

# John Howard Society - Rita Thompson Building



## Promising Practice

- Combining housing with onsite clinical health services to support and house men who experienced long term homelessness.
- Reducing tenant involvement in the criminal justice system and hospital through diversion.

## Background

John Howard Society (JHS) started providing housing in Ottawa 30 years ago with halfway houses, before expanding into Supportive Housing 15 years later. In 2015, they opened the Rita Thompson building. Supports are provided on site 24/7 including case workers from JHS and medical services provided by Ottawa Inner City Health (OICH) - a non-profit organization that provides health care to homeless and street involved people.

## Population Served

Men who have experienced chronic homelessness and complex, co-occurring issues that impact overall housing stability.

## Housing

In line with the City of Ottawa's 10 year Housing and Homeless Plan implemented in 2014, the Rita Thompson building was built comprised of 34 independent bachelor apartments with full kitchens and bathrooms. The building is owned and operated by the John Howard Society. Building safety and maintenance as well as tenancy support is done by JHS. Referrals to the program are through the city's coordinated access system, using Service Prioritization Decision Assistance Tool (SPDAT) scores to prioritize individuals with the highest acuity. Support workers provide both case management support as well as a role in housing and will follow up with arrears and behaviours that may affect tenancy. Harm reduction as a philosophy and practice cornerstone carries through to the housing supports. As an example, tenants may be written warning letters about their behaviours but not about their drug use (see shared resources).



**Funding Model:**

- Operational funding is provided by the City of Ottawa.
- Housing operating subsidies are funded by the city of Ottawa on a per unit basis & rental income from tenants.
- Medical component is funded through the Champlain LHIN.
- John Howard Society bought the property for \$1.3 million. The City of Ottawa invested \$5 million.



*Having a role in both support and housing can be a weird line to walk but at John Howard Society we have been walking that line forever. Being supportive but also having people be accountable."*

Residential Coordinator



*We give them needles, we're not going to write warning letters about them using them."*

Residential Coordinator

## Support

**Combining housing with onsite clinical health services to support and house men who experienced long term homelessness.**

The tenants at Rita Thompson Residence have all experienced chronic homelessness, most with long term shelter stays. Many of the men have complex health needs including acquired brain injury (ABI), Hepatitis C, HIV and mobility issues. In order to support these tenants in permanent housing, the John Howard Society have

developed a support program that combines onsite case management and medical services.

Below are some key learnings from the support model:

- **Determine tenant support needs:** JHS uses a combination of needs assessment tools through the SPDAT scores, staff assessment and tenant self-determination. Staff frequently engage with the tenants including visiting tenants in their units. JHS staff point out that what is often most effective is asking the tenants what their needs are.
- **Use harm reduction as an overall support practice and philosophy:** Staff at Rita Thompson take a holistic approach to harm reduction services to improve the health and housing retention of their clients with high needs. Their harm reduction program includes providing safer inhalation and injection supplies and alcohol management and dosing, along with a money management program. The money management program tailors a regular schedule of money disbursements that permits the participating residents to plan around use of substances, maintain food as a priority, and diminish behaviours due to food scarcity and withdrawal.
- **Engage tenants in education about health care:** At Rita Thompson, tenants are invited to attend a health literacy program where they learn about diseases, addictions and health care. Tenants are paid \$5 to participate and become equipped to share this knowledge between tenants.
- **Utilize peer support:** Peer support workers are hired by OICH. The main role of the peer support worker is medical accompaniment but

in practice their role runs the gamut including helping with taxes to facilitating a meeting on safer drug use. Peer support staff sit in on case conferences so they have the same knowledge as the professional staff.

- **Bring supports onsite:** In order to engage tenants in support services, JHS found it essential to bring as many supports on site as possible. Many of the tenants will not access supports offsite due to a multitude of reasons ranging from negative past experiences, long term stays in institutions to symptoms of mental health conditions. Onsite services at Rita Thompson include: primary health care, medication management, assistance with personal hygiene, activities of daily living, safety checks and case management. In addition to the support provided by JHS and OICH there are also supports provided by partners including a visiting psychiatrist, ABI specialist, and ACTT teams.
- **Delink tenancy and supports:** Following a housing first philosophy, use of or compliance with supports or medical services at the building is not tied to tenancy. Tenants are welcome to use supports or disengage from supports as they see fit.

## Partnerships

**Reducing tenant involvement in the criminal justice system and hospitals through diversion.**

The success of the supportive housing program at John Howard Society relies on partnerships. The core partnership to this program is with Ottawa Inner City Health providing medical services onsite to the tenants, as well as a psychiatrist, ABI specialist, and ACTT teams

that visit on site regularly. JHS utilizes their partnership with OICH through their diversion program where OICH provides off site clinical services at an emergency shelter for men who are in serious risk of harm to themselves. This partnership between OICH, Shepherds of Good Hope (the shelter operator), Ottawa Police, and Ottawa EMS forms their Diversion Program. Through this program, if a tenant's behaviour is putting themselves or others at risk and staff are not able to safely monitor that person, they are able to phone the police (911) and ask them to take the tenant to the nearby shelter rather than into custody or hospital. The nearby shelter is familiar with the tenants from Rita Thompson and are able to provide clinical monitoring while removing the tenant from their home building.

Below are key learnings from the Diversion Program:

- Assess whether a diversion program is needed:** Consider how often emergency services are called to respond to tenant behaviour and whether the behaviour surrounding the call actually requires police or emergency medical response. At JHS, there were tenants who had disruptive behaviour in the common areas of the building posing potential risk to themselves or others. In order to intervene, JHS staff would call 911 and the tenant would either be taken into custody with hours of police involvement or into hospital which often resulted in hospital security calling the police as well. JHS staff knew that in reality, the tenant needed time away from the building with medical monitoring to prevent harms which could be provided through their partnerships.

- Ensure staff understand the diversion program and know when to use it:** JHS has created a Diversion Flow Chart (see shared resources) which runs through decision making of when to utilize this program starting with whether staff are able to safely monitor the tenant at Rita Thompson, whether there is potential risk, and whether to use the diversion program.
- Work with tenants to prevent situations where diversion is needed:** Although some situations where emergency services need to be involved is inevitable, the amount of occurrences can be greatly reduced through prevention. JHS staff are familiar with their tenants and work closely to know what types of supports are needed. Because of this, staff can sense an escalating situation and intervene with the tenant before it reaches the point of emergency service involvement.



*If Joe\* is downstairs drinking frequently we know that we can give him some of his p.r.n. (take as needed) medication, some food, and get him to go upstairs to his unit."*

Residential Coordinator

\*Name changed to protect privacy.

## Outcomes

John Howard Society administers a survey annually that tracks tenant goals including employment and increase in finances, as well as administering the SPDAT (Service Prioritization Decision Assistance Tool) to track housing acuity over time. However, staff from the Rita Thompson residence point out that for many of their tenants, the seemingly simple or small changes are hugely impactful and transformative. Many of the tenants have a limited capacity and high mental medical and mental health needs that many of the outcomes that occur are noticed by program staff and are not necessarily captured in formal measurements.

### Outcomes from OPOC:

- Improvement in overall health
- Employment - including some men being hired by the local Business Improvement Area
- Family Reunification
- Reduction in negative behaviours associated with substance use



## Replication and Advice

- The medical services partnership is essential. Need to have the LHIN funded health service.
- Need to have an operating subsidy for sustainability.
- It is important to operate under a harm reduction and housing first philosophy. Service engagement and behavioural changes cannot be linked to housing or be necessary for participation in this program.
- Money management and food security continue to be one of the most challenging areas of this program. Having access to an on-site and individualized voluntary trusteeship and food security program is key to improving the health outcomes and housing retention of the residents.
- Engage with local police or community police officers to create a strong relationship
- Be involved in local community with residents and businesses. Attend community association meetings, respond to neighbour calls/ complaints and hold consultations.
- Dedicated site is necessary. These tenants do not go out or seek services so you must bring them in house.
- Have a staffing model that allows for 24/7 supports including case workers, nurses, and community developers.

## Shared Resources

- Diversion Flow Chart
- Hospital Diversion Consent Form
- Ottawa Inner City Health Consent Form
- Tenant Warning Letter Template

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