



# Session 203: A Supportive Housing Case Study: Managed Alcohol Program

Dale Pelletier and Lindy Rosko  
Shepherds of Good Hope

# Overview

- Before MAP
- The evolution of the program
- The Oaks
- Downtown MAP
- The Future



# In The Beginning...

- 1998 presence of street alcoholics significant “public nuisance” issue
- EMS and justice costs
- Impact on businesses and neighbours
- Human suffering and death
- Community planning committee which included all concerned (i.e. BIA, police, health and social services)



# How Did We Start?

- Started in 2001
- Partnership with OICH
- Referrals for program
- Funding
- 10 of the most difficult street alcoholics + 2 staff
- 5 oz of home made wine on the hour from 7:30- 21:30



# Our First Surprises

We expected poor health, but they were:

- 1) Malnourished
  - 2) Mentally ill
  - 3) Diabetic
  - 4) Wernicke-Korsakoff
  - 5) Liver failure
- Alcohol was masking the real health issues, as well as preventing them from getting care



# What We Did Not Understand

- Value placed on alcohol
- Prevalence of SMI
- Lack of basic life skills including literacy
- Cognitive impairments, dementia, etc.
- Potential for change and learning
- Process of recovery from homelessness



# How We Learned

- Experiential**- lots of trail and error
- Evaluation**- close monitoring of specific outcomes and outputs
- Research**- MAP part of multiple studies
- By the mid 2000's the two biggest issues surrounding MAP were 'space' (not enough beds, not enough programming for the residents) and the simple fact it was shelter based.



# The Oaks

- In 2009, Shepherds of Good Hope worked with the City of Ottawa and the Federal Government to purchase 'Cardinal Suites'.
- Created a 58 Bed program with 3 sub groups:
  - Managed Alcohol,
  - Aging at Home
  - CMHA



# Program Basics

- Provide a 24 hr comprehensive, professional medical model for the residents
- Each MAP resident has an individualized game plan upon entering the program
- Residents are served typically 5 ounces of wine per hour, between 7:30 and 21:30
- Residents are assessed before every drink
- Different types of wines used, i.e. percentages of alcohol content vary
- Each clients are given tobacco
- All residents makes a contribution each month towards program expenses, i.e. tobacco and wine.



# Got Wine?



# Partnership SGH- OICH- CMHA

- Shepherds of Good Hope: 1 full time manager, 1 full time assistant manager, .2 senior manager, 5.6 front line employees, 1.4 client service facilitator
- Ottawa Inner City Health: 1 full time registered nurse, two client care workers during the day, 2 in the evening, 1 on the overnight. Access to Dr. Jeff Turnbull weekly and his medical team (mental health nurse, 24 hr on call etc.)
- Canadian Mental Health Association: 10 units in 1053 Merivale allocated to their clientele.



# More Partners

- City of Ottawa
- ACTT
- Tungasuvvingat Inuit (TI)
- Wabano
- Carlington Community Center



# Specialized Training For Staff

- NVCI
- First Aid/CPR
- Mental Health 1<sup>st</sup> Aid
- Motivational Interviewing
- ASIST
- Resiliency Training
- Dementia
- ABI
- Withdrawal
- Any and all CCB training opportunities
- Food Handlers



# Funding Streams

- City Of Ottawa- domiciliary hostel- per diem funding for 45 units
- LHIN funding- from Champlain LHIN- through OICH- for medical care
- CMHA- 10 units
- MCT beds- 3 units- from Champlain LHIN- through OICH



# Benefits of Supportive Living

- Having a 'home'. Each resident has a self containing unit that consists of their own bathroom, queen sized bed, sofa, tv, work/art station and small kitchenette.
- A sense of community with resident engagement, friends, program activities.
- Managing addiction, physical and mental health and reconnecting with loved ones.
- Not having to live in the shelter system any longer.



# Programming

- Combination of life skill development and recreational activities offered each month
- Smoking Cessation
- Social Initiative
- Mayorship
- Resident Meetings and committees



# Normal Cycle of Program Participation

- Engagement
- Honeymoon
- Crash and Burn
- Re-engagement
- Goals
- Real living
- Accepting dependence of alcohol and support
- Normal cycle of living with chronic disease
- Death/transition



# Meanwhile...downtown

- People could not transfer directly from shelter to Oaks- needed a place to stabilize first
- Realized still needed a transitional managed alcohol program
- 12 bed program
- Serves men and women
- Still low barrier program
- Provides stabilization and medical care
- Created its own community



# What Did We Learn

- To have a healthy respect for the disease and deficits that the person lives with
- To have high expectations for a better life
- To actively apply what we learn from all sources to improve our capacity to help
- Real change (i.e. decreased compulsion) takes 3-5 years on average
- Cycle of mental illness and addiction are minimized by careful monitoring and early intervention
- Need to staff with a very different skill set and approach to their work



# The Future

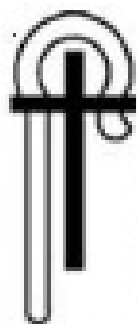
- New generation of MAP clients
  - Transitioning residents from the Oaks and into other housing options
  - Reintegrating MAP clients back into the community
- CIHR study through University of Victoria



"Every oak tree started as a couple of nuts  
who decided to stand their ground"



# Thank you!



## **Shepherds of Good Hope** **Les Bergers de l'Espoir**

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[www.shepherdsofgoodhope.com](http://www.shepherdsofgoodhope.com)

Dale Pelletier, Program Manager, The Oaks

[dpelletier@shepherdsofgoodhope.com](mailto:dpelletier@shepherdsofgoodhope.com)

Lindy Rosko, Senior Manager, Transitional Shelter Services

[lrosko@shepherdsofgoodhope.com](mailto:lrosko@shepherdsofgoodhope.com)

