

### Fast Facts

#### In 2013

- The DOAP team interacted with about 650 unique individuals per month, on average
- 16,853 total transports
- 10,741 transports to shelters
- 3,064 transports to a hospital or a medical appointment
- CPS, Calgary Transit, EMS, and Animal and Bylaw Services called the DOAP Team through the dedicated phone line
- 2,228 referrals from Emergency Services (CPS, EMS or Bylaw)
- 1,124 transports to alcohol/drug detoxification facilities
- 903 participants found outside

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"They're beautiful people. They try to get us help, even though some of us don't take it. And they'll come anywhere to get you, if necessary'."- 'Danny' a regular client of the DOAP Team— Quote obtained by Robson Fletcher—Metro News, June 24, 2014

### Program Background

The Downtown Outreach Addictions Partnership (DOAP Team) program was initiated in 2005 as a mobile diversion response to street level addiction and public intoxication.

The DOAP Team:

- facilitates individuals' access and entry to local service systems of emergency shelters, health care (including detoxification and other medical requirements), addiction treatment, and housing;
- provides education on the risks associated with alcohol and drug use and encourages safer behaviours through the distribution of harm reduction supplies; and,
- raises awareness and builds understanding in the community with respect to homelessness/addiction through presentations in the community.

### Program Overview

When the DOAP Team first meets an individual on the street or outside a

shelter, an assessment is conducted to determine the individuals' vulnerability and risk factors. Then, the individual is immediately taken to a safe place or to a health service to address the danger or the health issues the individual is facing. Basic necessities (food, clothing, shelter, etc.) are also provided.

### Theory of Change - Summary

If individuals facing complex needs and multiple challenges linked to their addiction, experience a trusting and non-judgmental approach that connects them to a continuum of care system with a harm reduction philosophy, then they will be more able to change their circumstances and have the opportunity to improve their quality of life, while alleviating the concern to their local community.

Using a client-centered approach, the DOAP Team encourages self-determination and decision-making. The DOAP Team advocates on behalf of participants and assists them to navigate complex service systems to better access shelter, health services, addictions treatment, and housing services.

The DOAP Team also utilizes the Homeless Management Information System (HMIS) to access the histories of the participants, enabling to connect them more quickly and easily to the services they need.

When the DOAP Team is in-between calls from emergency services or citizens, it sets its own goals for a particular participant, such as locating the participant and successfully supporting them to go to a shelter, and/or to a detox facility.

"The work is fluid but there is a lot done between the first contact (referral/call) and the drop-off." - quote from DOAP Team Staff

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Besides transportation, the DOAP Team utilizes harm reduction philosophies and strategies to assist participants who deal with an addiction and those who may engage in unsafe sexual practices.

“[Harm reduction]: It’s to help people to engage in the activities that they’re choosing to do, and to do so in the healthiest way possible, so that they can stay alive, get educated, and make informed decisions that might benefit them in the future to maybe stop that behaviour.”

Statement from Blake Thomas, DOAP Team, Metro News June 23, 2014

The DOAP Team offers services within the continuum of care model implemented by the Alpha House Society. This model begins with outreach, providing access to shelter and detox, followed by case management, and then housing stability processes. Within this continuum of care, the DOAP Team often refers participants to the Alpha House Encampment Team that specializes in assisting rough sleepers and other Alpha House participants to find housing.

### Profiles of Target Stakeholders

The focus of participants served is those experiencing homelessness and those who suffer from addictions. These participants use emergency services, have little to no income, and face a variety of barriers that contribute to an ongoing cycle of vulnerability. These participants have multiple risk factors and complex needs:

- The risk factors include: chronic homelessness, suicide attempts, sleeping outside, extreme weather exposure, unsafe sexual practices, and utilizing used needles.
- The complex needs include: active addictions, physical and mental health problems, disconnection from family and social supports, inability to consistently meet their own basic needs (food, clothing, and shelter), lack of awareness of resources in the community, and a history of personal trauma and abuse.

Due to the diversity of the participants served by the DOAP Team, stakeholders were grouped according to their primary needs: shelter, access to community

resources, access to health services, access to detoxification or addiction treatment, etc.

### Participant Outcomes

The DOAP tracks outputs such as the number of transports (from and to), the number of referral sources (Emergency Services, businesses, concerned citizens etc.) and the number of supplies distributed. The DOAP Team also regularly conducts case studies of participants they assist. The DOAP Team is able to clearly describe the expected outcomes of its participants, but is not able to track these outcomes in a database.

For the purpose of this SROI analysis, the DOAP Team conducted a 'mini study' during the month of October 2014. It collected the number of transports by stakeholder profile (refer below) based on participant self-reports and staff observations, and then estimated the percentage of participants who achieved the outcomes.

The mini study has confirmed the outcomes initially described by the DOAP Team staff:

Stakeholder Profile	Outcome
Participants who lack shelter	Need for episodic or chronic shelter stay is met
Participants who stayed in the mobile shelter (van) for a period of time	The need to find a place to stay is addressed
Participants who feel vulnerable and feel unsafe	Decreased vulnerability and increased safety
Participants who need someone to talk to	Feeling of being supported by the DOAP Team
Participants who are marginalized, not connected to services	Increased utilization of community services/resources to meet various needs
Participants interested in transitional housing	Increased access to transitional housing through case management services
Participants who are interested in undergoing detoxification	Immediate health concerns related to addiction are addressed through successful access and completion of detoxification

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Participants who are interested in addiction treatment	Underlying addiction is addressed through successful access to and completion of addiction treatment
Participants who lack basic necessities	Immediate health concerns (lack of energy, effects of cold weather) related to a lack of basic necessities (food and clothing) are addressed.
Participants who have mental health concerns	Increased access to appropriate support for mental health concerns
Participants who are discharged from hospitals	Increased follow-up of their health concern with a family physician
All participants who were at risk of getting a ticket for public drinking	Have not received a ticket for drinking in public

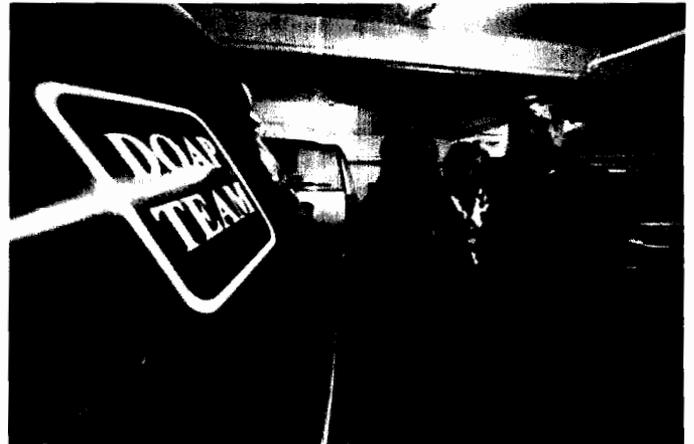
### Participant Story

It is lunch hour in Calgary. A concerned citizen has found a pile of jackets with a man under them. The man is barely able to respond. They decide to call the Downtown Outreach Addictions Partnership (DOAP) Team. The team arrives and thanks the person for the call. As they pull back the array of jackets, out of place for this time of year, the team identifies the man as someone they were seeing more frequently, however he was barely recognizable. Matthew is his name and he is extremely thin and has not been taking care of himself. Matthew more commonly resembled someone living impoverished in the developing world than here in Canada. His eyes were bloody and swollen shut with an infection. Matthew's health had steadily been in decline and now he was in a very serious life threatening state. The team helped him up, shocked at the lightness of the man. They then brought him to the Emergency Department at the Foothills Medical Centre. The DOAP Team was able to share with the triage nurse what they knew of Matthew and how his decline continues to get worse.

Matthew was admitted to the Special Services building and our team was invited by his attending physician and the unit for a case conference. DOAP and our Outreach Nurse were able to voice our concerns over any plan where Matthew was in the community until his health needs were met. These

concerns were echoed by the fantastic team in charge of his care in hospital. During the meeting, our team suggested a housing program within the city that had crafted programming around Matthew's medical concerns. The social worker following Matthew was then able to organize a transition to one of the program's facilities. Our team was able to assist in moving him there. During the drive, Matthew shared this very powerful statement, "I had lost all hope. My life was over. But thanks to the DOAP team and the great nurses at the hospital I have my hope back. Thank you".

Matthew now has his own place. He has put weight back on and now spends his days engaged in meaningful activity. He has purpose again. He has a life again. Matthew's story shows that there is hope for everyone in our community, even for those who have lost it.



### Social Value Created

#### For Participants

The DOAP Team engages with participants in a crisis situation. Social value is created for participants by building trusting relationships with them and decreasing the impact of their crisis.

- The main value of the DOAP Team is providing an alternate social response to public intoxication, which provides an option for a positive outcome for the participant.
- DOAP Team engages participants by providing

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food, clothing, shelter, and a safe space where they will no longer feel vulnerable to the elements of the streets and to the weather. Thus, reducing the instances of accidental deaths.

- Additional value is created through the DOAP Team connecting its participants to shelters, community agencies, addiction treatment centers, and health care facilities where they will receive services.
- The complementary value of the DOAP Team is created through building trust and engagement with participants. This ultimately leads to an increased openness to the possibility of addressing a participant's circumstances.
- The final value created for participants is the avoidance of tickets which puts participants at risk of being incarcerated for the inability to pay them.

## For Calgary Police, EMS, Calgary Transit, and the PACT Team

- Value is created through the avoidance of unnecessary or inappropriate interventions by the Calgary Police Service, EMS, Calgary Transit, and Animal and Bylaw Services. Replacing these interactions with more appropriate interventions allows for participants to be connected with services and to address the underlying issue of their addiction. Thus, reducing the repetition of negative cycles.

## For local hospitals

- DOAP Team's participation in discharge planning has resulted in hospitalized participants spending fewer days in hospitals. Also, because participants are released into good care, they are less likely to become a repeat patient.
- Participants' minor and serious/life-threatening health concerns are addressed at an early stage through interactions with the DOAP Team, so participants do not have to stay at all or to stay a large number of days at the hospital or the procedure is less costly (avoidance of intensive care).

## For the health care system

- Decreased costs for the treatment of hepatitis C and HIV/AIDS.

## For the justice system

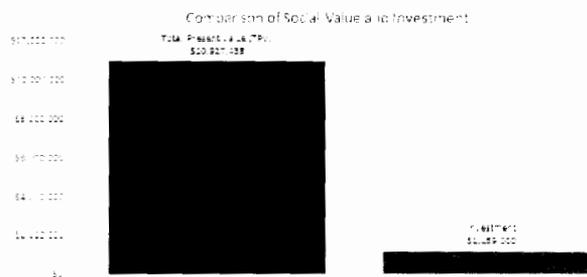
- Decreased number of incarcerations due to warrants.

## For the community

- Through increasing awareness of the work of the DOAP Team, citizens, business owners, etc., can change their attitudes towards individuals who face homelessness and/or addiction.
- Through receiving education on harm reduction, homelessness, and addiction issues, attendees of DOAP Team presentations are more able to assist individuals in a difficult situation.

## The Value of Annual Investment

The total present value of investing in the DOAP Team program was calculated to be \$ 10,927,438 with a total investment in the program of \$1,159,000. This indicates that for every dollar invested in the DOAP



Team program there is a return of **\$9.43** of social value created.

This ratio represents a minimum value created as estimates are conservative. The social return on investment (SROI) ratio demonstrates a real value created; however, there are various program outcomes for participants that cannot be represented in financial terms:

- Staying alive - Some participants would have died if they had not been transported by the DOAP Team to a safe place or to a hospital.
- Increased self-esteem and self-confidence.
- Increased engagement and motivation to deal with a range of challenges, including: addiction, untreated mental illness, and physical health

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problems.

- Participants' feeling that they have options, dignity, and hope.
- Improved mental and physical health.
- Increased community inclusion and quality of life.
- Receiving better health care by advocating and raising the awareness of health care professionals about the cause of the participants' behaviour and about their circumstances.
- Through the DOAP Team's collaboration with other agencies, duplication of services is avoided and services are provided in a more integrated manner.

## Considerations

Participants are at different levels of homelessness and addiction, and have different histories of trauma. Because of these differences, participants have different definitions of the change that they are working towards. This spectrum of situations and desired changes prevented the DOAP Team from capturing all the outcomes and successes.

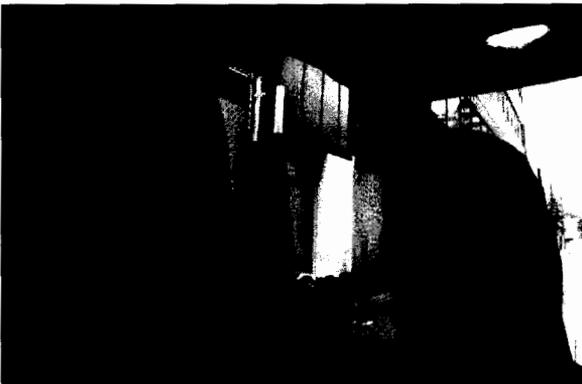
The SROI analysis did not include the calls that the DOAP Team responds to daily from people in the community. Thus, it does not completely reflect the amount of work done by the Team.

When measuring outcomes, we have to consider that changes in addiction and homelessness are incremental and that relapses occur.

We have to consider that in order to measure the level of engagement of participants with the DOAP Team, the use of a standardized tool would be required. After using this tool, examining the results would enable the DOAP Team to adjust its efforts when trying to motivate participants.

## Looking Forward

- The DOAP Team plans to continue its participation in case management meetings with other service providers with regards to high service users.
- Future SROI analyses will include the interactions by phone that the Team has with people in the community.
- Calgary Alpha House Society is currently engaged in an initiative to raise funds for affordable housing for vulnerable females in Calgary—the RESOLVE campaign.
- The DOAP Team plans to continue to undertake case studies on particular individuals as well as mini studies on transports as means to measure outcomes.
- The DOAP Team will explore the possibility of administering a short satisfaction survey to all of its participants once a year.
- The DOAP Team is aware that a questionnaire or an interview would not work as outcome measurement tools.



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MAR 04 2015 0110  
ITEM: CPS2015-0265  
Receipt for Corporate Record  
CITY CLERK'S OFFICE