

South Cochrane Addictions Services

Case Study #10

Promising Practice

- Building connections with landlords to acquire housing units.
- Balancing flexibility and structure to support tenants for improved health outcomes.
- Partnering between funders and local organizations to deliver an effective supportive housing program.

Background

South Cochrane Addictions Services (SCAS) is an assessment, referral, case management and community treatment agency for people who have problems related to alcohol, drug use, or gambling. Services offered are free and confidential and funded by the North East LHIN. The agency is designated by French Language Services.

The Addiction Supportive Housing Program SCAS began in 2011, responding to the need for housing among SCAS clients and a recognition that without housing and basic needs being met, treating addictions cannot be as effective.

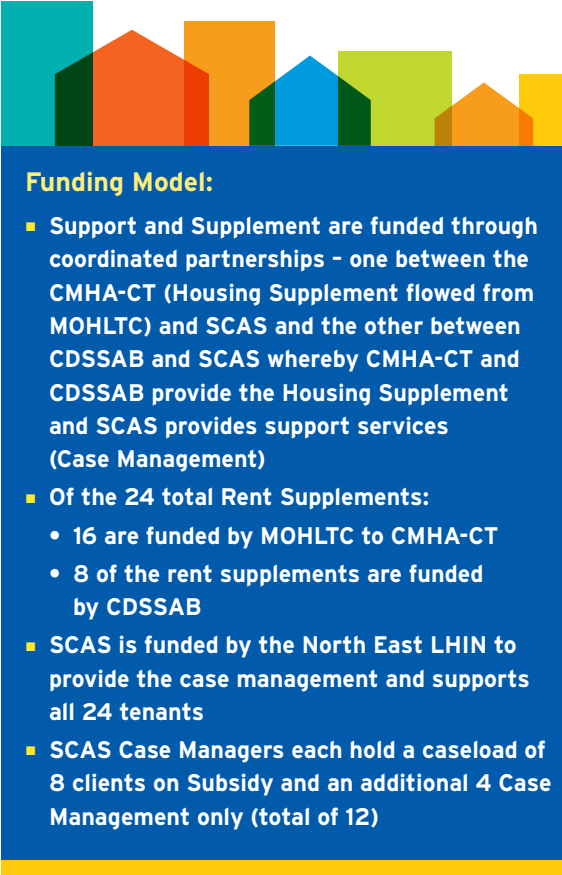
Population Served

People who have experienced homelessness and have addictions or concurrent mental health and addictions.

Housing

Building connections with landlords to acquire housing units.

SCAS supportive housing program has 24 scattered site housing units across South Cochrane (Timmins and area) with all units provided by private landlords. The clients living in these units are tenants of the landlord rather than SCAS and pay their rent portion directly to the landlord - most often through pay direct from ODSP or OW. The Rent Supplement portions are paid directly to the landlord as well. In this model, it is necessary for SCAS to work with both tenants and landlords in order to keep their current tenants housed and build relationships with landlords to acquire additional units.



Funding Model:

- Support and Supplement are funded through coordinated partnerships - one between the CMHA-CT (Housing Supplement flowed from MOHLTC) and SCAS and the other between CDSSAB and SCAS whereby CMHA-CT and CDSSAB provide the Housing Supplement and SCAS provides support services (Case Management)
- Of the 24 total Rent Supplements:
 - 16 are funded by MOHLTC to CMHA-CT
 - 8 of the rent supplements are funded by CDSSAB
- SCAS is funded by the North East LHIN to provide the case management and supports all 24 tenants
- SCAS Case Managers each hold a caseload of 8 clients on Subsidy and an additional 4 Case Management only (total of 12)

Below are key features of working with both tenants and landlords to maintain and acquire units:

- **Facilitate tenant choice.** Portable rent supplements are attached to the tenant rather than the unit. This allows the tenants to work with SCAS to find suitable housing of their choice. One of the only criteria SCAS has is that it must be affordable and include utilities.
- **Liaise between clients and landlords.** Although some of the tenants talk directly to their landlords regarding housing matters and maintenance requests, much of the time Addiction Case Managers (ACMs) handle contact with the landlord as they provide an easy way of reaching tenants. Overall experiences have been positive but there have been occasional challenges where SCAS had to advocate for the tenant's rights when landlord obligations were not being fulfilled. SCAS tenants are seen as desirable because they are connected to an organization and make reliable rent payments.
- **Network with private landlords.** Building a positive reputation for the program has been critical to its success, especially in smaller communities with fewer landlords. Staff at SCAS have found that if landlords are satisfied with the program they speak to each other, contact you when they have apartments available and keep an "open door" for the program and the clients. Staff point out that the relationship building doesn't stop when the clients are housed. ACMs call landlords

on a regular basis. Through this relationship building, landlords have started to contact SCAS when they have units available and created tenancy opportunities for SCAS clients outside of the housing program for apartments that do not require a rent supplement.



I make a point to actually take time and go talk to landlords, property managers and owners because that facilitates things when you do need an apartment for a client and it just makes it easier. The networking piece is very important and continues after the client moves in."

Addiction Case Manager

Support

Balancing flexibility and structure to support tenants for improved health outcomes.

Addiction Case Managers (ACM) provide a broad range of supports to keep clients housed including intake and assessment, outreach services, ongoing treatment planning, life skills building, and navigating social services and other supports. An essential feature of the support model at SCAS is striking a balance between structured support and flexibility. ACMs use practical tools from intake to support planning but maintain flexibility for staff to support tenants with changing needs.

Below are key learnings from this balanced approach:

- **Structured intake assessment with a priority scoring system.** A formal intake and referral system was put into place in order to ensure equitable admission and to balance staff work load. When clients first come in contact with SCAS they meet with an intake worker who directs them to the best suited program. For the housing program, clients meet with an ACM and complete an application to determine eligibility and support needs. Applications are scored and priority is given to those who have the highest need (see shared resources).
- **Establish a structured daily work plan that accounts for flexibility.** When the program first started there was a sense of urgency from the staff to support as many people as possible. It was quickly realized that this approach was neither effective nor sustainable. In order to prevent staff burnout and to ensure that the time spent with clients had the most impact, a structured schedule was put into place for the ACMs to start and end their day at the office and with guidelines to only see 3 to 4 clients a day. Following this structure allows for each of the 12 clients per ACM to be seen at least once a week with room for flexibility to support clients who need multiple or longer visits. If ACMs need to change their course of the day while they are out in the community, there is a safety procedure in place whereby ACMs send a group text to the other ACMs to update them about their plans.

- **Meet clients “where they are at”** SCAS staff are able to build rapport with clients and connect face-to-face with clients out in the community or in their homes. Code of conduct is respected but formalities and etiquette that are used in office are not required.
- **Ongoing assessment** – Client goals are established with ACM and followed. Service planning is completed as required.

Addiction Case Manager Daily Schedule

- **8:30am to 9:00am**
ACMs check in with each other and share plans for the day
- **9:00am to 4:00pm**
Visit 3 to 4 clients out in the community
- **4:00pm to 4:30pm**
Return to office to complete case notes and debrief

Partnerships

Partnering between funders and local organizations to deliver an effective supportive housing program.

The supportive housing program at SCAS relies on partnerships. SCAS partners with the NELHIN, the CDSSAB and CMHA to fund the program, it also collaborates with other ASH programs and the larger community sector in the region.

Below are key partnerships that SCAS are involved in and some of their key features:

- **Funding partners:** The funders include North East LHIN, MOHLTC and DSSAB (Cochrane). This partnership allows for integrated communication between the organizations and a coordination of services. Each partnership has formal MOU agreements that detail communication plans and outcome reporting plans. The formal collaborations have an impact on day-to-day interactions between organizations, creating an atmosphere where staff feel comfortable contacting each other on a regular basis.
- **Collaboration of ASH programs across the region:** Twice a year, staff from the North East Region (North Bay, Sudbury, Muskoka/Parry Sound, Sault Ste. Marie and Timmins) meet at a central location to discuss the type of work they do, lessons learned and challenges. This collaboration between ASH programs has been invaluable for staff to be able to troubleshoot different experiences and ground the work that they do in client stories and feedback. A testimonial from someone with lived experience is part of the full day meeting.
- **Community mobilization table:** 20 agencies come together on a weekly basis to share what they do and give updates about their programming. Although direct service coordination doesn't happen at this table, it does allow providers to learn about available programs so they can seamlessly connect their clients to other available services.

- **Other partnerships:** Including but not limited to Health Links, RAAM, Addiction and Mental Health System Table.

Outcomes

Program objectives and intended outcomes were determined right from implementation and communicated between the partners.

1. Reduce involvement with addictions, the criminal justice system, and emergency services.
2. Increase successful tenancy.

Staff regularly document client experiences related to these outcomes. A quarterly reporting template is completed and sent to the North East LHIN which includes: occupancy rate of the units, number of clients terminated, number of clients who “complete” the program, visits to the emergency department, hospital admissions and referrals made to other community supports. Other data is reported by staff into DATIS/ Catalyst including a supplemental forms for ASH with additional information.

The SCAS supportive housing program has successfully met all of its intended objectives. Their occupancy rate consistently remains above the intended target of 80%. Visits to the emergency department among SCAS clients dropped radically. Staff attribute these outcomes to the tenants having a safe place to live, a good support network and connections to necessary ongoing health services.



We help connect individuals with a doctor so they don't have to go to emerge to get prescriptions anymore. Where another person would drink excessively and fall and call 911 that doesn't happen anymore because we're helping them with their addictions."

Addiction Case Manager

Replication and Advice

- Instill a sense of team work between all staff levels of the organization.
- Build a good rapport with your clients. Make sure that you are meeting your clients in the community and in their own space.
- Have a good structure to both manage staff workload and effectively serve clients.
- Hire people with strong interpersonal skills to network and build those connections with other service providers, funders, and landlords.

Shared Resources

- Application Form
- Rating Scale
- Addiction Case Manager Job Description

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