

TRANSITIONAL HOUSING PROGRAM

Proposed Service Provision Partnerships

PROPOSED TRANSITIONAL HOUSING PROGRAM

Estimated Capacity:	16 bachelor units
Length of Stay:	364 days
Services:	On-site 24-hour supportive staffing; Partnerships with existing community service agencies, offering residents on-site access to addictions service providers, mental health supports, financial and housing supports, and medical treatment.

Service Provision Model

The proposed service model for the transitional housing program consists of a combination of onsite and in-reach services. The housing complex will require 24-hour staffing, by individuals who are equipped to provide both structured and ad hoc support to the residents. Additionally, it is proposed that a variety of community agencies will work in partnership with the transitional housing program, with their respective staff utilizing meeting space at the housing complex, providing specialized services to the residents therein.

Resident Assessment and Service Agreements

Upon their acceptance to the transitional housing program, an overall bio-psycho-socio assessment and accompanying service agreement will be completed together with the resident. The assessment will explore the individual's history of addictions, as well as their mental health, physical well-being and housing history, which will serve as a foundation in the creation of their individualized service agreement. The service agreement will outline the services that the resident feels will best respond to their identified needs, and in it, they will also set goals for their involvement in the transitional housing program and subsequent community reintegration plans. These service agreements and goals will be worked on throughout the course of the year. Both the assessments and service agreements will be completed by the on-site staff program manager.

The research that has been reviewed indicates that increased consumer choice pertaining to service provision is associated with decreased psychiatric symptomology among transitional housing consumers, mediated by a sense of personal control over their own lives (Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005). However, the research also indicates that consumer choice must also have expectations attached; successful projects report that consumers must maintain contact with service providers through regular appointments to ensure resident safety and well-being, to assess the condition of the home and to

keep communication open between the consumer and the team (Tsemberis & Gulcur, 2004). This approach, which will be undertaken as part of the transitional housing program, embraces a harm-reduction philosophy, providing the support necessary to work towards reduced substance use, mental health wellness and community reintegration, without restrictive eviction responses should these goals not be fully recognized or maintained.

Community Reintegration

The proposed housing model is transitional in nature, with a maximum tenancy of 364 days, incorporating the belief that the most effective place to teach a person the skills required for a particular environment is within that actual setting. The best place one learns to be “housing ready” is within a safe and stable housing environment (Gulcur, Stefancic, Shinn, Tsemberis & Fischer, 2003). This transitional community reintegration model will be important in developing the service agreements, as well as in goal-setting with the residents, serving as a momentum-building objective that is worked towards throughout the year. For example, the majority of specialized services provided to the residents will commence on an in-reach model, though over time, will transition to a community-based service model. Additionally, intensive financial management support (i.e. holding a resident’s cheque in trust for them each month) may be required upon entry to the program. However, as the resident gains education and support through the program, it is anticipated that they will be able to gradually assume full management of their finances prior to community reintegration.

Homewood Community Addiction Services (CADS)

Relevant Service Overview

- Homewood Community Addiction Services (CADS) offers program and services across the continuum of addiction care, including health promotion, assessment and referral, pre-contemplative group, addiction related family counseling, relapse prevention and brief solution focused counselling.

Proposed Transitional Housing Service Provision

- CADS' staff will provide onsite service to the housing complex on a monthly basis, or as required, providing a presentation outlining all services provided.
- Residents who have identified a desire to engage in addiction-based services will be contacted by the CADS' Intake Worker by telephone within 2 business days. The CADS' Intake Worker will gather intake information and screen the individual for the appropriate level of service.
- The frequency and content of subsequent meetings will coincide with the residents' treatment goals and the residents' capacity. Initial assessment may be arranged on site when clinically appropriate. Referral to other programs and services will be arranged, as clinically appropriate. The CADS' clinician will use appropriate assessment tools to determine treatment matching.
- CADS' staff will act as consultants to Housing Staff.

Proposed Time Commitment for Services

Depending on the needs of the resident population, a flexible service commitment of approximately 4 hours/week is requested of CADS.

Stonehenge Therapeutic Community (STC)

Relevant Service Overview

- ◆ Long-term residential treatment for men and women;
- ◆ Methadone case management.

Proposed Transitional Housing Service Provision

- ◆ Stonehenge admissions staff will visit the transitional housing complex on a monthly basis (or more frequently, dependent on the needs of the resident population) to complete a presentation on STC residential services;
- ◆ On-site assessments for STC treatment can be arranged, either taking place at the transitional housing complex or at Stonehenge. The location of the assessment will be dependent on the client's capacity; however there may be a recognized benefit in having the client begin making connections with the treatment centre directly.
- ◆ The Methadone Outreach Worker will provide in-reach crisis counselling, supportive counselling and brief intervention supports (up to 10 sessions) with residents who are engaged in a methadone maintenance program.
- ◆ The Methadone Outreach Worker will also provide psycho-educational group sessions or 1-1 sessions with methadone clients.

Proposed Time Commitment for Service

Including STC presentations and assessments, a flexible service commitment of approximately 5 hours/week is requested of Stonehenge Therapeutic Community.

Trellis Mental Health and Developmental Services

Relevant Service Overview

- ◆ Mental health assessments, including the development of a treatment plan;
- ◆ Individual or group formatted mental health treatment;
- ◆ Supporting residents to find legal representation and advice about mental illness.

Proposed Transitional Housing Service Provision

- ◆ Trellis staff will visit the transitional housing complex on a monthly basis (or more frequently, dependent on the needs of the resident population) to complete a presentation outlining all of the services their organization offers from a mental health perspective;
- ◆ Trellis staff will be requested to provide service to residents whose admissions assessment and preliminary service plan point to the need for mental health assessment and support. These connections will take place via scheduled in-reach mental health counselling appointments for crisis, assessment and ongoing treatment.
- ◆ Depending on the global needs of the resident population, in-reach group-formatted mental health treatment may be appropriate (i.e. Stress Reduction, CBT groups).
- ◆ In-line with goals of community reintegration, where applicable, a gradual transitioning of appointments to the Trellis Mental Health office may be appropriate.

Proposed Time Commitment for Services

A flexible service commitment of approximately 4 hours/week is requested of Trellis Mental Health and Developmental Services.

AIDS Committee of Guelph and Wellington County

Relevant Service Overview

- ◆ Provision of harm reduction supplies within the community, including needles, sponges, wet naps, sharp boxes and condoms;
- ◆ Community outreach services, including counselling referrals, support with psychosocial, mental health and addiction issues;
- ◆ Support to secure permanent housing for those living with HIV and AIDS.

Proposed Transitional Housing Service Provision

- ◆ ACG Outreach staff will visit the transitional housing complex on a monthly basis (or more frequently, dependent on the needs of the resident population) to complete a presentation outlining all of the services that their organization offers from a harm reduction perspective;
- ◆ Harm reduction-focused workshops will be provided to staff, as well as universal precautions training related to the safe care and disposal of harm reduction supplies. This will be provided on an as-needed basis.
- ◆ Outreach counsellors will meet with residents who are actively using drugs, engaging in harm-reduction-focused 1-1 support. Additionally, group discussions may also be facilitated.
- ◆ Distribution of harm reduction supplies to the transitional housing complex will occur on a regular basis, including pick-up of sharps containers.

Proposed Time Commitment for Services

A flexible service commitment of approximately 4 hours/week is requested of The AIDS Committee of Guelph and Wellington County.

The County of Wellington Housing Services

Relevant Service Overview

- ◆ Supporting residents to secure permanent housing;

Proposed Transitional Housing Service Provision

- ◆ Housing staff will visit the transitional housing complex on a monthly basis (or more frequently, dependent on the needs of the resident population) to complete a presentation outlining all of the services that their Wellington County Housing Services offers;
- ◆ Within two weeks of their move-in date, Housing staff will meet with the resident at the transitional housing complex. In this meeting, a preliminary review of the resident's housing history will be undertaken. From this meeting, a housing-specific service plan will be developed together with the resident, identifying their needs from a housing perspective. This plan will be added as an addendum to the resident's overall service agreement.
- ◆ Within the first month of tenancy, Housing staff will meet a second time with the resident, at which time they will describe all the different housing options that are available to the resident (Rent-geared-to-income, Housing Allowance Program, Rent Supplement Program, Affordable Housing, and Private Landlords registered with the Housing Help Centre). During this meeting, residents will be assisted in completing the required Housing forms and will be advised about the additional documents that are needed to accompany the applications in order to be placed on waiting lists. These requirements will be communicated to on-site staff, who will frequently follow up with the residents as to whether they have met all of the documentation requirements.
- ◆ Within the last 2-3 months of their tenancy at the transitional housing complex, Housing staff may schedule times to accompany clients to view and complete rental application forms with private landlords that are registered with the Housing Help Centre.
- ◆ In line with goals of community reintegration, meetings will take place either at the transitional housing complex or at the Wellington County Housing Services office.

Proposed Time Commitment for Services

A flexible service commitment of approximately 4 hours/week is requested of Wellington County Housing Services.

The County of Wellington Ontario Works

Relevant Service Overview

- ◆ Provide financial and employment assistance to help people in temporary financial need. Basic assistance includes: income assistance for the purposes of basic needs and shelter as well as other benefits prescribed in the Act such as prescription drugs, dental and vision care, diabetic supplies, surgical supplies, medical transportation costs, eye examinations, extended health benefit, other employment and employment assistance activity benefits, full time employment benefit, advanced child care and transitional child benefit. Other discretionary benefits include emergency dental care for adults, adult vision care, prosthetic appliances, vocational training and retraining; non health related travel and transportation, moving expenses.
- ◆ Employment Support; provide a range of employment activities which includes a continuum of services to assist people to overcome barriers.
- ◆ Life-skills support, which includes intensive case management for Ontario Works clients who are struggling with addictions and mental health issues. Life Skill Workers manage both income and employment pieces of the person's Ontario Works eligibility.

Proposed Transitional Housing Service Provision

- ◆ In-reach ongoing intensive case management will be provided to all residents who are receiving Ontario Works. Residents will be provided with the necessary support to apply for ODSP where applicable.
- ◆ On a bi-weekly basis, Ontario Works staff hold information sessions where assistance will also be provided to complete applications, provide updates and answering questions regarding eligibility or various benefits.
- ◆ Life Skills, Learning, Earning and Parenting (LEAP).
- ◆ Group facilitation will be provided at the transitional housing complex by Ontario Works staff, with possible sessions including conflict resolution skills, resume completion, job interviewing workshops etc.

Proposed Time Commitment for Service

A flexible service commitment of approximately 8 hours/week is requested of Wellington County Ontario Works.

Guelph Community Health Centre

Relevant Service Overview

- ◆ Primary health care, provided by both physicians and/or nurse practitioners.

Proposed Transitional Housing Service Provision

- ◆ Primary care will be provided to residents of the transitional housing complex. This could take place by having a clinic room on-site, and having a nurse practitioner provide weekly visits to the Transitional Housing Program.
- ◆ Alternatively, where residents do not have a primary care provider and where Guelph Community Health Clinic patient openings are available, residents of the transitional housing program could be accepted as clinical patients of the Guelph CHC.

Proposed Time Commitment for Service

It is requested that the Guelph Community Health Centre provide a flexible in-reach service commitment of approximately 2 hours a week.

Service Coordination

- ◆ Onsite transitional housing staff will be responsible for the creation and maintenance of a calendar, which will be housed at the entry of the building. The calendar will note which days that the partnering service providers will be attending the complex, and what their roles will be on that day (i.e. information session, individual sessions, group facilitation).
- ◆ Service partnering agencies will be responsible for scheduling follow up appointments with residents, and maintaining a log of who they will be meeting with on each day. Should they have no appointments scheduled on a day that they are typically at the complex, consultation with the onsite staff will occur to determine whether or not to cancel their attendance that week.
- ◆ Each service partnering agency will have a point-of-contact person, who will be able to answer questions for onsite staff on behalf of residents. This may be best-facilitated through email, as opposed to through the scheduling of potentially unnecessary appointments (i.e. a resident may require an answer about which forms they still have outstanding with Wellington County Housing Services).

References

Greenwood, R, Schaefer-McDaniel, N., Winkel, G., & Tsemberis, S., (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *American Journal of Community Psychology*, 16, 223-238.

Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., & Fischer, S. N. (2003). Housing, hospitalization and cost outcomes for homeless individuals with psychiatric disabilities participating in Continuum of Care and Housing First programmes. *Journal of Community & Applied Social Psychology*, 13, 171-186.

Tsemberis, S., Gulcur, Leyla (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health* 94 (4), 651-657.