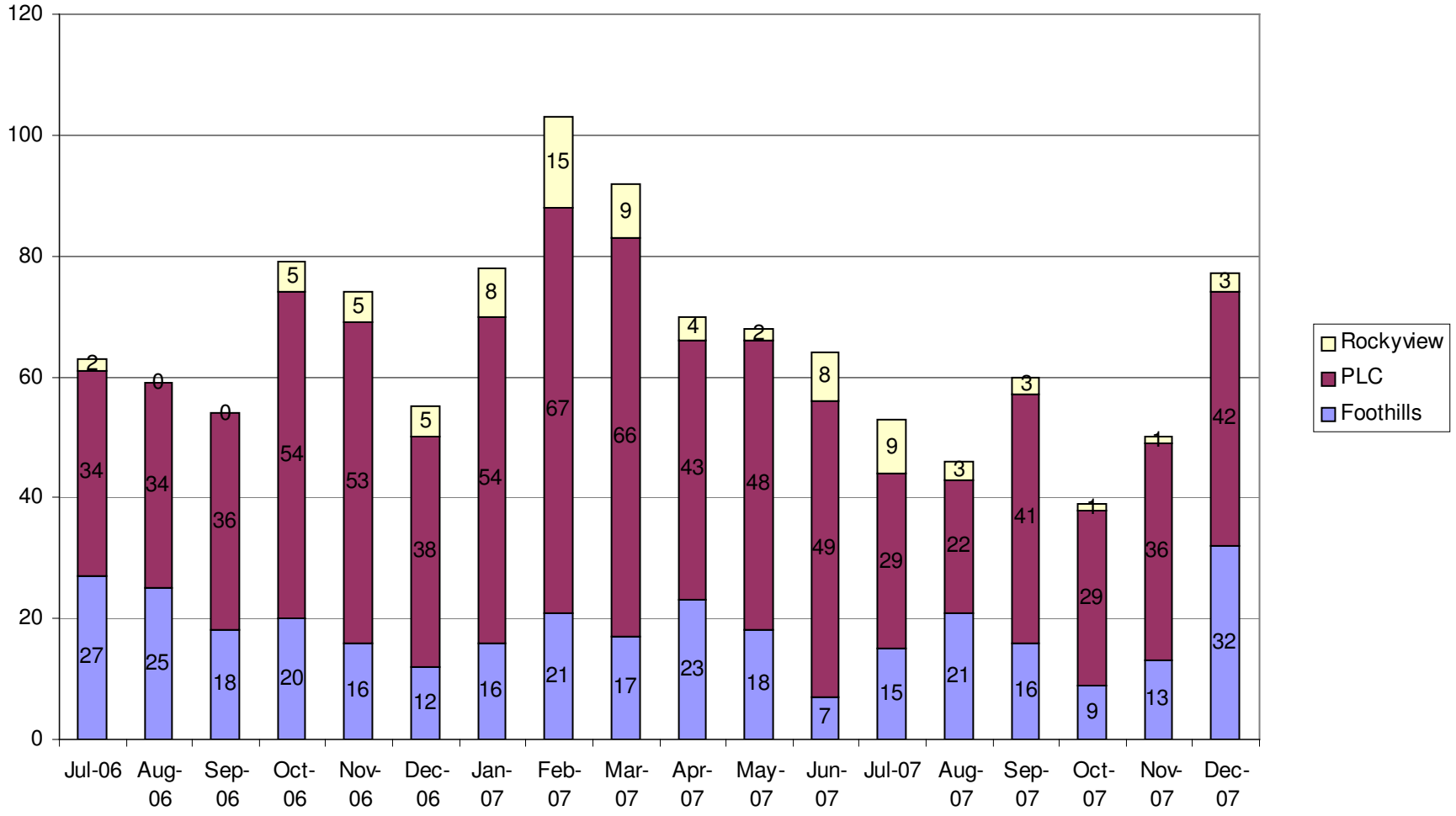
DOAP team staff play a key role in advocating for services for clients and in assisting clients to navigate complex service systems to better access financial, treatment, health and housing services.

One example is a case in which DOAP team staff were able to have a client assessed for advanced brain damage due to Korsokkof's which has resulted in that individual being placed in an appropriate care facility. Advocacy can mean the difference between a short term response to an immediate health problem and a more holistic and comprehensive long term solution that improves quality of life for the client and reduces ineffective use of the medical system (i.e. frequent use of emergency medical services).

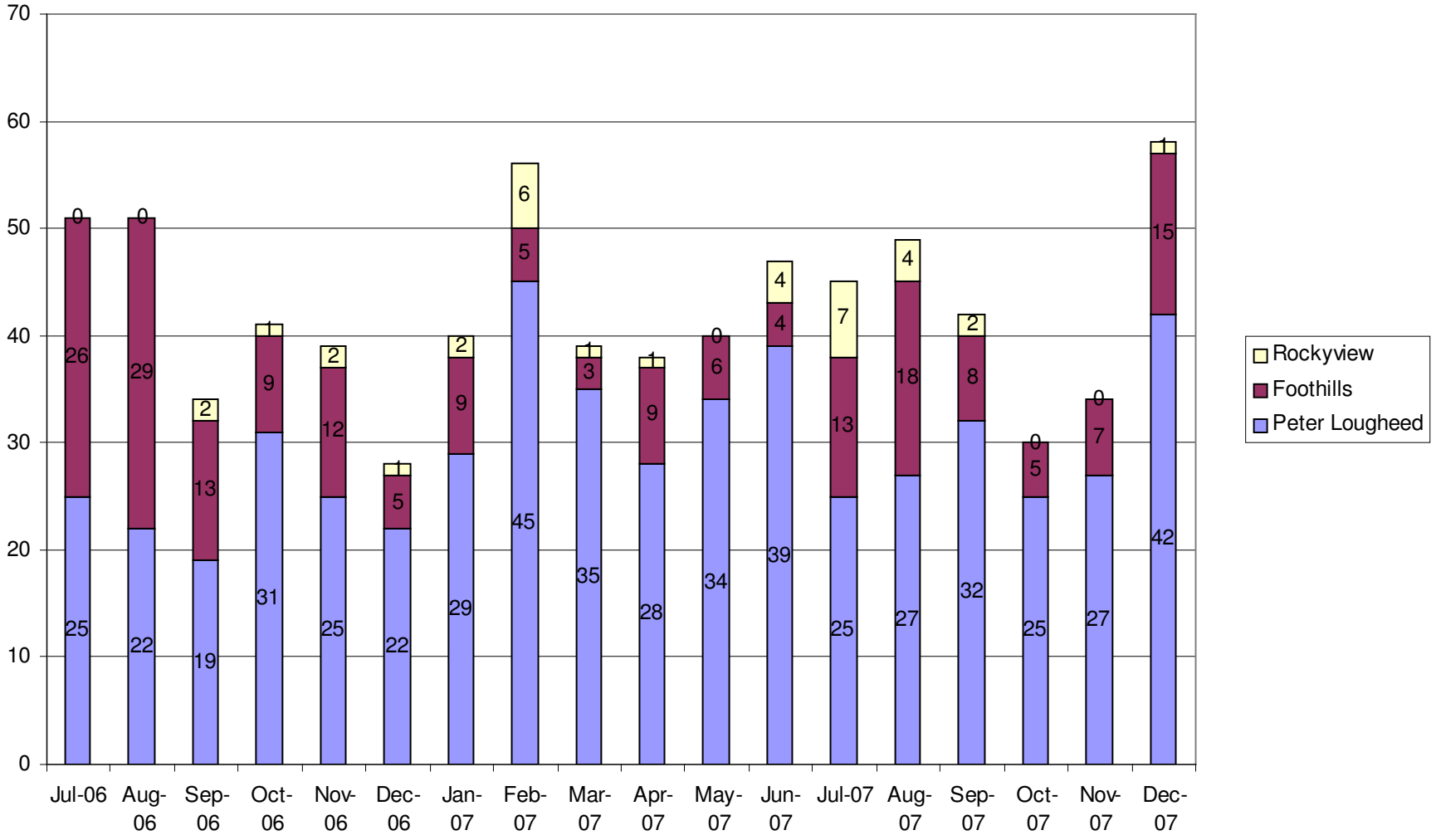
Hospital staff report that "*in a specific case that I had the DOAP team was able to advocate for a patient to stay in hospital and provided information that we were unaware of in regards to their behaviours. This patient was able to be assessed in hospital, apply for AISH and receive permanent housing as a result of their advocacy.*"


Calls From Hospitals and Health Workers to DOAP Team
June 2006 to January 2007
Number of Calls
350
300
250
200
150
100
50
0
Jun-06
Jul-06
Aug-06
Sep-06
Oct-06
Nov-06
Dec-06
Jan-07
98
83
25
15
81
79
13
21
73
65
8
15
102
93
10
15
136
86
17
132
80
33
136
86
42
150
85
45
Public Health, Dr, 8th&8th
Carew est & Glamorgan
Tom Baker Centre
Rockyview
Foothills
Peter Lougheed

DOAP Team
Number of Patient Visits at Hospitals
July 2006 to December 2007



Clients Transported From Hospitals By DOAP Team
July 2006 to December 2007



6.9 Case Management & Follow-up

The DOAP team sets goals with and provides support to any client who is sufficiently engaged to accept their assistance. Some follow-up is provided with clients who get housed in order to ensure that needs continue to be met.

Survey respondents report that the DOAP team *"helps act as an extra resource in the core and with case management clients. They have made a huge difference especially when working with intoxicated people. As well they are able to track people down and will assist in sobering people up (through detox at Alpha House) so they can get to appointments etc. This is extremely helpful for everyone."*

In addition to this regular case management function, the DOAP team is involved in a special case management project which was initiated in September 2007 by EMS Medic 3.

Medic 3 and the DOAP Team identified **36 individuals who are the highest users of EMS**, Alpha House and CUPS services. Currently 24 of these individuals are part of a **Case Management Pilot** supported by Medic 3, the DOAP team and the mental health Street Outreach Stabilization team (SOS). The goal of the project is to provide these high need individuals with coordinated response, treatment and housing. The case planning group meets monthly to brainstorm strategies for moving these individuals off the street. Each month the group reviews active cases and adds two additional cases. A lead case manager is assigned to the active cases.

Since May 2007, the Case Management Pilot Project has successfully **moved 3 individuals into stable housing situations**.

6.10 Individual Support and Planning

The DOAP team provides individual support, planning and advocacy to individuals around their own short and long term goals. Typical goal areas include:

- Addictions Treatment
- Temporary Shelter
- Housing
- Medical Services
- Financial Support

During the period June 2006 to July 2007, the DOAP team recorded their direct interventions to help clients access detox or treatment services. The DOAP team had **an average 43 detox and 58 treatment interventions** per month.

In relation to medical services, the DOAP team made an average 16 referrals per month to Pharmacy on Call, and 14 referrals per month to the Gift of Sight.

During the same period the team made **115 home visits** (8 per month) and helped **30 clients return to their home province** or city.

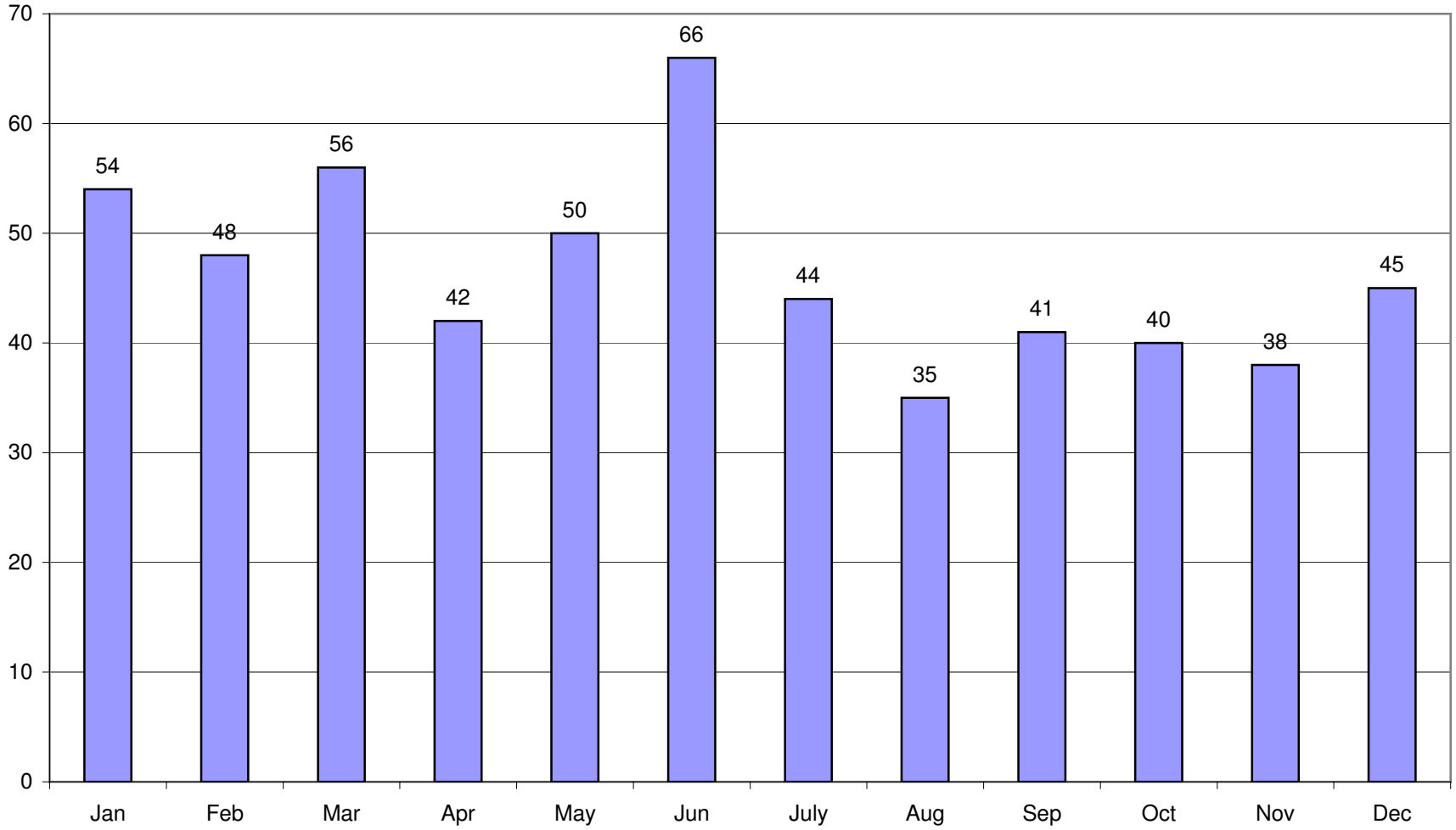
Other services included helping clients access AISH, complete their taxes, connect with family and search for housing. The DOAP team is often able to assist clients with **"fast tracked" referrals to Social Assistance**. This involves having Social Assistance staff meet the client at a shelter, CUPS or Alpha House to process an application for SFI or EI, or to approve money for a bus ticket, prescriptions, treatment fees or housing.

Housing is a priority goal for most clients. Over the past 18 months, the DOAP team has averaged **52 housing interventions per month** giving information about housing options and/or making calls to arrange housing. In addition the team had an average **31 contacts/referrals per month with the Dream Centre** and another 3 to 4 referrals/contacts per month with other low income or supported housing projects such as Manchester, Langevin and Oxford House.

The team made on average 28 referrals per month to CUPS or Red Cross for assistance with damage deposits for a total of **495 damage deposit requests**. The close working relationship with CUPS helps to facilitate access to housing.

The DOAP team works hard to help clients access transitional and/or permanent housing. During 2007 the DOAP team helped on average 45 individuals per month to access housing. Housing placements include the transitional program at Centre of Hope, the Dream Centre, Peter Coyle, Manchester subsidized housing and market housing in the community. Most clients placed in transitional housing will remain housed for at least a month or more. Some remain housed for longer periods (e.g. several months to a year or more).

DOAP Team
People Assisted to Access Transitional or Permanent Housing
January to December 2007



7.0 DOAP Team Role Within Service Systems for Homeless

The DOAP team is one of a number of outreach and support services for homeless individuals in Calgary. Due to the extremely complex needs of the target clients it is not uncommon for clients to require a number of different services from a variety of specialized service providers.

The DOAP team provides a specialized expertise in working with those individuals who are suffering from **drug or alcohol addictions**. A unique feature of the DOAP team is their **ability to provide transportation and to connect clients directly with shelter, detox, treatment and health services** (e.g. at CUPS Health Centre). The DOAP team partnership between Alpha House and CUPS facilitates access to these key services. While CUPS provides some transportation services through its outreach program, the DOAP team is the only service that will transport intoxicated clients. Mental health services cannot assist clients who are intoxicated so often refer them to the DOAP team for intervention until the client is sober.

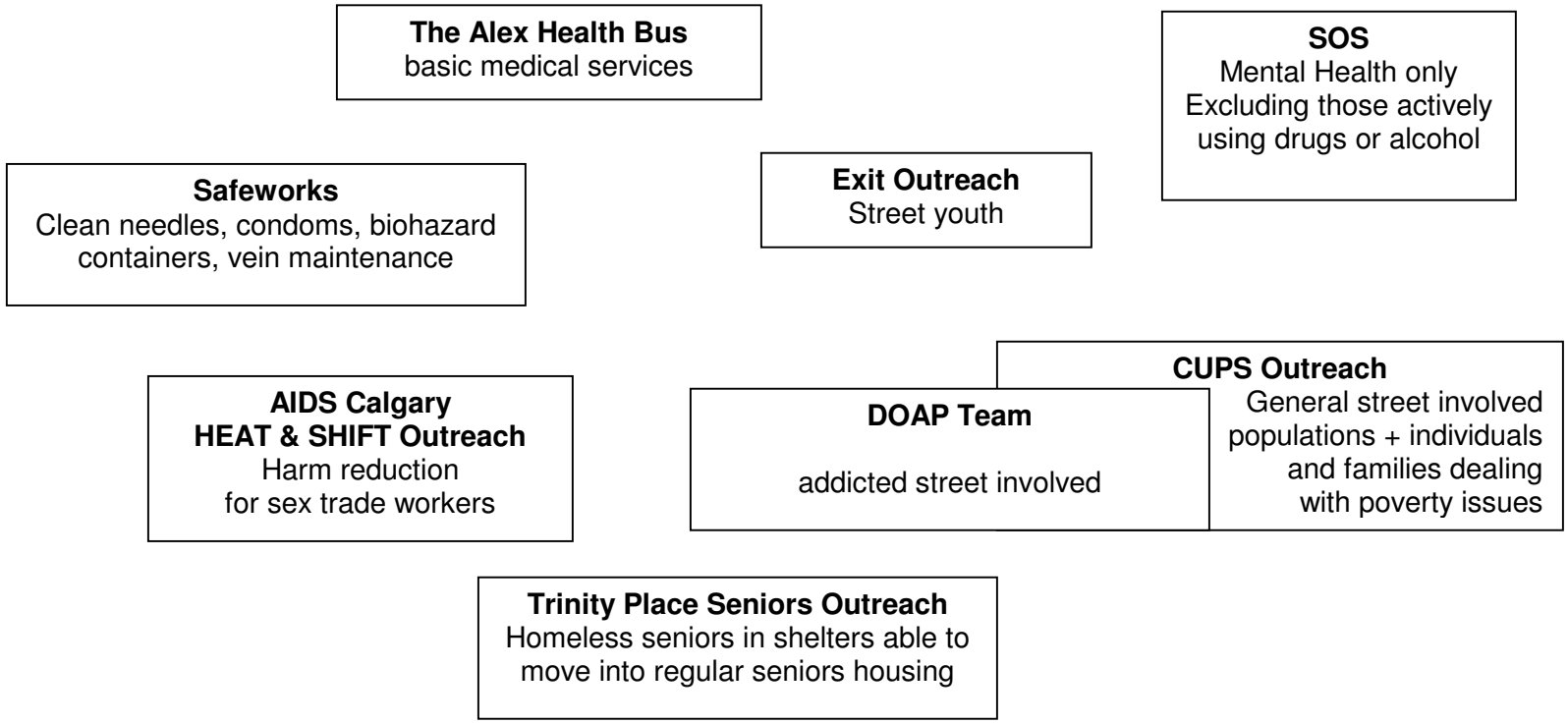
The following map illustrates some of the outreach services available in Calgary and their specific mandates. The DOAP team works collaboratively with all of these services.

Pathways to Housing, is a new program that opened at The Alex in November 2007. This program intends to find permanent housing for 50 high risk and complex homeless individuals over the coming year. The program is somewhat restricted in its availability by several key service criteria: 1) all referrals must be made through a hospital where the referred client is an patient; 2) clients must have the ability to live independently; and 3) program capacity is limited to 4 or 5 new intakes per month. Exclusionary factors include any clients with a primary diagnosis of organic brain damage or disability interfering with ability to function independently, moderate to severe developmental disorder or delay, medical conditions severely limiting independent living, a history of high risk sexual deviance, a history of significant assaultive behavior or moderate to severe deviant personality traits or any high risk impulsive behavior likely to results in severe harm to a large number of people or extensive property damage.

The DOAP team hopes to work closely with the new Pathways to Housing program and could consider this alternative when facilitating discharge planning at the hospitals. While some of the 36 complex cases identified for coordinated case management with the DOAP team and their partners may qualify for Pathways to Housing, many of these individuals would not fit the program's mandate. However, in some cases there may be an opportunity to work closely with Pathways for Housing to inform them of case plans for complex individuals in preparation for an eventual hospital discharge referral.

Mobile Outreach Services in Calgary Downtown Core

These mobile outreach services work collaboratively to provide a variety of specialized and complementary services to street involved individuals. CUPS Outreach provides the most comprehensive and generalized service, supporting people of any age with "addictions, mental illness, homelessness, hunger, prostitution, chronic health concerns and unemployment", including work with low income families. For those individuals with addictions, CUPS and Alpha House join together to provide specialized services through the DOAP Team. The DOAP team and CUPS outreach are the only on the street (out of the van) foot patrol outreach services and the only outreach services that provides transportation for clients.



8.0 What Partners Are Saying

The DOAP team has established **protocols** with the Calgary Police, EMS and local hospitals to provide an alternative response to those **individuals who are intoxicated and non-violent**. They have also established some individual client protocols that help establish a more effective response for specific vulnerable high need individuals.

As part of this study, a number of key service partner organizations were surveyed. Respondents from twelve different service organizations provided feedback. Organizations providing feedback included police, EMS, by-law, hospital staff at three hospitals, Elbow Healing Lodge, Calgary Drop In Centre, The Alex health bus, mental health and Peter Coyle housing program. The overall response was consistently positive with scores in the 4 to 5 range.

Partner Feedback based on a scale of 1-5, where 1 is poor and 5 is excellent.	
1. Communication with other service providers	4.7
2. Sharing information with other service providers	4.6
3. Being accessible and responsive when needed	4.6
4. DOAP team's expertise with the population	4.7
5. DOAP team's willingness to share their expertise with other service providers	4.6
6. DOAP team's ability to engage with the population	4.8
7. Ability to address the situation when called on	4.8
8. Ability to connect client with community services for follow-up (areas outside your mandate)	4.4
9. Create a collaborative response that better meets the needs of the client	4.6
10. Reducing amount of time you have to spend with the clients	4.1

Partner Feedback based on a scale of 1-5, where 1 is poor and 5 is excellent.	
11. Reducing the number of repeat calls/visits you get for a particular client	3.9
12. Reducing the overall cost of dealing with this client group	4.3
HOSPITAL Feedback only	
13. Assistance with discharge planning	4.6
14. Advocacy for health assessment for the client	4.2

All of the service partners interviewed (100%) said they felt the DOAP team has made a positive difference. The following comments indicate some of the ways in which the team makes a difference for clients and service providers.

The DOAP Team staff are professional care providers who will offer help to those with addiction problems as well as save the Police service thousands of calls for service every year. This in turn will reduce the number of violation tickets issued, court time wasted, and the number of warrants issued for offences directly related to addiction problems.

"The team really treats the clients with respect and dignity. I have never witnessed a negative reaction. The team has really gone above and beyond in some areas, treating clients well and willing to assist in any way possible."

"The DOAP team has a good reputation with their clients. They provide what they say they will. They are keen, assertive, and truly advocate for the client."

"Just having the service available and the team communicating with EMS, CPS and Bylaw to ensure that our departments are aware of the service so that we can utilize it."

8.1 Partner Suggestions for Improvement

Partners expressed their gratitude for the DOAP team services and suggested an **expansion of the service** to include a broader area, a larger team and extended coverage to 24 hours per day, 7 days a week.

- They're great the way they are.
- Hope they can maintain the DOAP team program. It is very important to the hospitals
- Expand their services to include more than downtown core.
- More of them! Another team would be great! They could then expand on the existing services and possibly add some new services.
- More team members and extended hours (I am being selfish here) but the team really does make a difference to our clientele and more teams and hours would be great.
- Hire another team. Since we only have 1 ACT team in Calgary we could use another DOAP Team (maybe with more mental health experience)
- More availability as far as hours and more areas of the city covered
- Increase the service to 24/7 coverage.
- Need to clone your team – more staff!

Partners pointed out the need for **more beds in the community**, in particular **more transition beds** for those leaving the hospital.

- More access to beds in the community. Keep DOAP team connection to hospital – very important!
- Need more safe places for clients. More transition places from hospital to street. Ready for discharge but not ready for street.

Partners suggested a number of ways that the DOAP team could further integrate and improve their services.

- The DOAP Team should be called directly by property and business owners as well as the emergency services dispatch to eliminate spending the night in jail or further tickets
- Add a CPS and EMS member and work together on a unit
- In-house visits to our tenants post-discharge from detoxification facility and regular follow-ups at certain intervals
- Partnership with the hospital where we could have someone specifically assigned to hospital cases that can assist us with this population. I feel it would be essential especially with the overload of the hospital system at this point and the many homeless patients we see that leave the hospital without the resources they need

Partners expressed their appreciation for the DOAP team services. The following comments demonstrate how much partners value the DOAP team.

> "We depend on the services provided by the DOAP team and therefore are very grateful for this support."
>
> "This partnership has been one of the best non-CHR services in the inner city and they are much needed. They are professional and collaborate very well with those of us who are part of the CHR. We need them so please continue to fund or support this partnership. Thank you for your time."
>
> "The DOAP Team has gone above and beyond for our patients and are very accessible to our team. We really appreciate their involvement and help they offer with such a challenging and chronic population."
>
> "They're absolutely fabulous! Team members are very personable, very keen on what they do. Great job!"

9.0 Client Profiles and Progress Outcomes

The client population is extremely complex and difficult to work with. The majority of clients are struggling with active addictions, many with mental health issues and some with serious physical health problems.

Situations deteriorate when addiction issues lead to further physical or mental trauma that requires serious medical intervention, often hospitalization. After each major trauma the client's needs become even more complex, expensive and difficult to deal with. Options become narrower (less and less). Situations can spiral downward not infrequently ending in death or severe physical/brain injuries that impair the individual's functional abilities such that they become unable to care for themselves.

Even when addictions are treated and the client is housed, relapse is common and the client may lose their housing. Uneven success re outcomes – lots of ups and downs – successful for a while then may relapse or situations worsen for various reasons.

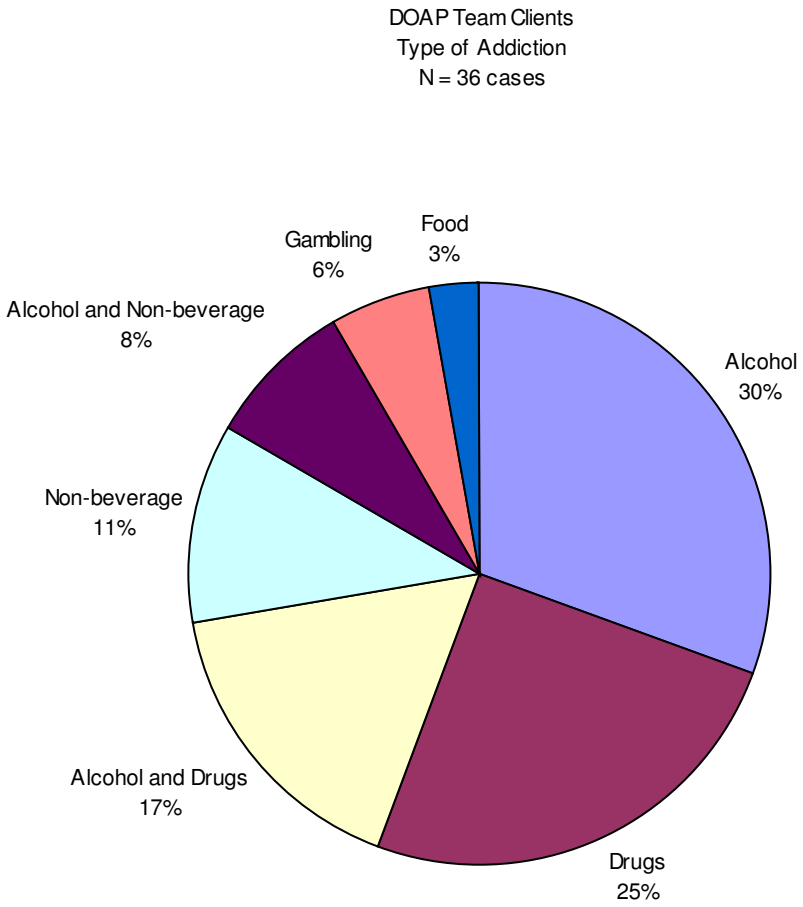
The DOAP team does not currently have the capacity to track the number of unique individuals served. Efforts are underway to implement a new database system that should improve data collection and reporting.

A file review of 38 cases illustrates the complexity of needs, as well as progress on goals and current status. Sixteen of the 38 cases reviewed (42%) were taken from the case management set identified as highest risk clients. Of the file review, 28 cases were male and 10 were female. Clients ranged in age from 21 to 72.

Almost half (49%) had alcohol and/or non-beverage alcohol addictions, 25% had drug addictions and 17% used both alcohol and drugs.

The most common short term goals are to find housing, stabilize health, get clients into detox or treatment and establish sort out finances (i.e. get on AISH or SFI).

The following case profiles illustrate the complexity and challenge involved in working with this client population. Early intervention can help interrupt the inevitable downward spiral that most clients experience. Incremental progress is celebrated and in some cases positive outcomes are achieved. Maintaining those positive outcomes is a continuing challenge.


DOAP Team Clients
Type of Addiction
N = 36 cases
Gambling
6%
Food
3%
Alcohol and Non-beverage
8%
Alcohol
30%
Non-beverage
11%
Alcohol and Drugs
17%
Drugs
25%

Some clients have **serious health issues or disabilities that cannot be well managed on the street** or in shelters. Without appropriate care and attention these clients will almost certainly get worse and end up costing the health system.

Case	Intake	Current Status
3	Male 48. Uses a cane. Less mobile. Liver issues. Looking to go to treatment. Did application for treatment and got funding in place. Went for 4 weeks.	Sober since treatment. Housed with friends. Living with friends and staying sober.
22	Male 48. Client has brain injury. Mentally slow. Difficult to engage because usually extremely intoxicated.	Living in shelter. Made contact with family and trustee. Now have a plan. Next steps are to get interview with home care company. Put financial proposal to trustee and get agreement on home care plan. Find housing and get care started.
19	Male 40. Living on street. In wheelchair. Doesn't care for self. High use of systems.	In hospital but moving to private accommodations. Reduced use of system. Less duplication of work. Improved communication among agencies. Goal is to maintain housing as long as possible
24	Male 40. Living in shelters. Brain damage. Korsakoff's. No short-term memory. Possible dementia. Falls and has seizures. Needs specialized housing - locked facility.	Family got a guardianship order but can't get him off the street. Contact with family. Sharing info with agencies. Client is off the street more often - with family. Goal is to keep off the street and in shelter or with family more often. Keep EMS contact down.
27	Male 40. Lives in shelters. Pins in knees interfering with mobility. No short term memory. Brain injury - origins unclear. Calls to be picked up when intoxicated to take to shelter. No reason to go to hospital.	Mostly working on engagement. He knows DOAP team staff. Goal is to work on improving leg - get x-rays - see specialist to get pins out.
31	Female 58. Living in shelters. Wheelchair bound. No use of legs. Violence issues. On "no entry" to shelters due to violence and staff abuse. Goal is to find transitional housing and to improve personal hygiene.	Found housing at Peter Coyle Centre due to work of case management team. Goal is to maintain housing.
32	Female 33. Living in shelters. Quadriplegic in wheelchair. Depressed and suicidal. Can't stay at shelter due to physical disability. Goes from hospital to CDIC to hospital, etc.	Currently in hospital. Talked to family and social services. Periodic hotel accommodation arranged. Successful in reducing use of EMS but not hospitals. Some reduced stress on shelters. Still needs permanent housing with care.
39	Female 50. Referred from hospital and provided transportation and basic needs while in hotel. Trying to help with housing. On oxygen tank.	Housed with issues. Still drinking. Is doing well and living in Okotoks. Has not needed our help.

Health issues are not well managed on the street, **become increasingly worse** and end up costing the client and the health care system a great deal more. In this case the gentleman in question had to spend more than a month in hospital.

Case	Intake	Current Status
28	Male 49. Lives on the street, but DOAP team met him at the hospital. Leg issue, uses a cane. After he left the hospital started using EMS. Doesn't follow through on plans. Currently in hospital for physical health issues. Septic infection in leg due to sleeping on street. Frail. Shows symptoms of undiagnosed mental health issues.	Worked on housing, but client not interested. Did indicate interest in housing at one point. When on the street not very engaged. Goal is for transitional housing but client motivation is low.

However, with appropriate assessment and intervention the **outcome can be improved**. In the following case, the DOAP team advocated for a mental health assessment that helped the client access an appropriate placement.

Case	Intake	Current Status
20	Male 50. Living on street. Has Korsakoff's. Needs assessment for mental health.	Kept in hospital until he got mental health assessment through CUPS. Confirmed Korsakoff's. Successfully placed in long term care unit. Case closed.

Clients are often further **victimized on the street** where violence against street people is common.

Case	Intake	Current Status
4	Male 40. In hospital - usually on street. Had gotten beat up. Was in ICU at one point. Jaw wired shut. Was going to have a tough time going back to shelter because of his physical health.	Took to Alpha House where he stayed in detox. Needed help eating food. Now back on street
5	Male 72. Living in shelter. At his age he is vulnerable to the street. Ended up in hospital after being attacked. Nose got bitten off.	Took him to look at places for rent. Injuries healed well. Still needs help with food and household items. Is doing well in his new place and is staying sober. Housed with issues.
6	Male 70. Living in shelter. Usually saw him at the bottle depot and Alpha House. He ended up being attacked and went into the hospital.	Living at care centre. Not drinking. Some physical issues because of his attack. Memory loss. Basic needs being met. Hopefully e will continue to stay at the care centre.
7	Male 34. Living in shelter. Using crack. Had been beaten up. Met him when he got evicted and took to Alpha House. Got him into detox and worked on housing.	Helped him move out of place and took to appointment. Housed with Issues. Not using. Is doing better and healing. Found housing. Got help with damage deposit and moved him into a new place. Was not homeless long.
10	Male 35. He was sleeping outside when someone poured gas on him and lit him on fire. He was up on Unit 31 FHH burn unit. Need housing with wheelchair access.	We got him into the Dream Centre for 9 months and he now lives at home with family.

The high risk street life often leads to early **death.**

Case	Intake	Current Status
15	Male 40 with crack addiction. Living on street. Has AIDS. Anger issues, incontinence, etc.	DOAP team gave general support and worked mostly on trying to find temporary shelter. Others service providers got him into housing. Died Nov 2007 from AIDS in hospice.
9	Male 60 with non-beverage alcohol addiction. Lost three fingers to frostbite and hands are bandaged. Needs help with housing. Has been in detox for one month.	Client housed. CUPS helped with damage deposit. Died Oct 2007.

Mental health issues play a large part in keeping people on the streets. The Calgary Homeless Foundation estimates that up to 50% of homeless people have mental health issues. When combined with addictions the treatment becomes even more complicated. Many individuals are seriously depressed which can result in further self-harm (in addition the harm already done through addictions).

Case	Intake	Current Status
14	Male 40. Lost his wife and child in accident and was very depressed. He has been using crack and was in detox.	Moved into place with son. CUPS helped with damage deposit. Still living in housing.
30	Female 50. Living on street. General poor health, broken bones, etc. undiagnosed mental health issues. Wanted to work on housing. Was housed but it was not for alcoholics so became homeless. Transported to and from appointments.	Worked on housing. Centre of Hope transitional housing. Using less alcohol & drugs. Eating and showering now. Has treatment date for January 08. Broken arm and street assaults.
37	Female 35. HIV positive. Very paranoid. Hells Angels were after her.	Went into women's shelter for 3 months. Now back on street using again. Has found housing with friends. Goal is to stay on medication.
38	Female 43. Was on psychiatric unit. Has trouble getting things done because of mental health. Needed help with money for housing.	Housed with friends. Using less. We helped with damage deposit into her friend's place.
8	Male 44. In hospital psychisatric unit. Client very needy and is scared of being in large groups. This created issues with the shelters.	Moved belongings. Went to treatment yet still having issues with mental health. Has not been at the shelters so must be housed.
18	Male 35. Goal is to get him into housing and out of shelters. Has major depression.	Has completed treatment at Action North and is now at the Dream Centre. Looking for housing.
23	Male 55. Living at shelter. Has behavior issues. Needs care facility housing due to mental health and behaviors.	In jail since Sept 07. Won't be released to street. Plan is to put in long-term care facility.
40	Female 38. Runs away from group home often and can be very stubborn and aggressive about returning. Often steals food while on the street. Acts like a child. Very needy. Goal was to get her home and make proper contact information if it was to happen again.	Took her home. Have figured out a couple of ways to convince her to go home.

Some clients are **successful** for periods of time **but may experience a relapse** or unexpected challenges that disrupt their stability resulting in a return to homelessness. Some clients become homeless due to redevelopment in the inner city.

Case	Intake	Current Status
1	Male 52. Looking to better his life & go to treatment. Self sufficient. Alcohol addiction. Depressed because of his constant drinking.	Placed in transitional housing at treatment program for 3 months. Doing better but has had some relapses since.
15	Male 55. Lost legs to frostbite. In wheelchair. Wants to work on housing at Peter Coyle.	Housed at Peter Coyle but is drinking so much and is now incontinent. May lose housing. Will detox and then re-assess
17	Male 30. Living in shelter. Depressed. Very high contact - client calls DOAP team often.	Was in treatment at Action North for 4 months. Some detox episodes prior. Has been clean now for 3 weeks. Worked on housing at Dream Centre. Has been housed at Dream Centre since end of Oct. 07. Goal is to keep housing. Has been at Dream Centre many times before. Needs to stay on meds for mental health.
21	Male 42. Living on street. Walks with cane and is blind. Depressed.	More engagement with DOAP team. More serious conversations rather than basic needs only. Housed in rooming house in Victoria Park for 4 months but lost housing due to building being torn down.
29	Male 38. Lives in shelter. Gets very intoxicated and incontinent. Depression. Went into hospital at higher blood alcohol level than anyone previously seen. A lot of discharge planning needed.	Got housed at Dream Centre. Went from hospital to detox to Dream Centre Sept 07. After 2-3 weeks he relapsed and now is back on street. Depression due to failure of housing. Relapse but some improvement. Success was reduced use of EMS. Not drinking as much and has made enough changes that he's a bit more stable. Not interested in treatment. New goals are for housing and employment.

Working with clients toward positive change can take time and patience. Sometimes clients just need some friendly support to get back on track.

Case	Intake	Current Status
2	Male 38. Before hospital he was living in car. Tried to overdose on crack. Needed resources in the community after discharge.	Self referred. Working and feeling better. Housed with friends. DOAP team helped a lot with food. Found his own place and is doing well.
25	Male 60. Not yet ready to set goals. Eating at Mustard Seed and living in car. Social support and monitoring only.	Staying in hotel rooms - not yet stable. DOAP team just checked on client based on EMS referrals. Currently pan-handling. Self-sufficient but still not housed.

In some cases there are health concerns that go beyond the health of the client, as in the case of **women who are pregnant**.

Case	Intake	Current Status
35	Female 21. Pregnant and wants to keep baby. Client and partner have stayed sober for most of pregnancy. She found housing and needs help with damage deposit.	Client is now housed and kept baby. She is doing really well. She has met all her goals.
36	Female client 33 was pregnant using crack, living in the shelters. Goal was to get her to medical appointments, stop working in the red zone areas and get housing. Also to reduce pressures on hospitals and shelters.	Is very sick. Client has been housed for past 6 months but she is still using and working, but has maintained housing. Future goals are to maintain housing, meet basic needs, food, and maintain her health.

A few cases are somewhat more straight-forward in their resolution.

Case	Intake	Current Status
12	Male 28. Had a treatment date at Action North but could not get funding for a bus ticket. Work on getting family to pay for treatment. Needs to complete treatment and look at housing.	CUPS was able to give a bus ticket and he went to treatment. Now living in High Level.
13	Male 67. Lost his place due to addiction of gambling. Son was in detox. Found a place for him and son.	Found a place and CUPS gave their damage deposit and they moved in. Phoned a couple times to say thank you. Still living in housing.
26	Male 50. Living in shelters. Wants to get sober to see wife in hospital. Wants to get into treatment.	Went to see wife. Got into detox. Currently in treatment. Number of EMS contacts reduced. Possible follow-up on housing when out of treatment.

10.0 Client Outcomes

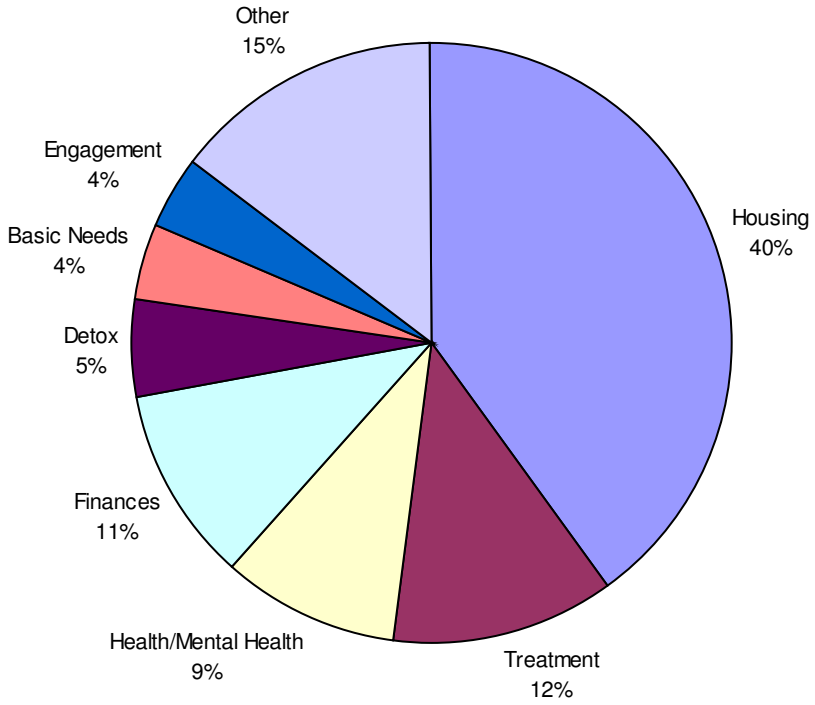
The first step in the change process is for team members to engage with clients and form a trusting relationship. About **78%** of clients whose cases were reviewed showed **improved engagement** with DOAP team staff over time.

Clients were assessed on a number of risk factors including their housing situation, addiction, physical health, mental health and basic needs. Approximately 30 clients had completed pre/post measures on their assessed risks.

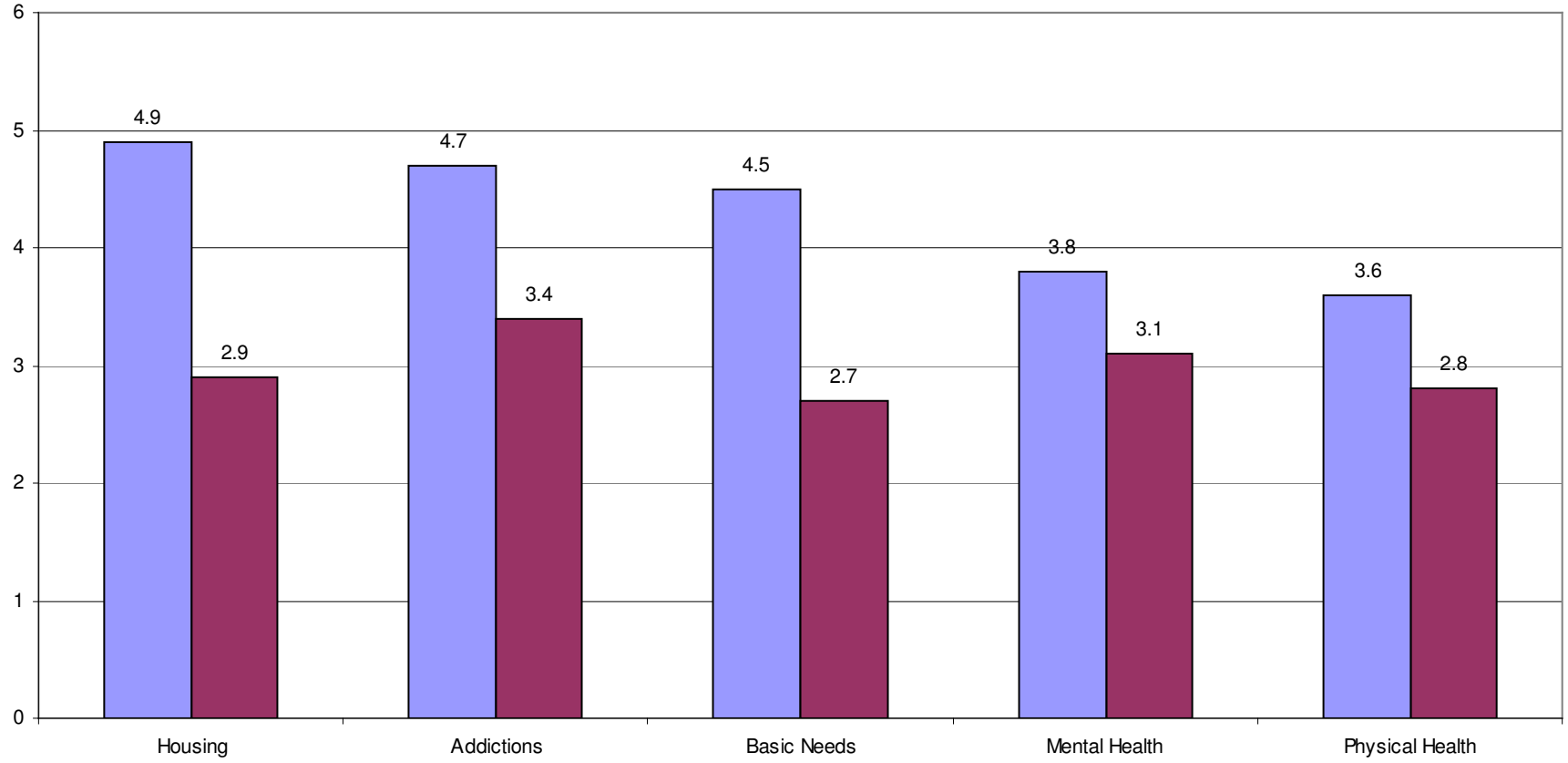
- 77% improved their housing situation
- 59% showed decreased addiction risks
- 40% showed some improvement in their physical health
- 52% showed improvement in their mental health
- 67% improved their basic needs situation

The following chart shows overall improvements based on average pre/post risk scores.

DOAP Team Client Goals
N = 75 goals and 38 clients



DOAP Team Clients
Average Pre and Post Risk Severity Scores
(5 is highest risk & 1 is low risk) N = 30



11.0 Conclusions

The DOAP team is a unique and valuable service to street involved addicted clients, and an effective diversion program for **Calgary Police Service** and **Emergency Medical Services**. The team also provides diversion services to City of Calgary by-law officers, Calgary Transit and local businesses. They play an important role in hospital discharge planning for homeless individuals with complex needs. It is a wonderful example of a partnership program that complements and enhances partner services (i.e. CUPS and Alpha House) to the benefit of the client.

The team provides a consistently high volume of service to clients and service partners. Their mobility allows them to reach out to clients and provide interventions where most needed, whether that be on the street, at shelters or at hospitals.

Staff's warm, accepting and friendly demeanor helps to build trust and engage clients. Harm reduction strategies help clients move forward through stages of change, even though progress may appear incremental at times. The service clearly increases the immediate safety and longer term well-being of clients. Through engagement, encouragement and goal setting, the team supports clients to improve their lives through placement in appropriate treatment and/or housing.

DOAP team staff share their addictions expertise with other service providers and help to ensure a more humane and appropriate response to the client. The DOAP team provides an important and effective bridge for clients moving from hospital to community by ensuring clients are supported, transported and placed in a safe environment (not back on the street).

The DOAP team works collaboratively with other service providers to enhance service effectiveness (e.g. distribution of needles/condoms), and to help organize appropriate wrap around support services for clients with complex needs.

The DOAP team is effective in helping to **reduce the time and cost burden for Calgary Police Services (CPS) and Emergency Medical Services (EMS)** by diverting clients into more appropriate services. Both the Calgary Police Service and Emergency Medical Service systems, and the clients benefit significantly from DOAP team support and intervention.

12.0 Recommendations

It is critical for the DOAP team to intervene as early as possible in order to interrupt the clients' downward spiral that results in increased health issues, reduced abilities and increased cost to Police, EMS, health care and other service systems.

1. Increase sustainable funding for the DOAP team, including expansion of the evening hours to cover twelve months of the year, and addition of an extra staff person for daytime hours to increase case management capacity.

2. Increase emphasis on finding flexible housing options to get people off the street where their health and addictions can be better managed.

3. Consider increasing follow-up contact with clients if additional funding becomes available to expand team capacity. Regular follow-up and support is required to maintain housing for to those clients who are housed but not consistently sober or physically/mentally well. This type of service could help prevent frequent relapses and returns to homelessness that create additional stress and lower client expectations for future success.

4. Work closely with Pathways to Housing in order to ensure clear communication with hospitals re referral protocols for each program. Invite Pathways to Housing coordinator to case management meetings in order to help familiarize program staff with those chronic high need clients who could benefit from the Pathways and facilitate future hospital discharge referrals.

5. Continue work to establish a database system that can track the unique number of individuals served, their short and longer term goals and the outcomes over time.

6. Promote development of a harm reduction or "managed alcohol" housing project[7] for those individuals with long term addictions who are not amenable to abstinence treatment programs but would benefit from stable housing in a harm reduction program. Service providers estimate the need for an additional 70 harm reduction beds for homeless individuals with chronic addictions, especially for those under age 55. The Peter Coyle project provides a good example of this type of housing.

[7] Podymow, T. Turnbull, J, Coyle, D. Yetisir, E. and Wells, G. (2006). Shelter-based Managed Alcohol Administration to Chronically Homeless People Addicted To Alcohol. Canadian Medical Association Journal. 174 (1).

7. Promote development of flexible and tolerant housing options for those individuals with complex mental and physical health problems who require some level of personal care (e.g. those with severe brain injuries, short term memory loss, quadriplegic, high care needs). This group would be best served in small group settings ranging from 5 to 10 beds.

8. Advocate for city and developers to take a more active socially responsible role for finding vulnerable individuals housing alternatives as redevelopment occurs in the inner city. Some individuals end up on the street after being displaced from inexpensive and tolerant rooming houses in the inner city.

9. Work with city by-law to have DOAP team intervention recognized as a legitimate alternative to ticketing.

Appendix

DOAP Team Program Logic Model

Target Group: Marginalized and/or homeless addicted adults and youth.

Activities	Outputs	Short-term Outcomes	Mid-term Outcomes	Long-term Outcomes	Indicators of Success	Measurement Tools
Outreach . assessment . Basic needs . harm reduction . improved access to services Intervention at street level and/or hospital discharge to redirect to appropriate services such as detox, shelter, or transitional housing DOAP team implements harm reduction through provision of information, transportation, connection to appropriate services. Hospital Discharge . discharge planning and longer term case planning . opportunity to facilitate first steps in the change process Housing and/or Treatment services	# of clients served # of emergency response contacts # of hospital discharges supported through DOAP team	Client has a positive relationship with members of the DOAP team (i.e. team members know the client's issues, client accesses some basic needs support through the team) Increased client awareness of harm reduction strategies, services and resources. Client receives a more appropriate response to their needs or issues (e.g. public intoxication) Clients discharged from hospital to appropriate placement with links to appropriate resources (i.e. prevent recidivism).	Client uses some harm reduction strategies and/or accesses community services/resources. Client is redirected to (connects with) more appropriate services/strategies. Client stays connected with DOAP team – (engagement is strengthened)	Clients have stable living environment with wrap around services as needed. Client stays in appropriate place with support	S.T. #/% of identified very high risk/high user clients with whom team members are able to develop a relationship (Low to medium level) S.T. # of hospital discharges where DOAP team is involved S.T. #/% of times where clients are served by DOAP team as an alternative to EMS or Police. (total contacts, contacts per client, # of clients) M.T. #/% of clients who are known to use some harm reduction strategies some of the time. L.T. #/% of clients who have less interactions with police/EMS over time or lengthier periods of stable placement (reduced frequency of emergency incidents) L.T. #/% of clients placed in stable living environment - # who stay there for 3 months or more.	Database stats Level of engagement rating scale Case notes or pre/post assessment or worker survey Stats Stats